Warrior-Centric Healthcare Training (WCHT)®
Understanding the Military, Veteran and Family Communities: Disparities in Access to Care

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Objectives

• Describe the “battle worn” healthcare problem
• Discuss the military and veteran healthcare systems including access
• Describe the military and veteran population
• Understand the interactions occurring at the intersection of health, healthcare, and culture, in military and veteran communities
You Must Know Me To Treat Me®

Video
“Battle Worn”
30 Years and Counting

- 1983 Invasion of Grenada
- 1989-1990 Invasion of Panama
- 1990-1991 Persian Gulf War (Gulf 1) - Iraq
- 1992-1994 Operation Restore Hope – Part of Somali Civil War
- 1993-1995 Bosnian War - Part of the Yugoslav War
- 1999 Kosovo War – Part of the Yugoslav War
- 2001-??? Afghanistan War (Gulf 2 - War on Terror)
- 2003-2011 Iraq War (Gulf 2 - War on Terror)
Demographics of Today’s Veterans

36% of the Veteran population received VA benefits and services in FY08

As of 9/30/08, the estimated number of living Veterans was 23,440,000

8,493,700 received VA benefits and services in FY 2008

Did you know? 74% are Wartime Veterans

Not registered with VA - 60% (Total Benefits) & 70% (Health Benefits)

Who is treating and serving them??
What’s the Problem/Need?

- Only 26.8% of veterans are registered to receive health care from the VA.
- Over 70% of veterans are receiving health care and supportive services in the civilian community.
- Over 10 million healthcare and supportive service providers in the civilian community have quantifiable capability gaps in serving the military and veteran communities.

- Service Members
- Veterans
- Immediate Family

(75M = 25% of U.S. population) = 1 out of 4 patients

Afghanistan & Iraq war cost for medical and disability benefits will exceed $836 billion by 2053 (Harvard, March 2013)
A higher percentage of female Veterans than male Veterans had a service-connected disability rating in 2011. A higher percentage of male Veterans used VA health care but a higher percentage of female Veterans used VA health care only.

Selected Characteristics of Veterans
(in percent)

<table>
<thead>
<tr>
<th></th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Has a service connected disability</td>
<td>16.0</td>
<td>18.9</td>
</tr>
<tr>
<td>Uses VA Health Care</td>
<td>27.9</td>
<td>24.0</td>
</tr>
<tr>
<td>Uses VA Health Care only</td>
<td>4.3</td>
<td>5.1</td>
</tr>
<tr>
<td>No health insurance coverage</td>
<td>6.1</td>
<td>7.2</td>
</tr>
<tr>
<td>No earnings, no income</td>
<td>2.9</td>
<td>7.3</td>
</tr>
<tr>
<td>In poverty</td>
<td>6.7</td>
<td>10.1</td>
</tr>
</tbody>
</table>

Source: U.S. Census Bureau, American Community Survey PUMS, 2011
Prepared by the National Center for Veterans Analysis and Statistics
# Veteran Affairs vs. Dept. of Defense

## Health Care Systems

### Veteran Affairs

- **1,700 hospitals, clinics, and long-term care facilities** serving **9 million** veterans.

- **Demand far outstrips capacity**, so a priority system is mandated by Congress.

- **Priority 1** – more than 50 percent disabled as a result of their military service and/or deemed **unemployable** due to conditions connected to their service.

- **Priority 2** - slightly less severe disabilities

- **Priority 3** - includes those who are former POWs or who were awarded Purple Hearts or Medals of Honor.

- **Currently 8 Priority groups**. Rankings include not only health status, but income and age.

- **Veterans families are generally NOT covered by the VA**

### Dept. of Defense

- **The military** – the Army, Navy, Air Force, Marines, and Coast Guard – has its **own integrated health care system**

- **57 hospitals and 400 clinics** serving **8 million**.

- * The military also **has its own medical school**, the Uniformed Services University of the Health Sciences, in Bethesda, Md.

