

Community Efforts to Support War Veterans: The Rural Picture

Rural Matters – Emerging Health Challenges and Opportunities

Maryland Rural Health Association Conference

October 21-22, 2010

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First Things First *

Terminology

The Lay of the Land

Numbers

The Non-VA Health Care Environment

- General Population

- Department of Defense

* SA: Situation Awareness

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... speaking the language ...

VHA – department within the Veterans Administration that handles health affairs
Veterans Health Administration

VBA – department within the VA that handles disability rating decisions, oversight and administration of compensation and pension decisions, the VA's vocational rehabilitation and education program, other Veterans benefits not related to health care
Veterans Benefits Administration

VISN – VA health care region
Veterans Integrated Service Network; Maryland belongs to VISN-5 [VA Capitol Health Care Network]

VAMHCS – VA Maryland Health Care System *

VAMC – VA hospital
VA Medical Center

CBOC – VA outpatient clinic
Community Based Outpatient Clinic

Vet Center – a storefront operation that provides readjustment and counseling services to combat veterans

OIF – *Operation Iraqi Freedom* // *Operation New Dawn* (as of September 1, 2010)

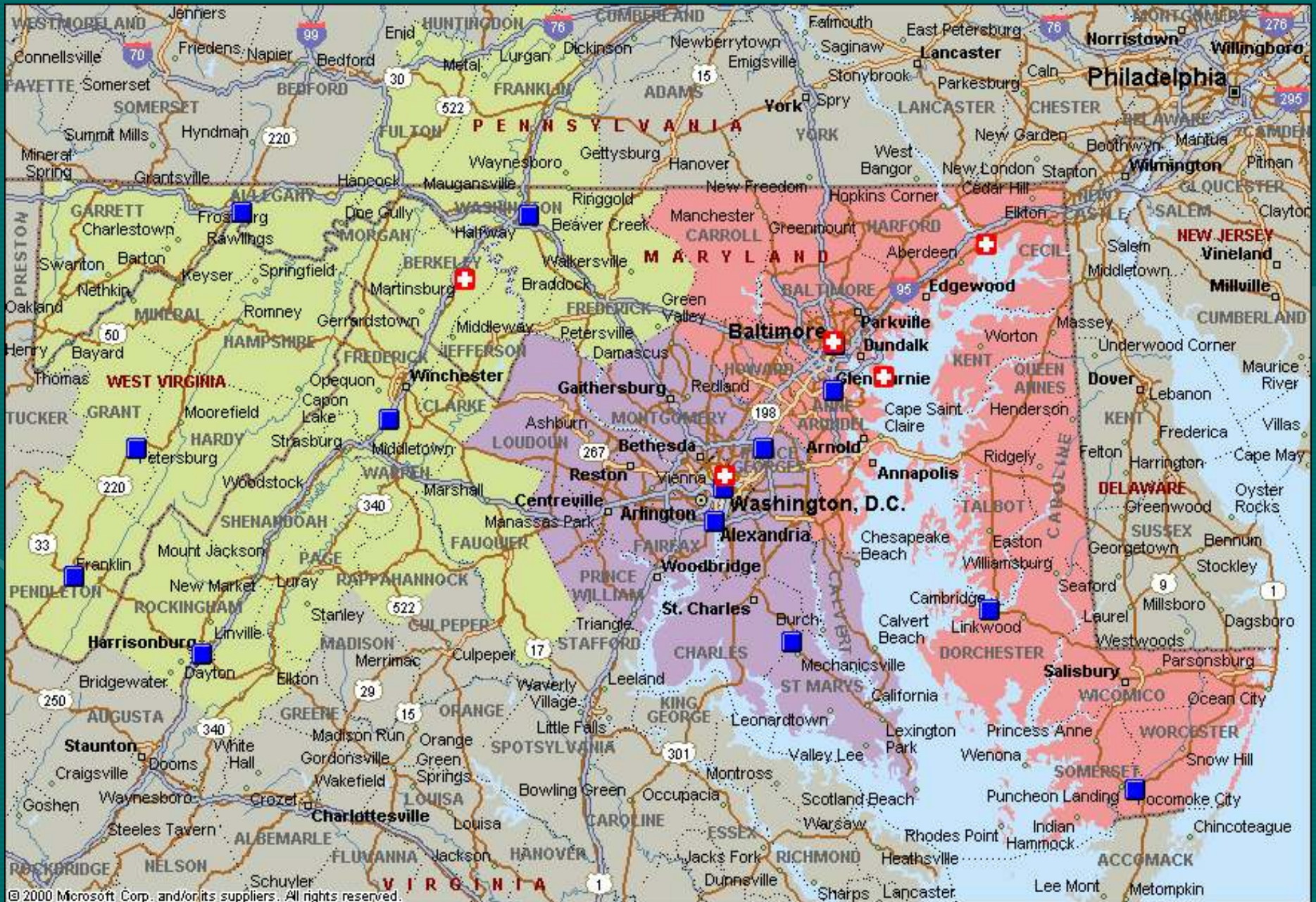
OEF – *Operation Enduring Freedom* (Afghanistan)

