

Temporal changes in the nature of disability: US Army soldiers discharged with disability, 1981--2005

Nicole S. Bell, ScD, MPH Carolyn E. Schwartz, ScD Tom C. Harford, Ph.D. Ilyssa E. Hollander, MPH Paul J. Amoroso, MD

Social Sectors Development Strategies, Inc.





Disability increasing at almost 10% per year among US Army soldiers.

In FY 2005, the DoD paid disability-retired military service members \$1.25 billion, \$474 million of which was for disabled Army retirees

Few studies published describe the nature of these disabilities, risk factors or disposition





Document major types of disability discharges from 1981-2005

Describe the population at risk for different types of disability

Document and describe the type of compensation (an indicator of severity) awarded for different types of disability as well as temporal changes in these associations

Methods: The Data



Total Army Injury and Health Outcomes Database (TAIHOD)

US Army Physical Disability Agency

DMDC (personnel files)

Methods – Study Population



All Active Duty Army discharged with a permanent disability between 1981-2005

►N = 108,119

VASRD System for classifying disability



VASRD codes categorized into 15 body/organ systems **Musculoskeletal** Respiratory Cardiovascular Neurological Mental health Digestive Endocrine Hemic/lymphatic Ear/other sensory organs Eye Infectious/immune/nutritional Skin Gynecological Genitourinary Dental and oral

VASRD Dispositions (compensation awards)



- Eligibility dependent upon tenure in the Army and whether condition caused, or aggravated, by Army service
 - Separation without benefits
 - Separation with severance pay
 - Retirement with permanent disability

Demographic Factors



Gender
Age
Rank
Time in service
Race/ethnicity
Marital status
Education



Methods -- Analyses

Frequency distributions

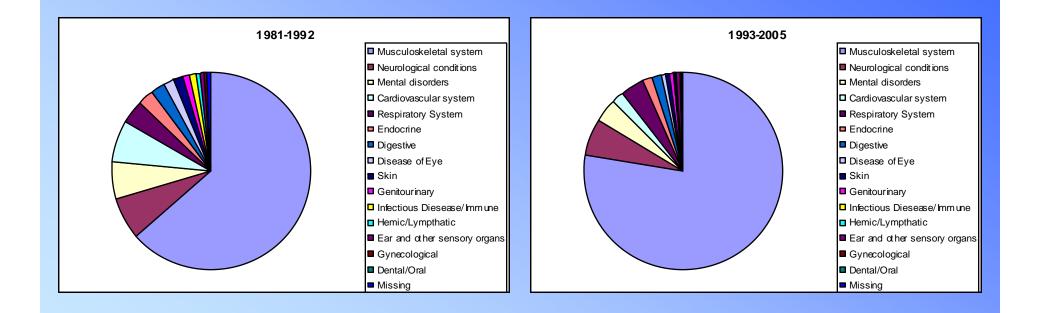
Multiple Logistic Regression analysis

Adjusted (standardized) and unadjusted rates

Autoregressive Time Series Analysis

Results







Results

▶91% all disability captured in top 5 conditions

Top 5 conditions (1981-2005)

- Musculoskeletal (72%, n = 77,418)
- Neurological (6%, n = 6,896)
- Mental health (5%, n = 5,075)
- Cardiovascular (4%, n = 4429)
- Respiratory (4%, n = 4202)

Risk factors for different types of disability



	Musculoskeletal	Respiratory	Cardiovascular	Neurological	Mental Health	
	OR (95% C.I.)	OR (95% C.I.)	OR (95% C.I.)	OR (95% C.I.)	OR (95% C.I.)	
Gender						
Male	0.86*	0.82*	1.01	1.24*	1.31*	
	(0.82-0.88)	(0.76-0.89)	(0.92-1.10)	(1.15-1.33)	(1.22-1.42)	
Female (referent)	1.00	1.00	1.00	1.00	1.00	
Age						
<21 (referent)	1.00	1.00	1.00	1.00	1.00	
21-25	1.12*	1.03	0.57*	1.06	1.05	
	(1.07-1.17)	(0.92-1.16)	(0.51-0.64)	(0.92-1.14)	(0.96-1.15)	
26-30	1.24*	0.80	0.53*	1.02	1.22*	
	(1.17-1.31)	*(0.70-0.92)	(0.46-0.61)	(0.92-1.13)	(1.09-1.37)	
31-35	1.27*	0.71*	0.54*	1.00	1.54*	
	(1.19-1.36)	(0.61-0.84)	(0.46-0.64)	(0.88-1.13)	(1.35-1.76)	
36-40	1.06	0.80+	0.88	1.00	2.09*	
	(0.97-1.15)	(0.66-0.97)	(0.74-1.06)	(0.86-1.17)	(1.76-2.47)	
>40	0.76*	0.91	1.55*	0.98	2.37*	
	(0.68-0.85)	(0.71-1.16)	(1.25-1.91)	(0.81-1.20)	(1.90-2.96)	