- The military's health facilities **cannot accommodate the demand for care** by all active duty service people, their dependents, and retirees (many of whom are **NOT eligible for VA services**).

- Government-provided insurance plan, called **TRICARE**, for those who **cannot get care at a military health hospitals or clinics**

- **TRICARE rates** - tied to Medicare rates & patients seen by private doctors & hospitals

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NPR, May 2014
**Figure 2. Health insurance coverage among men aged 25-64, by age group and veterans status: United States, 2007-2010**

NOTE: Coverage includes private health insurance, Medicaid, Medicare, other government-sponsored health plans, or military plans. Persons with only Indian Health Service coverage are considered to have no health insurance coverage.

Why is this so complex?

Military - Sociocultural Determinants of Health

Cultural Competency Involves:
- Values and Beliefs
- Knowledge
- Communication Skills
- Encounter Expectations
- Understanding Diverse Populations
- Understanding System Barriers
- Sexual orientation
- Disability
- Women in “official” combat roles

- Combat Service Support
- Combat Support
- Active Combat (Group)
- Active Combat (Individual)
WHO ARE THE 22 MILLION VETERANS?

BREAKDOWN BY GENDER

Male Veterans

20.2 million

Female Veterans

1.6 million

http://www.census.gov/how/infographics/veterans.html#

The 2010 American Community Survey is a survey and its estimates are subject to sampling error.
Projected % of Female Veteran Population 2010 to 2040

Source: Office of the Actuary, Veteran Population Projections Model (VetPop2011), Table 1L
The 2010 American Community Survey is a survey and its estimates are subject to sampling error.

Breakdown by Race and Ethnicity*

- White alone not Hispanic or Latino: 17.5 million
- Black: 2.4 million
- Asian: 265,000
- American Indian or Alaska Native: 157,000
- Native Hawaiian and Other Pacific Islander: 28,000
- Hispanic or Latino: 1.2 million

* Covers only those reporting a single race
Projected % of Minority Veteran Population 2010 to 2040

Note: Categories are mutually exclusive. 'Black' and 'All other races' are not Hispanic. 'All other races' includes American Indian/Alaska Native, Asian, Pacific Islander, and Other.

Source: Office of the Actuary, Veteran Population Projections Model (VetPop2011), Table 3L
Death to Injury Ratio

• "The elevated ratio of 9.2 wounded service members for every service member who dies (as compared to 2.2 to 1 for all U.S. wars 1775-1991)."

http://www.coloradocollege.edu/offices/cce/community-based-research/military-engagement/Deployment-Stress/
Trends in Service-Connected Disability Ratings for Veterans Receiving Compensation for the First Time, by Fiscal Year

Problem - Solution - Outcome

**Problem** -

- Vietnam Studies
- Rand Report – “Invisible Wounds”
- Steptoe Group – Market Study (National Capital Area)
- White House’s – Joining Forces Initiative
- Joint Commission - (JCAHO) – new standards
- National Standards on Culturally and Linguistically Appropriate Services (CLAS)
- Accreditation Council for Graduate Medical Education (ACGME)

**Solution** - Integration of military culture, cultural competency and patient-centric communications into treatment methodologies

**Outcomes** - Providers who are better trained to accommodate the unique and evolving needs of culturally diverse service members, veterans, and their families impacted by war and service.
Recommendations On Care Management Of Mental And Behavioral Health Conditions

- DoD Recovering Warrior Task Force Report (2011)
- Army’s Generating Health and Discipline in the Force Ahead of the Strategic Reset (2012)
- The Joint Commission (2012) recommendations

- Healthcare and service support providers - demonstrate requisite knowledge of unique military culture, military employment, and issues relevant to veterans.
- Establishing regional training centers for joint training of DoD, VA, and civilian providers in evidence-based care for PTSD and major depression.
- Linking certification to training to ensure that providers not only receive required training but also are supervised and monitored to verify that quality standards are met and maintained over time.

