



Catholic Providers Reach Out to Vets

BY MARK CRAWFORD

Many U.S. veterans have braved conditions that few of us can imagine, and the aftermath of their experiences can make transition back to everyday civilian life — finding a job, getting along with family and friends, etc. — difficult and sometimes impossible.

Combat veterans of all ages have a much higher risk than the general population for mental disorders including post-traumatic stress disorder (PTSD), depression, anxiety, suicide and dementia.¹ Advances in battlefield medicine also have helped more veterans of the wars in Iraq and Afghanistan survive injuries that once would have been fatal, but these individuals generally require extensive follow-up care.

Once men and women leave the military service, their health care shifts from U.S. Department of Defense (DoD) coverage. Some veterans gain coverage for themselves and their families through employers, some qualify for benefits through the U.S. Department of Veterans Affairs (VA) and other providers. However an estimated 1 in 10 of the nation's 12.5 million veterans who are under the age of 65 report that they do not have health insurance coverage and they don't use VA health care, according to a May 2012 report from the Robert Wood Johnson Foundation and the Urban Institute.²

Some uninsured veterans don't realize they qualify for VA care, or they don't know how to apply or they don't live near a VA clinic or facility. Some

avoid regular medical visits because of the expense; some are homeless and unconnected with any primary care or social services.

Whether or not they are insured, veterans often have unmet physical, psychological and emotional needs, and Catholic health care providers have initiated a variety of programs designed specifically for them.

For example, St. Jude Medical Center in Fullerton, Calif., part of St. Joseph Health, Orange County, Calif., hosts several grant-funded community benefit programs administered through its Healthy Communities Division. Among them is the St. Jude Brain Injury

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Network, which is part of a larger statewide network of contracted programs that serve adult survivors of traumatic brain injury — including veterans.

Traumatic brain injury (TBI) is dramatically on the rise for veterans returning from Iraq and Afghanistan. According to the Defense and Veterans Brain Injury Center, 22 percent of all combat casualties from these conflicts are brain injuries, compared to 12 percent of Vietnam-related combat casualties. From 2000 to 2012, about 267,000 TBI cases have been reported in veterans of these wars.

“It can be a challenge to reach the vets in the community, who often do not connect with the VA upon returning home for a variety of reasons,” said Claudia Ellano-Ota, executive director for St. Jude Medical Center's Caregiver Resource Center. “We have done in-service trainings about our community-based services for TBI at the Long Beach (Calif.) VA on several occasions and participated in case consultations. We also provide outreach with the homeless networks in Orange County to identify vets there who may have TBI. The local veterans resources are aware of our services and do refer or seek our consultation on resources.”

In April 2010, the Pentagon reported that nearly 20 percent of returning war veterans reported symptoms of PTSD or major depression, with about one

One in seven of America's
homeless are veterans.

