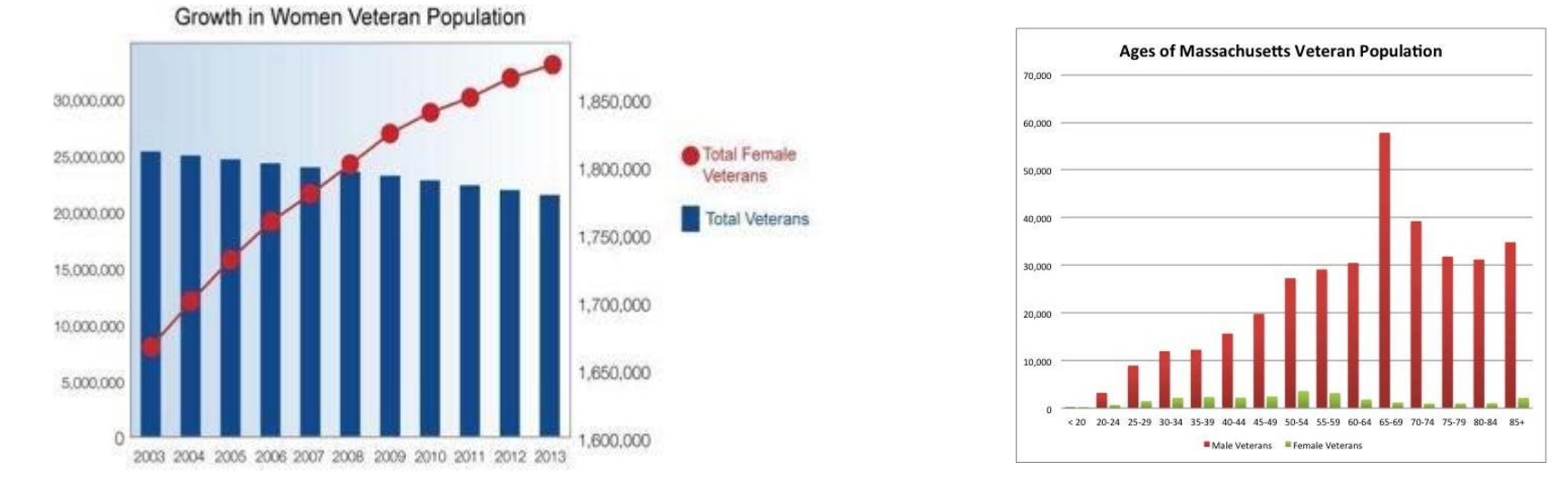
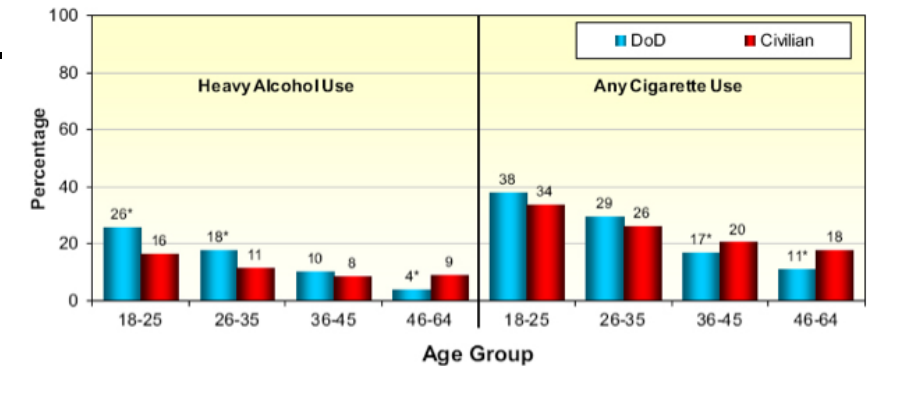


Veteran Population Demographics

- 9/2014 Massachusetts Veteran population: 379,772
- Although the majority of military personnel are males, there has been an increase in the female involvement, and currently comprise 14.5% of active duty members and 18% of national guard and reserve forces.
- Average age: Males - 65-69. Females - 50-54



- The most common health concerns for military members include
 - Post Traumatic Stress Disorder (PTSD)
 - Women, younger age, and exposure to military sexual trauma increases the risk of PTSD
 - Traumatic Brain Injury (TBI)
 - Approximately 19% of veterans experience TBI
 - Substance Abuse
 - Military exposure increases the risk of alcohol and drug abuse as compared to civilians
 - Additional Concerns include suicide and homelessness.
 - Suicide risk is increased in enlisted, part-time, and single individuals
 - Approximately 1/3 of the homeless population are veterans.



