

Veterans/Military Health Issues

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Interprofessional Population Health Clerkship
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Overview

Part 1: Definition of Our Population

Part 2: Interprofessional Teams

Part 3: Population Health Advocacy

Part 4: Acknowledgements

Part 5: Questions

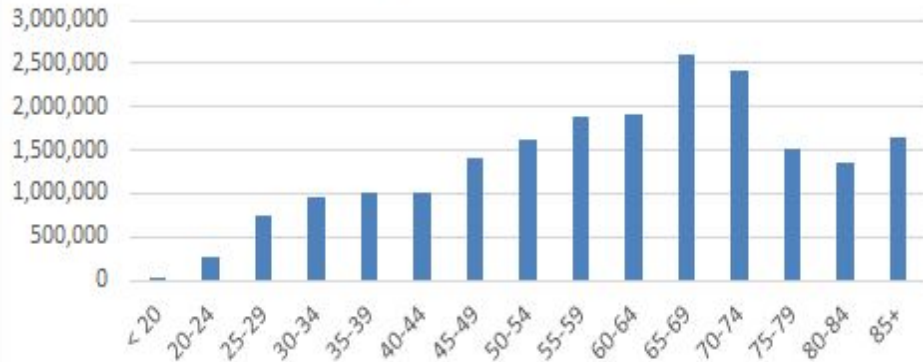
Definition of Our Population

- Key Demographics
- Clinically Relevant Trends

Key Demographics: Age, Race, Sex, Class

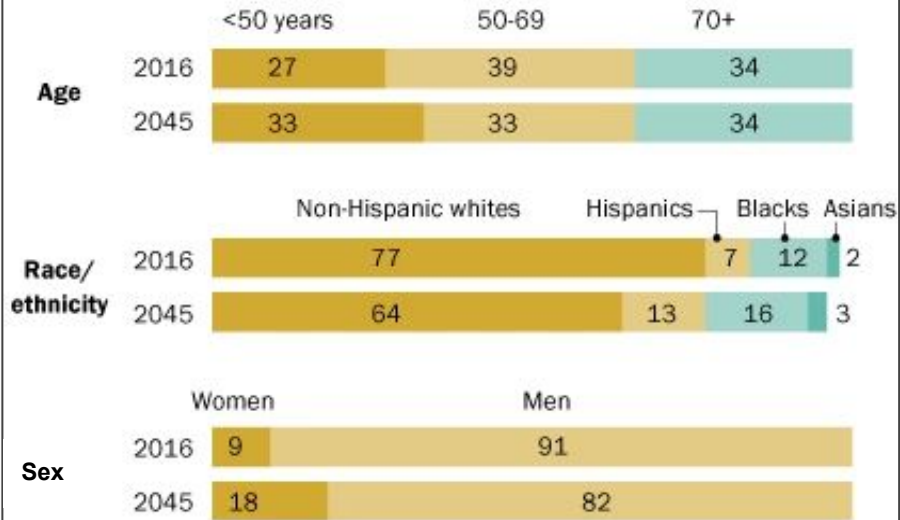
US Veteran Population = 21,369,602
 MA Veteran Population = 383,087

