The Health Related Behaviors Survey (HRBS) is the U.S. Department of Defense’s (DoD’s) flagship survey for understanding the health, health-related behaviors, and well-being of service members.

- The HRBS allows leadership to better understand the health-related readiness of the force.
- The HRBS is used to facilitate benchmarking in combination with Healthy People benchmarks (designed for the general U.S. population).
- Results are weighted to represent the 2019 reserve component.

Comparison with the U.S. General Population

The 2018 HRBS shows that Air Force reservists generally reported comparable or better health and health behaviors than the general population, with some areas of concern.

Air Force reservists met Healthy People 2020 goals for normal weight and for obesity. Their rates of illicit drug use and prescription drug misuse were low, with less than 1 percent reporting such use in the past 12 months. They also met Healthy People 2020 goals for binge drinking, and fewer engaged in heavy drinking than in the general population.

Their use of tobacco and nicotine products was mixed. Although Air Force reservists met Healthy People 2020 goal for cigarette smoking, they did not do so for cigar smoking and smokeless tobacco. The percentages of Air Force reservists who used e-cigarettes, cigars, and smokeless tobacco also exceeded those for the general population. They did not meet Healthy People 2020 guidelines for appropriate amounts of sleep. Their levels of psychological distress were about the same as those for the general population, but their levels of probable PTSD were higher.

Development of military-appropriate population benchmarks, especially by service branch, could facilitate goal-setting, command visibility, and incremental improvements in health-related readiness.

Limitations

A low overall response rate (16.2 percent for the Air Force Reserve and 9.4 percent across all services) suggests that the results should be interpreted with caution and in conjunction with other existing data. Use of targeted incentives, modulus administered to subsets of respondents, or a service member panel survey could help improve response rates and representation. The above comparisons with the general adult population do not control for demographic differences between the two populations.


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