



# **The Story of War, Warriors & Rural Mental Health: Community Partnerships and Technology Vital to Rural Health**

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# A Bit of VA History from a Rural Perspective



# Defining Rural

- VA utilizes the US Census Bureau's definition for "Urban", "Rural" and "Highly Rural".
  - **Urban Area:** Any block or block group having a population density of at least 1000 people per square mile.
  - Rural Area:** Any non-urban or non-highly rural area.
  - Highly Rural Area:** An area having  $< 7$  civilians per square mile. (Frontier)

# VA Rural Health

- Legislation approved in 2006 recognizing the needs of Rural Veterans led to establishment of the VA Office of Rural Health (ORH)
- Special appropriations expand VA services for Rural Veterans
  - Nationally: \$250 million per year

# Who is Rural?

- 20% of the entire US population
- 28% of all living veterans
  - 6.1 million of all 22 million living Veterans
- 41% of all veterans enrolled in VA
  - 3.3 million enrolled rural veterans
    - 54% of all rural veterans are enrolled
    - About double the rate of enrollment of non-rural

# Who is Rural?

- More than 50% of veterans in VISN 6
- 44% of US military recruits
- 39% of Operation Enduring Freedom/Operation Iraqi Freedom/Operation New Dawn (OEF/OIF/OND) veterans
- 44% of soldiers killed in Iraq were from communities with a population under 20,000

# The Reserve Component: A Largely Rural Force

- Each armed service has a reserve
- The National Guard (NG) is a state agency unless called up by the President (*federalized*)
  - Army Guard (@350,000)\*
  - Air Guard (@105,000)\*
- Taken together, the reserve and NG comprise the reserve component (RC)

\* Congressional Research Service/Library of Congress. National Guard Personnel and Deployments: Fact Sheet. Order Code RS22451. Updated January 17, 2008.

# Total Service Members Deployed to OEF/OIF Since 9/11/01 by Component

(Defense Manpower Data Center 12/31/2010)

Reserve Component	Total Service Members	%
Army National Guard	279,682	46%
Air National Guard	71,042	12%
Army Reserve	141,312	23%
Coast Guard Reserve	1,044	0.20%
Air Force Reserve	40,926	7%
Marine Reserve	40,098	7%
Navy Reserve	28,468	5%
Entire RC	602,572	100.20%

# Active vs. Reserve Components (Just a Few of the Differences)

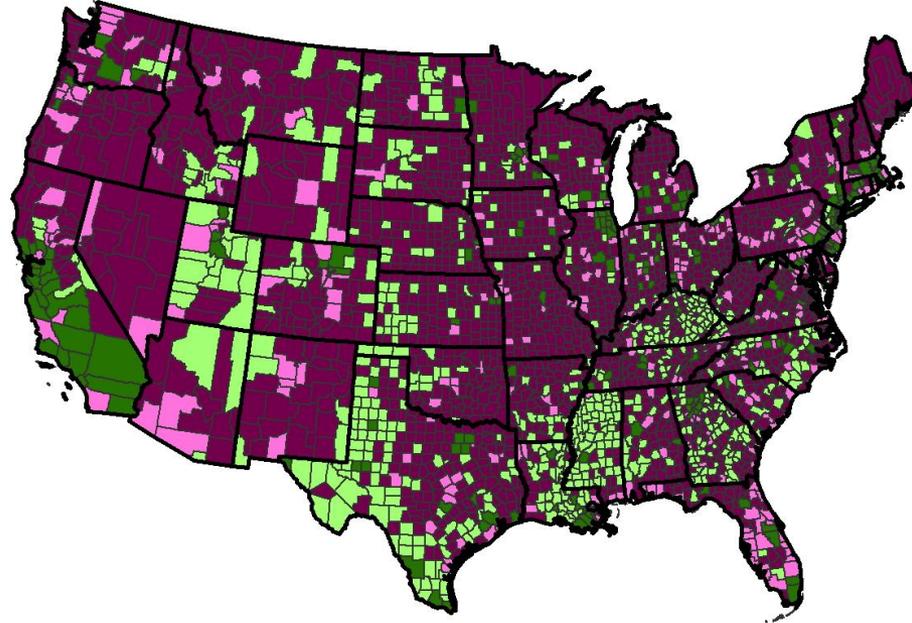
- Always on active duty
- Always federal
- Lives on or near military base
- Most medical care through military
- Deploys as a unit
- Family deeply entrenched in military culture
- Sometimes on active duty
- Sometimes federalized
- Lives in home community (often rural)
- Most medical care through the community
- May deploy individually
- Family not necessarily entrenched in military culture