- Total number of Veterans in 2013 – 21,973,000
- Percentage of Veterans actually treated by the VA Healthcare System in 2013 – only 29.5%
- The VA has 150 hospitals and 820 community based outpatient clinics nationwide
- The number of Veterans with service connected disability as well as the severity of level of disability is increasing at a significant rate.

Key Points

- Determine veteran/military service status (“Have you ever served in the military?”)**
 - Veterans face unique health and psychosocial concerns that must be addressed!
- Resiliency is a key protective factor in the development of PTSD and depression**
 - Veterans are an inherently resilient group - help them harness this quality!
- Access to healthcare is essential to veterans’ recovery**
 - Outreach to veterans due to lack to utilization of VA services available!
 - Specific program like Statewide Advocacy for Veterans’ Empowerment (SAVE) will reach out to veterans and identify resources available that may be unknown to the veteran.

Major Areas of Veterans’ Advocacy

- determining veteran/military service status
- PTSD
- TBI
- suicide
- homelessness
- substance abuse
- military sexual trauma

Veterans’ Advocacy Organizations

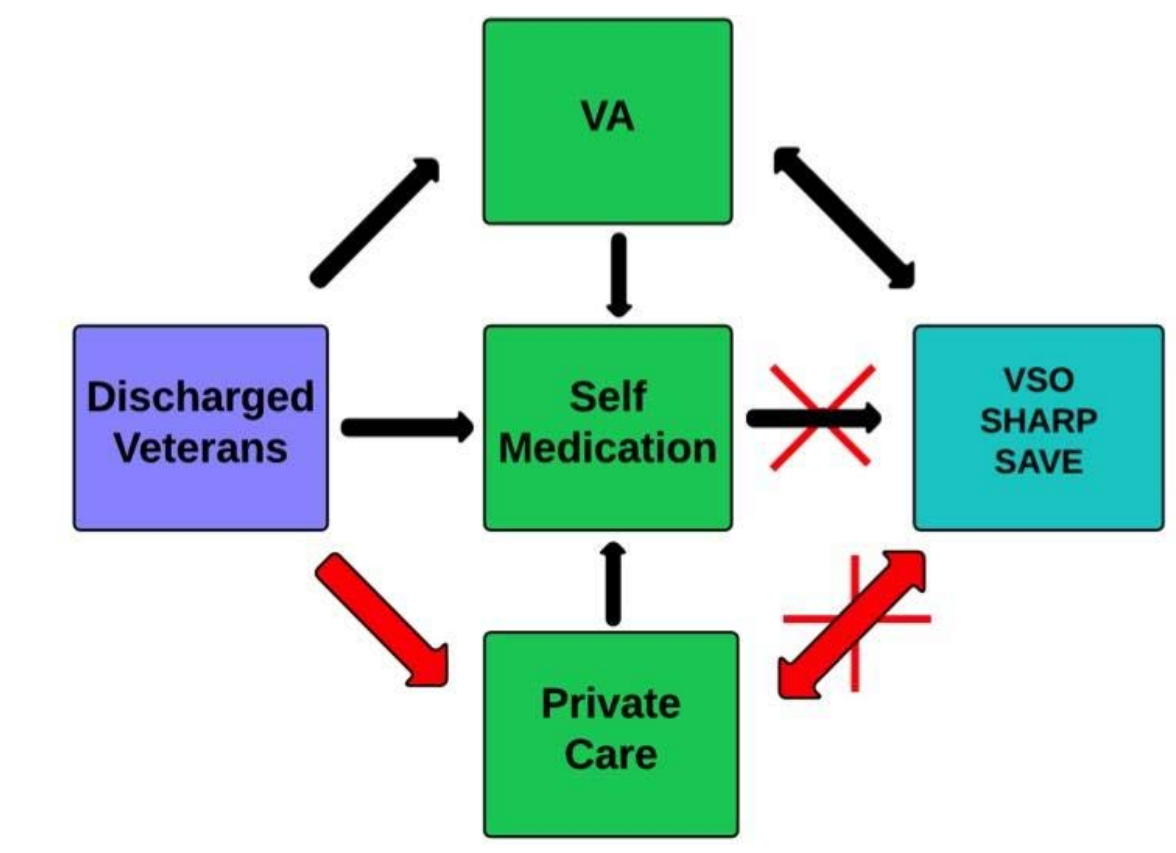
- Department of Veterans’ Affairs (VA)
- Substance Abuse & Mental Health Services Administration (SAMHSA)
- Mass. Dept. of Veterans’ Services (includes SAVE & SHARP)
- Veterans’ Service Officers (one in each municipality in the Commonwealth)
- American Academy of Nursing “Have You Ever Served?” Campaign
- National Military Family Association