IED – *Improvised Explosive Device* // **EFP** – *Explosively Formed Penetrator*

PTSD – *Post Traumatic Stress Disorder* // **TBI** – *Traumatic Brain Injury*

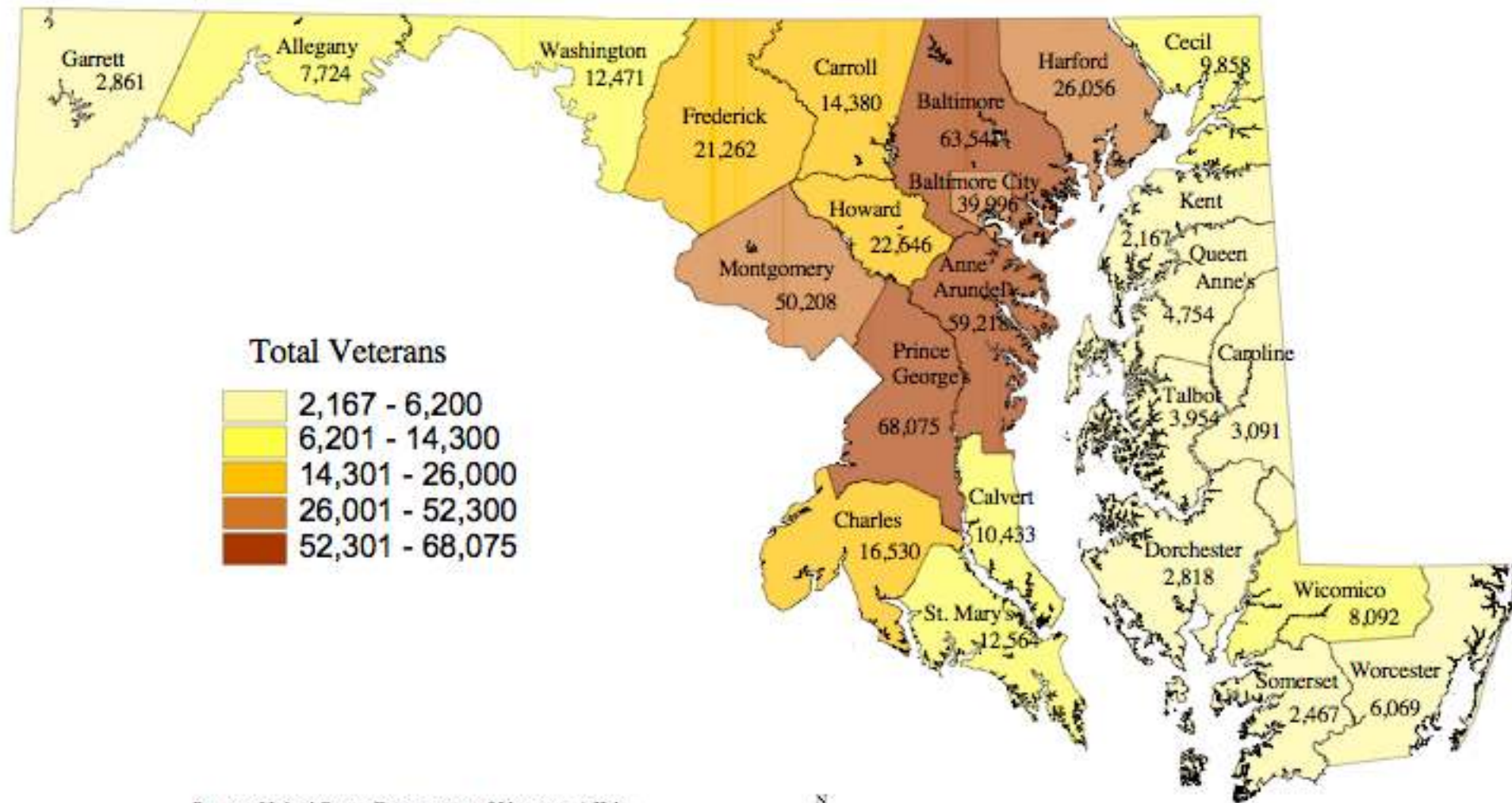
* VAMHCS does NOT serve the entire state. It is responsible for VA healthcare on the Eastern Shore; part of northern Maryland; Baltimore; and counties around Baltimore. DC VAMC and Martinsburg VAMC in West Virginia are responsible for healthcare delivery to Veterans in other parts of the state. Neither one is part of VAMHCS – but all are part of the VA Capitol Health Care Network (VISN-5).