# Active and Reserve Key Comparisons

- Both have significant rates of deployment
- Increasingly similar training and missions
- Smaller force yet similar numbers of RC OEF/OIF veterans coming to VA (47%)
- Rate of suicide among active duty component is leveling off but continues to climb among RC
- Rural members of the RC (including family members) have less access to military or community health services (especially mental health care)

# Military Veterans in the U.S.

Vets live in rural and exurban counties, and smaller cities

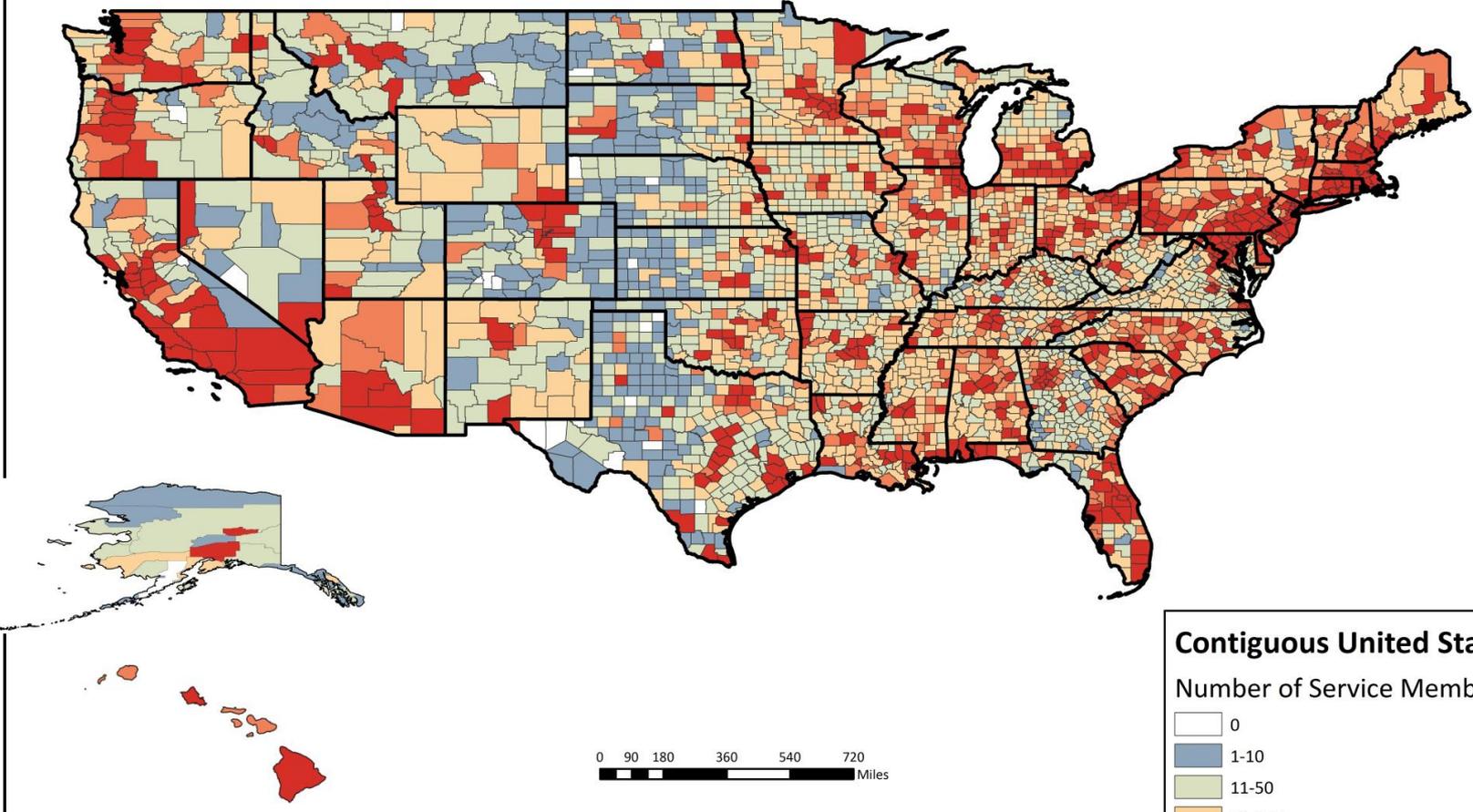