US Veteran Population by Age

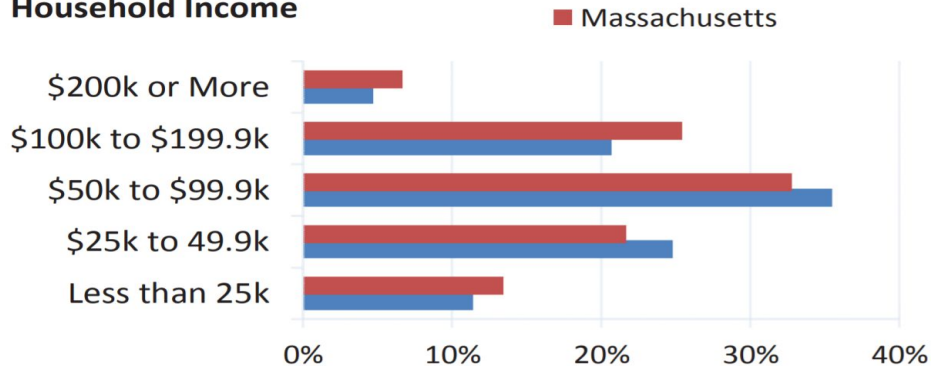


Looking forward at the changing profile of U.S. veterans

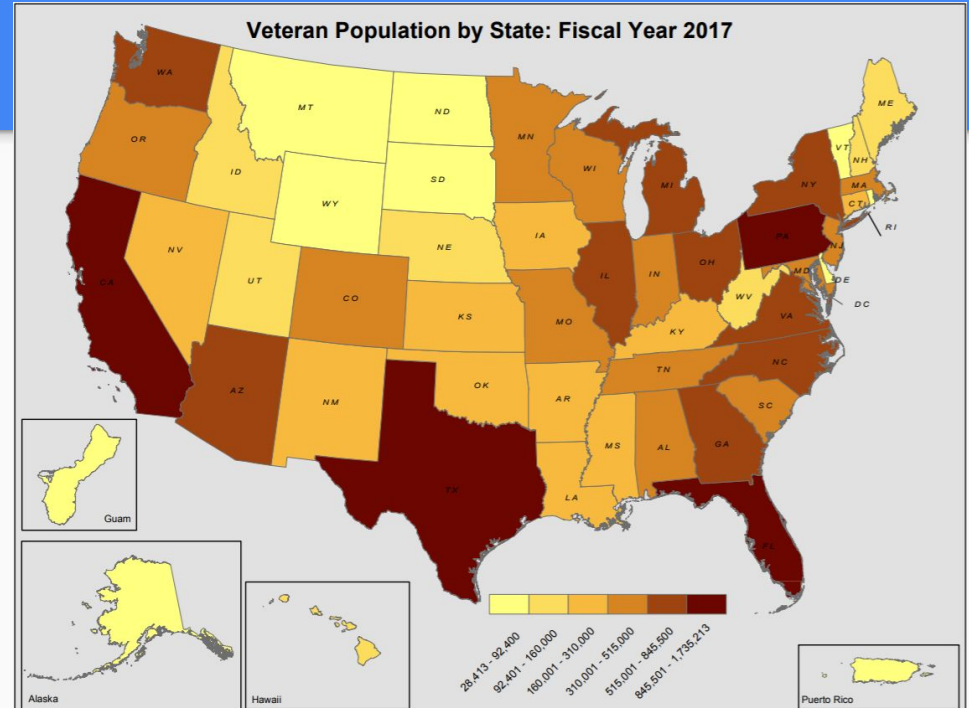
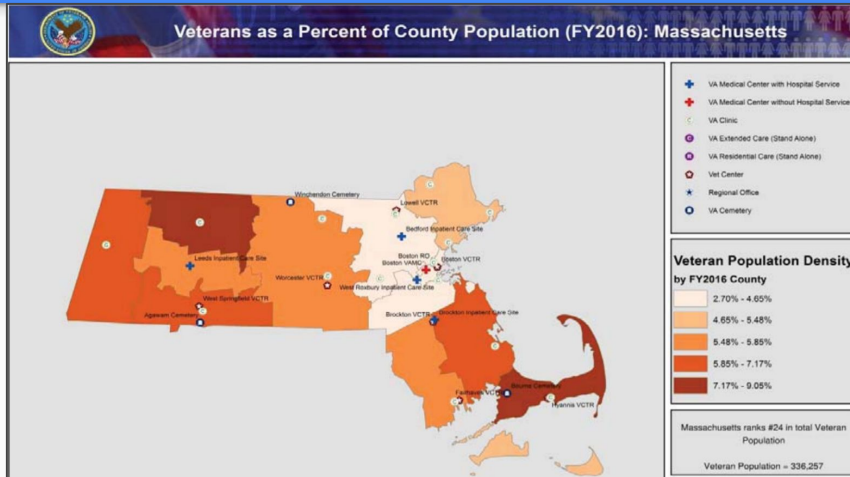
% of U.S. veterans by ...