On a single night in January, 2012,

62,619

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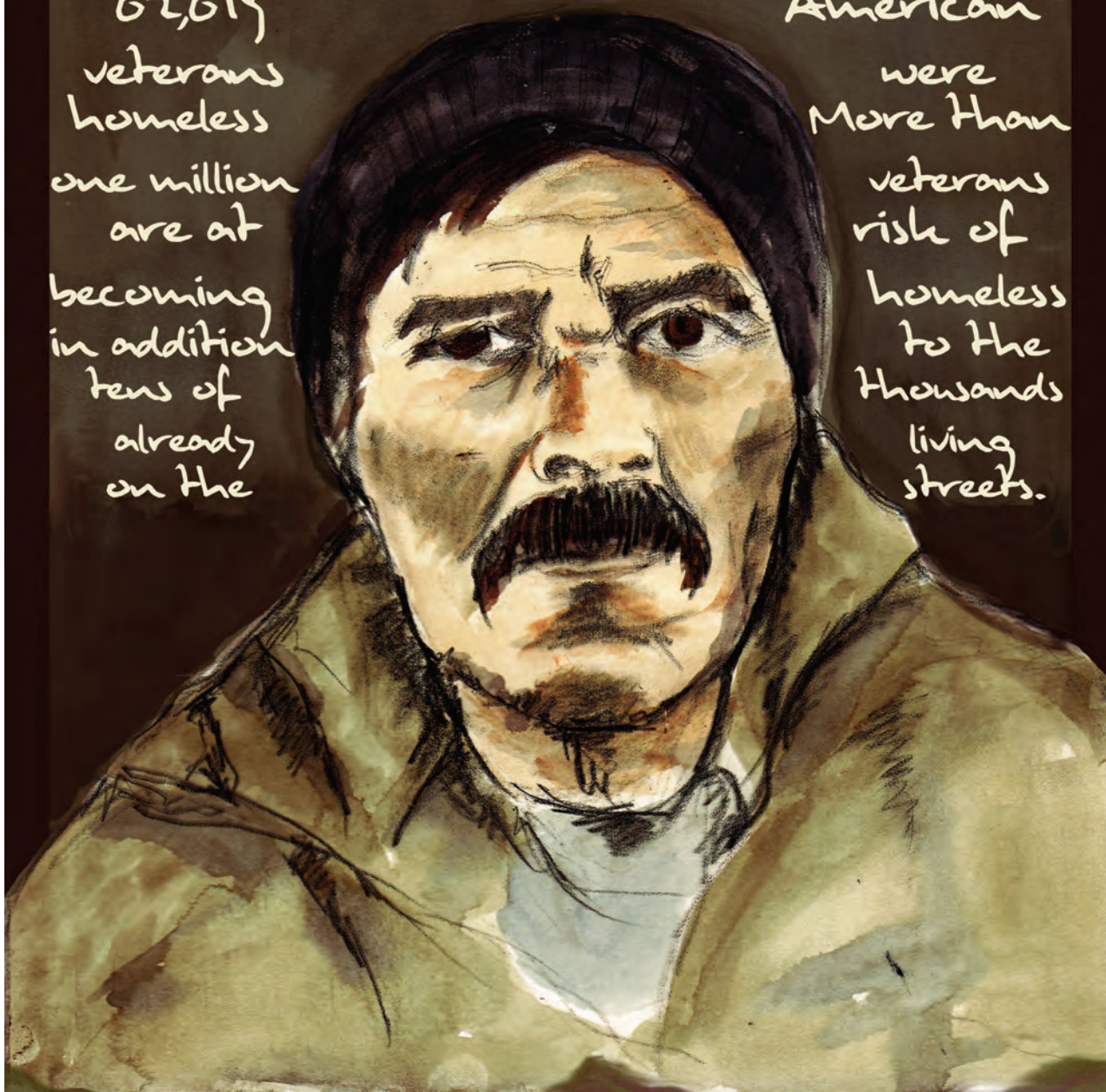
homeless

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streets.



*Too often our veterans hide from the polis rather
than appear before it as first citizens.*

half of them seeking treatment. The National Institute of Mental Health defines PTSD as an “anxiety disorder that some people get after seeing or living through a dangerous event. With PTSD the fight-or-flight reaction is changed or damaged. People who have PTSD may feel stressed or frightened, even when they are no longer in danger.”

Symptoms include flashbacks, nightmares, depression, guilt, worry, tension, angry outbursts

and sometimes dangerous or suicidal behavior. PTSD is especially being recognized in veterans of the wars in Vietnam, Iraq and Afghanistan.

The condition also is increasingly affecting women who have been in combat. To help former servicewomen overcome PTSD and other behavioral health conditions, in December 2012, Lourdes Medical Center of Burlington County, N.J., part of Lourdes Health System, established the 21-bed Living Springs at Lourdes as a renewal

CATHOLIC ORGANIZATIONS PUT VETS TO WORK

It's hard for anyone to hunt for a job during an economic downturn, but it is especially challenging for veterans when prospective employers don't understand how skills learned in the military translate to the civilian workplace. And though few interviewers want to openly acknowledge it, many fear combat veterans will require careful managing because some return with physical wounds, some carry emotional scars and some deal with both.¹

One of the biggest issues for veterans when they return home from duty is finding a job. According to Syracuse University's Institute for Veterans and Military Families, overall joblessness for returning vets is about 13 percent; for younger veterans in their 20s, unemployment is above 20 percent.

Many Catholic health organizations are eager to find vets who have the clinical skills they need (such as medical or nursing training) or who can be easily trained for non-medical positions. For example, Catholic Health Partners in Cincinnati has a relationship with Recruit-Military, a leading military-to-civilian recruiting firm. “We look for vets through job fairs that are hosted by Recruit-Military,” said Mike Bohemer, media manager for Catholic Health Partners. “We also post openings on our website to increase our applications and hires of vets.”