**9.9% of the U.S. population over 18 are veterans.  
Purple counties are above 9.9%; green at or below 9.9%.**

-  Rural/exurban counties above 9.9% veterans (1,915 counties)
-  Urban counties above 9.9% veterans (323 counties)
-  Rural/exurban counties at or below the U.S. average (642 counties)
-  Urban counties at or below U.S. average (221 counties)

### Number of RC Service Members Deployed to OIF/OEF since 9/11/2001 by Home of Record County

Total RC Service Members Deployed- 648,462  
Total RC Deployments- 1,090,000  
Total Counties with 0 RC Service Members Deployed- 27

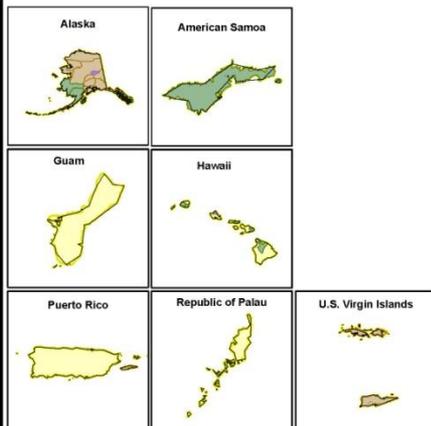
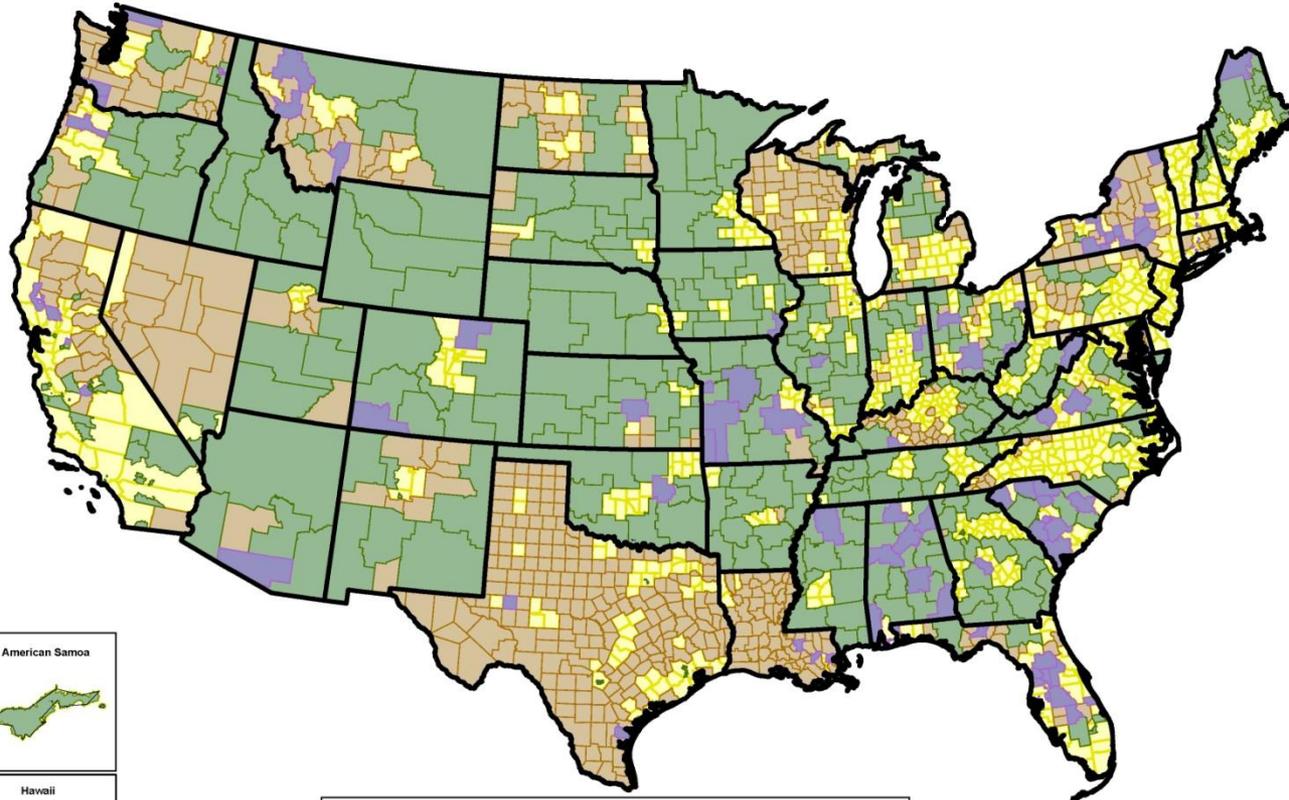