Findings from Returning Home from Iraq and Afghanistan and Preventing Psychological Disorders – Institute of Medicine Report on the DoD/VA (2014)

- There are opportunities to improve processes of training and evaluating clinicians, including the incorporation of continuing education and supervision, standardized periodic evaluation, and a greater emphasis on coordination and interdisciplinarity.
Why is this so complex?

- Sexual orientation
- Disability
- Migration status
- Women in “official combat roles”
SNAPSHOT OF A WARRIOR

AGE:

- Approximately 47% of active duty Army and 67% of active duty Marine enlisted forces are between the age of 17-25, as compared to 14% of the civilian labor force. Office of the Under Sec of Defense for Personnel and Readiness, 2007

GENDER:

- Women represent more than 1 in 10 OEF/OIF veterans.
- As of September 2007, 15% of military members where female.

RESERVE vs ACTIVE DUTY:

- Reserve Component troops comprise 45% of all combatants in the Global War on Terror (GWOT) as compared to:
  - 3.9% in Vietnam
  - 3.1% in Korea

Col Sariego, RC Troops in GWOT, Vol 174, No 12, Military Medicine, Dec 2009
Post-traumatic Stress Disorder

• Detachment and estrangement from loved ones
• Insomnia, fatigue, irritability, poor concentration
• Hypervigilance and exaggerated startle response
• Intrusion (memories of the trauma, “flashbacks”)
• Avoidance (avoiding situations that are reminders)
• Hyperarousal (feeling constantly threatened, suddenly irritable or explosive)
• Persistent and distorted blame of self or others; and, persistent negative emotional state *
• Reckless or destructive behavior *

* New DSM 5 revisions
PTSD: RISKS OF WAR
(OIF/OEF)

• Military warriors at greatest risk for PTSD and major depression are enlisted personnel, Hispanics, females, older persons, and those who had been injured or exposed to more extensive combat trauma. (Rand Report, April 17, 2008)

• Overall, women are twice as likely to develop PTSD in their lifetime as compared to men (10% vs. 4%) (Vogt, 2009).

• VA found PTSD among the top three diagnostic categories for female veterans seeking treatment within the VA system. (VSSC, Womens Veteran Health Workload Report, Oct 2008)

• PTSD, depression, and traumatic brain injury (TBI) are not treated consistently within the DoD, VA and civilian health care systems.
PTSD AND TBI AMONG WARRIORS (OIF/OEF)

"Every warrior who’s been to combat is significantly changed”
-Dr. McBride, psychiatrist and Major in the Army Reserves

1. While it is estimated that at least 1 in 3 of warriors suffer from PTSD, it is also widely believed to be an under-reported, under-diagnosed condition.

   a) Clinically significant psychological symptoms (post traumatic stress disorder, major depression, or anxiety after deployment).
      i. 38% Army soldiers
      ii. 31% Marines
      iii. 49% National Guard

3. Among Warriors, the risk for PTSD is not created equal
Rates of Psychiatric Illness after TBI

- 12 months after the event: 31%
- 22% suffered disorders they never had before
- PTSD, anxiety disorders, depression
- Progressive dementia, Alzheimer’s (10x risk)
- Progressive rates of CVD, CA, DM have also been noted


Figure 1. Two or more chronic conditions among men aged 25–64, by age group and veteran status: United States, 2007–2010

Determinants of Mental Health

- Individual Biology
- Individual Behavior
- Social Environment
- Physical Environment
- Access to Quality Care
- Policies & Interventions
Influence of Culture on Mental Illness and Mental Health

- How patients communicate
- How patients manifest symptoms
- How patients cope
- Range of family and community support
- Willingness to seek treatment
- Moral Injury

*U.S. Dept. of Health and Human Services Office of the Surgeon General, SAMHSA August 2001*
FACTORS THAT IMPACT EFFECTIVE COMMUNICATION

• Trust
• Health Literacy
• Language Access
• Bias, Stereotyping, and “isms”
• Culture
Differences in Seeking Mental Health Care