Seattle-based Providence Health & Services' military outreach strategy includes providing a veteran micro-website that allows job-seeking veterans to easily translate their military skills

according to the Military Occupational Code (MOC) to the private sector. The website allows them to type their military job code — 66B, for example — into the military translator. (66B is a nurse.)

“Part of our strategy also includes a strong partnership with the Direct

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Employers Association (DEA),” said Colleen Wadden, director of external communication for Providence. “The Honor Guard Network (HGN) takes a job feed directly from DEA, so all our Providence jobs are featured on HGN through our membership with DEA. This allows for increased visibility of our jobs directly to veterans who search the HGN under the ‘jobs’ category and go to ‘veteran jobs’ or ‘direct jobs database.’”

Catholic health care systems that have already hired veterans have implemented recognition programs to acknowledge their military service. For example, Exempla Healthcare in Lafayette, Colo., established a veteran recognition committee to honor their veterans with a special ceremony. The committee encouraged these men and women to wear their uniforms to work on the day of recognition event.

“Seeing how their fellow co-workers and visitors reacted to them was very powerful,” said Mary Jackson, marketing manager for Exempla. “Each employee was recognized with a special recognition certificate. The local honor guard also played ‘Taps’ and presented a flag to the hospital in honor of our fallen soldiers.”

Some hospitals have established networking groups for their veteran employees. Mount Carmel, a member of Columbus, Ohio-based Trinity Health, recently organized an associate resource group (ARG) for its veterans. “ARGs are intended to bring people with common interests or identities together,” said Eve Pidgeon, senior manager of corporate communications for Trinity Health. “ARGs provide insights on patient care, recruitment and retention of talent and push forward inclusion efforts that help Trinity meet its business and associate goals. Members also serve as diversity and inclusion ambassadors who raise awareness and increase cultural competence across the organization.”

— Mark Crawford

NOTE

1. Society for Human Resource Management, *SHRM Poll: Employing Military Personnel and Recruiting Veterans — Attitudes and Practices*, June 23, 2010, www.shrm.org/Research/SurveyFindings/Articles/Pages/EmployingMilitaryPersonnelRecruitingVeterans.aspx?marquee=MP2_062310.



and resilience center. Its program specializes in behavioral health conditions, including PTSD, sexual assault-related trauma, depression and substance abuse.

“Living Springs is a renewal and resilience center for military women,” said Joanne Giannrea, vice president of operations for Lourdes Health

“‘Fitness to Drive’ is a rehabilitation program that helps veterans develop or improve their diminished driving capacities.”

— Chris Valentine

System, a member of Newtown Square, Pa.-based Catholic Health East (CHE). “We take a holistic approach to caring for the women who served for us. We offer traditional clinical therapies for the healing process, as well as massage therapy, aromatherapy, pet therapy, meditation and other protocols. Living Springs provides an environment where servicewomen will feel comfortable, as well as feel strength and hope.”

Penrose-St. Francis Health Services, part of Englewood, Colo.-based Catholic Health Initiatives (CHI), is located in El Paso County, Colo., near five military installations. In addition to the active-duty personnel in the community, about 85,000 veterans — 25,349 with disabilities — reside in the area. More than 22,000 of these male and female veterans served in Iraq and Afghanistan, and many returned with physical, cognitive and emotional disabilities.

In terms of health care, “we don’t see very many people with only VA coverage, because [those veterans] know to use VA services,” said Chris Valentine, director of marketing and communications for Penrose-St. Francis Health Services. “The most common occurrence is when a VA-covered patient arrives in the emergency department with an urgent need. If they need to be admitted to the hospital, our case management team has protocols they follow and they contact the VA to see if the patient should continue to be treated here or transferred to a VA facility.”

For many injured or aging veterans, being able to drive is a big and important step toward independence. Penrose Hospital Rehabilitation Services created a program called “Fitness to Drive” as a special outreach for them.

“We have a significant number of military patients with TBI,” said Valentine. “‘Fitness to Drive’ is a rehabilitation program that helps veterans develop or improve their diminished driving capacities due to injury or age-related changes.”

Occupational therapists (who are also driving rehabilitation specialists) provide clinical evaluation, behind-the-wheel evaluation, adaptive equipment prescription and driver training for vets who need adaptive equipment to drive. They also recommend rehabilitation services to enhance driving skills.