**Contiguous United States**  
Number of Service Members

White	0
Blue	1-10
Light Green	11-50
Yellow	51-150
Orange	151-300
Red	>300



This map has been developed by the Citizen Soldier Support Program at the University of North Carolina at Chapel Hill.



**Legend**

**Health Professional Shortage Areas - Mental Health**

**HPSA\_TYP\_DESC**

- Geographical Area
- Population Group
- Single County
- Not Mental Health Care HPSA

Prepared by: HRSA, Office of Information Technology  
 from the HRSA Data Warehouse,  
[datawarehouse.hrsa.gov](http://datawarehouse.hrsa.gov)

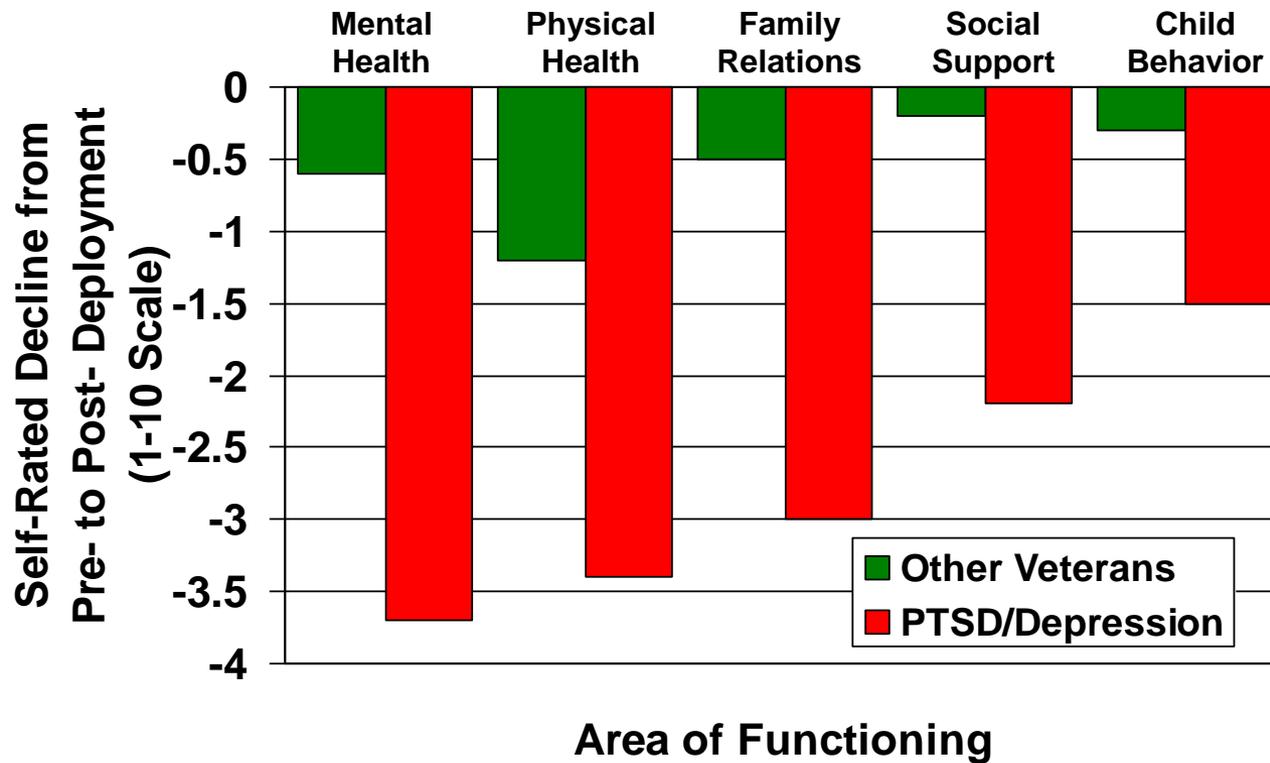
# PTSD/Depression, Combat Exposure and Rurality

- 56% of rural veterans screened positive for PTSD and/or depression
  - Significantly higher rate than urban veterans (32%)
  - May reflect finding of higher Combat Exposure Scale scores among rural veterans

*Rural Veterans and the West Virginia 2008 Legislative Study.  
J. Scotti & H. Heady, University of West Virginia*

# PTSD/Depression Associated with Decline in Functioning

Decline in Five Areas of Functioning  
(Pre- to Post-Deployment) by Group\*



# Being Rural Predicts Greater Declines

- Rural veterans with PTSD/Depression reported lower levels of function on every level than:
  - Rural veterans without PTSD/ depression **OR:**
  - Urban veterans **with** or without PTSD/depression