VISN-5 Health Care Service Areas (Red is VAMHCS)



Projected Number of Veterans in Maryland - 2010

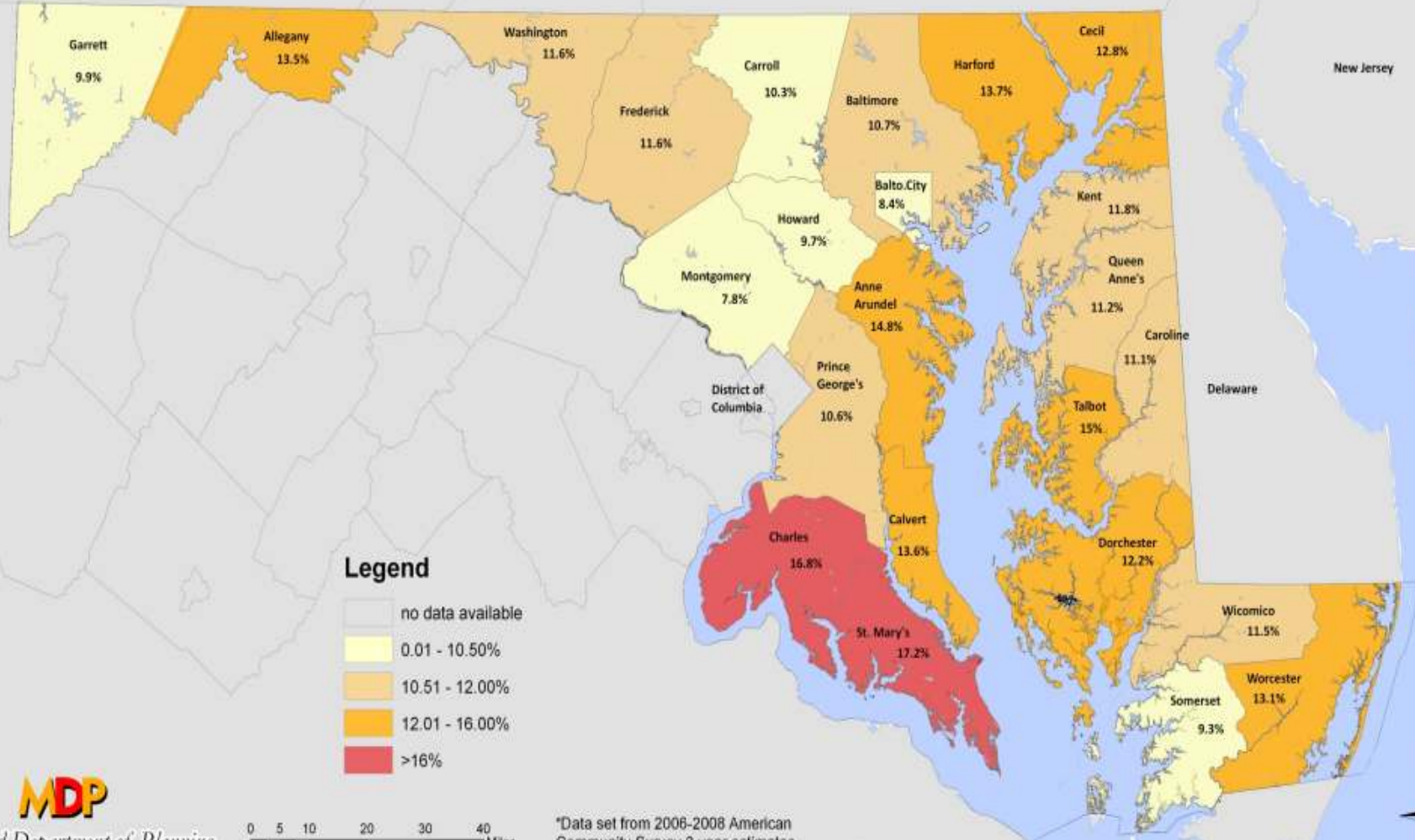
Projected Veterans in Maryland: 471,238



Source: United States Department of Veterans Affairs
Map Prepared for the Maryland Department of Veteran Affairs
by the Maryland Department of Planning, Planning Data Services



Percent of the Civilian Population 18 Years and Over Who Are Veterans: 2006 - 2008



Legend

- no data available
- 0.01 - 10.50%
- 10.51 - 12.00%
- 12.01 - 16.00%
- >16%



Maryland Physician Workforce Study – Current Physician Shortages by Region

2007

		Capital	Central	Eastern	Southern	Western
Primary Care*:	Primary Care MDs	Red	Yellow	Red	Red	Red
Medical Specialty:	Allergy	Green	Green	Red	Green	Green
	Cardiology	Green	Green	Green	Red	Red
	Dermatology	Yellow	Red	Red	Red	Red
	Endocrinology	Green	Green	Red	Red	Yellow
	Gastroenterology	Green	Green	Red	Red	Red
	Hematology/Oncology	Red	Red	Red	Red	Red
	Infectious Disease	Green	Green	Yellow	Red	Red
	Nephrology	Green	Yellow	Yellow	Red	Green
	Neurology	Green	Green	Red	Green	Red
	Psychiatry	Red	Yellow	Red	Red	Red
	Pulmonary Medicine	Green	Green	Yellow	Red	Red
	Rheumatology	Green	Green	Red	Red	Red
Hospital-Based:	Anesthesiology**	Red	Green	Red	Red	Red
	Diagnostic Radiology	Red	Green	Red	Red	Red
	Emergency Medicine	Green	Red	Yellow	Red	Red
	Neonatology	Green	Green	Green	Green	Green
	Pathology	Red	Red	Red	Red	Red
	Physical Medicine	Yellow	Green	Red	Red	Green
	Radiation Oncology	Yellow	Green	Green	Red	Red
Surgical Specialty:	General	Red	Yellow	Red	Red	Yellow
	Neurosurgery	Red	Green	Yellow	Red	Red
	Obstetrics/Gynecology	Green	Green	Yellow	Red	Red
	Ophthalmology	Green	Green	Red	Yellow	Green
	Orthopedic	Green	Yellow	Red	Red	Red
	Otolaryngology	Green	Green	Green	Red	Green
	Plastic	Green	Green	Green	Red	Green
	Thoracic	Green	Red	Red	Red	Red
	Urology	Green	Green	Green	Yellow	Green
	Vascular	Yellow	Green	Red	Red	Red
	Total	8	5	18	25	20
	% of Shortages	27.6%	17.2%	62.1%	86.2%	69%