**African Americans:** more likely to use emergency services or primary care providers than mental health specialists. (Surgeon General, 2001)

**Asian Americans:** Only 4% would seek help from mental health specialist vs. 26 percent of whites. (Zhang et al., 1998)

**Latinos:** < 1 in 11 with mental disorders contact mental health specialists, & < 1 in 5 contact primary care providers. (Surgeon General, 2001)

**Native Americans:** 44% with a mental health problem sought any kind of help--and only 28% of those contacted a mental health agency. (King, 1999)
Moral Injury

• Moral Compass
  – Inner sense that distinguishes right from wrong (conscious, ethics, belief system)

• Religiosity – refers to the numerous aspects of religious activity
  – Knowing (cognition in the mind)
  – Feeling (affect to the spirit)
  – Doing (behavior of the body)

• Spirituality – process of transformation
  – Separate from religious institutions
  – Internal experience of the individual
  – Spiritual but not religious

(Wong, 2008; Snyder, 2007)
Drug Polymorphism

Factors Contributing to Variability in Drug Response

BIOLOGICAL FACTORS
- Genetics
- Age
- Gender
- Disease

CULTURAL FACTORS
- Attitudes
- Beliefs
- Family Influence

ENVIRONMENT FACTORS
- Climate
- Parasites
- Pollutants
- Smoking
- Alcohol
- Drugs

Drug Variability

- Drug metabolism
- Drug receptors
- Drug response proteins
- Drug progression proteins

Adapted from Poolsup N., J Clin Pharm Ther. 2000; 25(3):197-220
Cultural and Genetic Diversity in America: National Pharmaceutical Council and NMA, Nov 2002
Other factors in a combat situation that may contribute to PTSD and other mental health issues

- What the individual does in the war
- The politics around the war
- Where the fighting takes place
- Type of enemy faced

(National Center for PTSD 2009)
A CULTURE WITHIN CULTURES

• The Military is a distinctive culture with distinguishing signs and symbols.

• However, each warrior belongs simultaneously to many additional cultures as well.

• Understanding the interplay between and among the co-existing cultures of a warrior is critical to establishing tailored and effective healthcare services and outcomes.
Vicious Cycle

- Substance Abuse
- Unmet Mental Health Needs
- Poor Physical Health
  STIs, DM, CAD, CA, etc
- Violence, Trauma and Incarceration
- Poverty, Homelessness, Unemployment

Adapted from Annelle Primm, MD
Session #1: Military and Veteran Culture In the Clinical Setting
• Contrast explicit and implicit characteristics of military and veteran culture
• State relevancy of cultural competency communication training for patient-provider interactions

Session #2: Cultural Competency In Military and Veteran Communities
• Determine the relevancy of cultural communications training
• Demonstrate comprehension of cultural competency during interactive case studies
• Identify personal cultural biases and beliefs

Session #3: Neurobiology of PTSD and TBI
• Review the characteristics of PTSD and TBI
• List areas of neuropsychological assessment
• Discuss pharmaceutical and therapeutic interventions

Session #4: Patient-Provider Communication In the Military and Veteran Communities
• Execute communication strategies that enhance targeted outcomes
• Build cultural communication strategies into clinical practice
Community Benefit Defined

**WHAT IS COMMUNITY BENEFIT?**

Community benefits are programs or activities that promote health and healing in response to identified community needs and meet at least one of these community benefit objectives:

- Improve access to health care services.
- Enhance the health of the community.
- Advance medical or health care knowledge.
- Relieve or reduce the burden of government or other community efforts.

*SOURCE: CHA’s Assessing & Addressing Community Health Needs—Discussion Draft June 2013*
WCHT delivers training programs for the Second Curve of Population Health

WCHT delivers training for Value-Based models that:

1. Influences practice behaviors
2. Monitors outcomes (quantitative and qualitative)
3. Is dynamic (case studies, videos, simulations, panels)
5. Is sustainable (DoD and Commercially vetted)
“Healing Hearts and Minds”