Veterans/Military Health Issues

Jennifer Barrs (GEP2), Eric Borges (MS2), Robert Daly (MS2), Olivia Karcis (MS2), Philip McNamara (MS2), Alexander Pankratov (MS2), Paige Roscoe (GEP2), Katherine Sadanianz (MS2)

Interprofessional Population Health Clerkship
November 5, 2018
Overview

Part 1: Definition of Our Population

Part 2: Interprofessional Teams

Part 3: Population Health Advocacy

Part 4: Acknowledgements

Part 5: Questions
Definition of Our Population

- Key Demographics
- Clinically Relevant Trends
Key Demographics: Age, Race, Sex, Class

US Veteran Population = 21,369,602
MA Veteran Population = 383,087

Looking forward at the changing profile of U.S. veterans

<table>
<thead>
<tr>
<th>Age</th>
<th>2016</th>
<th>2045</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;50 years</td>
<td>27</td>
<td>33</td>
</tr>
<tr>
<td>50-69</td>
<td>39</td>
<td>33</td>
</tr>
<tr>
<td>70+</td>
<td>34</td>
<td>34</td>
</tr>
</tbody>
</table>

Household Income

<table>
<thead>
<tr>
<th>Income Level</th>
<th>Massachusetts</th>
</tr>
</thead>
<tbody>
<tr>
<td>$200k or More</td>
<td></td>
</tr>
<tr>
<td>$100k to $199.9k</td>
<td></td>
</tr>
<tr>
<td>$50k to $99.9k</td>
<td></td>
</tr>
<tr>
<td>$25k to 49.9k</td>
<td></td>
</tr>
<tr>
<td>Less than 25k</td>
<td></td>
</tr>
</tbody>
</table>

Race/ethnicity

<table>
<thead>
<tr>
<th>Race/ethnicity</th>
<th>2016</th>
<th>2045</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-Hispanic whites</td>
<td>77</td>
<td>77</td>
</tr>
<tr>
<td>Hispanics</td>
<td>7</td>
<td>13</td>
</tr>
<tr>
<td>Blacks</td>
<td>12</td>
<td>16</td>
</tr>
<tr>
<td>Asians</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

Sex

<table>
<thead>
<tr>
<th>Sex</th>
<th>2016</th>
<th>2045</th>
</tr>
</thead>
<tbody>
<tr>
<td>Women</td>
<td>9</td>
<td>18</td>
</tr>
<tr>
<td>Men</td>
<td>91</td>
<td>82</td>
</tr>
</tbody>
</table>
Key Demographics: Geographic Distribution
Ability to read, write, and speak English proficiently is required to enlist but fluency in other languages can be a great asset to serve in intelligence or as a translator.

The military recruits from groups across the entire US and has a culture and terminology all of its own in many respects.

To be eligible for the US military one must be a citizen or legal permanent resident (Green card holder).
Additional Factors for Consideration

1. US armed forces had a draft until 1973-- many implications (pre and post)
2. There are many reasons why someone may have chosen to enlist
3. Not all those who served will identify or view themselves as veterans
4. There is significant overlap between veteran population and other groups such as those in substance abuse and recovery, homeless population (20%), and incarcerated individuals (8%) greater than would be expected based on the number of veterans in the US population ~1%
Clinically Relevant Trends

World War II (September 1, 1939 - September 2, 1945)

- Risk of illnesses/injuries caused by extreme cold, mustard gas, ionizing radiation, noise, occupational hazards
Clinically Relevant Trends

Korean War (June 25, 1950 - July 27, 1953)

- Risk of illnesses/injuries caused by extreme cold, chemical warfare agent experiments, nuclear weapons testing, occupational hazards, and noise
- Cold accounted for 16% of non-battle Army injuries requiring admission
- Cold related injuries have delayed long-term sequelae including peripheral neuropathy, skin cancer and arthritis in involved areas, etc.
Clinically Relevant Trends

Vietnam War (November 1, 1965 - April 30, 1975)

- Risk of illnesses/injuries caused by *Agent Orange*, *hepatitis C*, noise, and occupational hazards
- America’s failure to welcome back veterans as heroes, leading to readjustment problems
- Review of Agent Orange and other herbicides (1994, 1996) - 8 conditions now assumed to be service-related, including soft tissue sarcoma, non-Hodgkin’s lymphoma, Hodgkin’s disease, multiple myeloma, prostate cancer
Clinically Relevant Trends

Gulf War (Operation Desert Storm or Operation Desert Shield after August 2, 1990)

- Risk of illnesses/injuries caused by burn pits, extreme heat, toxic embedded fragments (shrapnel), noise, various infectious diseases, occupational hazards, and more
Clinically Relevant Trends


- Risk of illnesses/injuries caused by TBI, burn pits, extreme heat or extreme cold (OEF), toxic embedded fragments (shrapnel), noise, various infectious diseases, occupational hazards, and more
- Among recent veterans (OEF/OIF) - 15.7% of deployed and 10.9% of non-deployed screened positive for PTSD
Clinically Relevant Trends

VA National Suicide Report, June 2018

- More than 6,000 veteran suicides each year from 2008 to 2016
- In 2016, veteran suicide rate was 1.5 times greater than non-Veteran adults
- Male veterans ages 55-74 have the highest count of suicide; male veterans ages 18-34 have the highest rate of suicide
- Veterans comprise 20% of national suicides (SAMHSA)
Clinically Relevant Trends