# ***Serving Those Who Have Served: Educational Needs of Health Care Providers Working with Military Members, Veterans, and their Families***

- Web-based survey of 319 rural and urban community mental health and primary care providers
- Available at VA Internet Link:  
[http://www.mirecc.va.gov/docs/visn6/Serving\\_Those\\_Who\\_Have\\_Served.pdf](http://www.mirecc.va.gov/docs/visn6/Serving_Those_Who_Have_Served.pdf)
- Funded by VA's Office of Rural Health

Kilpatrick, D.G., Best, C.L., Smith, D.W., Kudler, H., & Cornelison-Grant, V. Charleston, SC: Medical University of South Carolina Department of Psychiatry, National Crime Victims Research & Treatment Center, 2011

# Participants

- 97.6% participation rate among 327 providers who opened link
- Two-thirds were mental health professionals
  - Psychologists were most prevalent group followed by psychiatrists, social workers/ other mental health professionals
- Remainder self-identified as primary care providers or other professionals
  - Most prevalent were family medicine providers followed by pediatricians and internists
- One-third (34%) self-described as rural
  - 6% were not sure if rural or urban

# **Key Findings of *Serving Those Who Have Served***

- ***56% of community providers don't routinely ask their patients about being a current or former member of the armed forces or a family member***
- ***Only 29% of providers agreed with the statement: "I am knowledgeable about how to refer a veteran for medical or mental health care services at the VA"***