Household Income



Key Demographics: Geographic Distribution



Source: Department of Veterans Affairs, Data Governance and Analytics, Veteran Population Projection Model (VetPop), 2016 as of 9/30/2016

Prepared by the National Center for Veterans Analysis and Statistics

Language, Culture & Citizenship in US Military

- 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

Iraq War (Operation Iraqi Freedom or Operation New Dawn between March 19, 2003 - December 15, 2011) AND Operation Enduring Freedom (Afghanistan after October 7, 2001)

- 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

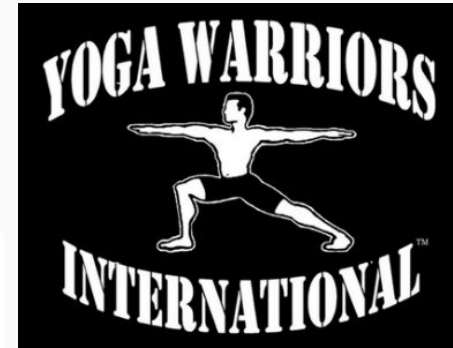
- VHA
- Civilian hospitals

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



BEHAVIORAL HEALTH TRAINING



Mass Department of Public Health
Bureau of Substance Addiction Services

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

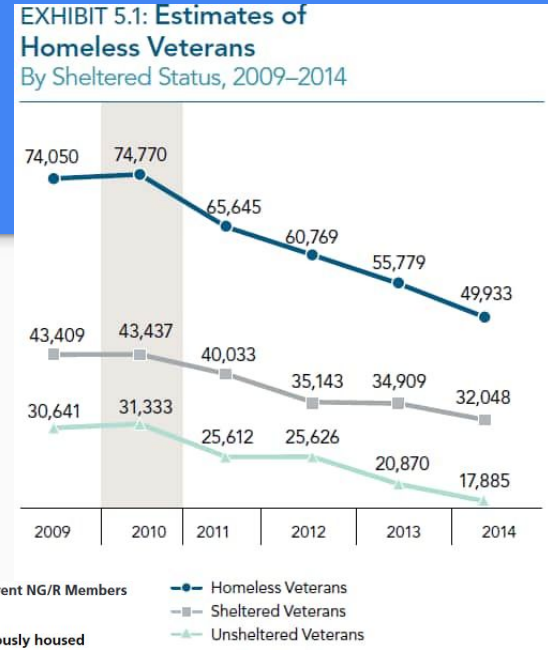


VETERAN AND FAMILY CARE



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

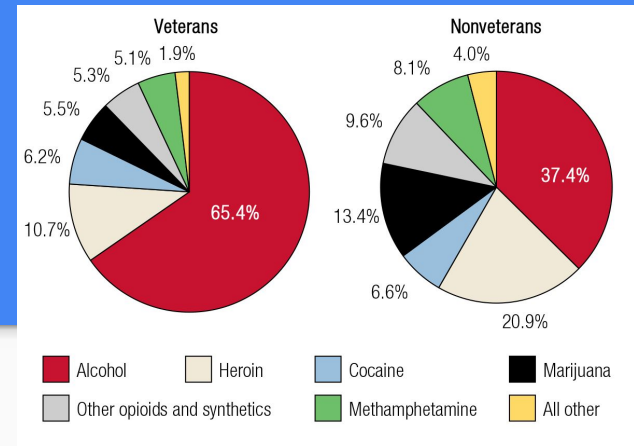


Housing Stability Among Veterans and Current NG/R Members
 Literally homeless or at risk 1% Precariously housed 6% Stably housed 93%

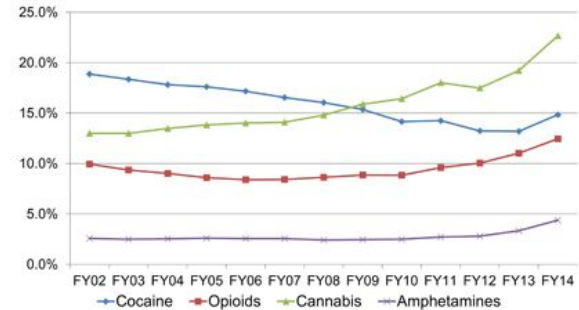
SOURCE: RAND Survey of Massachusetts Veterans and NG/R Members, 2016.
RAND RR1608-5.2

