Veteran Engagement Across the Research and Care Continuum

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VHA Rural Research and Care Continuum

Veterans, Families, Communities, Needs Resources

Research-Informed Policies & Evidence Based Practices

Right, Rigorous Research

Comprehensive Cultural Context
Understanding Research within the Rural Context

- Implications for how we use demographics, epidemiology all life sciences
- 89% of the US land mass is rural\(^1\) (US Dept. Agriculture)
- 20% of US population occupy this mass\(^2\) (US Census Bureau, 2010)
- Riskiest occupations are located in rural areas
- Lowest numbers of health and mental care providers\(^3\) (Heady)
- Rural people are over represented in the military\(^4\) (Griffith)
- Rural minorities serve as higher rates proportionately\(^5\) (Segal)
- Rate of enrolled rural Veterans is increasing
- Picture of the average rural Veteran is changing
Engagement Issues for Rural Veteran Care and Research

- Influences on military recruitment policies and cultural norms
- Enlistment motivations are changing\(^6\) (Kleykamp, Segal)
- Impact of draft on older veteran generations’ issues
- Misconception of definition of veteran influences enrollments
- Care needs can be compounded by rural residence and norms\(^7\) (Propst)
Engagement can be guided by working with the Strengths and Assets of Rural Values and Norms and Seen as Social Capital

- Family and close familial ties
- Individualism and independence
- Self-reliance, personal competence, and self-sufficiency define self-worth
- Equal access to resources and fairness
- Personalism and personal character
Rural Values: Strengths and Assets

- Modesty, humility, and unpretentiousness
- Faith and religion
- Authentic and direct
- Sense of community
- Sense of place and beauty
- Service to others and patriotism
Work within the perspective rural people have of their culture

- Spiritualistic
- Realistic – accepts the natural order of the world
- Higher quality of life and not pretentious
- Knows the strengths and limits of the human condition
- Down to earth, practical, and pragmatic
- Honorable to serve others
- Mutually Supportive
Work within the perspective rural people have of their culture

- Hard working
- Highly risky occupations: raw natural resources industries
- Straightforward and honest in thought and deed
- Spiritually guided to do the right thing
- Honors the moral context of life
Rural Values Influence Health Seeking and Engagement Behaviors

- When cultural expectation is self-reliance, it is difficult to ask for help

- When cultural expectation is fairness and equal access, it is difficult to be singled out for special attention

- When cultural expectation is to be modest and humble, it is difficult to focus on one’s needs

- Addressing spirituality in care and research
Why Rural Veterans are Invisible

• Pew Commission Study: Less than a half of 1% of Americans serve in the military (Pew Research Center)
• Values of service, humility, modest, lack of pretentiousness, self-reliance
• Others have served better made greater sacrifices
• Most Americans are out of touch with the experiences of service members and military families.
Reaching and engaging Rural Veterans

- Who among rural populations do we want to reach?
- What type of engagement is most appropriate?
- How would we reach these veterans?
- At what point do we reach them?
- What about their families?
  - Family support or lack of can influence personal resilience
  - Families have needs of their own
Advantages of Working State, Community and Local Levels

- May enhance access to Veterans and their needs for research and improvements of models of care
- May enhance the quality of services veterans and family members receive in the community
- Work with State Departments and National Guard programs
- Builds a system of interagency communication and coordination
### Minorities

Disproportionate rates of service creates social reality where Veterans are less visible to the general public.

AA x 2; AI, AN, PI can be as high as 8x; Hispanics lower than their percentage of U.S. population

Southern states have largest number of disabled veterans

### Women

- Military women and veterans increasing:
  - 15-17% of all military service personnel
- Of these, 37.5% are AA women, while same age cohort in general female population is 12%
- Female AA officers are not increasing proportionately to service rates
- Among homeless women, most are veterans
- Among enrolled homeless veterans with at least one mental health encounter:
  - 87.2% females have experienced MST
  - 77.5% male homeless have experienced MST

### Aging

- Increased isolation
- Chronic conditions
  - Living 40+ years with undiagnosed and untreated PTSD
  - Prevalence of presumptive diagnoses
- Interpersonal Relationships
- Coping skills decline
Sub groups and issues among Rural Veterans experience layered complexities

<table>
<thead>
<tr>
<th>Homeless</th>
<th>Homeless</th>
<th>Specialized Needs</th>
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<tbody>
<tr>
<td>Most reports indicate the rural homeless are somewhat younger, less educated, and more likely to have been incarcerated than urban homeless</td>
<td>The rate of homeless families with children in rural areas is more than double that of urban areas and doubled up</td>
<td>Aging with the impact of “signature wounds of war”</td>
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<tr>
<td>Consider themselves ‘houseless’ rather than homeless</td>
<td>Issue of limited data, varied definitions of “rural,” “homeless” and “chronically homeless”</td>
<td>Great needs for highly specialized outreach</td>
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<tr>
<td>They have higher employment rates but more are underemployed</td>
<td>Geography – transportation, access to services</td>
<td>PTSD</td>
</tr>
<tr>
<td>7% of homeless population counted in rural areas</td>
<td>Lower capacity of provider infrastructure</td>
<td>Traumatic Brain Injury</td>
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<td></td>
<td>Affordable housing</td>
<td>Poly-trauma</td>
</tr>
</tbody>
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<pre><code>                                                                    |                                                                        | Blindness                                                  |
                                                                    |                                                                        | Military Sexual Trauma                                      |
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Suggestions for a VHA Rural Health Agenda

• Conduct national rural Veteran readjustment study on the scale of the Vietnam Veterans Readjustment Study with emphases on sub-populations and rurality

• Provide for a rural cut of the data and analyses of major Veteran research (e.g. utilization, diagnoses and use of EBPs, outcomes such as suicide by age, gender, residence, etc.)

• Research regarding rural Veteran utilization of mental health services by practice modality. (Cully, Propst,

• Conduct national research on changing rural values and demographics and the impact to health care policy

• How do we continue to evaluate our success at meeting our missions as we move to more collaborative models of care with VA and non-VA providers of care for rural Veterans?
“Rural is...a quantitative measure and more importantly, a subjective state of mind.”
THANK YOU

FOR MORE INFORMATION

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Falk I. and Kilpatrick S. Sociologia Ruralis. What is social capital? A study of interaction in a rural community January 2000, Number 1, Volume 40, 87-110


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