Legend

- Adequate Physician Supply
- Borderline Physician Supply
- Physician Shortage

*Physician Only

**Physician & Resident Model

Maryland Physician Workforce Study – Current Physician Shortages by Region 2015

		Capital	Central	Eastern	Southern	Western
Primary Care*:	Primary Care MDs	Borderline Physician Supply	Borderline Physician Supply	Physician Shortage	Physician Shortage	Physician Shortage
Medical Specialty:	Allergy	Adequate Physician Supply	Physician Shortage	Physician Shortage	Borderline Physician Supply	Borderline Physician Supply
	Cardiology	Adequate Physician Supply	Adequate Physician Supply	Adequate Physician Supply	Physician Shortage	Physician Shortage
	Dermatology	Physician Shortage	Physician Shortage	Physician Shortage	Physician Shortage	Physician Shortage
	Endocrinology	Adequate Physician Supply	Adequate Physician Supply	Physician Shortage	Physician Shortage	Borderline Physician Supply
	Gastroenterology	Adequate Physician Supply	Borderline Physician Supply	Physician Shortage	Physician Shortage	Physician Shortage
	Hematology/Oncology	Physician Shortage	Adequate Physician Supply	Physician Shortage	Physician Shortage	Physician Shortage
	Infectious Disease	Adequate Physician Supply	Adequate Physician Supply	Adequate Physician Supply	Physician Shortage	Physician Shortage
	Nephrology	Adequate Physician Supply	Adequate Physician Supply	Adequate Physician Supply	Physician Shortage	Physician Shortage
	Neurology	Adequate Physician Supply	Adequate Physician Supply	Physician Shortage	Adequate Physician Supply	Physician Shortage
	Psychiatry	Physician Shortage	Borderline Physician Supply	Physician Shortage	Physician Shortage	Physician Shortage
	Pulmonary Medicine	Adequate Physician Supply	Adequate Physician Supply	Adequate Physician Supply	Physician Shortage	Physician Shortage
	Rheumatology	Physician Shortage	Adequate Physician Supply	Physician Shortage	Physician Shortage	Physician Shortage
Hospital-Based:	Anesthesiology**	Physician Shortage	Adequate Physician Supply	Physician Shortage	Physician Shortage	Physician Shortage
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	Ophthalmology	Adequate Physician Supply	Adequate Physician Supply	Physician Shortage	Physician Shortage	Physician Shortage
	Orthopedic Surg	Borderline Physician Supply	Adequate Physician Supply	Physician Shortage	Physician Shortage	Physician Shortage
	Otolaryngology	Adequate Physician Supply	Adequate Physician Supply	Borderline Physician Supply	Physician Shortage	Adequate Physician Supply
	Plastic	Adequate Physician Supply	Adequate Physician Supply	Adequate Physician Supply	Physician Shortage	Adequate Physician Supply
	Thoracic	Physician Shortage	Physician Shortage	Physician Shortage	Physician Shortage	Physician Shortage
	Urology	Adequate Physician Supply	Adequate Physician Supply	Adequate Physician Supply	Physician Shortage	Adequate Physician Supply
	Vascular	Physician Shortage	Adequate Physician Supply	Physician Shortage	Physician Shortage	Physician Shortage
	Total	11	4	17	27	27
	% of Shortages	37.9%	13.8%	58.6%	93.1%	75.9%

Legend

- Adequate Physician Supply
- Borderline Physician Supply
- Physician Shortage

*Physician Only

**Physician & Resident Model



Know What's in Your Area ... for example DoD Health Care Capability in Southern MD

Naval Health Clinic, Patuxent River



MEDICAL AND DENTAL SERVICES

Aviation Medicine
Dental
Family Medicine
Mental Health / SARP
Optometry
Pediatrics
Occupational Health

CLINICAL SUPPORT SERVICES

Nutritional Consultation
Laboratory
Pharmacy
Physical Therapy
Women's Clinic
Digital Radiology
Allergy / Immunizations

Visiting Specialties

Ortho – National Naval Medical Center (NNMC)
ENT – NNMC
Ophthalmology – NNMC
Neurology – Discontinued in August 2009
Dermatology - Contract

The Numbers

Over 2 million Americans have served in Iraq and Afghanistan – 800,000 more than once

1,168,953 have left active duty and become eligible for VA healthcare
(53% former Active Duty, 47% Reserve and National Guard)

Ages of 565,024 OIF, OEF Veterans who have used VA healthcare from FY02-FY10 (2nd Qtr)

-- 9% younger than 20 years old

-- 50% are 20 – 29 years old

-- 22% are 30 – 39 years old

-- 17 % are 40 and older

5761 have died as of October 18th, 2010.

