



**PMW** FOUNDATION

# SURVEY OF ACTIVE/RETIRED MILITARY MEMBERS AND THEIR FAMILY ON HEALTH

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# THE PMW FOUNDATION

The PMW Foundation is a 501(c)(3) organization dedicated to providing support, education, and outreach for veterans in the United States, starting from the time of separation.

Through collaborations, partnerships, and culturally relevant educational initiatives, the foundation aims to empower veterans by providing information on benefits and opportunities.



# SURVEY PROTOCOL

Research completed on subject areas with specific focus on existing surveys or published expert opinions in this area.

Developed and revised several draft surveys for review

- Conducted small focus group of retired (6), active (2) and family members (9) target group for initial feedback and fielding of the survey.
- Revised draft x 2.
- Pilot distributed to targeted group of the revised survey via electronic and in person methodology.
- Final survey completed.

Developed an SOP based on best practices.

Final surveys fielded using database and dissemination to target list. Survey executed per SOP with resultant scientifically sound analysis and report.



# METHODOLOGY & RESULTS

- **One of the largest scientifically conducted surveys of African American Military and Military Connected Persons (over 91.67% AA respondents and 8.33% other biracial (AA/White)).**
- **SurveyMonkey**
  - Program used to create and distribute survey
    - Printed surveys also provided and input by staff for analysis
    - All results were confidential and aggregately reported
- **Final Survey distributed from Sept. 1, 2023, to Nov. 1, 2023**
- **1004 validated respondents:**
  - Online: 718
  - Printed: 286
  - Eliminated incomplete surveys 22 (online 13 printed 9)





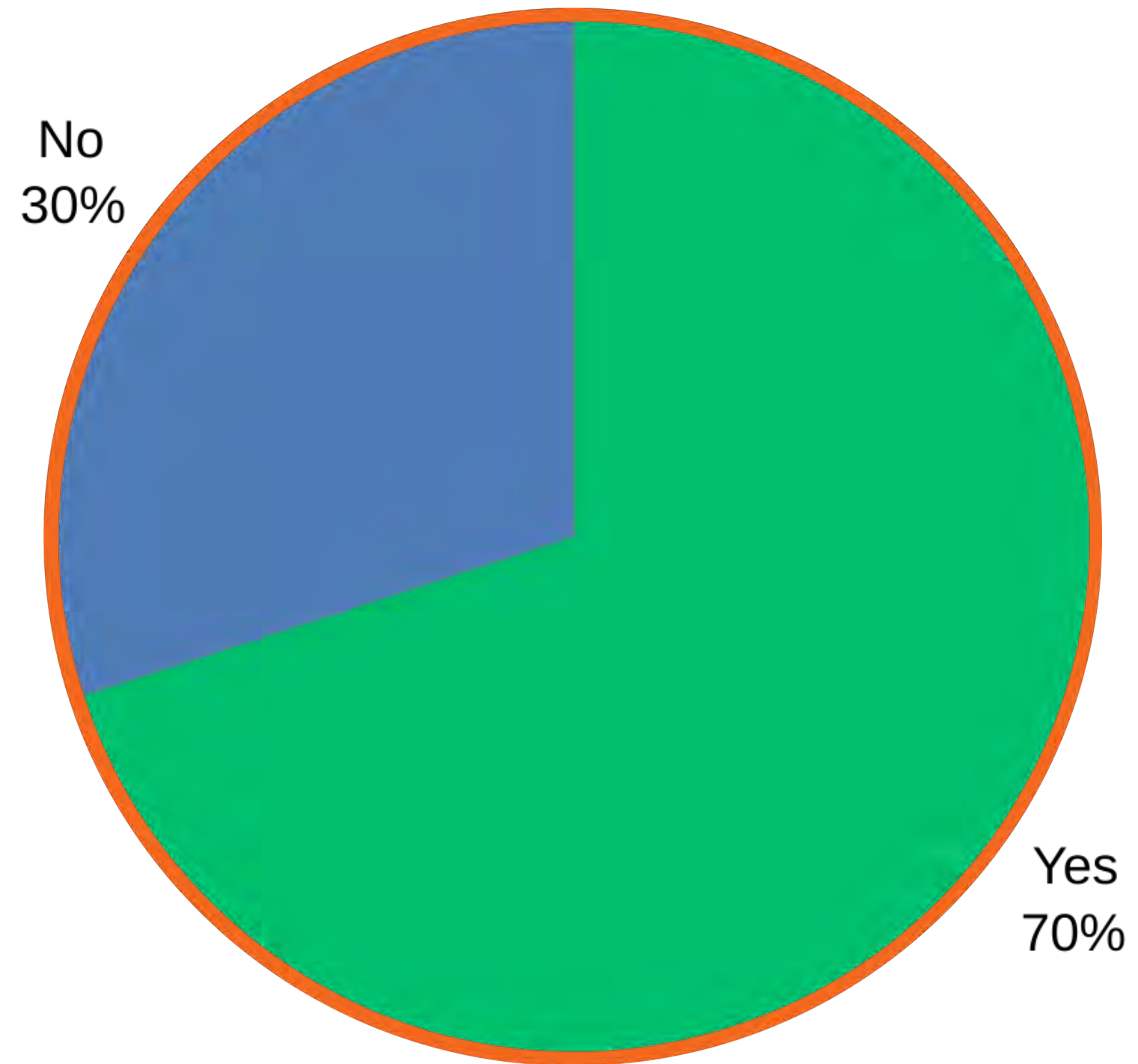
# QUESTIONS 1-3

# IDENTIFIERS/DEMOGRAPHICS





**Q4: DID YOU SERVE  
OR ARE YOU  
SERVING IN THE  
MILITARY OF THE  
UNITED STATES?**



# Q5: IF NO; DID *(INCLUDING ACTIVE DUTY NOW)* A MEMBER OF YOUR IMMEDIATE FAMILY SERVE?



**24.8 %** of respondents were in this category (family member served)



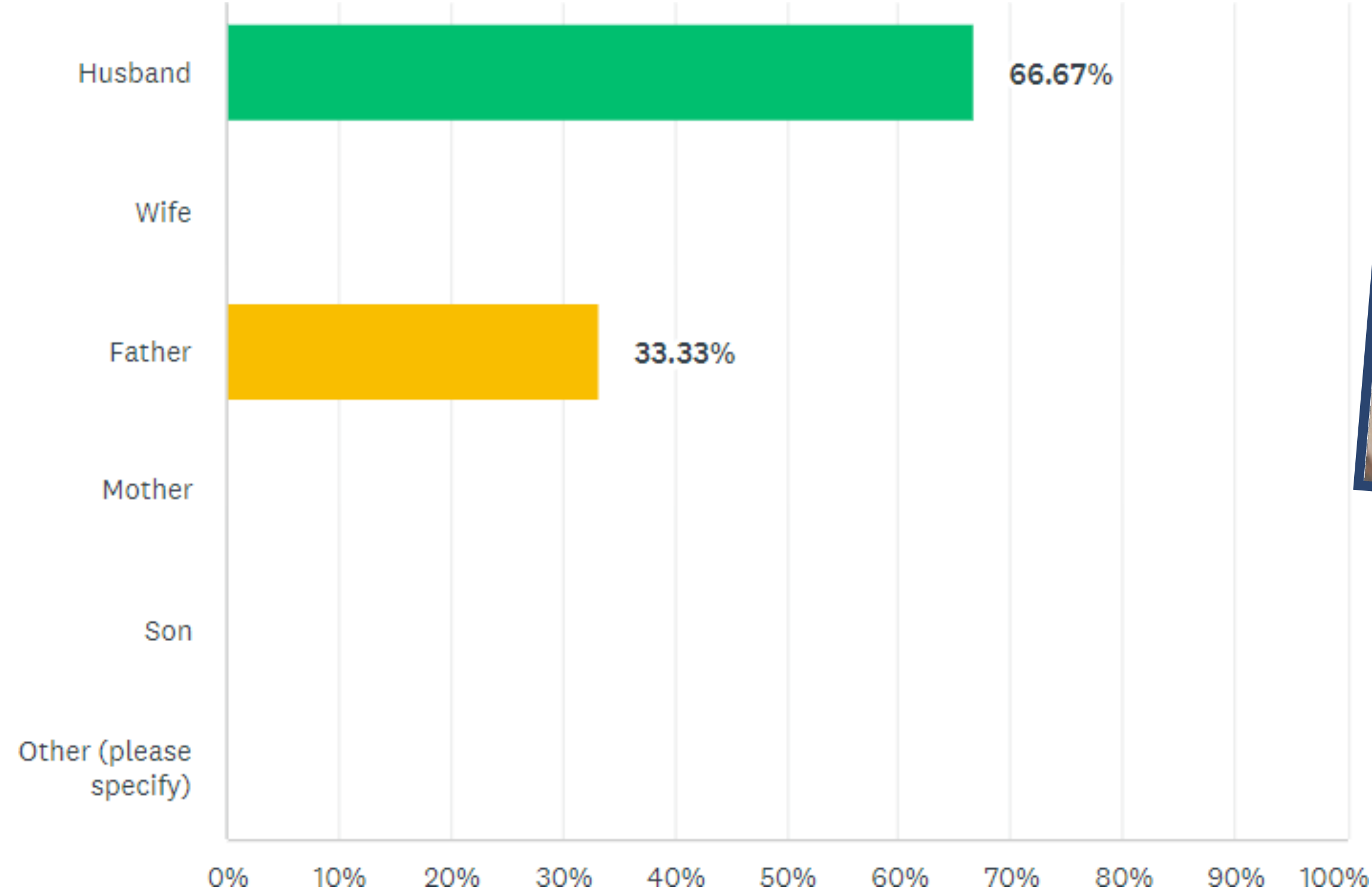
100% indicated **YES** to Q5 \*



\*Eliminated/Automatically disqualified any respondent who answered **NO** as they were not the target audience.

