Data from a population-based study including over 280,000 women (274,399 civilians; 4,221 Veterans; 661 active duty; 995 National Guard or Reserves) was used to compare the health status of women who have served in the military to that of civilians. Results indicate that although National Guard/Reserve women (similar outcomes) and active duty women (better outcomes) compared favorably, Veterans consistently reported poorer health outcomes than civilian women.

Key Findings:
- Veterans consistently reported poorer general health and a greater likelihood of a chronic health condition such as cardiovascular disease compared to civilian and active-duty women.
- Veterans were more likely than civilians to report a history of depressive disorder and more likely than active-duty women to report a history of anxiety disorder.
- Tobacco use and lack of exercise were most commonly reported among Veterans.
- National Guard and Reserve women were more likely to be overweight or obese and to report both depression and anxiety than active-duty and civilian women.

Implications for Programs:
- As programs design and implement services to Veterans, ensuring that programming is culturally-responsive is important, including addressing gender-based health risks.
- Specific programs for National Guard and Reserve women that encourage health-promoting behaviors (i.e. physical activity, healthy eating) to help mitigate obesity and other health related concerns could be implemented.

Implications for Policies:
- Focused efforts towards raising awareness of health risks for female Veterans, both for those that seek care in the VA healthcare system and in the public sector, may be useful.
- Collaboration efforts between the VA and community based health care agencies could be useful in providing education about the needs of female Veterans and providing culturally-relevant services.

Avenues for Future Research:
- Future research might include longitudinal research that tracks military women’s healthcare across the lifespan as they transition from military to civilian/retired status.
- Additional research could explore which factors might lead to greater reports of health problems (e.g., deployment experiences, social support).
Data from the CDC Behavioral Risk Factor Surveillance System (BRFSS), a national telephone survey conducted annually to monitor health conditions and risk behaviors in U.S. adults, were used in the analyses. Weighted proportions of health characteristics were summarized for women across military status groups and compared using weighted chi-square tests. After adjusting for demographic variables (i.e., race/ethnicity, income, age, etc.), regression analyses were used to make comparisons across all groups.

This article focused on a nationally representative sample of active-duty, NG/R, Veteran, and civilian women. Participant data included: active-duty military (n = 611), Veteran (n = 4,221), NG/R (n = 995), or civilian (n = 274,399) women. Ages ranged from 18 to > 65 years and White, non-Hispanic represented the largest percentage across all groups (range: 60 to 69%).

Selected participants may differ from non-participants in a way that is not measured, but affected the outcome variables. For example, the random-digit-dial landline telephone survey excluded all households with only cellular coverage. Cross-sectional data does not allow researchers to test health differences experienced as a woman transitions from civilian to active-duty to Veteran status. Aspects of the outcomes may have been missed due to the collection of self-reports of health outcomes. Some outcomes were measured with just a single item and others (i.e., mental health) were collected in a small subset of the sample.

The design of the study used to address the research question was... The research methods (e.g., measurement, analysis) used to answer the research question were... The limitations of this study are... The implications of this research to programs, policies and the field, stated by the authors, are...