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



Trends in Rates of Past-Year SUD Diagnoses by Drug among Veterans with PTSD & SUD Diagnoses Treated in VA Health Care



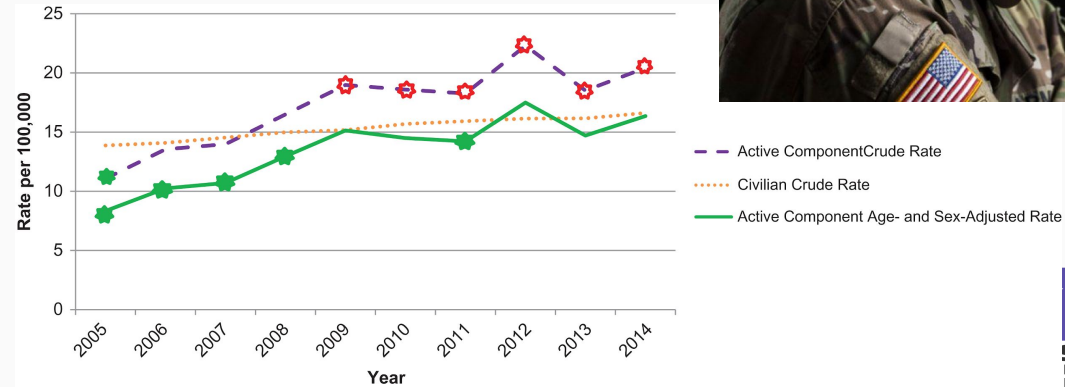
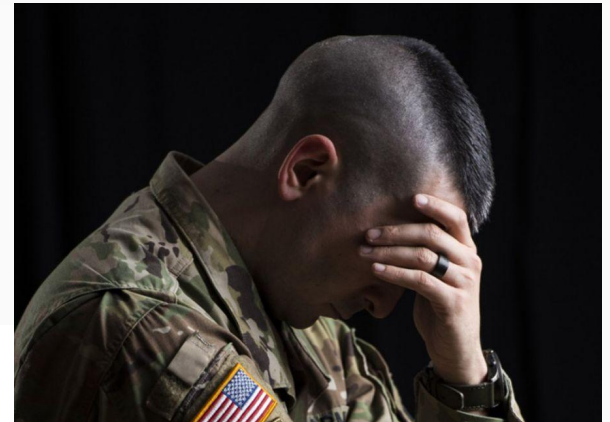
Veterans Health Administration, 2015

Consequences of Failure

- Rates of suicide
- 17.7 veterans 11.6 rest of population (MA)
- 29.7 veterans 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!



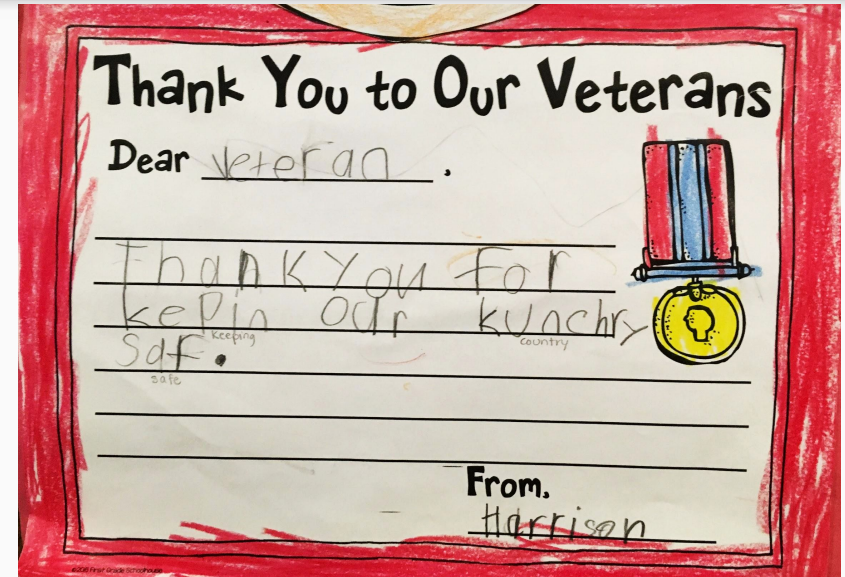
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Questions???

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