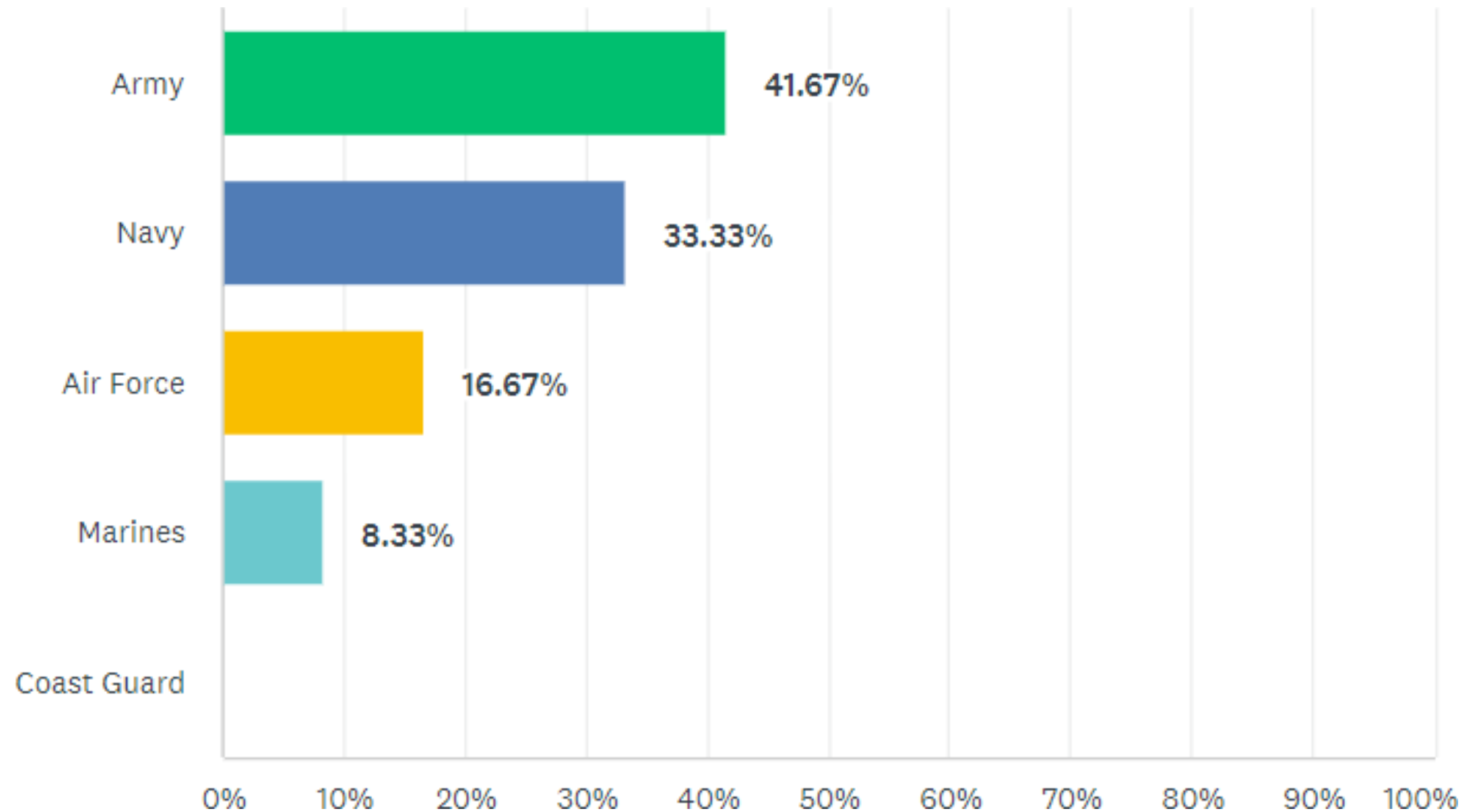


# Q6: IF YES, WHAT IS THE RELATIONSHIP?

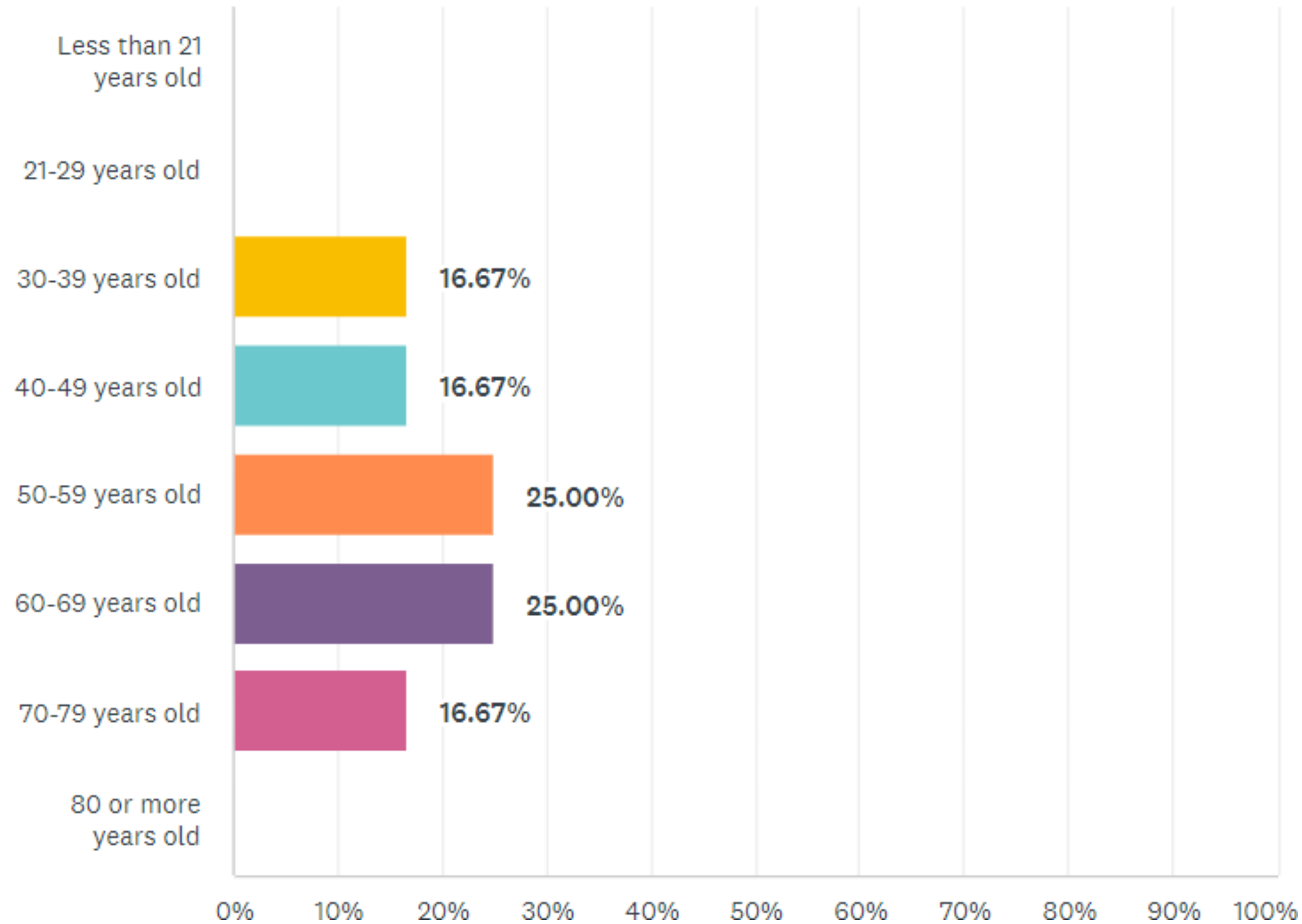




# Q7: WHAT BRANCH OF THE MILITARY SERVICE WERE/ARE YOU OR YOUR SPOUSE OR RELATIVE(S) AFFILIATED WITH?

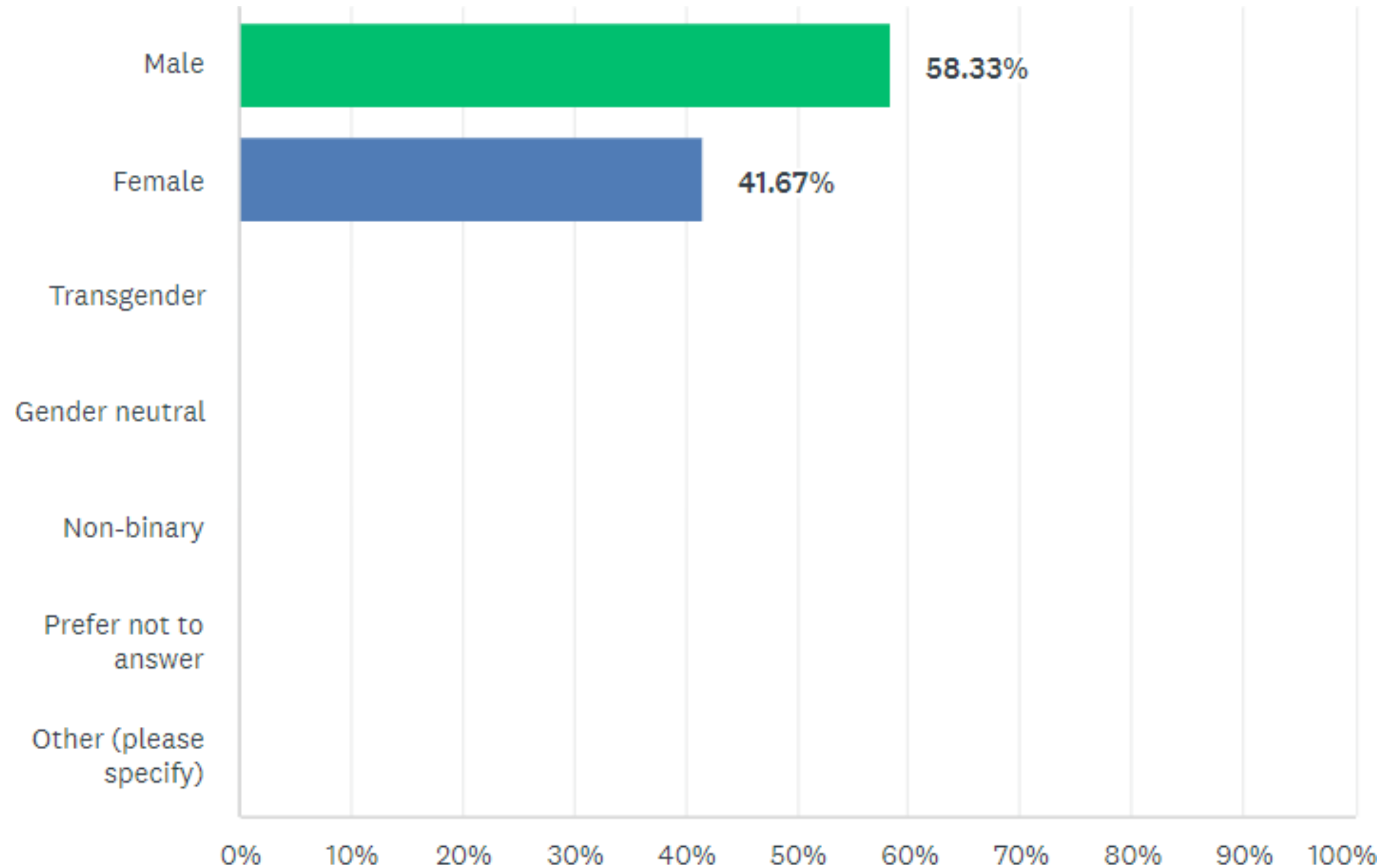


# Q8: WHAT IS YOUR AGE GROUP?

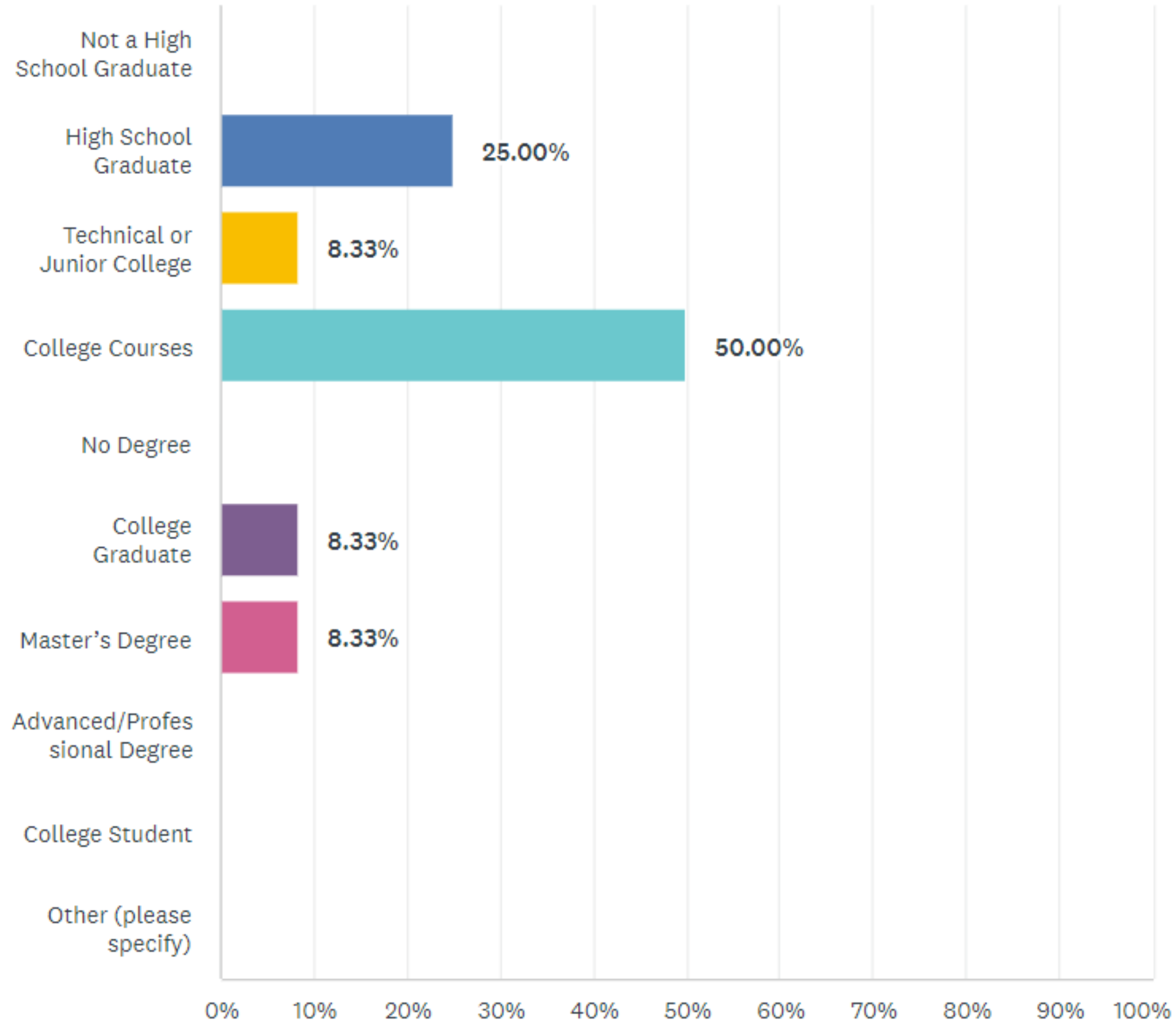




# Q9: WHAT IS YOUR SEX/GENDER?

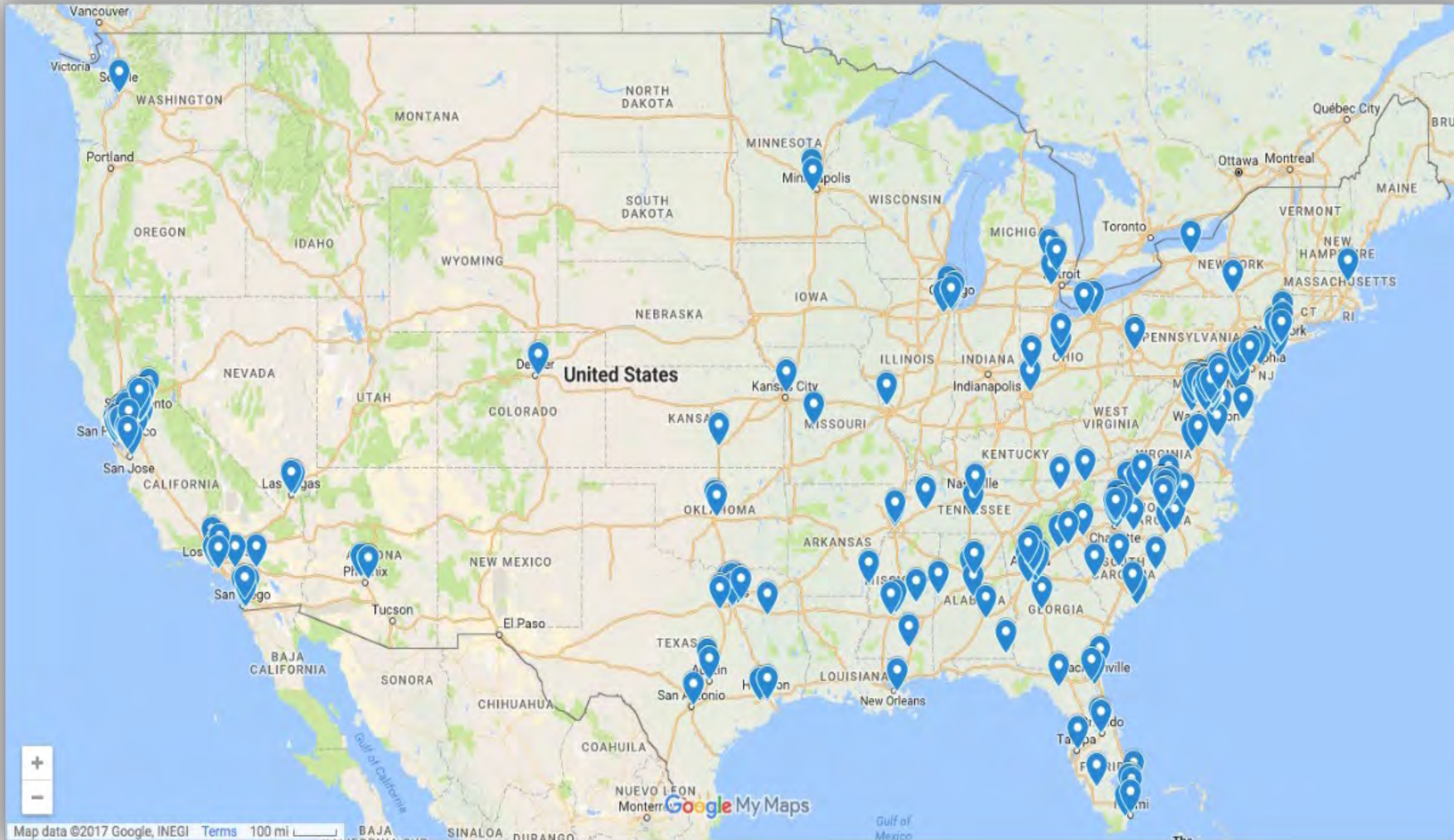


# Q10: WHAT BEST DESCRIBES YOUR HIGHEST COMPLETED LEVEL OF EDUCATION?



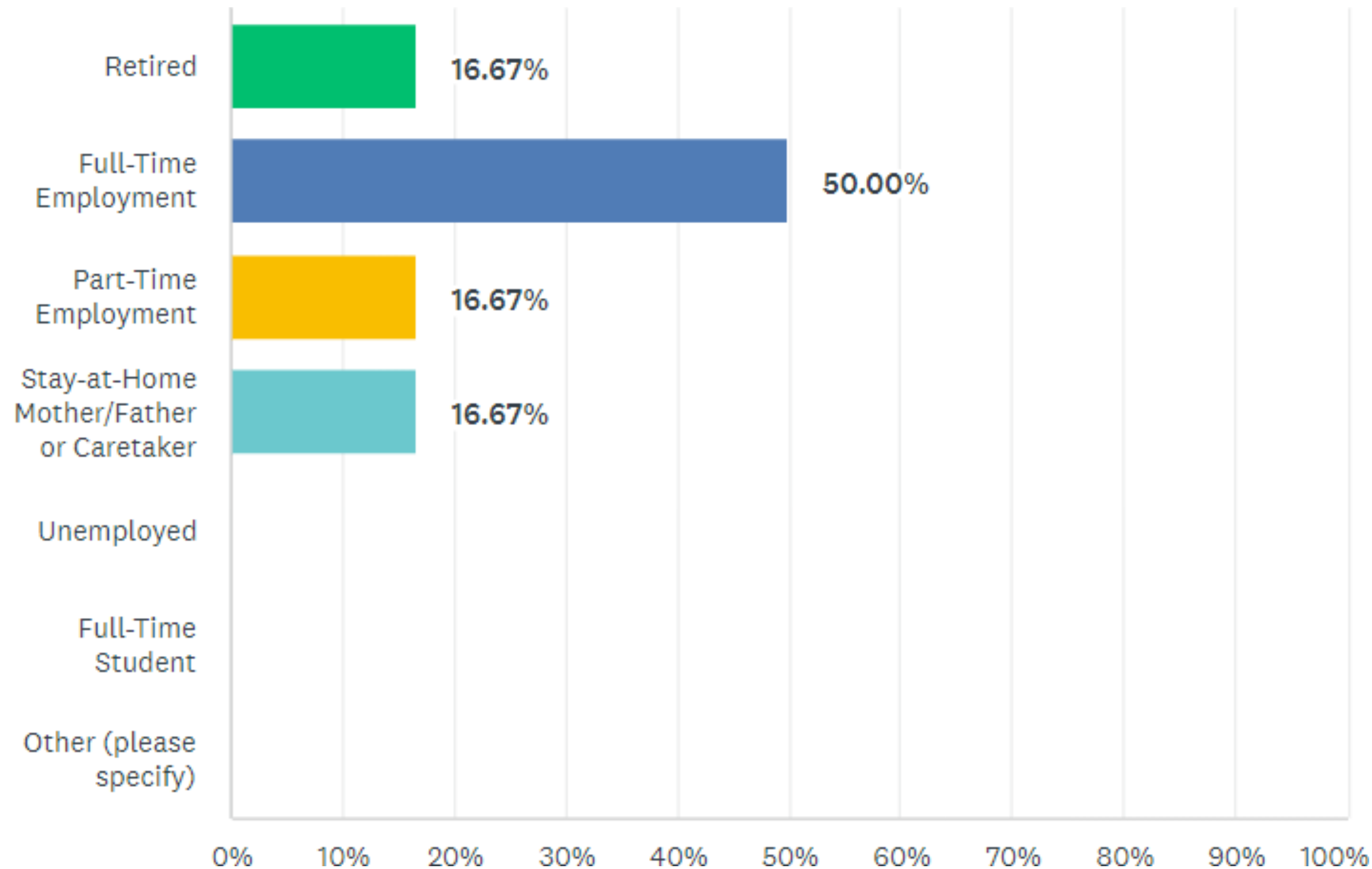


# Q11: WHERE DO YOU CURRENTLY LIVE?





# Q12: WHAT IS YOUR EMPLOYMENT STATUS?





# Q13: WHAT IS YOUR SPECIFIC OCCUPATION?

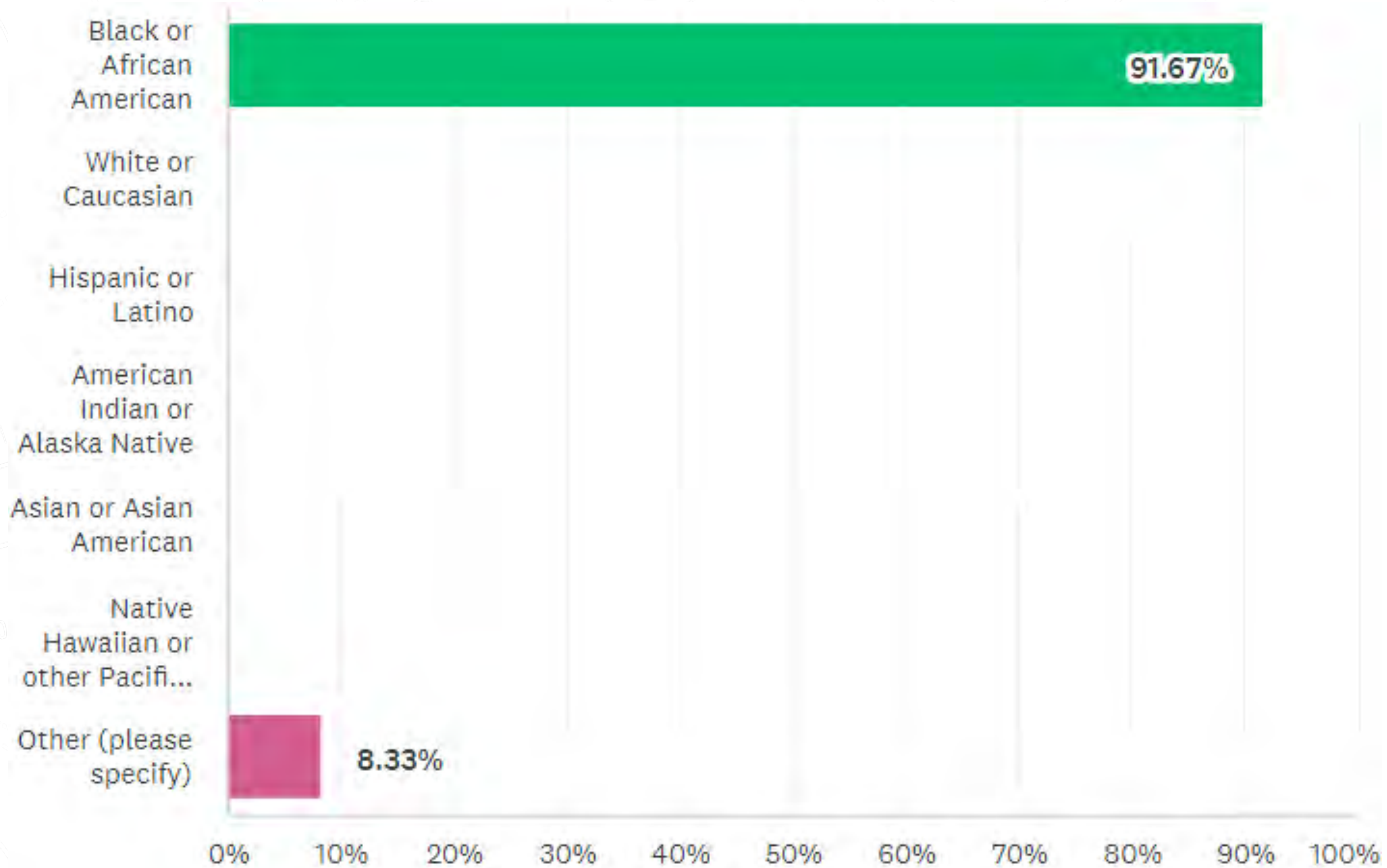
*(i.e. TEACHER, CONSTRUCTION WORK, ACCOUNTANT, NURSE, ADMINISTRATIVE ASSISTANT, etc)*



