



AFGHANISTAN/IRAQ

VA's Office of Research and Development has implemented a comprehensive research agenda to address the deployment-related health issues of the newest generation of Veterans. In addition to exploring new treatments for posttraumatic stress, traumatic brain injury, and other complex blast-related injuries, VA researchers are examining ways to improve the delivery of health care services for these Veterans and promote their successful reintegration back into their families, communities, and workplaces.

RECENT VA RESEARCH ADVANCES

PHONE INTERVIEWS JUST AS EFFECTIVE—Telephone interviews provide the same results as face-to-face interviews when talking with Veterans about readjusting to community life after deployment. A VA team from Providence, R.I., assigned 102 OEF/OIF Veterans to receive either a telephone interview followed by an in-person interview, or vice versa. Both interviews were conducted within a one-week time frame. In each interview, the Community Reintegration of Service Members survey was given to Veterans. The survey measures how much a Veteran is involved with his or her community, as well as satisfaction levels and perceived limitations to community involvement. When the researchers analyzed the results, they found that both interview types worked equally well. Telephone interviews are likely to be more convenient and less costly.

COLLEGIATE VETERANS REPORT RISKY BEHAVIORS—OEF/OIF Veterans who attend college after deployment report more risky behaviors than non-Veterans, but also are more physically active. VA researchers from Minneapolis used data from a 2008 survey that involved 8,651 students attending Minnesota colleges. More OEF/OIF Veterans said they were currently cigarette smokers or had recently used smokeless tobacco, compared with non-Veteran students. These Veterans also were more likely to report binge drinking—having more than five drinks at a time—during the previous two weeks. Other risky behaviors were also more common, including fighting. However, OEF/OIF Veterans were less likely to use marijuana. They also reported more physical activity than non-Veterans did: A significantly higher percentage engaged in strengthening exercise regularly, and fewer spent over two hours a day playing video games or watching television.

TOBACCO USE STILL COMMON—Focus groups with National Guard OEF/OIF Veterans show that tobacco use is common for stress, anger management, and boredom relief. Tobacco was also cited as a tool for staying alert. Minneapolis VA researchers conducted the focus groups to examine the beliefs and attitudes toward tobacco in the newest generation of combat Veterans. Veterans noted that tobacco use provided a way to socialize and take breaks. Post deployment, many continued using tobacco due to nicotine dependence, stress, and the perception that cessation methods were difficult to obtain or use. The Minneapolis VA researchers note that cessation programs that address stress may help to reduce tobacco use, along with changes that allow for the acceptance of nonsmoking breaks and address the prominence of tobacco use in the military.

★ **FACTS ABOUT OEF/OIF VETERANS**—*The newest generation of Veterans is characterized by an increased number of Reservists and National Guard members who served in combat zones; a higher proportion of women; and different patterns of injuries than were seen among Veterans of previous wars. Due to improved body armor and battlefield medicine, many troops are surviving complex, severe wounds and injuries that might have proved fatal in earlier generations. VA provides care for Veterans with such injuries, termed polytrauma, through a system that includes network sites and support teams around the nation (www.polytrauma.va.gov).*