# Disparities in Knowledge and Confidence Among Community Providers: Rural Matters!

- Findings from *Serving Those Who Have Served* show that:
  - Rural providers were significantly more likely to be primary care professionals
  - No significant difference in military service but rural providers were significantly less likely to have been employed by VA

## Disparities in Knowledge and Confidence Among Community Providers: Rural Matters!

- A significantly *smaller* percentage of rural providers said they routinely screened their patients for military, veteran or family status
  - 37% of rural vs. 47% of non-rural

# **Disparities in Knowledge and Confidence Among Community Providers: Rural Matters!**

- **Rural providers were significantly more likely than non-rural providers to disagree that they were knowledgeable about best practices in treating depression, substance abuse/dependence and suicide**

# Disparities in Knowledge and Confidence Among Community Providers: Rural Matters!

- 26% of rural providers disagreed with the statement that they felt knowledgeable about treating depression vs. 16% of non-rural providers.
- 26% of rural providers disagreed with the statement that they felt knowledgeable about treating substance abuse/dependence vs. 15% of non-rural providers
- 37% of rural providers disagreed with the statement that they felt knowledgeable about managing suicide vs. 24% of non-rural providers

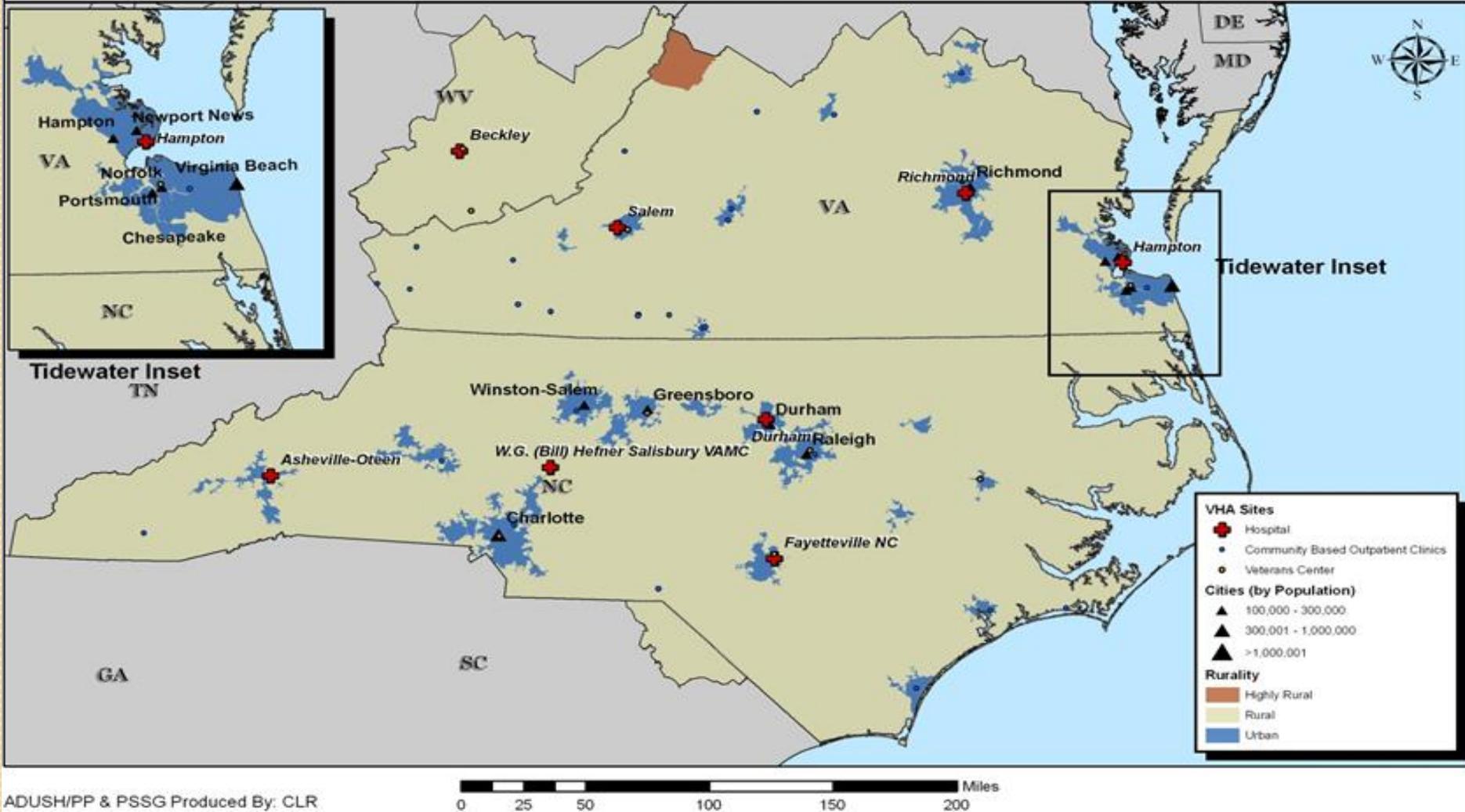
# Disparities in Knowledge and Confidence Among Community Providers: Rural Matters!

