Tailoring Access to Adequately Meet Needs-Specific Healthcare for Military Veterans

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Purpose:

Little research has been conducted which focuses on the challenges servicemembers encounter when exiting the military and return to civilian ecosystems. The difficulties faced by military veterans after completion of service such as hunting for access to healthcare that addresses their specialized set of needs can result in disappointment. The stress of finding a comprehensive healthcare network that combines evidence-based practices, knowledge products and primary prevention with community, continuity, and connectivity has proven to be a struggle that is real for many veterans.

Methods:

Several databases were searched from December of 2016 to October 2018 to include: EBSCOhost, ProQuest, Google Scholar, PubMed, MedlinePlus, and CINAHL. The search resulted in 1,296 articles of which 30 provided the desired key words. Of those 30 articles, 25 contained the adequate information for study purposes. The key words are veterans, healthcare, services, transition, adequate, integration, and prevention.

The Social Cognitive Theory (SCT) was applied to the research because the model describes human behavior as a triad in which personal factors, environmental influences, and behaviors continually interact. These three dynamic aspects of the SCT tie directly into the research, as the reciprocal determinism construct infers that influence is a two-way street. The complexity of this special population led to the adaptation of a second theory – the Social Ecological Theory (SET). The SET asserts that behaviors both shape and are shaped by their societal milieu (Elnitsky, et al. 4; Glanz 14-19).

Results:

While many assume that all veterans have access to the Veteran Health Administration (VA) healthcare system, the truth is only those with service-related health issues have priority in the VA healthcare system. The rest of the veterans are left to their own devices and have to purchase healthcare plans, become part of the state’s healthcare plans, or go without healthcare. Moreover, we presume that all eligible veterans actually utilize the available healthcare at VA facilities. According to a study in New York, only about half of the state’s veterans were enrolled in the VA system and only 58% of those enrolled used VA services. The remaining Veterans obtain health care by disparate and disconnected teams of healthcare providers who are not necessarily familiar with military-specific needs and are not optimally equipped to provide for this population. According to recent research, the general population (GP) does not understand the complexity of military living or subsequent unique healthcare issues related to military service (Dyhouse 10). This disconnect uncovers several inconvenient realities with respect to how many civilian providers are actually ill-equipped to completely manage the unique challenges of our transitioning veterans.

Another vast challenge for many transitioning veterans is adjusting to the loss of daily structure. Servicemembers’ daily existence is fueled by structure, accountability and teamwork. If one member of the team is not functioning well, the whole team suffers. The concept of being part of something bigger
than them self becomes the fulcrum upon which their entire life is centered. Each person is responsible for one another, both on and off duty. Additionally, veterans are adapted to having an abundance of resources at their disposal for health, wellness and all aspects of their life-space. The U.S. Armed Forces Medical Authority has adopted integrated health systems by creating soldier centered medical homes and families centered medical homes. These medical home systems are designed to have the capabilities to address all primary care, behavioral health and wellness issues for the soldiers and their families all in one facility (Moore 291-97). As the servicemember transition into civilian life, all of these resources become much more complicated to access. The GP life platform consists of the community, healthcare and wellness systems operating independently and asynchronously. Veterans can be abruptly left to their own devices and expected to navigate a system that is unfamiliar to them.

There has been little research prior to 2013 surrounding terms associated with military servicemembers exiting the military, though a spike in publications occurred in 2014 (Elnitsky, et al. 4). Research shows that approximately half of the post-9/11 veterans express having difficulty transitioning into civilian life, despite having protective factors, such as education, spirituality and successful military careers. Furthermore, post-9/11 era veterans are predicted to experience more difficulty reintegrating into civilian life than pre-9/11 veterans, however, comparing across these two service eras is cautioned because perceptions tend to changes over time (Morin 5).

Conclusion:

Veterans undergo a considerable cultural, environmental and behavioral adjustment that must be reconciled as they integrate back into civilian communities. They can develop a sense of loss if these needs go unaddressed (Daniels 3-5; Elnitsky, et al.110-11). Veterans can, however, experience support from those who understand the uniqueness of the military lifestyle. Veterans transitioning out of the military would be well served by an integrated healthcare system that focuses on the total person and is equipped to handle the complexities that accompany military life, rather than a fragmented system that only focuses on the chief complaint (Daniels 5; Galante; Lim, 14; Valentine, 2-6). The findings of this research is not limit to the U.S. military but can be applied to all first responders and military members transitioning throughout the world.

Title:

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Keywords:

Healthcare, Transition and Veterans

References:


Abstract Summary:

Military veteran research conducted on the stressor and challenges servicemembers encounter when transiting from the military and entering a civilian ecosystem. Looking beyond veteran employment, education and mental health concerns; identifying veteran’s and their family’s unmet needs.

Content Outline:

Introduction

Veterans face challenges during transition

Veterans have unique needs that are unmet

Body

The Veterans Administration Healthcare System is not enough

Not all veterans use the VA system

Not all of those who qualify use the VA healthcare system
VA locations are a barrier to care
The VA healthcare system are not located in all communities
Care is fragmented and disease focused
Veterans are accustomed to supporting structured system which is loss during transition
Military life is full of structure
The military builds in time for daily activities
Their health is part of their reporting and accountability
Someone is always in charge
Research supports transitional challenges
Unique occupational issues make transitioning challenging
Proactive factors do not lessen the challenges of transition
Length of time and when the veteran serves plays a role
The non-military healthcare systems are not prepared to assist most veterans
Military life present specific challenges that are not understood
The mindset of the transient military community is vastly different
The military is one big family
Accountability extends beyond the work environment
Loyalty and duty overrides danger
Non-military healthcare systems are challenged by veterans
Medical teams say they do not understand military life
Providers rarely inquire if their patient is a veteran
Providers do not make appropriate referrals
Conclusion
Veterans face more that diagnostic challenges
All necessary resources are not available post transition
Veterans require a synchronized proactive system

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