Alcohol, Tobacco, and Substance Use

- 6 of 10 veterans with PTSD smoke cigarettes, and 3 of 10 veterans without PTSD smoke cigarettes
- 2008: 47% of active-duty service members reported binge drinking (up from 35% in 1998)
- 60-80% of Vietnam veterans seeking PTSD treatment have alcohol use problems
Interprofessional Teams

- Qualifications
- Scope of Practice
- Setting of Practice
- Strengths, Limitations
- Future Interactions
Patient Aligned Care Teams (PACT)

New cornerstone of VHA

Focuses on whole-person, team-based care of the veteran
Other Professions

- Psychologist/psychiatrist
- Physical/occupational therapy
- Prosthetist
- Acupuncturists
- Yoga teachers
- Veterans’ Service Officer (VSO)
Setting of Practice

Inpatient
- VHA
- Civilian hospitals

Outpatient
- CBOC
- Vet Centers
- Vets Inc.
- Home Base

Wellness Centers
- Yoga Warriors
- Acupuncture Care
Strengths

- High quality, multidisciplinary care
- Traditional and complementary therapies
- Benefits may extend to family members, support systems
- Veteran-to-Veteran support
- Little or no cost to service member
Limitations

- Reputation
- Stigma
- Access and Eligibility
- Medical Records for Active Military Members
Future Interactions

- Interact with your PACT (or equivalent) as you would with any other patient-care team
- PACT members may be Veterans themselves
- Shared decision making
- Holistic focus on wellness and disease prevention
- Team member characteristics: passion & compassion, collaboration, communication, leadership, inclusivity, work ethic, core values, motivation
Population Health Advocacy

- Local, State, Nat‘l, Int‘l Advocacy
- Major Areas of Advocacy
- Targets of Advocacy
- Successes, Challenges, Consequences
- Future Advocacy as HCPs
Local, State, Nat’l, Int’l Advocacy
Major Areas of Advocacy

- Access to benefits and services
- Reduce veteran homelessness
- Substance Use
- Suicide prevention
- Lifetime EHR
- Improve female veterans’ health care
- Support veteran caregivers
Targets of Advocacy

- Service members
- Spouses
- Eligible Dependants
- Healthcare providers (educate & inform)
- Development of improved reentry curriculum
Successes

- Home Base has served more than 15,000 Veterans and family members with care and support
- Trained more than 55,000 clinicians, educators and community members nationally
Challenges

- Discharge status & eligibility for programs
- Trust & perception of medical system
- Health record access from VA system
- Increase in substance abuse rates
- Inherent issues within military culture
- Difficulty for healthcare providers to understand the traumas acquired from military service
Consequences of Failure

- Rates of suicide
  - 17.7 veterans vs. 11.6 rest of population (MA)
  - 29.7 veterans vs. 17.3 rest of population (National Rate)

  per 2015 Massachusetts Veteran Suicide Data Sheet

- Homelessness & mental health
- Substance abuse
- Unemployment
Future Advocacy as HCPs

1. ASK THE QUESTION
   a. Have you or a loved one ever served in the military?
   b. Follow up questions
2. Awareness of issues
3. Knowing your local resources
4. Refer to appropriate discipline
5. Be genuine!
Acknowledgements
Thank You To...

- **Academic faculty**
  - Linda Cragin, Director, MassAHEC Network
  - Janet Hale, PhD, FNP, RN
  - Jennifer Leszczynski
  - Christine Runyan, PhD, ABPP
- **MA Dept. of Public Health Conference**
  - Benjamin H. Cluff, MPA, LADC, CADC, US Coast Guard
  - Gabriel Nutter, US Army & Sammy
  - John Rodolico, PhD, State Surgeon, MA National Guard
  - Larry Berkowitz, EdD
- **Rev. Beverly Prestwood-Taylor**
- **Roy Dennington, US Army**
- **Barry Feldman, PhD**
- **David Smelson, PsyD**

- **William James College**
  - Travis Bickford, US Army & Staff/Students
- **Central Mass Yoga & Wellness Inc.**
  - Lucy Cimini E-RYT, C-IAYT & Staff/Students
- **Amber Cahill, PsyD**
- **Ethan Eisdorfer, PsyD, Behavioral Health Fellow**
- **Worcester CBOC**
  - John Collins, FACHE, US Army
  - Donna Scavone, APRN, BC
  - Lisa Dewar
  - Joseph Genduso, US Marines; Janet and John McKeon
- **Mike Spiros, MS, MALD, AGACNP-BC & Sarah Spiros, MS, AGPCNP-BC**
Thank You To...

- Sean Collins, PhD, APRN-BC, US Air National Guard
- Debra Twehous, MD
- Douglas Horka, VSO, US Air Force
- Brent French, PhD, MBA, US Air Force & Reserves
- Vets Center, Worcester
  - David Heilman, LMHC, MA, US Marines & Staff
- Medical Center Orthotics & Prosthetics
  - John Warren, Lead Prosthetist & Practice Manager, “Pooch”, & Staff
- Home Base
  - William Davidson, MA Army National Guard & Staff
- American Legion Post 234
- Wellsprings Acupuncture
  - Deb Halstead, Lic.Ac.
Questions???
References


References


