Improving Health Outcomes of Military Children Through Research and Policy Initiatives

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Military Children by the Numbers

- Servicemembers have been tasked for 3.3 million deployments since the onset of military action in Iraq and Afghanistan
- 2.2 million AD, Reserve, and National Guard members
  - 58% have family responsibilities
  - 40% have 2+ children
- 2+ million military children
  - 78% of AD children are < 11 y.o.
  - 80% of Reserve component children are < 15 y.o.
The Military Family

• Unique and distinct culture
  • Patriotism and positive image
  • Speak a different “language”
  • Most geographically separated from extended family
  • Move every 2-4 years
  • The “military” family
  • On average military children attend 6-9 different school systems from K-12th grade
• Deployments/Separations
• Wounded and recovering servicemembers
• Disruptions in social support networks & established resources
• Affect continuity of care
Positive Aspects of Military Life

• Benefits include:
  • Frequent moves
  • Less prone to risky behaviors/substance abuse
  • Financial stability
  • Resources/Support system
  • Healthcare coverage/Access
  • “Military” family
  • Family cohesiveness

“RESILIENCE”
A Population at Risk

- ↑ risk for:
  - Abuse and neglect
  - Substance use
  - Suicide
  - Stress and depression
  - Anxiety
  - Appetite
  - Sleep disruption
  - Somatic complaints
  - ↓ school performance

Military children endure a great deal of change as a result of a parents military career. The military family averages nine moves through a 20-year career. And in doing so, their children must say goodbye to friends, change schools, and start all over again.

Douglas Ide
Significance

- 2+ million military children
  - 2/3 receive care from civilian HCP
  - Most do not self-identify
  - Continuity of care
- “Pediatric providers feel ill prepared to meet the physical, psychological, and behavioral needs of military children” (Siegel & Davis, 2013)
- “Data indicated an overall moderate level of familiarity among civilian physicians with veterans’ issues. The results did not reveal an overall high level of comfort with any issues included in the survey” (Fredricks & Nakazawa, 2015)
Deployment Cycle

- **PREDEPLOYMENT (3 MONTHS BEFORE DEPARTURE):** Denial, Anger, Sadness, Frustration

- **DEPLOYMENT (4 MONTHS TO 12 MONTHS):** Loneliness, Fear, Sleeplessness, Anxiety, Adjusting to being alone, Detachment, High risk for neglect

- **REUNIFICATION (9 TO 12 MONTHS):** Apprehension, Anticipation, Excitement, Emotional readjustment, High risk for abuse
Impact of Parental Military Service

• Physical
• Psychological
• Behavioral
Policy Implications

• Encourage identification of military children to be a priority among pediatric and family health care providers.
  • EMR identifier
  • Pocketcard and clinical guideline
• Identify and facilitate pediatric, military, and family advocacy partnerships to minimize health risks of military connected children and increase resilience that builds healthy military families.
• Education initiatives in nursing/medical programs
• Continuing education for healthcare providers
Research Implications

- Highlight the need for research funding for studies focusing on the impact of parental military service on military connected children and unique healthcare needs of military children.
- Active duty versus Reserve component military connected children
- Continued research on mitigating the impact of military life on the servicemember and the at home spouse.
Questions??