*DATA WAS COLLECTED BUT NOT REPORTED  
IN THIS PRESENTATION.*

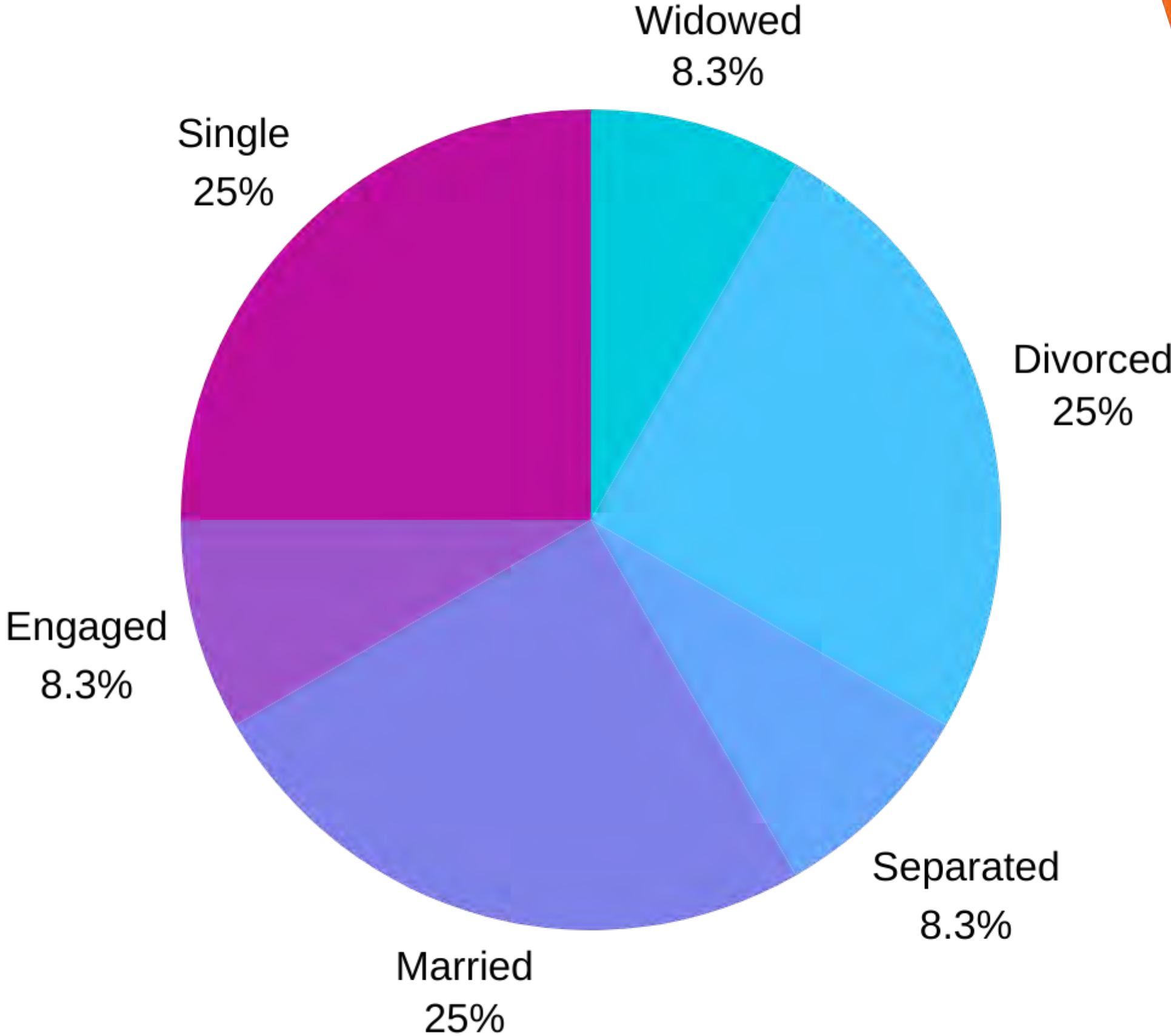


# Q14: WHAT IS YOUR ETHNICITY/RACE?



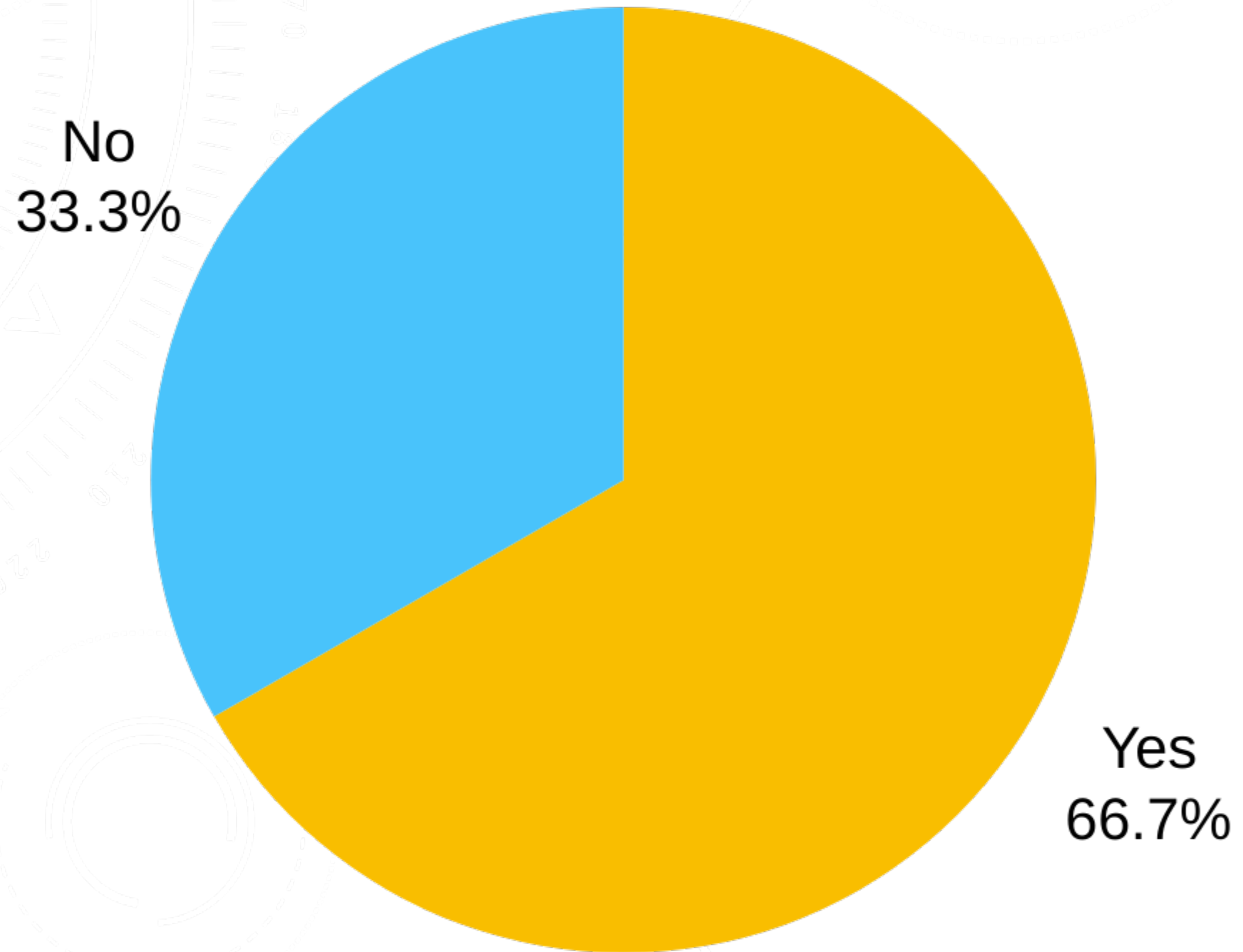


# Q15: WHAT IS YOUR MARITAL STATUS?

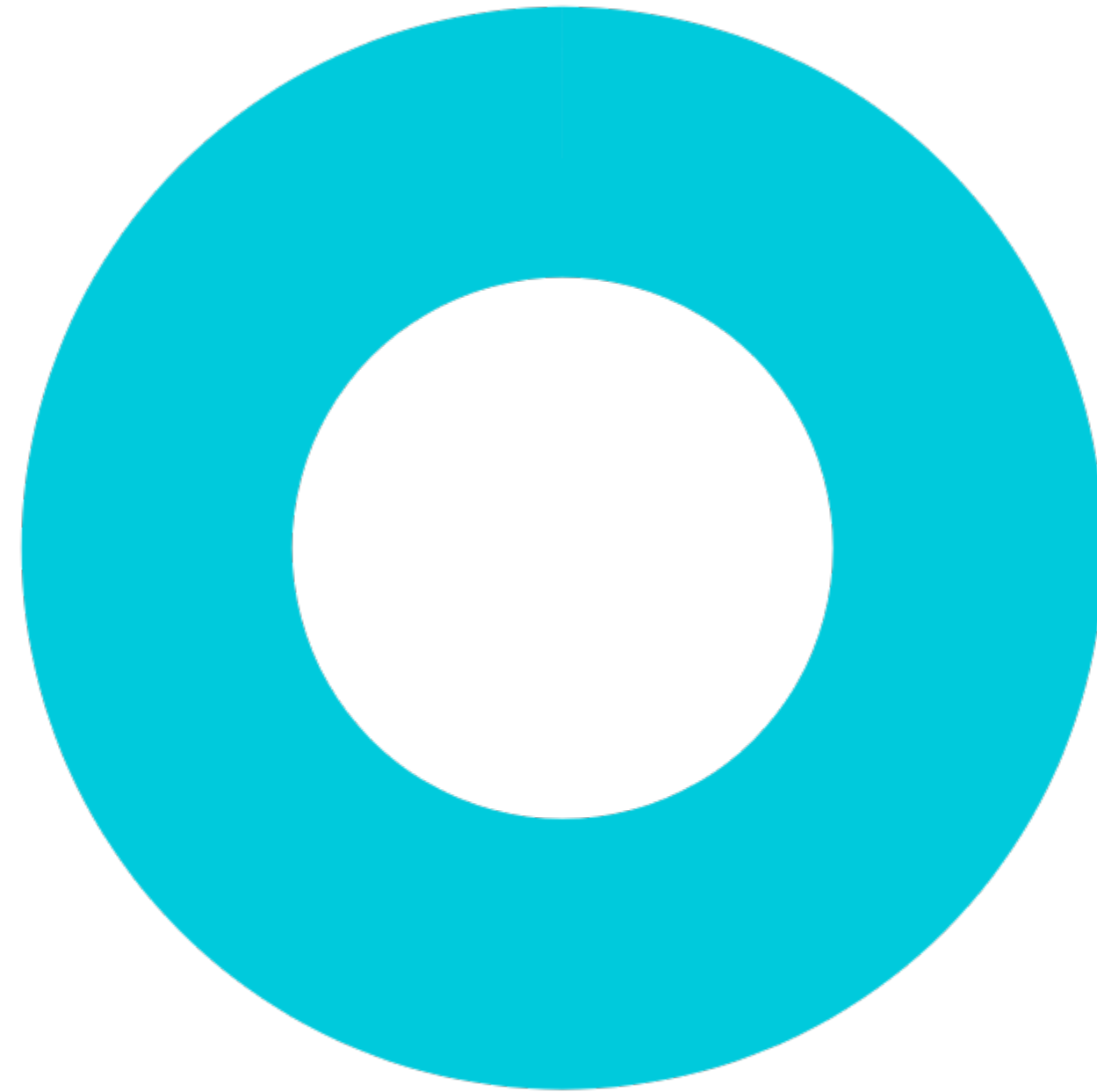




# Q16: DO YOU HAVE CHILDREN?



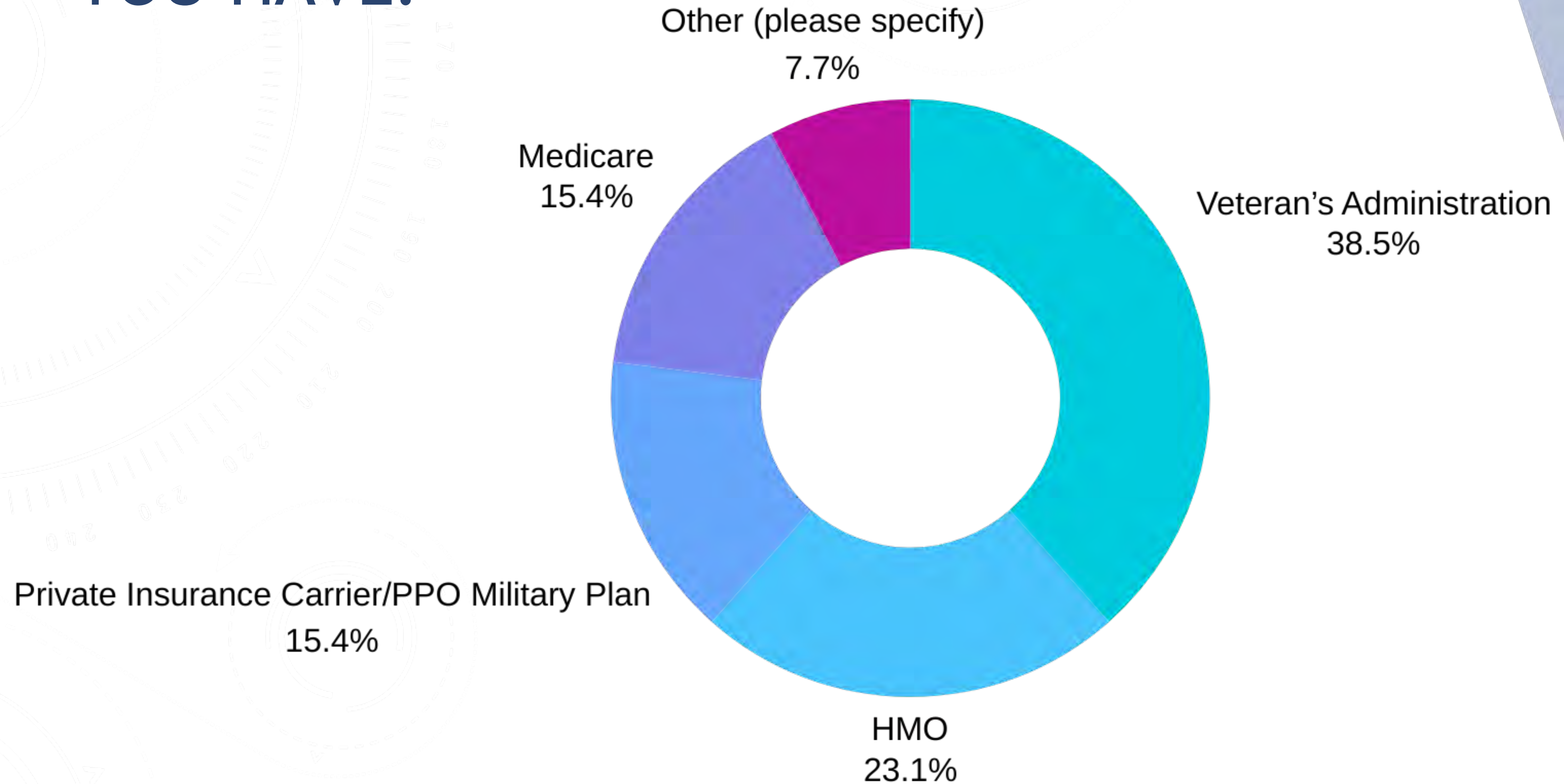
# Q17: DO YOU HAVE HEALTH INSURANCE?