- No significant differences in professed knowledge on treating PTSD, TBI or Family Stress & Relationship Problems **BUT:**
  - Rural providers were significantly less confident about treating PTSD than their non-rural counterparts
    - 46% of rural disagree about confidence vs. 35% non-rural
  - Rural providers were also significantly less confident about treating depression
    - 26% rural disagree about confidence vs. 15% non-rural
  - The same pattern held for managing suicide
    - 37% of rural disagree about confidence vs. 24% non-rural



# DEPARTMENT OF VETERANS AFFAIRS

## VISN 6: Mid-Atlantic Health Care Network - Rurality



# VA VISN 6 Rural Health Foci

## Facility-Based RH Teams

- Improve Access, Quality and Satisfaction
  - “You mean I’m eligible?”
- Connect and Enroll
  - MyHealtheVet
  - Secure Messaging
  - VLER
- Health Education and Training
  - Veteran
  - Caregiver
  - Provider
    - VA resources and evidence-based practices
- Build Community Collaboration

## Selected VISN 6 RH Programs

- Women Veteran Outreach
  - Virginia has more Women Veterans than any other state
- Expanded Home-Based Primary Care with focus on Native American veterans at Richmond and Fayetteville VAMC
- Project Arch
  - VA Contract for primary care services in Farmville, VA as part of a national pilot program from ORH

# Key Elements of the VISN 6 Rural Health Initiatives

- Engagement of community providers, leaders and stakeholders
  - We are here to complement, not to compete
- Focus on common health issues among veterans
  - Deployment
  - Mental Health
  - Diabetes
  - Hyperlipidemia
  - Hypertension
  - Anti-Coagulation
  - Dental

# Treating the Invisible Wounds of War

- [www.aheconnect.com/citizensoldier](http://www.aheconnect.com/citizensoldier)
- Partnership between Citizen Soldier Support Program, VA's VISN 6 Mental Illness Research, Education, and Clinical Center (MIRECC) and North Carolina AHEC
- Live and on-line trainings
- Over 14,000 community providers and stakeholders have completed training nationwide

# WAR WITHIN.org

- Developed by the Citizen Soldier Support Program
- Searchable Provider Database at [www.WarWithin.org](http://www.WarWithin.org)
- Offers each state its own page
- Builds on/grows our training program
- Over 1500 providers nationally
- Over 1200 providers in NC including 96 of 100 NC counties
- Up-Loadable to National Resource Directory



**Connecting Servicemembers, Veterans, and their Families with Health Care Providers**

The CSSP Primary Health Care and Behavioral Health Provider Directory is a network of primary and behavioral health care providers who are trained in, or who have expressed an interest in serving the specific needs of military members and their families. To locate a primary health care provider or behavioral health provider near you [click here](#) or navigate to your location using the map below.