40,761 have been wounded.

9000 are already homeless.

**“More Veterans have committed suicide since 2001
than have been lost to combat deaths in Iraq and Afghanistan.”**

Analysis of VA Healthcare Utilization among U.S. Global War on Terrorism (GWOT) Veterans:

OIF and OEF; VHA Office of Public Health and Environmental Hazards; August 201

Defense Link Casualty Report, October 18, 2010 <http://www.defenselink.mil/news/casualty.pdf>

CBS News 60 Minutes, October 18, 2010

VA Secretary Eric K. Shinseki, Mental Health Summit—Opening Remarks; Washington, DC, Oct 26, 2009

Rurality, and Military Service

- Rural individuals serve at higher rates than their proportion of the total population.
- 20% of the nation lives in rural America, but ...
 - 44% of U.S. military recruits are from rural areas
 - Almost one-third of those who have died in Iraq are from small towns
 - 40% of Veterans live in rural areas



Source: "Returning Veterans and their Families in Rural America: A Brief Lay of the Land"

Mimi McFaul, Psy.D.; Associate Director,
WICHE Mental Health Program

mental health care in rural areas – a national challenge

- More than 60% of rural Americans live in mental health professional shortage areas
- More than 90% of all psychologists and psychiatrists, and 80% of MSWs, work in metropolitan areas
- More than 65% of rural Americans get their mental health care from their primary care provider
- For most rural residents, the mental health crisis first-responder is a law enforcement officer

President's New Freedom Commission, Subcommittee Report on Rural Issues, June 2004

after the parade ...

Do you know of incidents in your region or county in which an OIF or OEF Veteran has been lost to suicide or other premature death? Is incarcerated? Is homeless?

Do you know of an OIF or OEF Veteran in your region or county who is having problems with finding and keeping a job ... family relationships ... drug and alcohol use ... the law?

Do you know of an OIF or OEF Veteran who is having trouble accessing VA behavioral healthcare and rehabilitative services in your region or county?

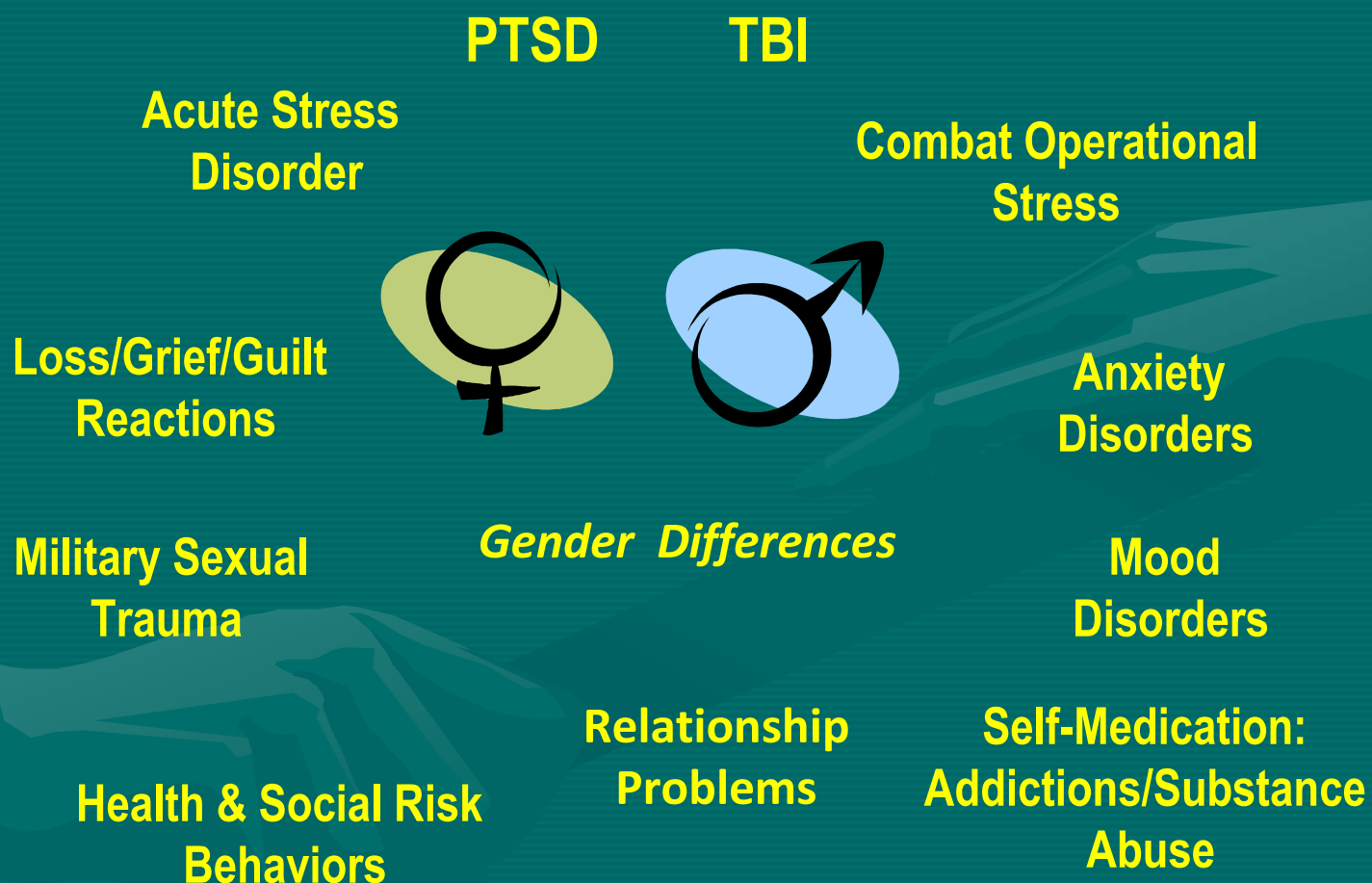
“It is all too clear that TBI, post-traumatic stress and numerous other related mental ailments are widespread, entrenched, and insidious.”