Yes  
100%

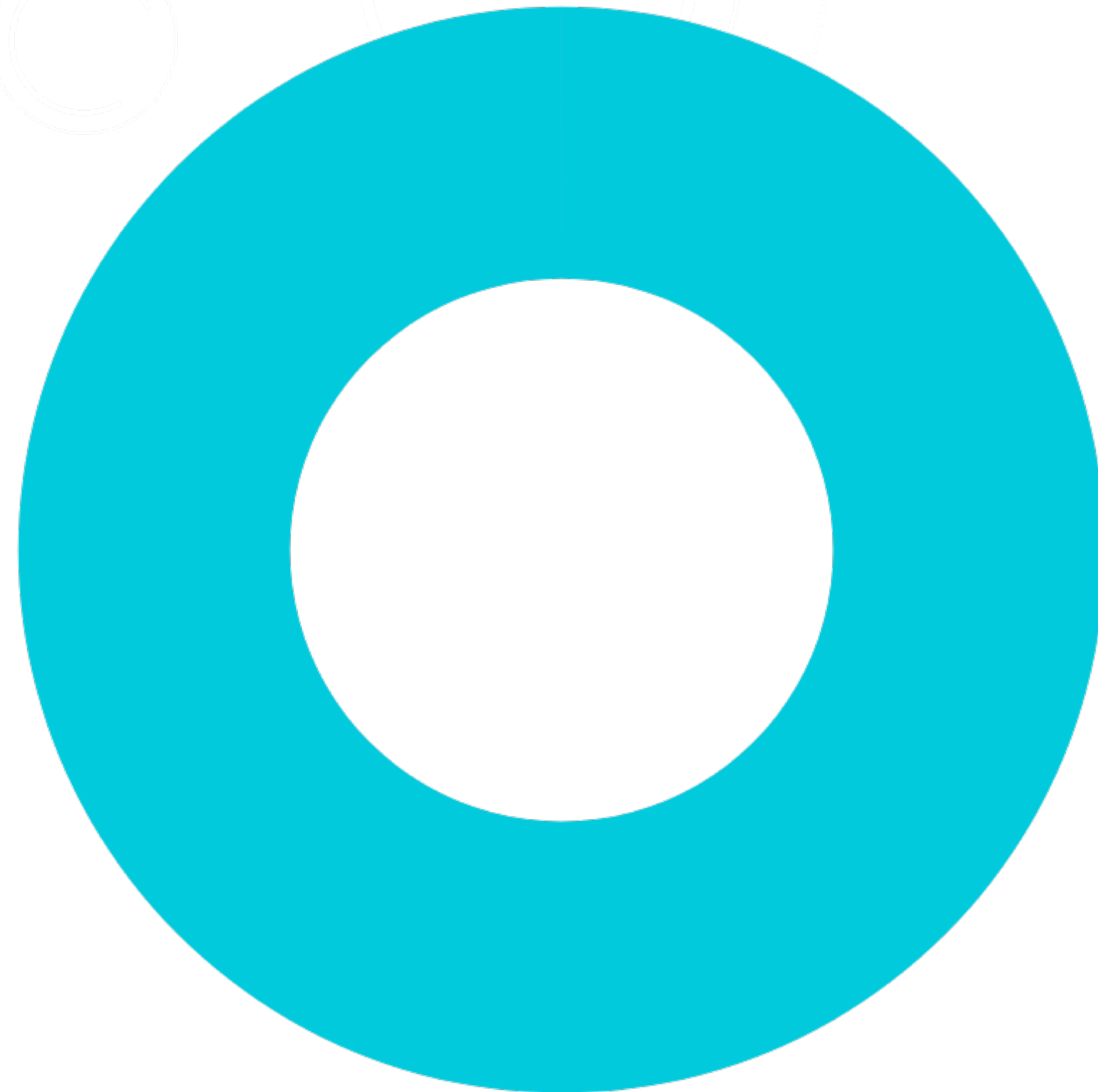


# Q18: WHAT TYPE OF HEALTH INSURANCE DO YOU HAVE?





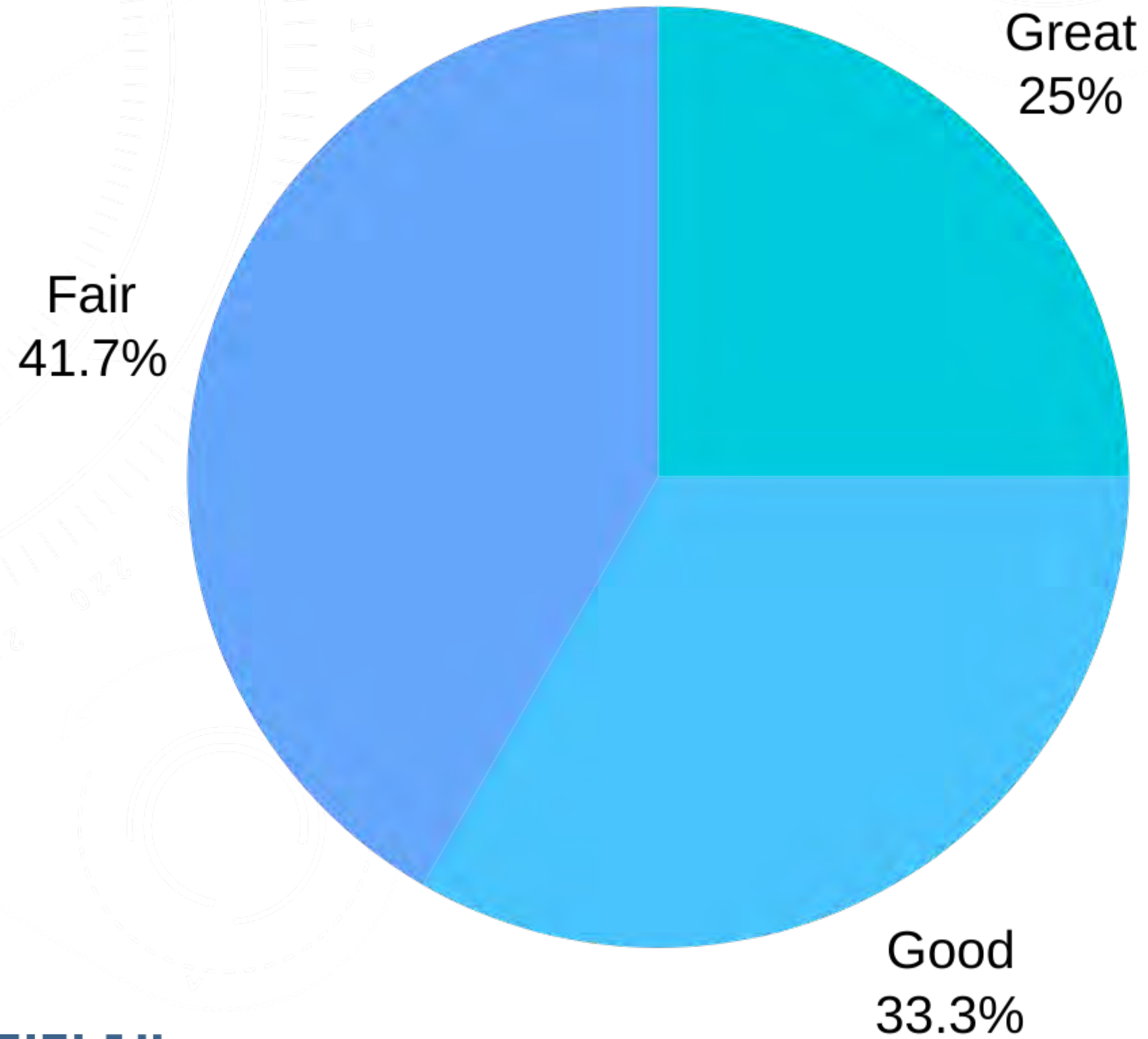
**Q19: DO YOU  
HAVE A  
PHYSICIAN OR  
HEALTHCARE  
PROVIDER?**