“Our goal is to balance personal freedom and independence with the public safety needs of our community,” Valentine said.

A PLACE TO SLEEP

The combination of stress, depression, anxiety and unemployment can lead to isolation and homelessness for U.S. veterans — especially those who are not supported by a network of health care, mental health services and family. Many programs developed for the homeless by Catholic health organizations seek out veterans within this population.

For example, CHI has developed an expansive outreach program for homeless veterans through its hospice service and “We Honor Veterans” program. “We have a VA hospital in the community, and many veterans go there for care and do not return to their home communities, so we can provide services and support to these homeless veterans,” said Michael Romano, CHI’s national

QUILTS OF VALOR

On the fourth Saturday of every month, Catharine Linhart and other volunteers in Fox Point, Wis., get together to make quilts for veterans at the Orthopaedic Hospital of Wisconsin in nearby Glendale, Wis., part of the Columbia St. Mary’s Health System. The volunteers are participating in the national Quilts of Valor program that supports war veterans and military families by presenting handmade heirloom quilts to veterans following surgery or rehabilitation as a way of showing appreciation for their service. So far more than 65,500 service members have received Quilts of Valor.

“It’s important for us to say thank-you to someone for their service,” said Linhart. “Our son suffers from PTSD from his deployment to Iraq. While we can’t help our son, maybe we can make a difference in another soldier’s life. Most of the country is not affected by war, but we want those who did serve to know we care, that we know they gave.”

Mount Carmel Health System in Columbus, Ohio, has developed a program that pairs a veteran volunteer with a veteran receiving hospice care.

director of media relations.

Mercy Lebanon, a hospital in Lebanon, Mo., that is part of the Mercy health care system, works closely with Hope Connection, a shelter organization it supports, and the Community Partnership of the Ozarks to identify and provide care and support for homeless veterans.

“One night an intoxicated, homeless man came to the shelter,” remembered Michelle Garand, director of housing for the Community Partnership of the Ozarks. “Every homeless guest is partnered with a volunteer guide for the day. As the guide got to know this man, she learned he was a veteran, which allowed us to provide him with housing, health care and rehabilitation services. A year later, we learned he is still sober, lives in proper housing and has reconnected with his family. This would not have happened without the interconnectivity that these programs offer, as well as our dedicated staff and volunteers.”

PALLIATIVE PROGRAMS

Mount Carmel Health System in Columbus, Ohio, part of Trinity Health, Livonia, Mich., has developed a program that pairs a veteran volunteer with a veteran receiving hospice care. “Often the volunteer can relate to the veteran patient in a much more meaningful way than a non-veteran person could,” said Eve Pidgeon, senior manager of corporate communications for Trinity Health. “In 2012 the program grew to 10 veteran volunteers who worked with 40 veteran patients in the Mount Carmel Health System. The program has

expanded to Mount Carmel’s palliative care units, which provide inpatient comfort care at three of our four hospitals.”

In 2011 St. Mary’s Home Health Care and Hospice Services in Athens, Ga., part of CHE’s St. Mary’s Health System, joined the National Hospice and Palliative Care Organization’s “We Honor Veterans” program. This initiative seeks out veterans in the community as they become associated with hospice or home health and acknowledges their service and commitment to our country.

“In our effort to recognize those who have served our country, we have issued certificates and pins to 113 veterans,” commented Joseph Franco III, process improvement coordinator for St. Mary’s Home Health Care and Hospice.

Mercy Hospice in Roseburg, Ore., part of CHI, received a 2011 “Reaching Out” grant from the National Hospice and Palliative Care Organization. Funded through a contract with the VA, the Reaching Out grant supports innovative programs committed to increasing access to hospice and palliative care for rural and homeless veterans. “These grants support specific, community-based programs, and the lessons learned will help the VA in discovering new ways to reach veterans who are homeless or living in rural areas and in need of quality care as they near the end of life,” said CHI’s Romano.

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NOTES

1. Michael Friedman, Columbia University Schools of Social Work and Public Health: “Older Veterans Also Have Mental Health Needs,” *Huffington Post*, Nov. 11, 2012.
2. Jennifer Haley and Genevieve M. Kenney, *Uninsured Veterans and Family Members: Who Are They and Where Do They Live?* (Washington, D.C.: Urban Institute, 2012), www.rwjf.org/content/dam/farm/reports/reports/2012/rwjf73036.

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