Dr. Robert M. Gates, Secretary of Defense; October 26, 2009

Ten Years of War with an All Volunteer Force

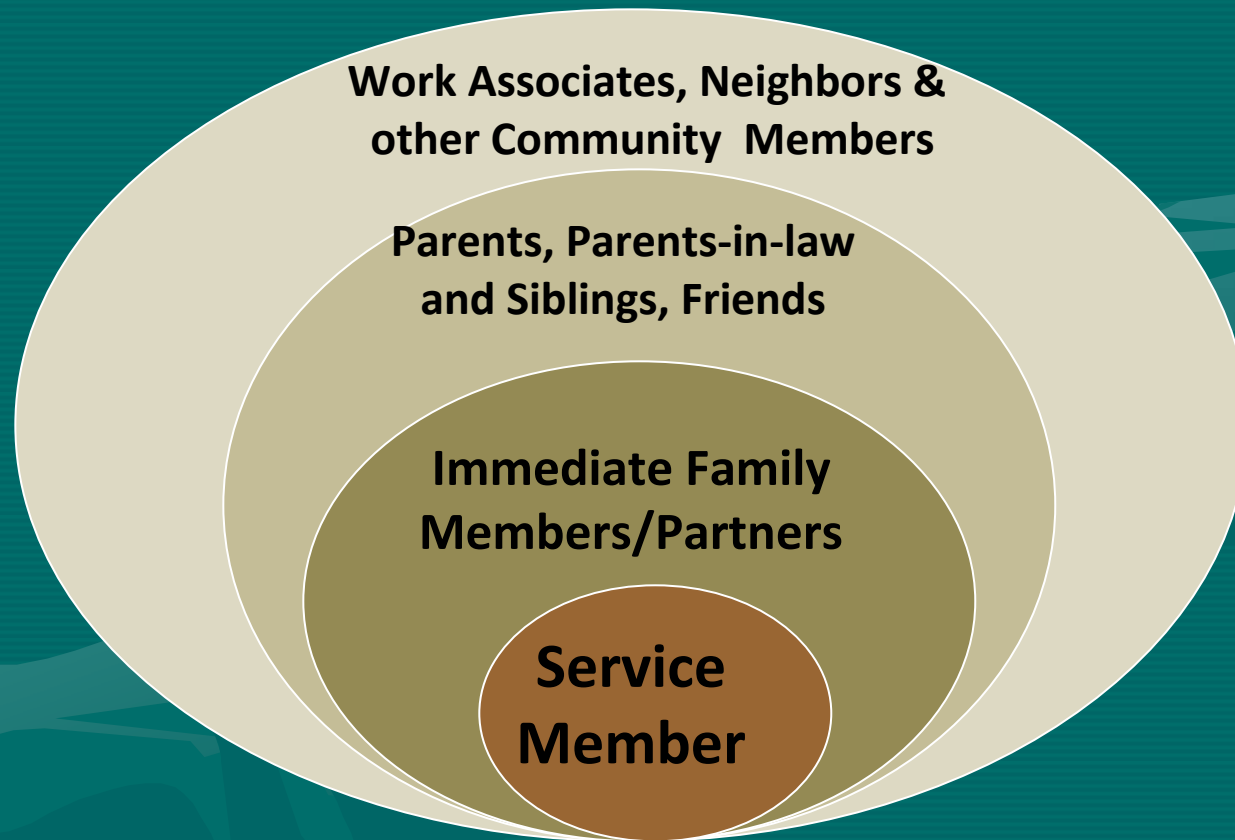
What are the consequences and how far do they reach?

...Returning to Families and Communities ... Civilian Life ...



A Ripple Effect

The impact of military stress & trauma experiences extends beyond the Veteran and the immediate family – they ripple throughout the community.



