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I Serve 2: Identifying and Caring for Military-Connected Children in Civilian Primary Care Practices

Alicia Rossiter, DNP, ARNP, FNP, PPCNP-BC, FAANP, FAAN
College of Nursing, University of South Florida College of Nursing, Tampa, FL, USA
Margaret C. Wilmeth, PhD, MSS, RN, FAAN
School of Nursing, University of North Carolina-Chapel Hill, Chapel Hill, NC, USA
Catherine G. Ling, PhD FNP-BC FAANP
School of Nursing, Johns Hopkins University, Baltimore, MD, USA

Purpose: It is well documented in the literature that civilian healthcare providers struggle to meet the healthcare needs of active duty servicemembers and veterans who seek care in the civilian sector. Lack of identification of servicemembers and veterans coupled with lack of knowledge regarding service associated risks and co-morbidities puts these patients at risk for poor physical and psychological health outcomes.

We also know that service members do not serve alone—greater than 50% are married with families. Historically, the physical and psychological healthcare needs of military-connected children have gone unrecognized outside of military health care settings. Military children make tremendous sacrifices in support of a parent(s) military service. Over 2 million children have a parent who is serving or has served in the Armed Forces since the onset of the wars in Iraq and Afghanistan. Military children make tremendous sacrifices in support of one or more parents. While “resilient” is the word used to describe most military children, it is important that we recognize the stresses/stressors of military life—that military children serve too—in order to support and care for them. Research indicates that military-connected children are at higher risk of physical, psychological, and behavioral health issues than their civilian counterparts and could be at potential risk for toxic stress.

Military-connected children are subjected to unique stressors not experienced by their civilian counterparts. Military-connected children, both active duty and reserve, experience stress and anxiety when a parent deploys. If the parent is injured or dies, there are additional stressors, not only from grief but also from moving from a military culture into the civilian environment. The unique health care needs of military-connected children include higher risk for abuse and neglect, substance use, and suicide when compared with non-military-connected children; stress and depression related to parental deployment or post deployment physical/psychological injuries; behavior and academic issues secondary to emotional distress, frequent moves or a parental deployment; and anxiety that can lead to changes in appetite, disrupted sleep patterns, and impaired immune response which can impact overall physical and psychological health of military-connected children. While these findings might suggest that the majority of military-connected children experience adverse childhood experiences (ACE), the evidence to support this assumption is varied and suggests that the outcome for children is highly dependent upon the health of the at-home parent.

Methods: Upwards of 33% of military-connected children are considered “at risk” or “high risk” for psychosocial morbidity or maltreatment, to include abuse, neglect, and psychosocial maladjustment, when a service member initially deploys and immediately following reunification—a percentage that has increased since the onset of military action in Iraq and Afghanistan. A Department of Defense report on military-connected children found that when a parent deploys, children tend to exhibit depressive symptoms, experience a decline in academic performance, and an increase in behavioral problems secondary to emotional distress. In addition, suicide ideation is higher in military-connected children than children with no connection to the military. While routine medical care for military-connected children decreases during the deployment of a parent, there is an increase in emergency, urgent, and specialist care, and often military-connected children present with somatic symptoms such as increase in blood pressure and heart rate, appetite changes, and disruptions in sleep secondary to nightmares and anxiety. Identification of military-connected children in pediatric civilian healthcare settings, knowledge regarding
the deployment cycle with associated risks, and vulnerabilities is critical to ensuring the health and wellbeing of military.

Results: Currently there are no existing guidelines or resources for pediatric primary care providers, including advanced practice registered nurses (APRN), to identify unique physical, psychological, and behavioral healthcare needs of military-connected children, or, to screen for physical, psychological, and behavioral co-morbidities secondary to parental military service. The use of clinical guidelines and pocketcards have been used successfully in clinical practice by healthcare providers to improve health care quality and are associated with improved outcomes. Boots Miller et al. found that clinical guidelines have the potential to "reduce wide practice variations, improved quality of care, and control escalating medical costs". Both the American Academy of Nursing and the Veterans Administration have developed pocketcards for use by healthcare providers caring for veterans in the civilian sector—the “Have you ever served?” Campaign and Military Health history Pocket Card for health Professions Trainees & Clinicians respectively.