Service Project

- Provided flu shots to Veterans and staff at Veterans Inc., a shelter for homeless veterans in Worcester
- 20 veterans and 11 employees received flu vaccines.
- We were able to increase awareness of the benefit of receiving the flu vaccine, while advocating for other types of vaccine.
- Also, we informed veterans on the continuing commitment from UMass Medical & GSN students to provide this service in years to come.

Interprofessional Network Description

- Veterans in Massachusetts are provided vast resources ranging from subsidized housing to free healthcare to income tax breaks.
- While this is undoubtedly a good thing, it also can be problematic as communication is often lacking between the services.
- For example, veterans are often over-prescribed pharmaceuticals if given by both their private primary care provider and their VA hospital physician.
- Thus it becomes extremely important to form strong lines of communication between these groups, as well as be aware of the all resources available to the veterans. Any individual serving a veteran needs to both be aware of the resources that veteran is receiving as well additional resources that are available.
- The figure depicts some of the relationships (or lack thereof) that exist between the professions. VSOs, SHARP, and SAVE workers are dedicated individuals committed to knowing all the resources available to a veteran and thus it is important for healthcare providers are able to connect veterans to these people. As of now, there lacks communication between private healthcare providers and the Veterans resource workers.



We would like to thank the following agencies and/or individuals for their cooperation in this clerkship:
 Sgt. Jonathan Paolino (USA ret.), UMMS MS4; Col. Sean Collins (MA ANG), PhD, APRN-BC; Kristin M. Mattocks, PhD, MPH (Chief of Research, VA Central/Western MA); Molly Rivest, RN (USAF ret.), UMass GSN DNP candidate; Military Family Support Group, Concord, MA; Benjamin Cluff (USCG ret.), MPA, LADC1, CADC (Veteran’s Services Coord., MA DPH); Robin Davidson, MD (USN ret.), retired UMMS neurosurgeon; Mark D. Price, MD, PhD (USNR), UMMS orthopedic surgeon; Steven Kessler, MD (Dir., Inpatient Mental Health, VA Central/Western MA); Chaplain/LTC Paul Minor (MA ARNG), Christine McCluskey, RN, MPH (Dir. MA DPH MOLST program); Joanne Calista, LICSW (Exec. Dir., Central MA AHEC); Jena Adams, MPH (Dir. Special Projects, Central MA AHEC); Mike Spiros, RN, MALD (USN ret.), Sarah Lee, UMass GSN NP students; Col. Brent French, MBA, PhD (USAF Reserves), Maddie French, military family member; David Fitzgerald, MD (Neurologist, VA Southern GA/Northern FL) UMMS alum; Joy Harris, MS, OTR/L (OT Director, Edith Nourse Rogers VA Hospital) and colleagues; Linda K. Ambard (Community Support Coordinator, Hanscom AFB); Barry N. Feldman, PhD (Dir. Psychiatry Programs in Public Safety, UMMS); CSM William Davidson (MA ARNG), Dir. R3SP Program; Lisa Laudan, MA ARNG Suicide Prevention Program Mgr; David Smelson, PsyD (Edith Nourse Rogers VA Hospital/National Center for Homelessness Among Veterans); Terri Zucchero, PhD, RN, FNP-BC (Boston Healthcare for the Homeless/National Center for Homelessness Among Veterans); Dale Proulx (Veterans Inc.); Lauren Silvia (Veterans Inc.); Patricia Bruchmann, MS, RN, PHCNS-BS (Worcester DPH); Deb Hall, Lic.Ac. (Wellsprings Acupuncture); Northborough American Legion Post; UMMS; UMMMC; UMass GSN; Edith Nourse Rogers VA Hospital; Veterans Inc.