Employers, schools, other aspects of community life also impacted.

Community Education and Involvement are KEY

“Education is the key. What we have learned tonight is vitally important for community stakeholders throughout the region to take with them, and use: employers, medical providers, educators, law enforcement, clergy, families and friends ... as our men and women in uniform return from combat duty in Afghanistan and Iraq to rejoin their families and our communities. This is just the beginning.”

Rear Admiral Steven Eastburg, Naval Air Systems Command

“From Combat to Community” SoMD regional education event, Nov 10, 2009

“Stigma is a toxic and deadly hazard that must be eliminated.”

Brigadier General Loree Sutton, October 2009

Former Director, Defense Centers of Excellence for Psychological Health and TBI

“It is impossible to overstate the stressors that rural family caregivers are bearing on a daily basis ... as they search for limited treatment and rehabilitative services, and try to navigate bureaucratic and unresponsive systems in support of a loved one whose cognitive abilities have been severely – sometimes permanently – damaged by the invisible wounds of PTSD, other mental illness, or TBI.”

C.A. Walker, CAPT, USN (Ret), President, NAMI Southern Maryland

U.S. Senate Subcommittee on Veterans Affairs, Oct 27, 2007

how it should be in rural areas - collaboration

- VA and DoD healthcare systems working with State agencies and local communities, with a focus on delivering what works, in a timely way, and within a reasonable distance for Veterans and their families who live and work in rural regions
- Local health care providers who have received a baseline of standardized VA training in mental and physical health issues of returning OIF, OEF, and Operation New Dawn Veterans
- Local health care providers who use standardized intake assessments to help identify individuals as combat Veterans, when Veterans come to them seeking treatment for physical and mental health issues
- Convenient, timely access to OIF/OEF Veteran peer and recovery support services where Veterans work and live ... not a five hour round trip to the nearest VAMC or Vet Center.
- A comprehensive continuum of care that provides community stakeholders with the awareness and education they need to conduct outreach and effectively ENGAGE.

NO WRONG DOOR

WAR VETERANS OF IRAQ AND AFGHANISTAN PRESENT EMERGING HEALTH CHALLENGES AND OPPORTUNITIES

REGIONAL COLLABORATION and COMMUNITY ENGAGEMENT

Sep 08: Tri-County Council (TCC) Veterans Regional Advisory Committee established

Feb 09: Facilitated Listening Sessions for Veterans and Families in LaPlata, MD

Mar 09: Regional stakeholders' forum with VISN-5 and DC VA Medical Center leaders in St. Mary's County

Jun 09: TCC report, "Veterans Integrated Healthcare Recommendations for Southern Maryland", published

Aug 09: DCVAMC conducts first CHALENG meeting and survey in SoMD (homelessness prevention)

Aug 09 - present: Annapolis Vet Center "circuit riding" counselor support 4x a month for combat Veterans in SoMD

Oct 09-10: DCVAMC partners with SMC for 1st and 2nd annual outreach, enrollment, Welcome Home event in SoMD – venue: the Oyster Festival in St. Mary's County

Nov 09: Regional awareness and education event, "From Combat to Community" for veterans, families, employers, clergy, providers.

Speakers: DCVAMC specialists in PTSD and TBI, and Washington Post journalist and author

Chris Davenport – WP reporter and Pulitzer Prize finalist for "As You Were...To War and Back ... "

**MARYLAND RURAL HEALTH ASSOCIATION – 2010 CONFERENCE
(AWARENESS + EDUCATION) + (STAKEHOLDER COLLABORATION + PLANNING) = ACTION**

**How it started in Southern Maryland ...
a presentation much like this in 2008: "For the TCC's Consideration"**

- **WHAT ARE OUR ASSETS – VA and OTHERWISE? What are the GAPS?**
- **NEEDS ASSESSMENT – PLANNED and FACILITATED FOCUS GROUPS for OIF / OEF Veterans and Families (Regionalize to a Central Location? Better in each County?)**
- **REGIONAL STAKEHOLDER FORUM with area VA Health Care Leaders – INCLUDE Vet Center Team Leader**
A forum for information and idea exchange between Community Leaders, Providers, Health Departments, Law Enforcement, local businesses, Division of Rehabilitative Services, Non-Profits, Faith leaders, AND THE VA ...
- **SOUTHERN MARYLAND VET CENTER – identify a facility -- formally advise MDVA, VA and VISN-5 of regional interest in providing this to SoMD combat Veterans and families**

***The stakeholders:
Veterans ... their families ... and our communities.***

The ability to meet challenges facing THIS generation of combat Veterans, families, and our communities

will ONLY come from ...

***WORKING PARTNERSHIPS* between VA, DOD, HHS, STATES, COMMUNITIES**

Community Partners Defined – Awareness, Education, and Collaboration a MUST ...

-- Non-VA primary and specialty care providers

-- Business and Industry (Employers!)

-- The School System

-- Law Enforcement, Social Services, Health Departments

-- Education Institutions – 2 and 4 year
Community College involvement is especially important

-- Private / Non Profit Sector

-- Faith Communities

OTHERS?