Conclusion: Authors of this abstract have developed an initiative called I Serve 2. Civilian healthcare professionals provide 2/3 of the healthcare for the over 2 million military children in the United States. Many healthcare providers are unaware that the patient is a military connected child and even more are unfamiliar with the potential physical, psychological, and behavioral health risks associated with parental military service. Policies and initiatives focused on addressing the impact of parental military service must be addressed to minimize the physical, psychological, and behavioral health impact on military-connected children. The I Serve 2: A Pocketcard for Healthcare Providers Caring for Military Children attempts to fill the gap in knowledge and understanding of methods to support and strengthen military families and improve care in this population.

I Serve 2: A Pocketcard for Healthcare Providers Caring for Military Children was developed by APRNs and researchers who care for military children. This presentation will provide guidance for utilization in civilian clinical practice to better identify physical, psychological, and behavioral health risk factors and co-morbidities in military connected children. In addition, the I Serve 2: A Pocketcard for Healthcare Providers Caring for Military Children provides civilian providers with community resources aimed at supporting military connected children and families. The pocketcard will serve as a valuable resource for APRNs who care for military connected children and families.

Title:
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References:


Abstract Summary:
Military children make tremendous sacrifices in support of a parent(s) military service. Over two million children have a parent who is serving or has served in the Armed Forces. Research shows that military-connected children are at higher risk of physical, psychological, and behavioral health issues.

Content Outline:
I. Introduction and Background
   • Who are Military connected children
   • Active Duty versus Reserve/National Guard children

II. The Military-Connected Child
   • Military connected children as patients
      o Strengths associated with being part of a military family
      o Risks and vulnerabilities
   • Deployment Cycle and Relocation
      o Impact of deployment and relocation on the military family
      o Deployment Cycle stages
      o Risks factors for military connected children during deployment and relocation
   • I Serve 2: A Pocketcard for Healthcare Providers Caring for Military Children
      o Need for a tool for civilian healthcare providers
        ▪ Why a pocketcard?
      o Integrating the I Serve 2 Support Strategy for Military Children into practice
      o Vulnerability/Risk assessment

III. Resources and referrals
   • Advocacy
   • Resources and Referral

First Primary Presenting Author
Primary Presenting Author
Alicia Rossiter, DNP, ARNP, FNP, PPCNP-BC, FAANP, FAAN
University of South Florida College of Nursing
College of Nursing
Sequence Director, Veteran to Bachelor of Science in Nursing Program
Tampa FL
USA

Author Summary: Dr. Rossiter’s military experience was the impetus behind her research and scholarly work which includes women veterans and military sexual trauma, the effects of parental military service on military-connected children, and transitioning needs of medics/corpsmen into the professional role of nursing. Dr. Rossiter completed her DNP in May 2015. She was selected as a Bob Woodward Jonas Veteran Healthcare Scholar and an American Academy of Nursing Jonas Policy Scholar with the Military/Veteran Health Expert Panel.

Second Secondary Presenting Author
Corresponding Secondary Presenting Author
Magaret C. Wilmeth, PhD, MSS, RN, FAAN
University of North Carolina-Chapel Hill
School of Nursing
Executive Dean/Associate Dean for Academic Affairs
Author Summary: Dr. Wilmoth retired at the rank of Major General from the US Army Reserve. Her final assignment was as Deputy Surgeon General, Army Reserve. Her prior assignment was in the Office of the Assistant Secretary of Defense, Health Affairs, where she led the transformation of the Military Health System’s research processes, evaluation of psychiatric evacuations from the theater of operations and the processes involved with Reserve Component Medical Readiness.

Third Secondary Presenting Author

Corresponding Secondary Presenting Author
Catherine G. Ling, PhD FNP-BC FAANP
Johns Hopkins University
School of Nursing
Baltimore MD
USA

Author Summary: Dr Ling is a nurse scientist, FNP, and educator focusing on improving access to quality, primary care with an emphasis on military families. She is actively involved in investigation of the structure of primary and innovative strategies to engage students. She maintains her 25-year career as a practicing FNP. She is a Fellow within the American Association of Nurse Practitioners. She is currently the FNP track coordinator at the Johns Hopkins University School of Nursing.