Risk factors for different types of disability



	Musculoskeletal	Respiratory	Cardiovascular	Neurological	Mental Health
	OR (95% C.I.)				
Race/ethnicity					
White (referent)	1.00	1.00	1.00	1.00	1.00
Black	0.77* (0.75-0.80)	1.62* (1.51-1.74)	1.11* (1.03-1.19)	0.88* (0.83-0.94)	1.04 (0.97-1.12)
Hispanic	1.01 (0.94-1.07)	1.21* (1.05-1.41)	0.61* (0.51-0.74)	0.91 (0.80-1.02)	0.99 (0.86-1.13)
Other	0.97 (0.90-1.04)	1.07 (0.91-1.26)	0.79* (0.67-0.94)	0.92 (0.81-1.05)	1.24* (1.09-1.42)
Marital status					
Single	0.82* (0.80-0.85)	0.86* (0.80-0.93)	1.05 (0.96-1.14)	1.00 (0.94-1.06)	1.80* (1.68-1.93)
Married (referent)	1.00	1.00	1.00	1.00	1.00
Previously married	1.04 (0.97-1.12)	0.89 (0.76-1.05)	0.86 (0.73-1.01)	0.96 0.84-1.10)	1.26* (1.08-1.46)

Risk factors for different types of disability

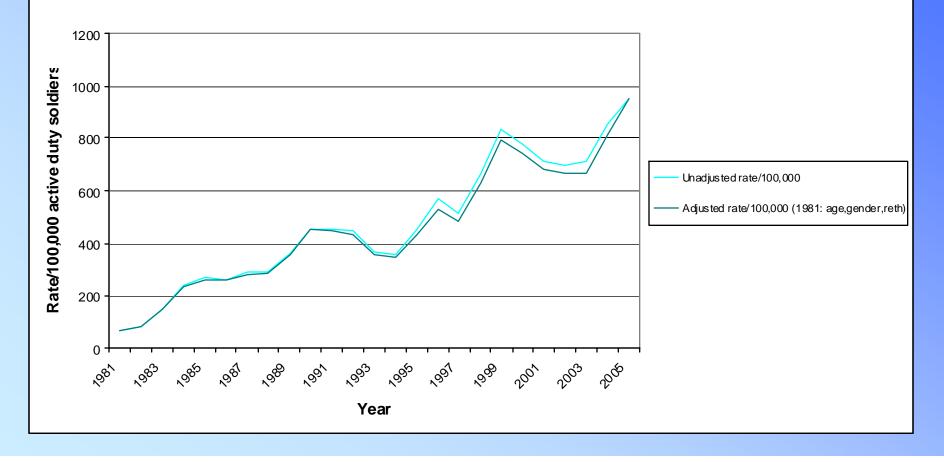


	Musculoskeletal	Respiratory	Cardiovascular	Neurological	Mental Health
	OR (95% C.I.)	OR (95% C.I.)	OR (95% C.I.)	OR (95% C.I.)	OR (95% C.I.)
Education					
≤High school or equivalent (referent)	1.00	1.00	1.00	1.00	1.00
Some college	0.74*	1.13	1.34*	1.07	1.35*
	(0.70-0.79)	(0.99-1.29)	(1.21-1.50)	(0.96-1.19)	(1.20-1.52)
≥College degree	0.91*	0.93	0.95	0.94	1.29*
	(0.85-0.98)	(0.77-1.11)	(0.82-1.11)	(0.82-1.08)	(1.12-1.48)
Rank					
E1-E4 (referent)	1.00	1.00	1.00	1.00	1.00
E5-E6	0.91*	0.99	1.05	0.97	1.09
	(0.87-0.95)	(0.90-1.09)	(0.94-1.17)	(0.90-1.05)	(0.99-1.21)
E7-E9	0.50*	1.05	2.06*	1.12	2.10*
	(0.46-0.55)	(0.87-1.28)	(1.76-2.43)	(0.96-1.31)	(1.72-2.56)
Officer	0.52*	1.23	1.58*	1.44*	1.70*
	(0.47-0.57)	(0.97-1.55)	(1.28-1.94)	(1.21-1.71)	(1.41-2.04)
Time in service yrs	0.97*	1.03*	1.04*	1.02*	0.93*
	(0.97-0.98)	(1.01-1.04)	(1.03-1.05)	(1.01-1.03)	(0.91-0.94)

Results



Crude and adjusted rates of permanent musculoskeletal disability per 100,000 active duty soldiers, 1981-2005



SSDS Inc.

Results

Separation with Severance pay 77%

Permanent Disability Retirement 15%

Separation without benefits 8%

Results: Disability compensation SSDS Inc. varies by disability type



Musculoskeletal disability cases were more likely to be discharged with severance pay

Mental disorders and respiratory disorder disabilities more likely to be discharged with no benefits

Cardiovascular disorders more likely to be retired with a permanent disability discharge

Neurological disorders more likely to be either discharged with no benefits or retired with permanent disability discharge.

Conclusion



- Disability is increasing among active duty army and this is primarily driven by musculoskeletal disorders. This is by far the largest and fastest growing cause of disability
- Women, 21-25 year old, white, lower ranking enlisted, short tenured soldiers with high school degree or less at greatest risk for musculoskeletal
- Demographic shifts in Army population composition do not explain increasing musculoskeletal disability rates
- Separation with lump sum fastest growing compensation group & is associated with musculoskeletal disability

Recommendations



More research needed to understand occupational exposures and health behavior risk factors for all disability, especially musculoskeletal disorder

More research clarifying the clinical significance of musculoskeletal disability