A place to start:
“Have you ever served in the military?”

The VA’s National Center for PTSD <http://www.ptsd.va.gov/>

Civilian Provider CME listing of web-based PTSD and TBI education available through DoD’s Military Health System <http://www.health.mil/Pages/Page.aspx?ID=27>

“Practice Resource Information and Gateway Internet Sites for Behavioral Health Providers Working with Military Members, Veterans, and their Family Members”
Dr. James Martin; Arianna Day, Regional Resource Coordinator SoMD

“Responding to the Needs of Justice Involved Combat Veterans with Service-Related Trauma and Mental Health Conditions” National GAINS Center

“Supporting Youth During Parental Deployment: Strategies for Professionals and Families”
Dr. Angela Huebner and Dr. Jay Mancini, The Prevention Researcher, December 2008

“Accommodating Employees with Post Traumatic Stress Disorder”

“Accommodating Employees with Traumatic Brain Injury”

Fact Sheets on Workplace Accommodations for Returning Servicemembers with PTSD and TBI

Source: America’s Heroes at Work www.AmericasHeroesAtWork.gov

THE GOOD SOLDIERS by David Finkel

***They're not coming home to
the VA.***

They're coming home.



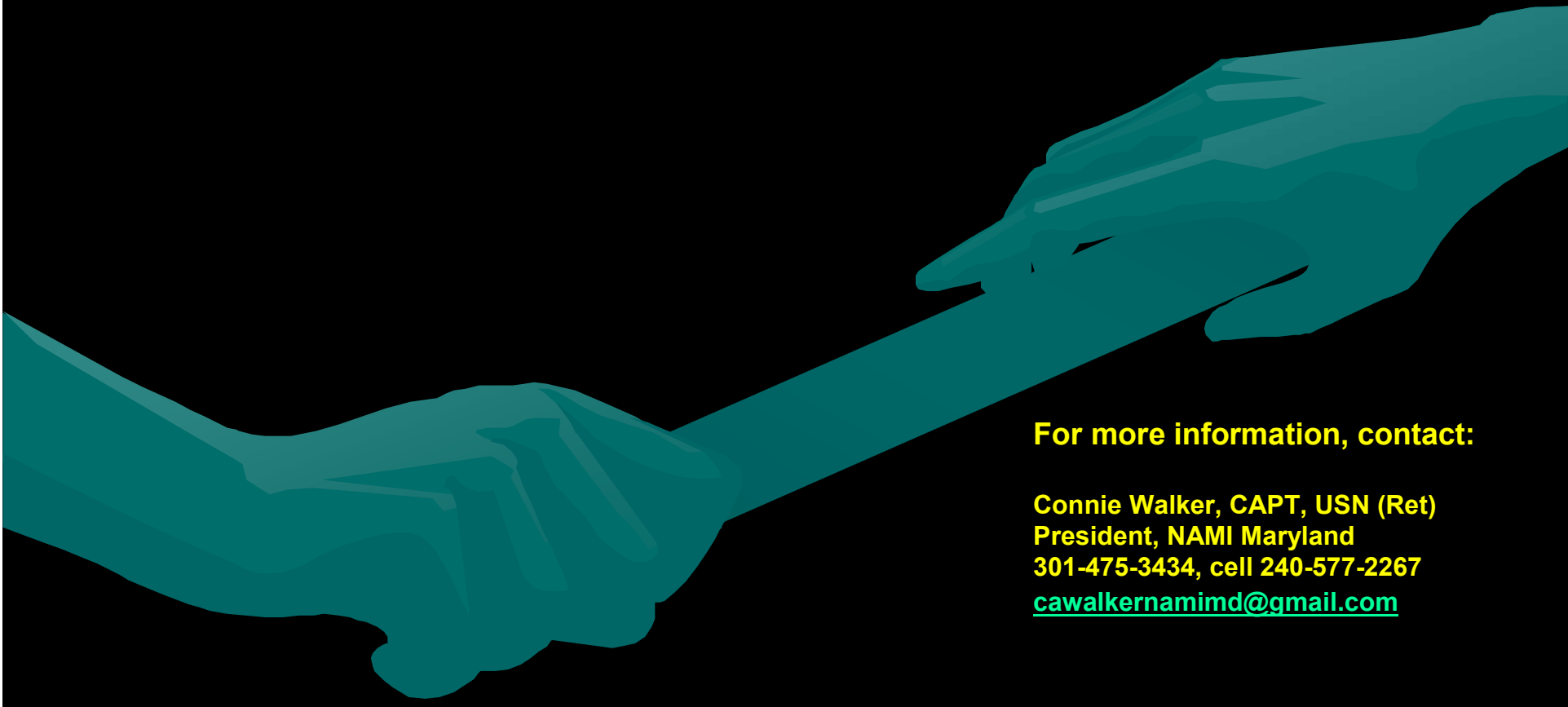
National Alliance on Mental Illness

10630 Little Patuxent Parkway, Suite 475

Columbia, MD 21044

Phone: 410.884.8691 Fax: 410.884.8695

Email: info@namimd.org Web: www.namimd.org



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