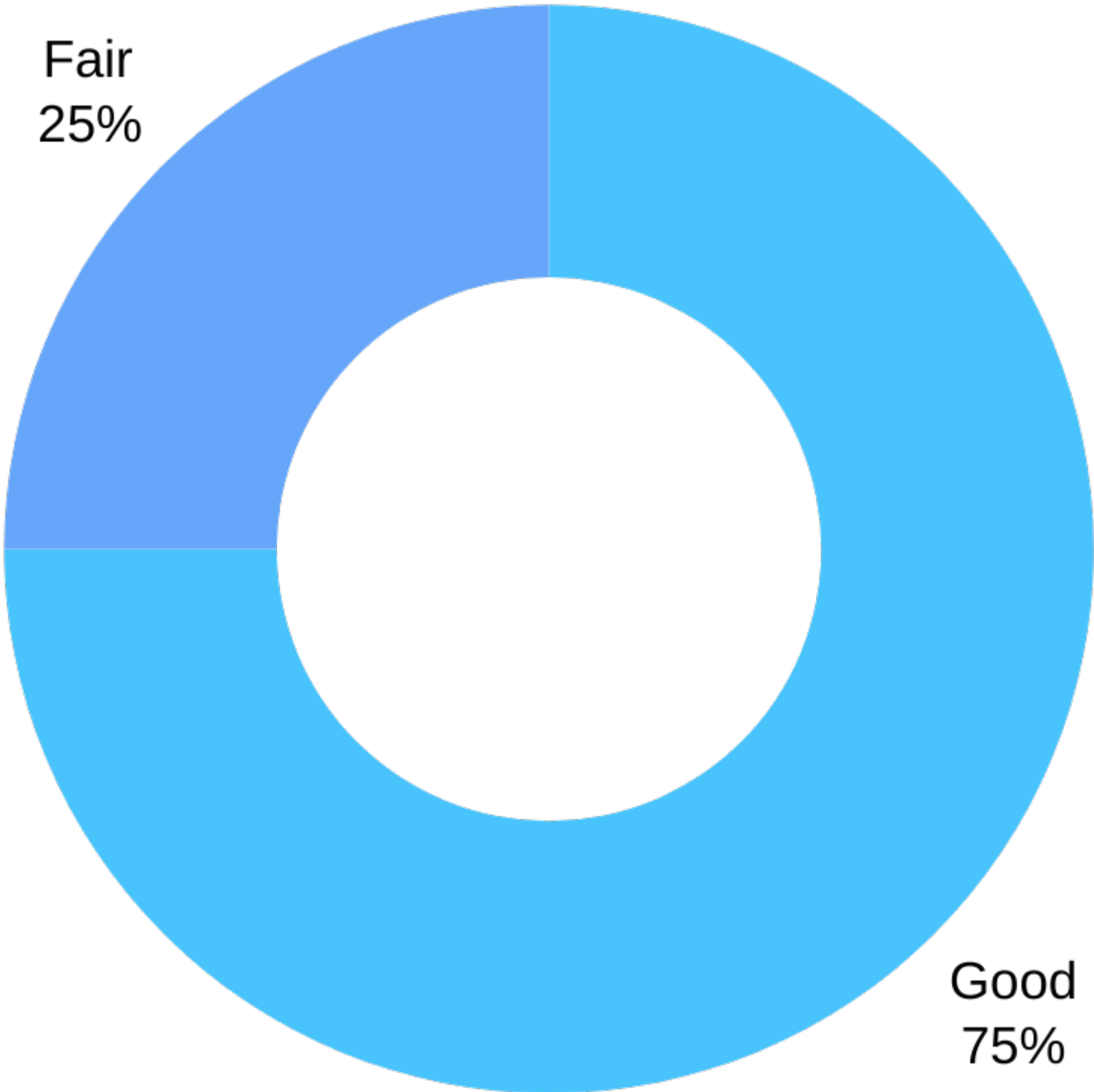
**Yes  
100%**



# Q20: DO YOU CONSIDER YOUR HEALTH:

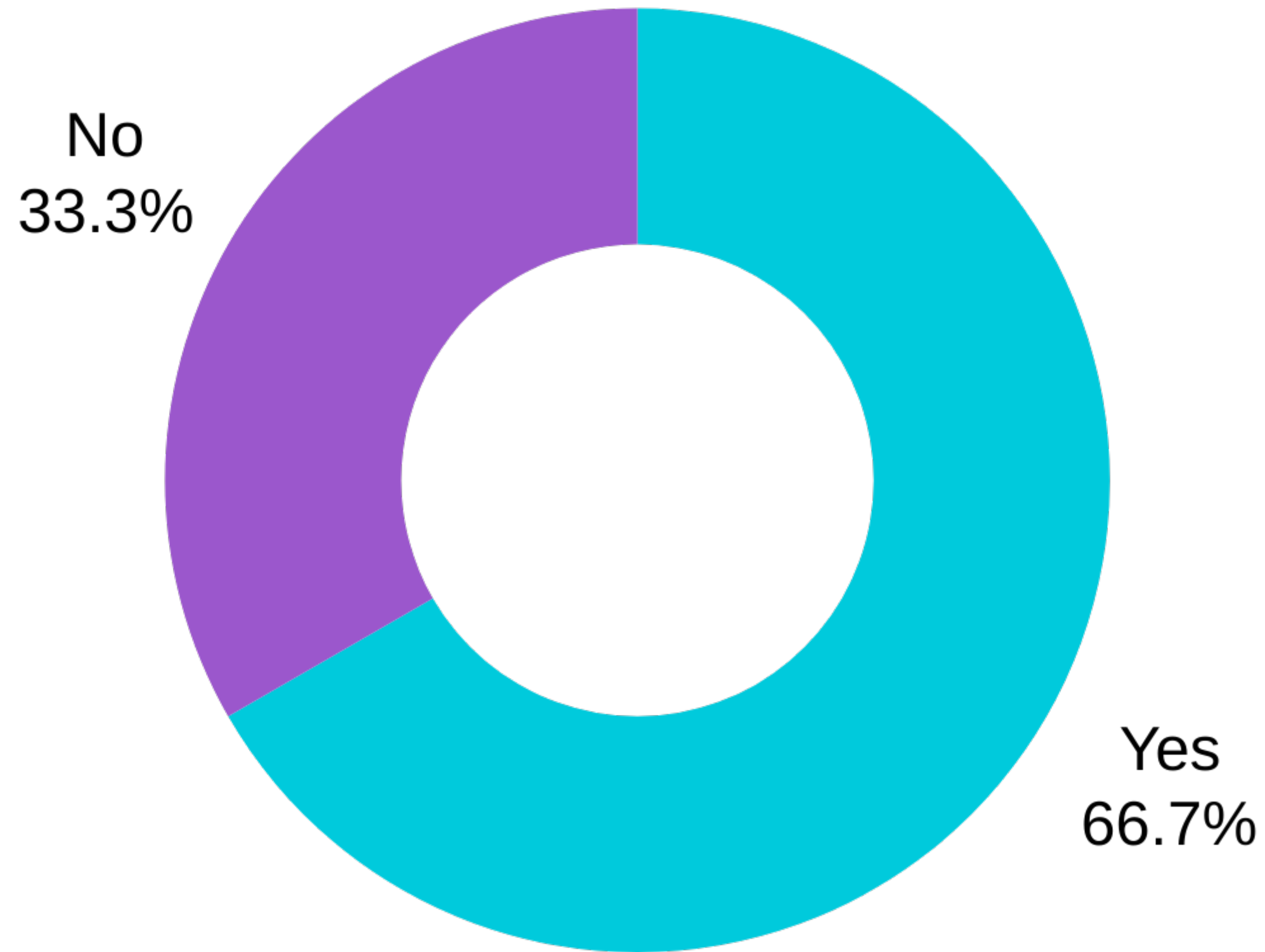


# Q21: DO YOU CONSIDER YOUR FAMILY'S HEALTH:

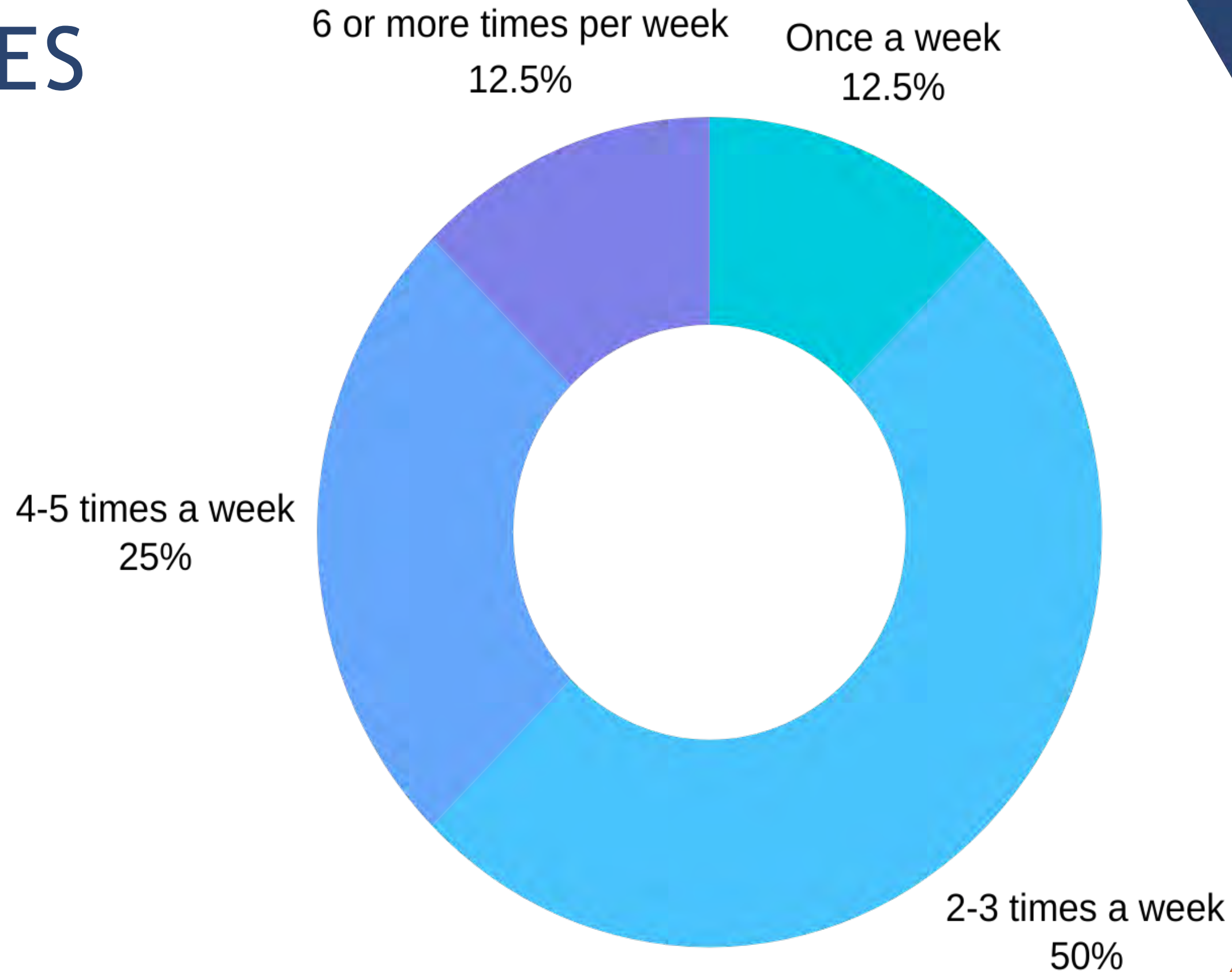




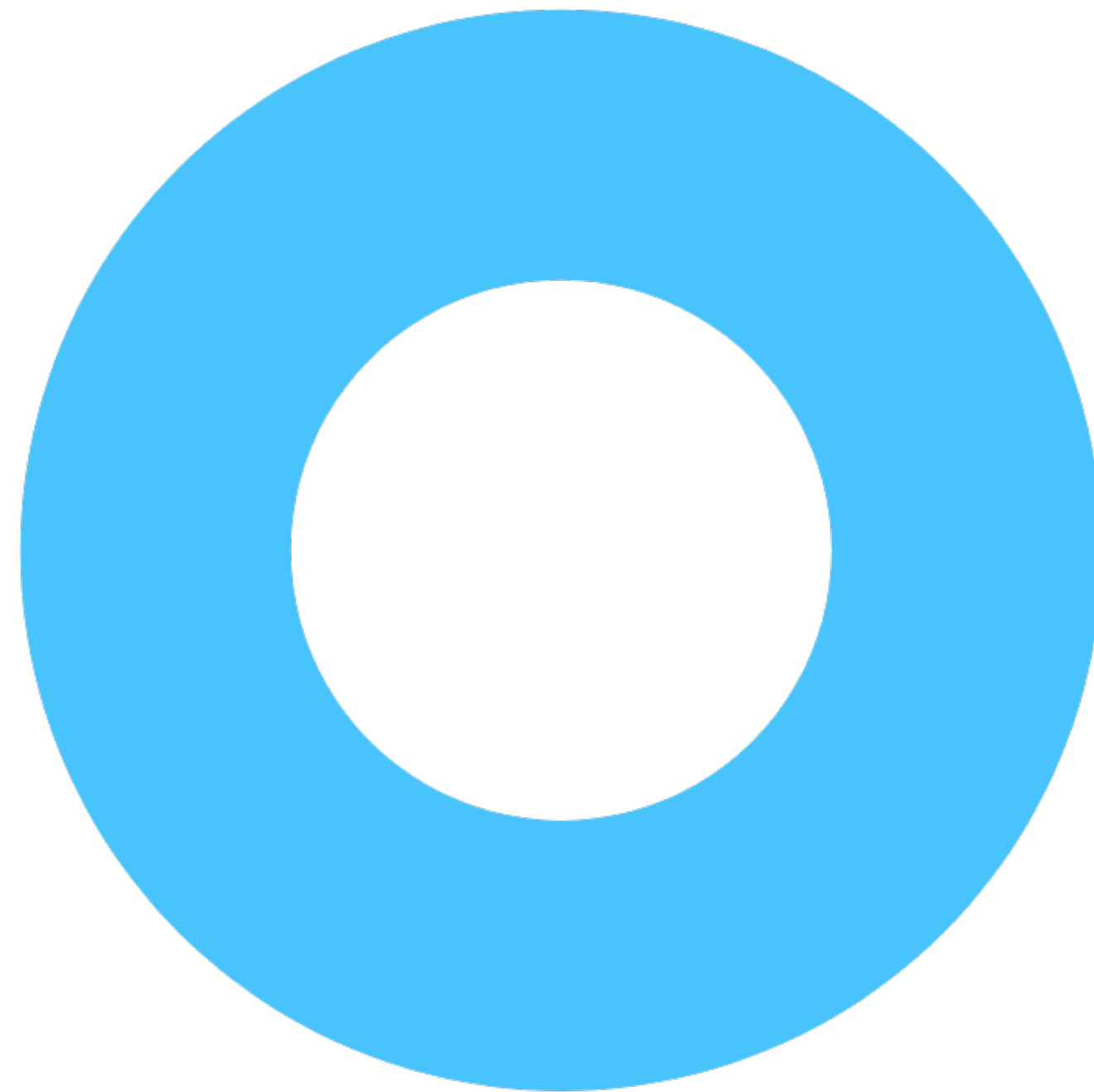
## Q22: DO YOU EXERCISE?



# Q23: HOW MANY TIMES A WEEK ?



# Q24: DO YOU CURRENTLY SMOKE?

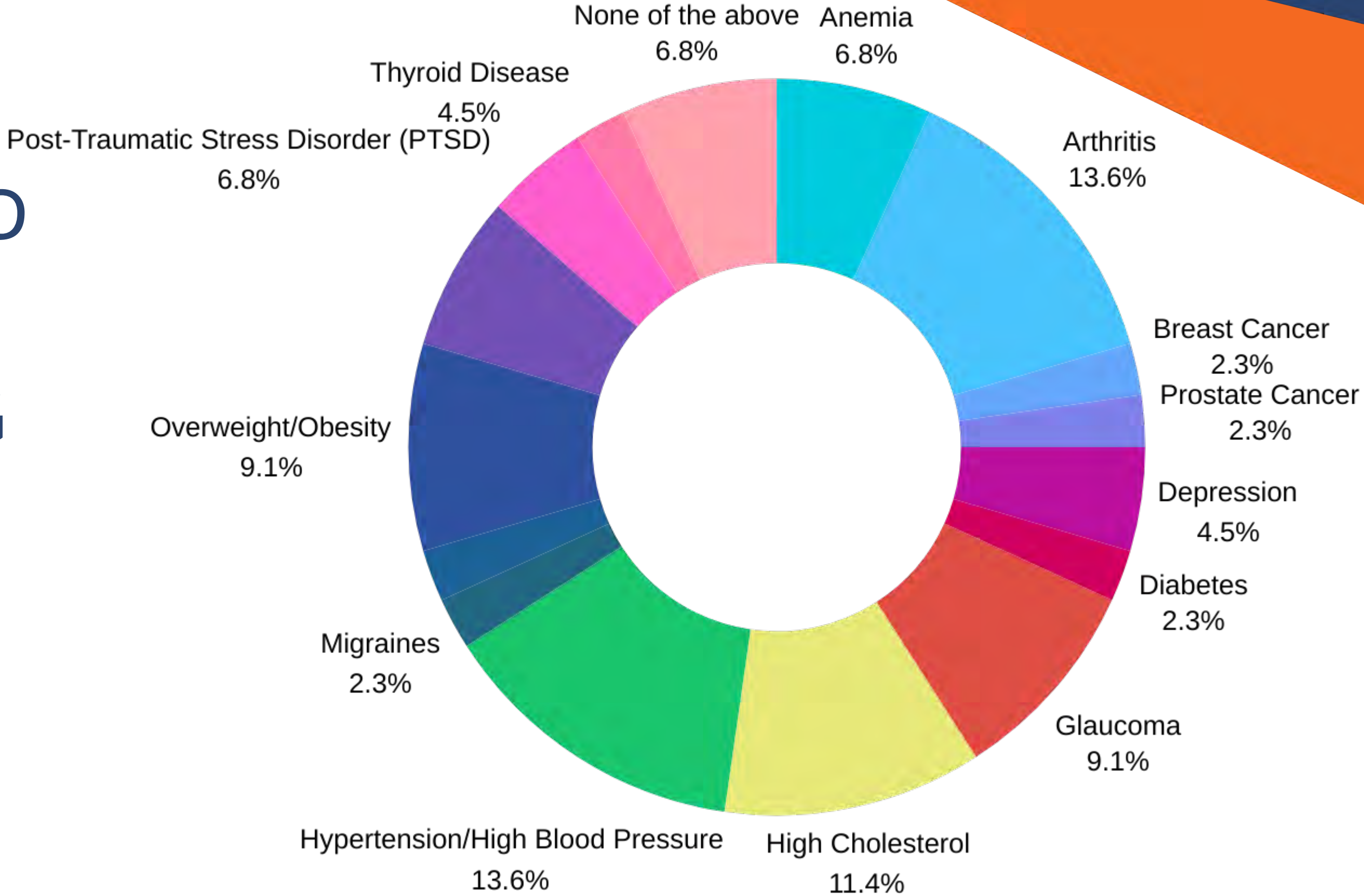


No  
100%

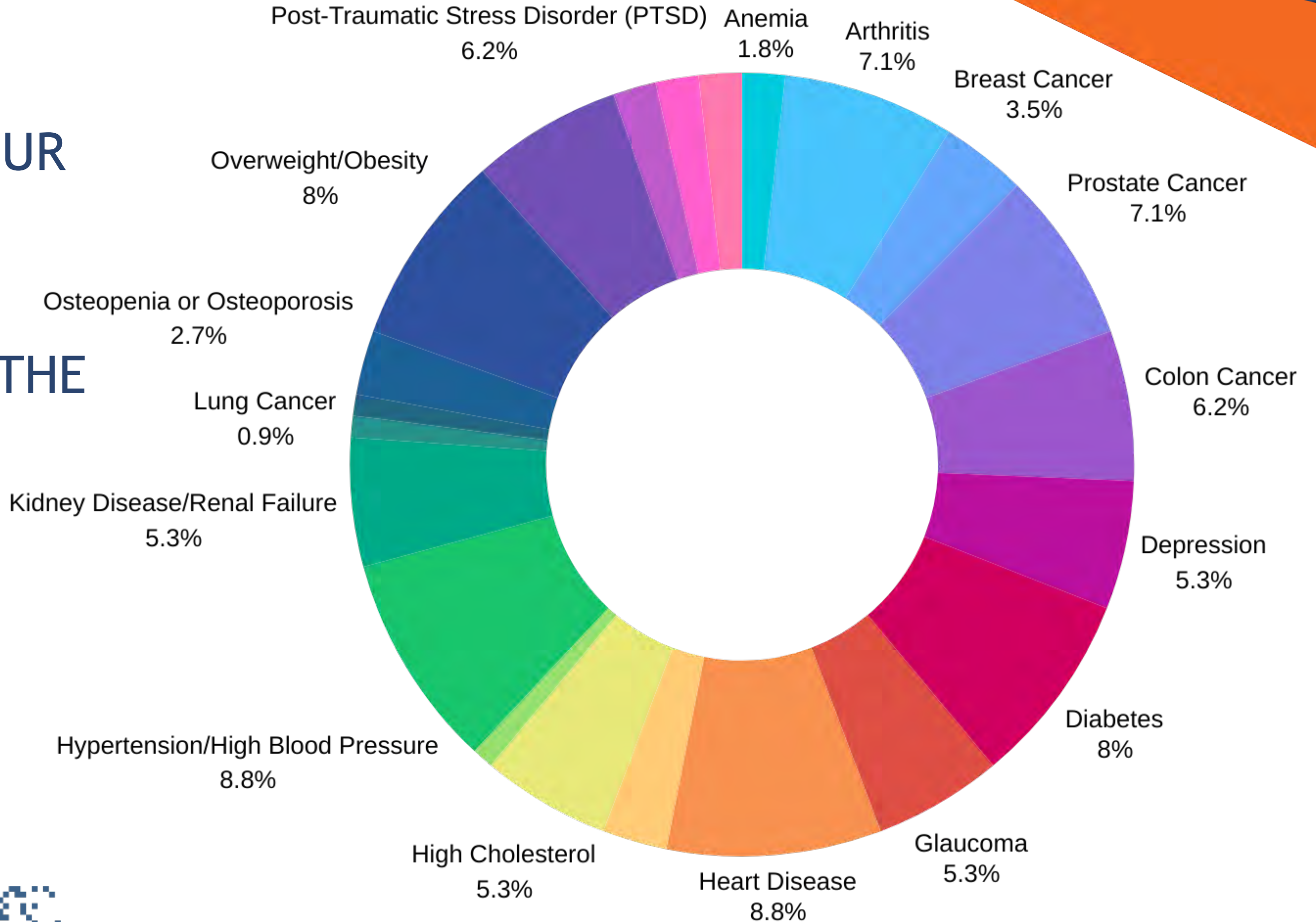




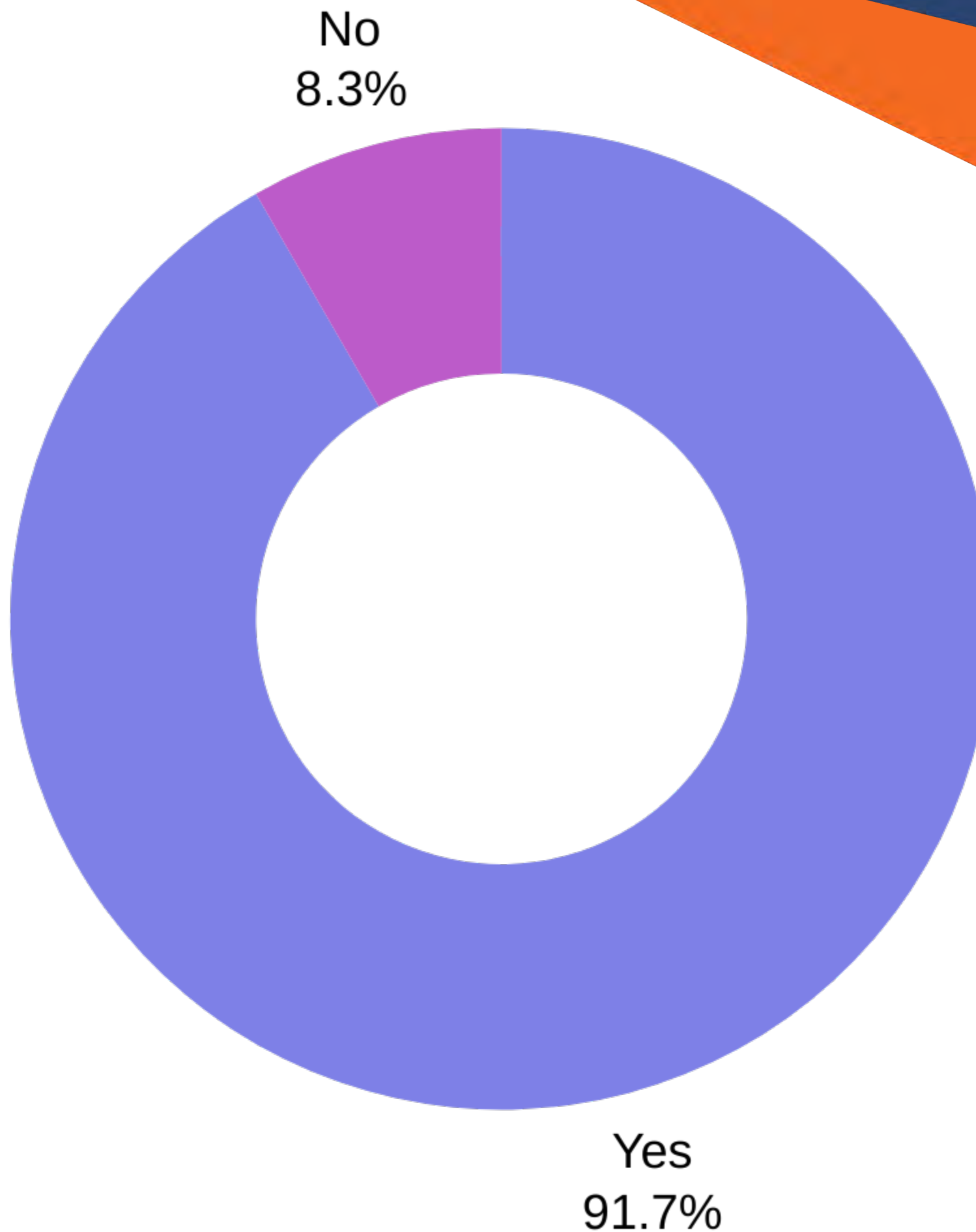
# Q25: HAVE YOU BEEN DIAGNOSED WITH ANY OF THE FOLLOWING CONDITIONS?