115 people like this.



Select your State...

Additional Resources

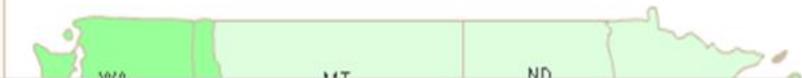
[MedlinePlus](#)

Learn about deployment and combat-related conditions at MedlinePlus.



**Crisis Hotline:** If you or someone you know is in suicidal crisis or emotional distress, call 1-800-273-TALK(8255) and press 1 to be routed to the Veterans Suicide Prevention Hotline.

No Providers   <=10   <=100   >100



Dedicated to  
**Charles Keith Springle**



Commander Charles Keith Springle of Camp Lejeune, North Carolina, formerly of Beaufort, was killed May 11, 2009, while deployed to the Army 55th Medical Company Combat Stress Center at Camp Liberty in Baghdad, Iraq. The primary focus of his work involved

# Collaborating with the Commonwealth

- **Virginia Wounded Warrior Program**  
<http://wearevirginiaveterans.org/>
  - Legislatively mandated program operated by the Virginia Department of Veterans Services in cooperation with the Department of Behavioral Health and Developmental Services and the Department of Rehabilitative Services
  - Coordinated with Veterans Integrated Service Network (VISN) 6 RH connected from start!
  - Virginia Wounded Warrior Program (VWWP) Regional Coordinators serve as the VISN 6 RH Team's points of entry into rural communities across Virginia

# Working with the Virginia Rural Health Association (VRHA)

- VISN 6 Rural Health Teams represented at annual meetings
  - VWWP Regional Coordinators and VISN 6 RH Teams play key roles in program and coordinate with one another in support of veterans issues in development of VRHA Planning Documents
- VISN 6 Rural Health Program provides a representative to the VRHA Board to represent Veterans Issues and coordinate with VISN 6

# The North Carolina Governor's Focus on Returning Veterans and their Families

[www.veteransfocus.org](http://www.veteransfocus.org)

- Exchange information about respective agencies' assets and goals
- Identify strategic partnerships
- Articulate an integrated continuum of care
- Optimize access to information, support, and, when necessary, clinical services across systems as part of a balanced public health approach

# Ongoing NC Initiatives

- *NC National Guard Integrated Behavioral Health System*
  - Integrated with other NC Governor's Focus programs
  - Reaches out to ALL service members, veterans and families through NC NG Family Assistance Centers
    - Behavioral Health specialists at each site
  - CPRS record system purchased from VA and being developed for state-wide coordination and follow up

# Ongoing NC Initiatives

- NC as a mentor state in SAMHSA's national *Paving the Road Home* Program
- NC IOM report identifying gaps in services *and* policy
  - <http://www.nciom.org/publications/?honoring-their-service-a-report-of-the-north-carolina-institute-of-medicine-task-force-on-behavioral-health-services-for-the-military-and-their-families>
- Recommendations are now NC law!
  - <http://www.ncga.state.nc.us/EnactedLegislation/SessionLaws/PDF/2011-2012/SL2011-185.pdf>

# SAMHSA: Paving the Road Home

- The federal Substance Abuse and Mental Health Service Administration (SAMHSA) has developed a set of guiding principles and processes for DoD/VA/state and community partnerships in support of service members, veterans and their families
- [http://www.samhsa.gov/samhsaNewsLetter/Volume\\_18\\_Number\\_4/BehavioralHealthServiceMembers.aspx](http://www.samhsa.gov/samhsaNewsLetter/Volume_18_Number_4/BehavioralHealthServiceMembers.aspx)

# Rural Health Goals

- Partner across the State and its Rural communities to:
  - Enhance outreach
  - Improve access to benefits and services
  - Increase enrollment
  - Promote health and resilience
  - Build community competence and capacity
- ***Transform* care for rural service members, veterans and their families**



**Questions?**

# Contact information

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