**Q26: HAS ANYONE IN YOUR FAMILY BEEN DIAGNOSED WITH ANY OF THE FOLLOWING CONDITIONS?**

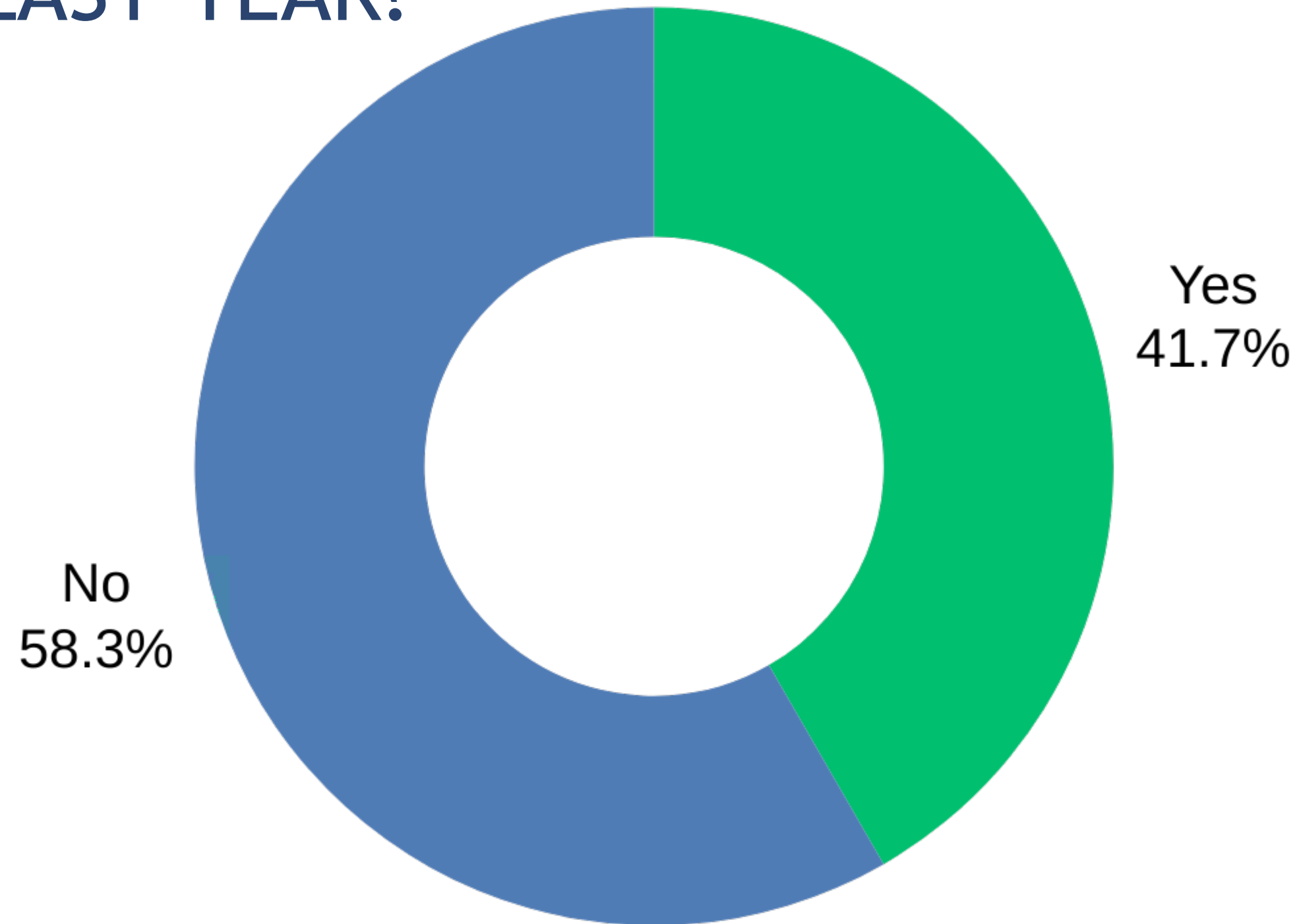


Q27: HAVE YOU BEEN TO A PHYSICIAN OR HEALTHCARE PROVIDER IN THE LAST 2 YEARS FOR ANY EXAMINATION OR HEALTH CONCERN?

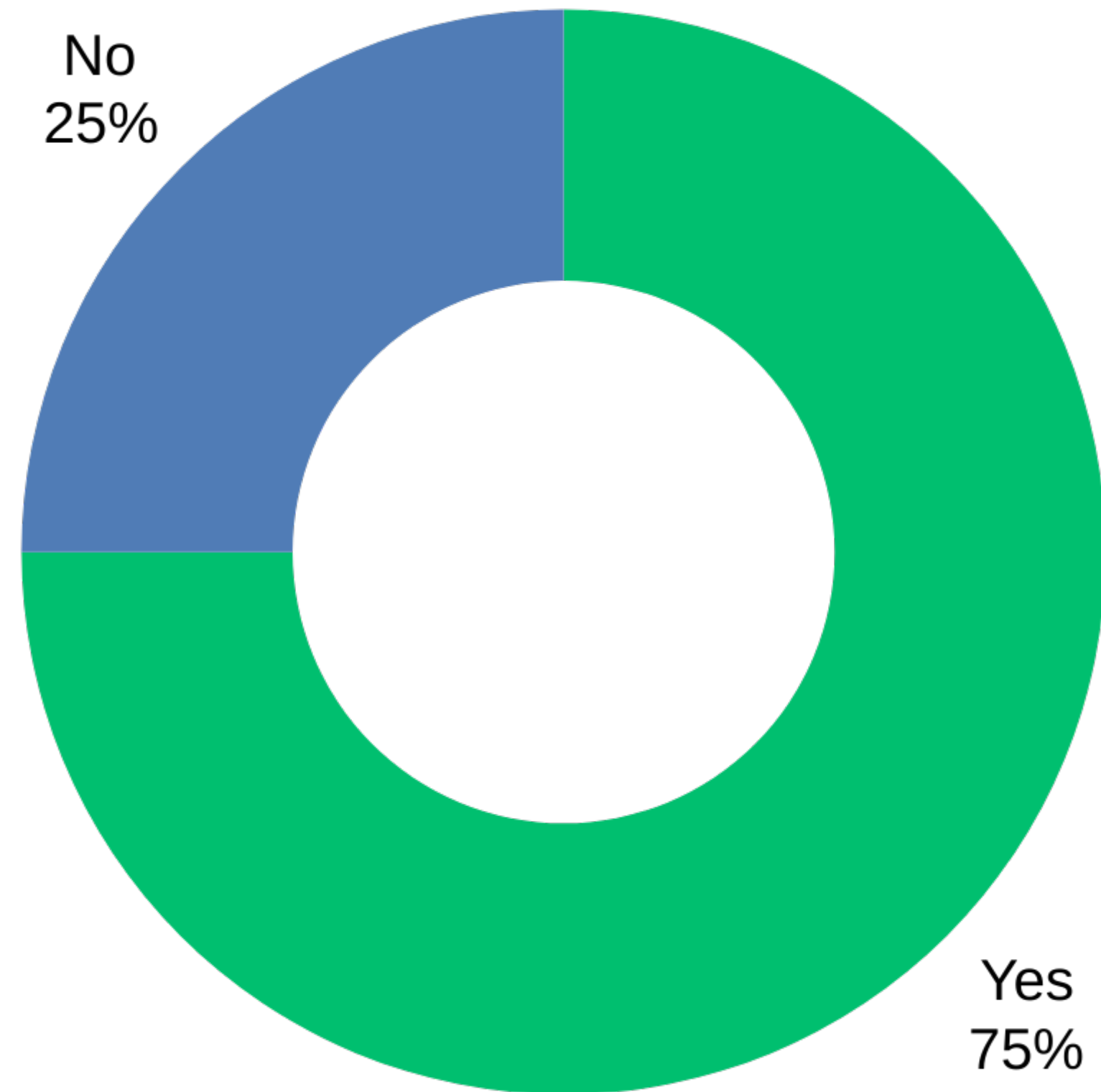




# Q28: HAVE YOU SEEN YOUR PRIMARY CARE PHYSICIAN FOR A ROUTINE CHECK UP IN THE LAST YEAR?



# Q29: DO YOU TAKE PRESCRIPTION MEDICATIONS?



# Q30: WHO MAKES THE HEALTH DECISIONS IN YOUR FAMILY?

A family member (not my spouse) or friend, etc..

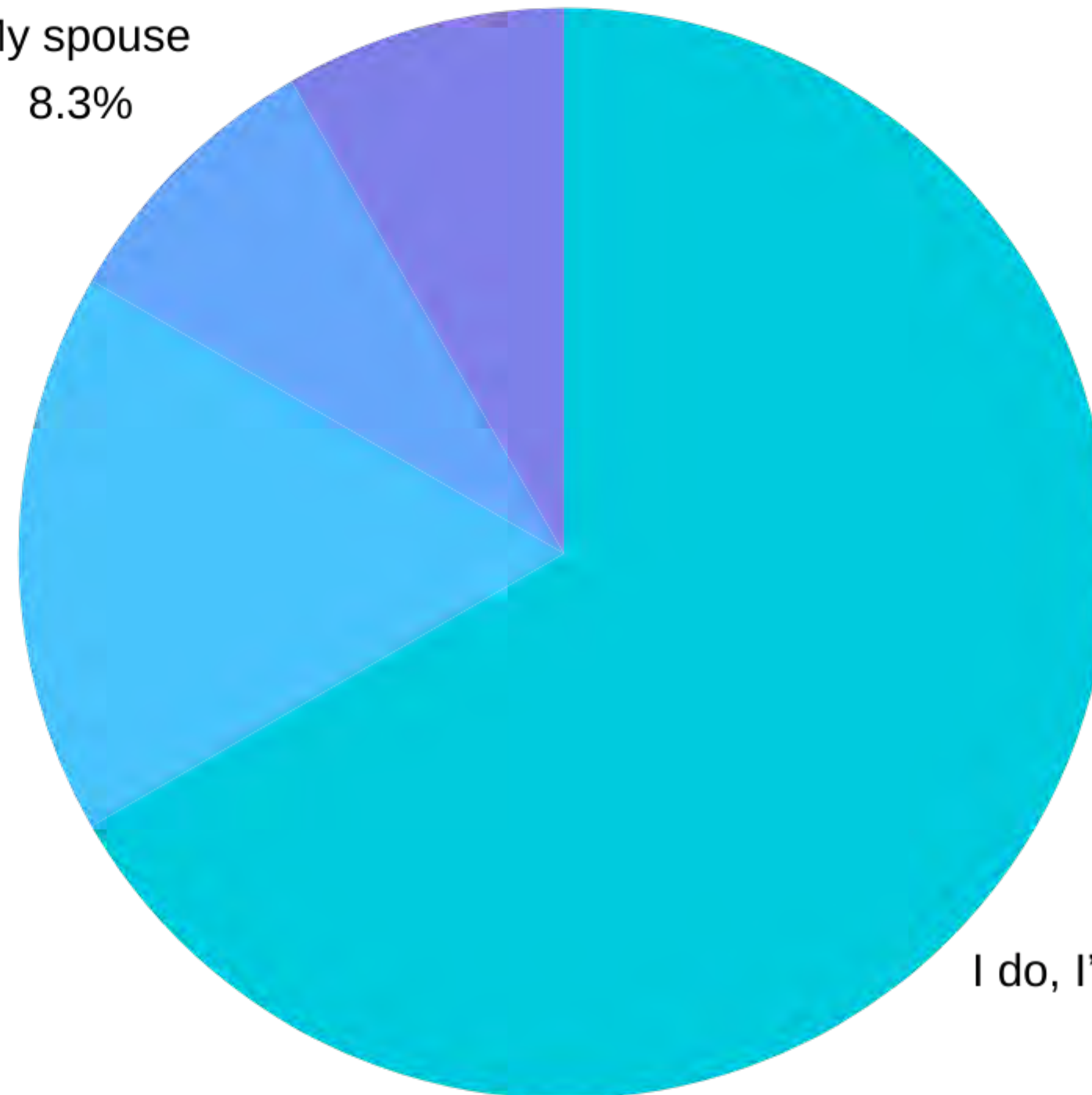
8.3%

My spouse

8.3%

I do, I'm married or living with my spouse

16.7%



I do, I'm single, widowed or divorced

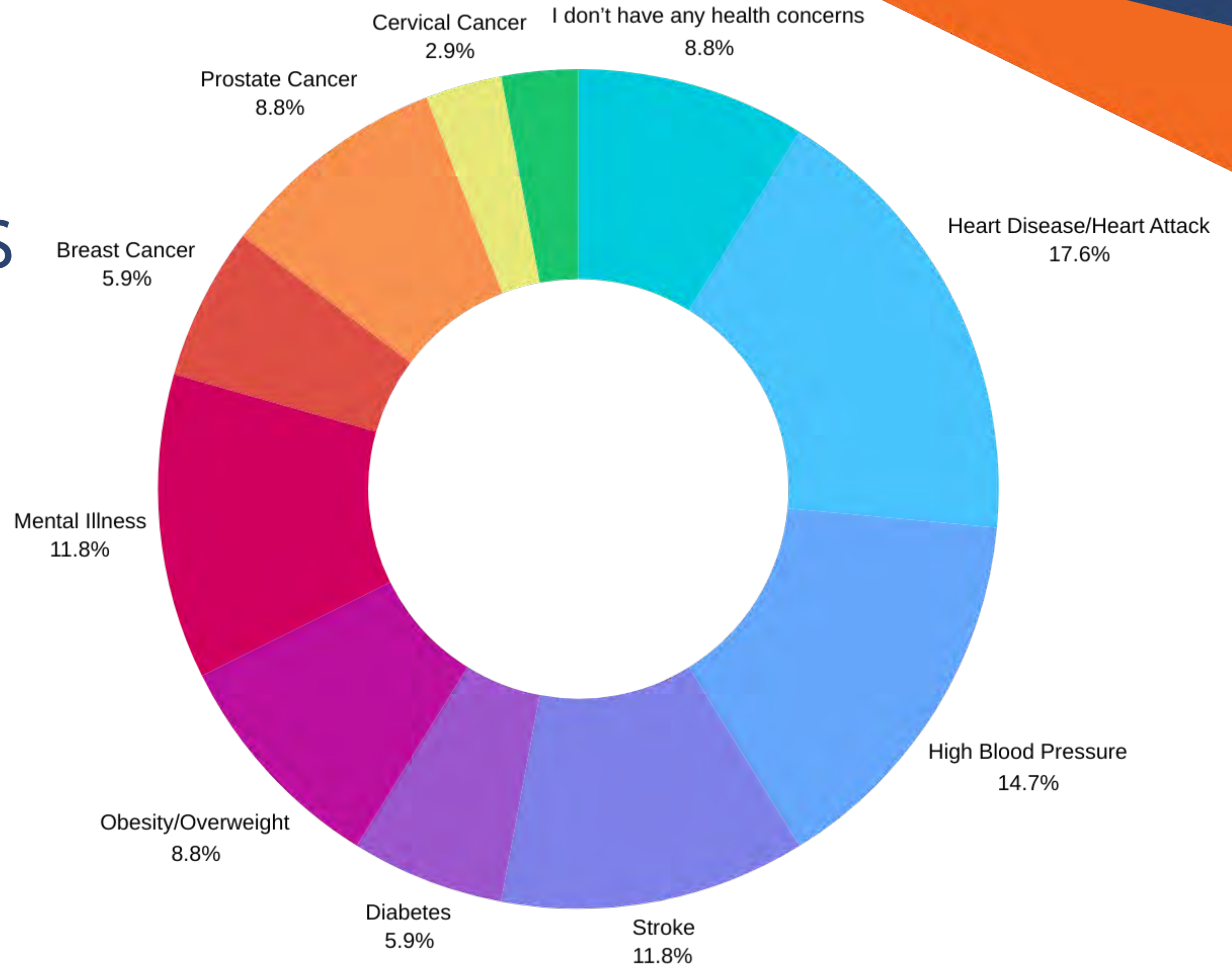
66.7%



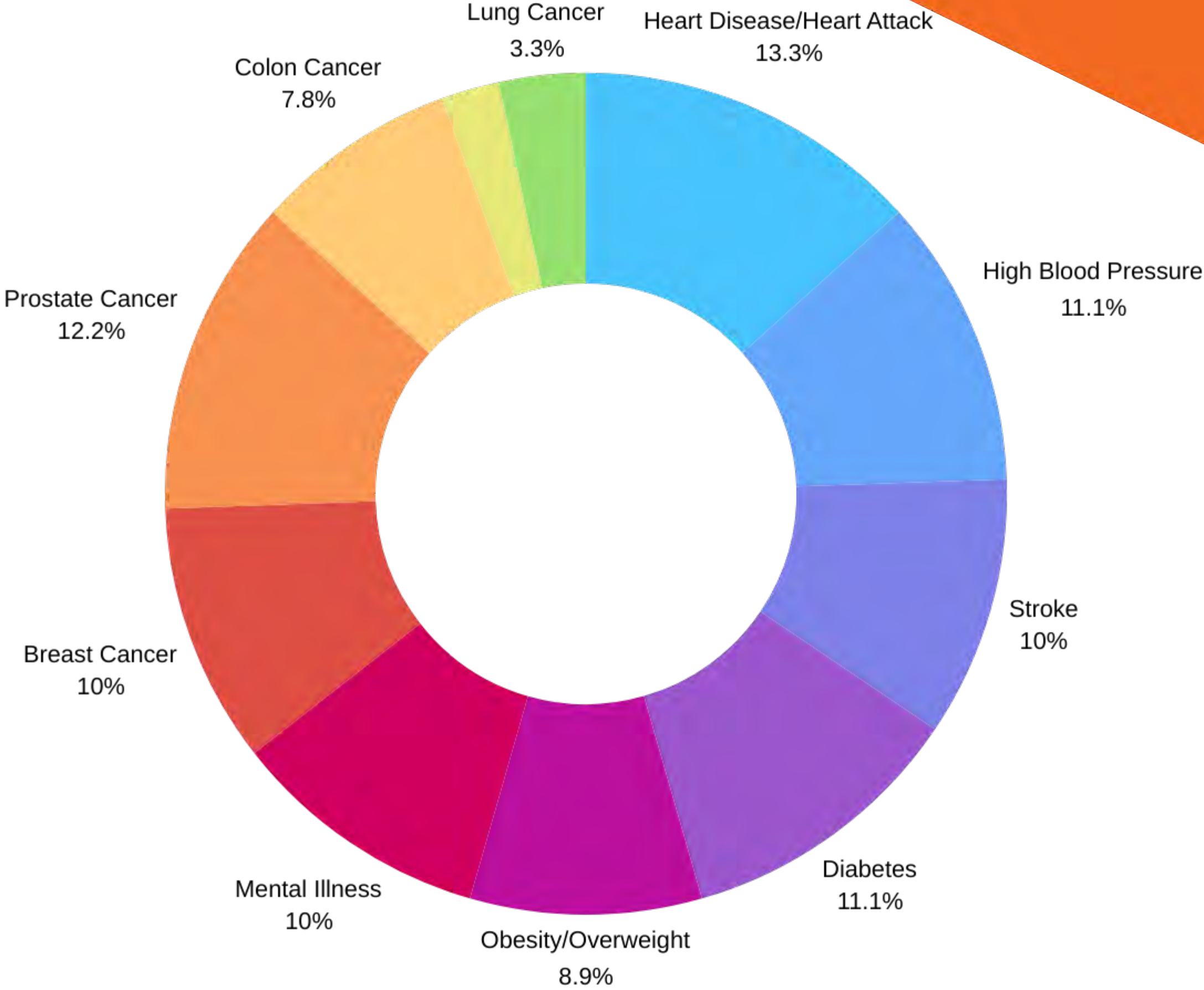


# Q31: WHAT ARE YOUR BIGGEST HEALTH CONCERNS FOR YOURSELF ?

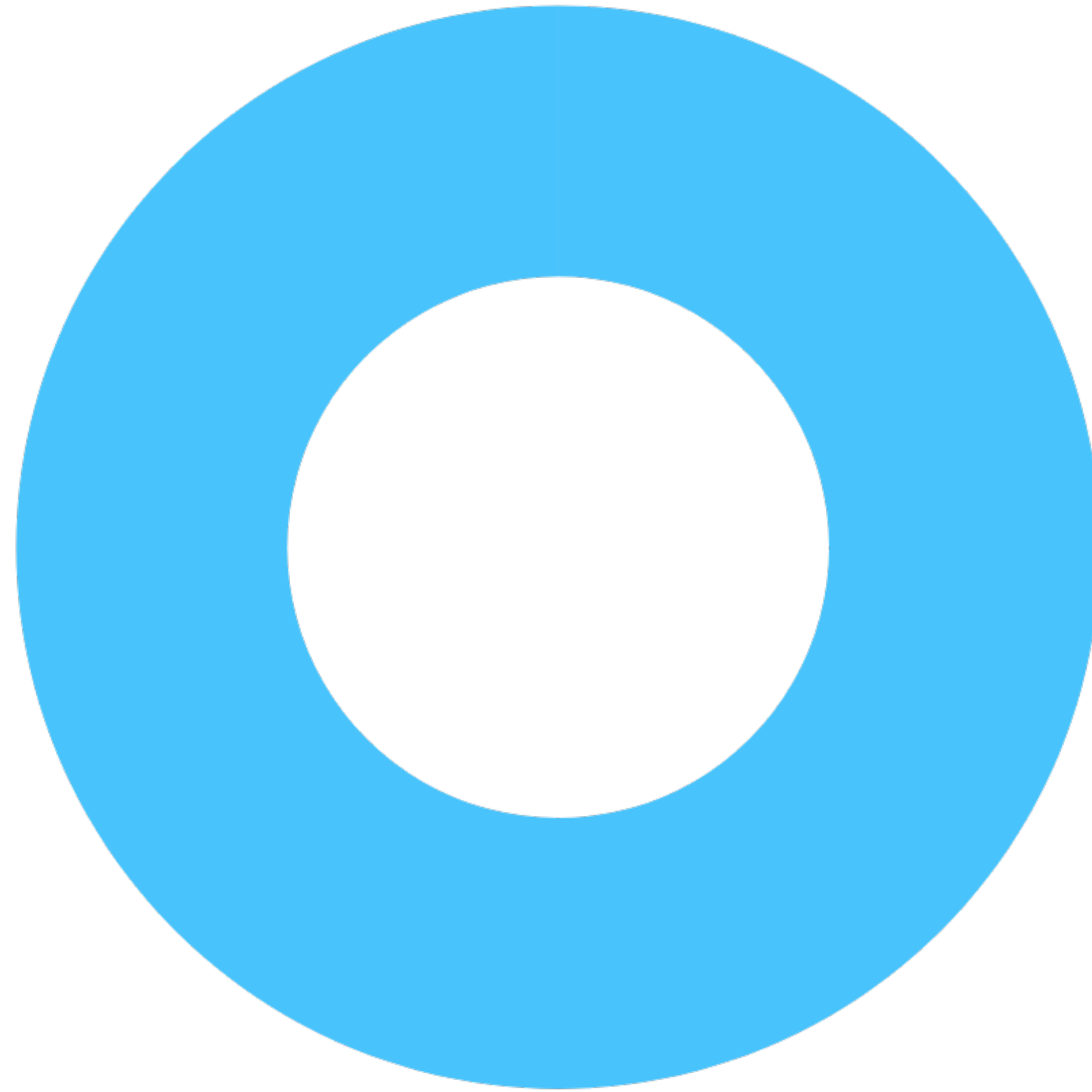
*(CHECK ALL THAT APPLY)*



Q32: ARE YOU CONCERNED ABOUT ANY OF THE FOLLOWING HEALTH CONDITIONS FOR YOUR PARENT, SPOUSE, CHILDREN, OR SIBLINGS ?  
*(CHECK ALL THAT APPLY) :*



Q33: DO YOU  
WANT TO  
IMPROVE YOUR  
HEALTH?



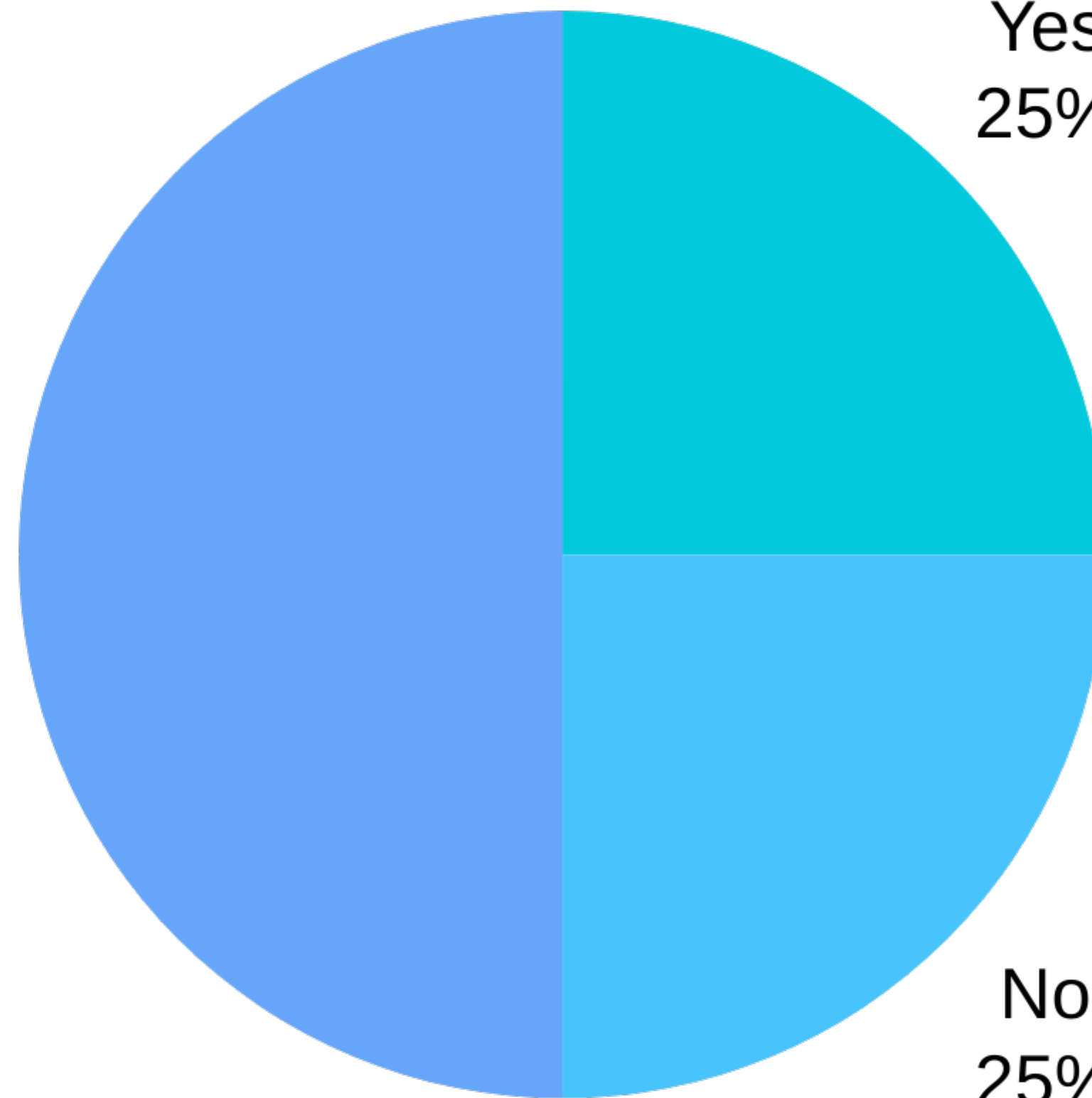
Yes  
100%





Q34: DO YOU FEEL THAT YOU HAVE THE PROPER KNOWLEDGE AND TOOLS TO IMPROVE YOUR HEALTH?

Not Sure  
50%

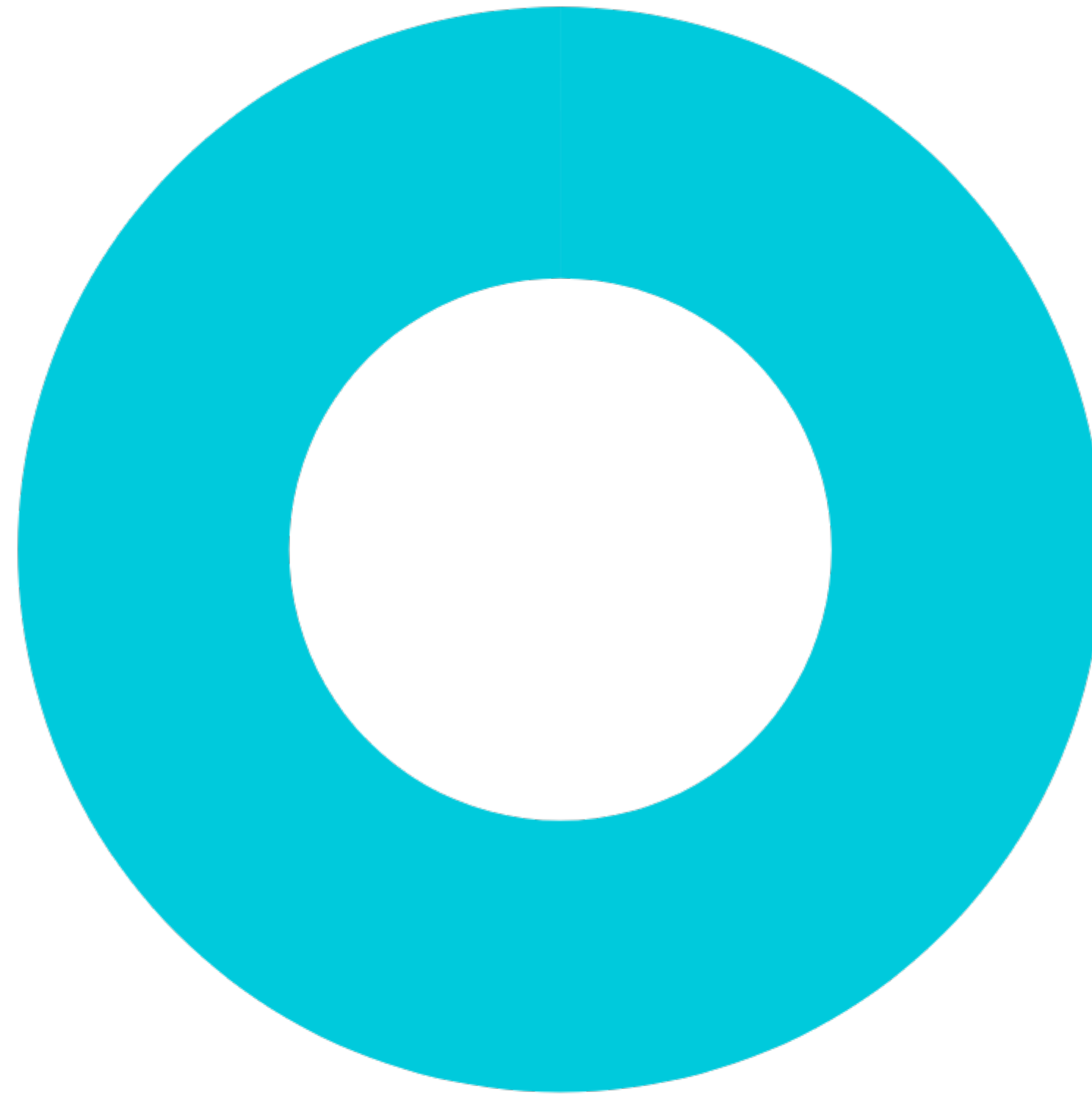


Yes  
25%

No  
25%



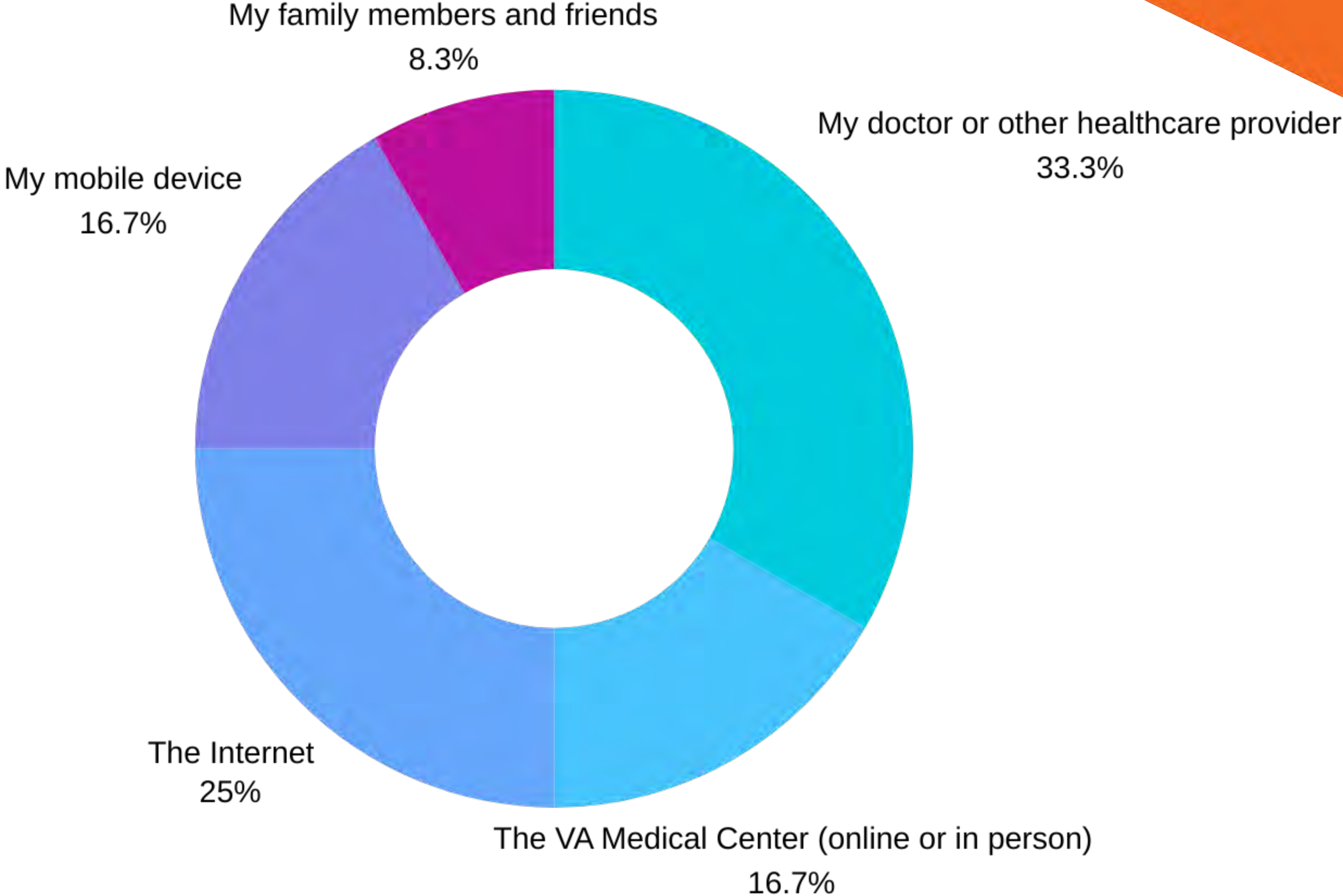
Q35: DO YOU FEEL  
THERE IS  
ADEQUATE  
AVAILABILITY OF  
HEALTHCARE TO  
THE RETIRED  
MILITARY  
COMMUNITY?



No  
100%



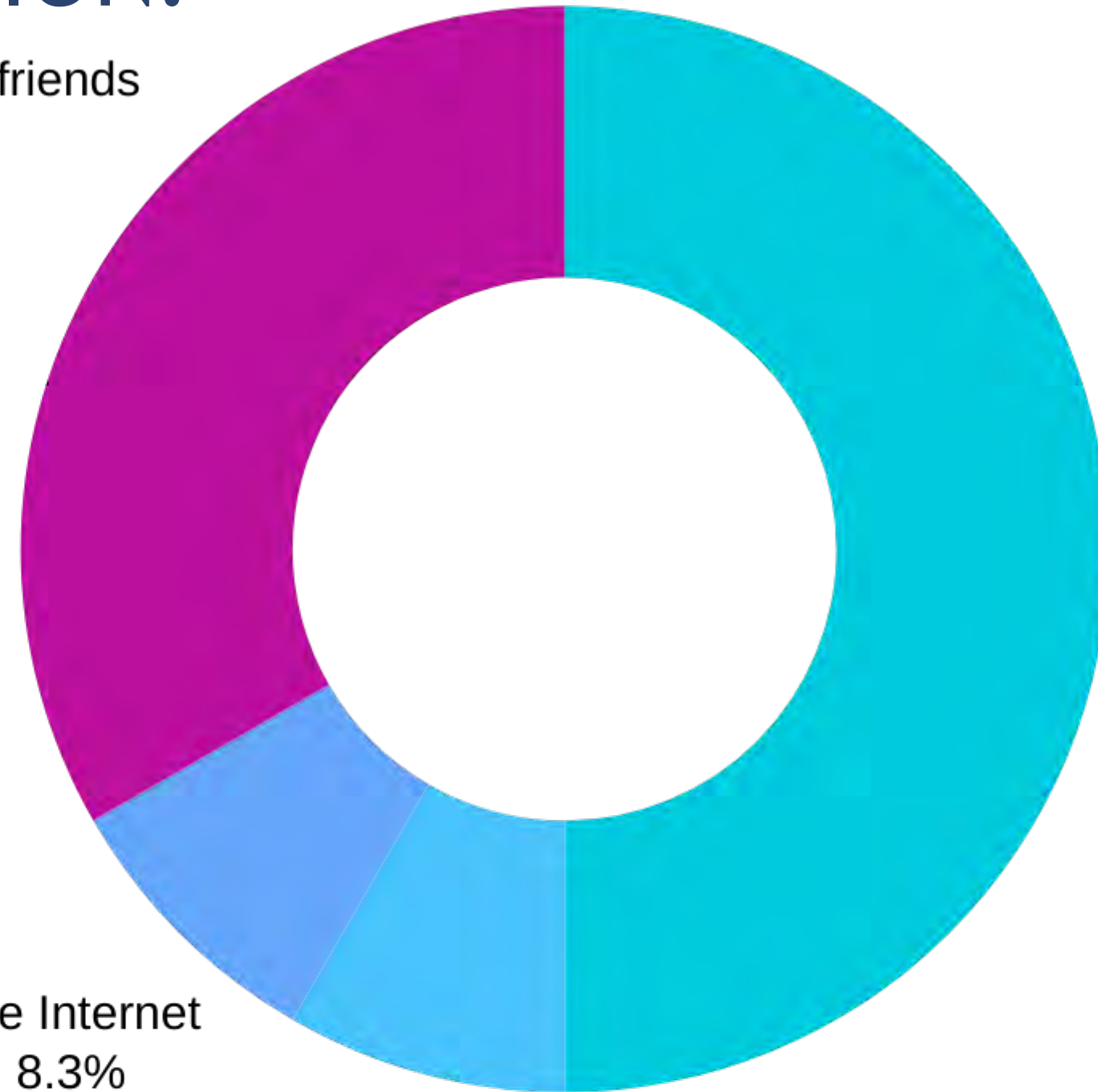
# Q36: WHERE DO YOU GET MOST OF YOUR HEALTH INFORMATION?





# Q37: WHAT SOURCES DO YOU TRUST FOR HEALTH INFORMATION?

My family members and friends  
33.3%



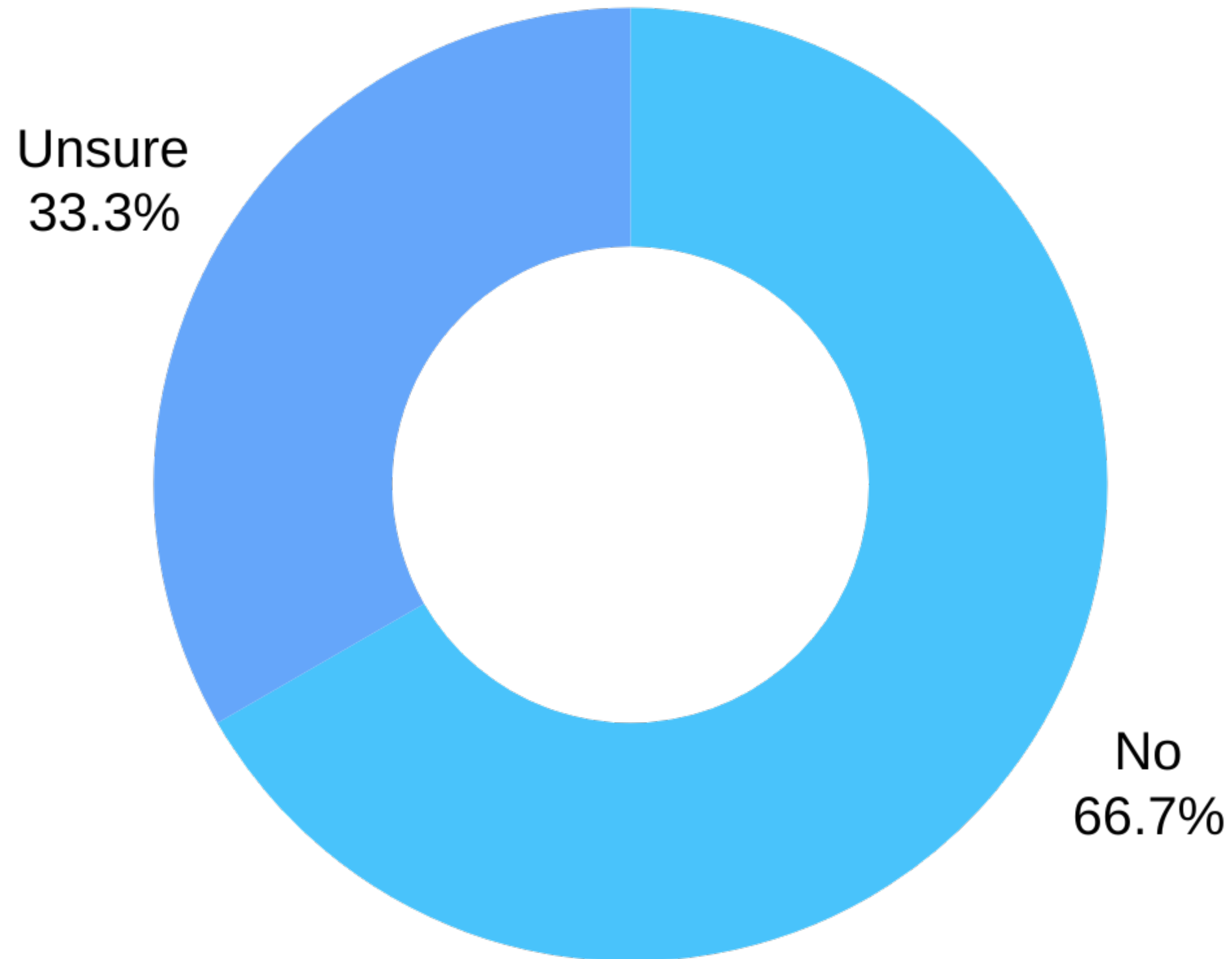
My doctor or other healthcare provider  
50%

The Internet  
8.3%

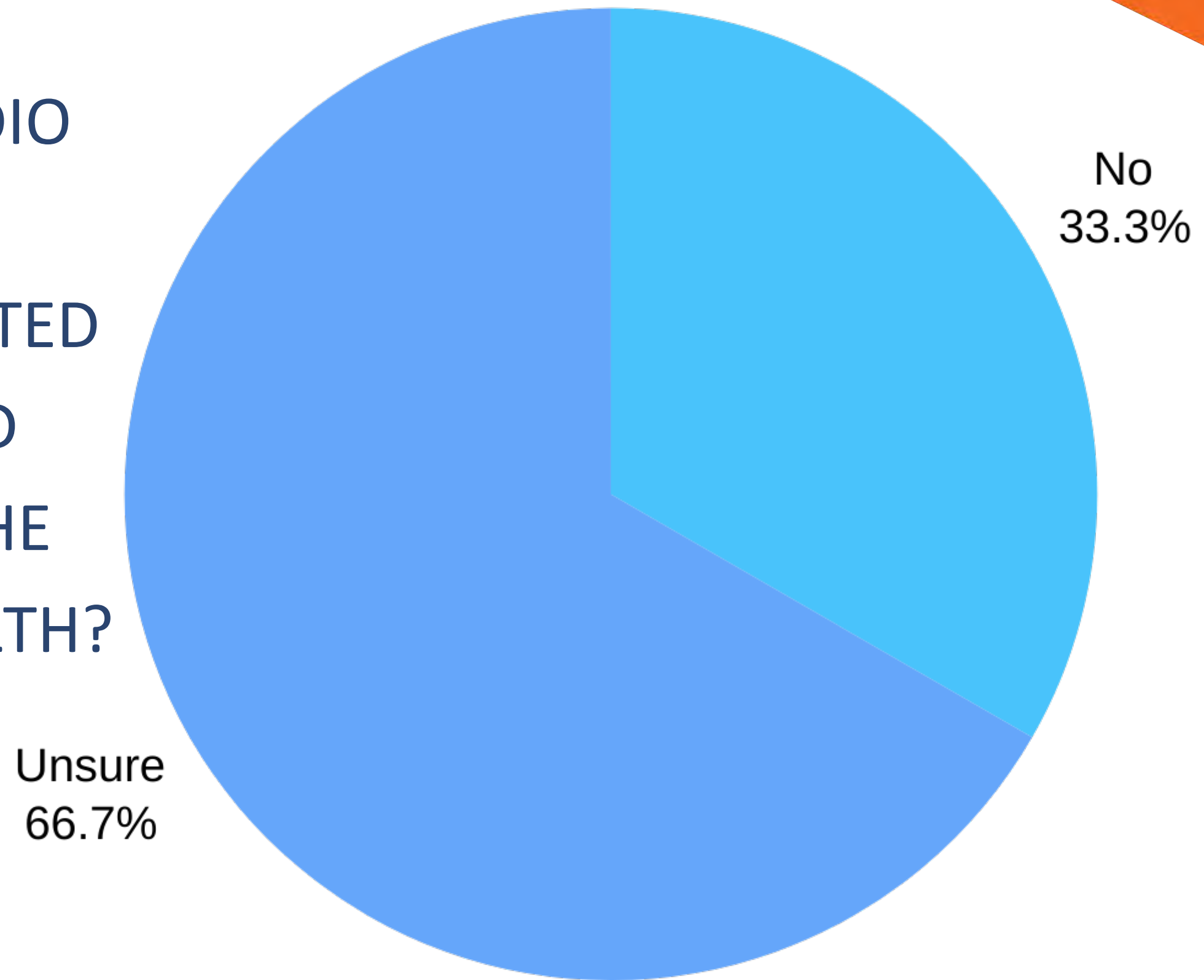
The VA Medical Center (online or in person)  
8.3%



# Q38: DO YOU FEEL THAT HEALTH INFORMATION IS TARGETED SPECIFICALLY TO YOU?

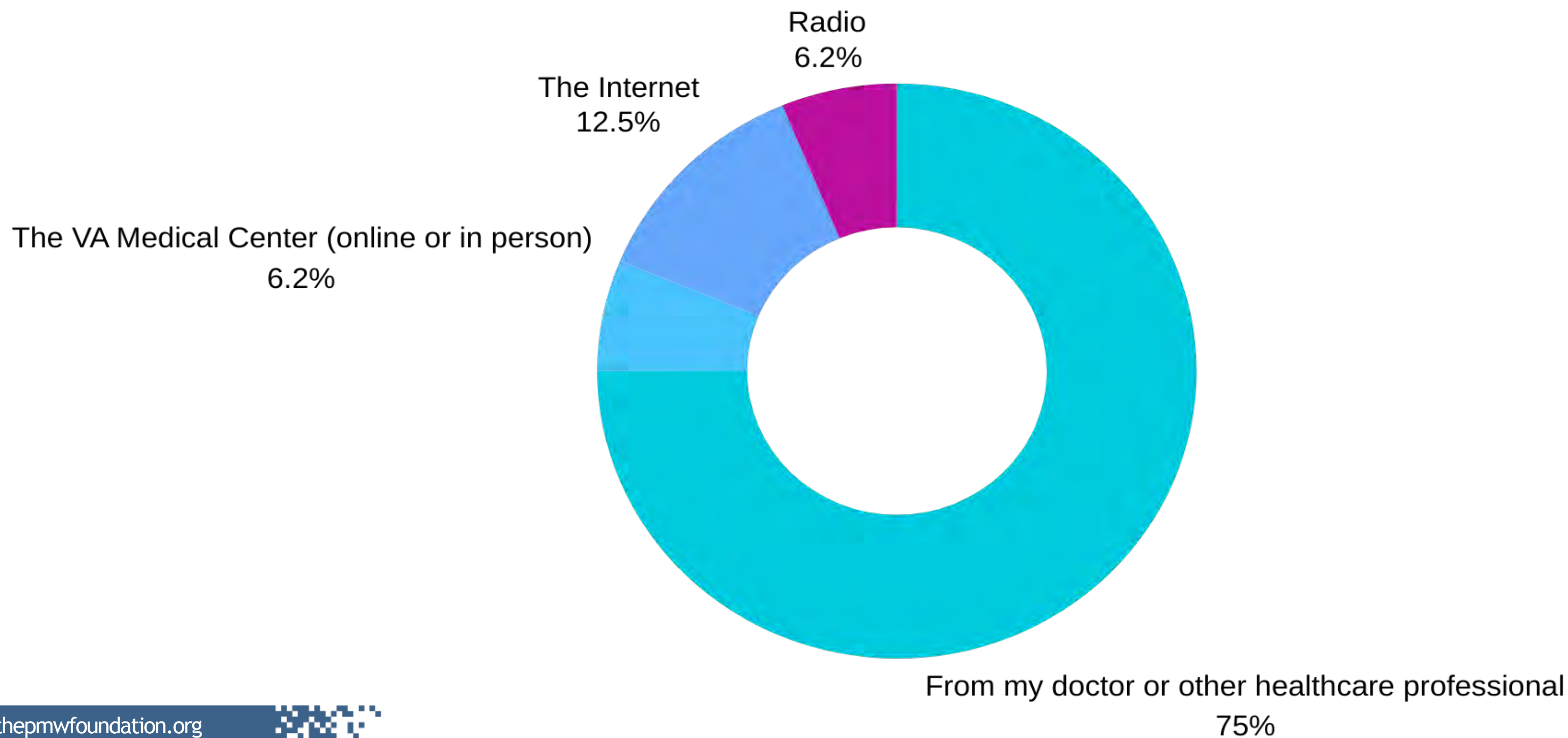


Q39: DO YOU FEEL THAT THERE ARE ENOUGH RADIO SHOWS, TELEVISION SHOWS, WEBSITES, PRINTED MATERIALS, VIDEOS, AND OTHER MESSAGING IN THE MEDIA REGARDING HEALTH?





# Q40: IDEALLY WHERE WOULD YOU LIKE TO RECEIVE HEALTH INFORMATION?





# PMW FOUNDATION

FOR MEDIA INQUIRIES OR FURTHER INFORMATION,  
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