



Social Determinants of Health for Military Service Members, Military Family Members and Veterans

AMSUS National Meeting – 5 Dec 2019

Moderator: Joyce Grissom, MD, CMO, HNFS

Panelist: Gloria Wilder, MD,
VP Innovation and Preventive Health, Centene

Panelist: Cynthia Gilman, JD,
Senior VP of Strategic Initiatives for HJF

Panelist: Daniel F. Perkins, Ph.D
*Principal Scientist and Founder, Clearinghouse for Military
Family Readiness, Pennsylvania State University (Lead
Investigator for TVMI Study)*

Disclosure

Joyce Grissom has nothing to disclose.

Objectives

- 1) Identify 3 social or environmental factors significantly affecting active duty service members as they transition from active duty to civilian life
- 2) Describe how clinicians may bring consideration and engagement of social determinants impacting their patients' health into their clinical practice, and or community service
- 3) Understand the purpose and study design of the TVMI Study

Social Determinants of Health for Military Families and Veterans

Agenda

- Social Determinants of Health – Stabilizing our Service Community - Dr. Wilder
- The Veterans Metrics Initiative-Linking Program Components to Post-Military Well Being - Ms. Gilman and Dr. Perkins



Social Determinants of Health Stabilizing our Service Community



Gloria Wilder, MD MPH
VP Innovation and Health Transformation
Centene Corporation

Disclosures

Gloria Wilder has nothing to disclose.

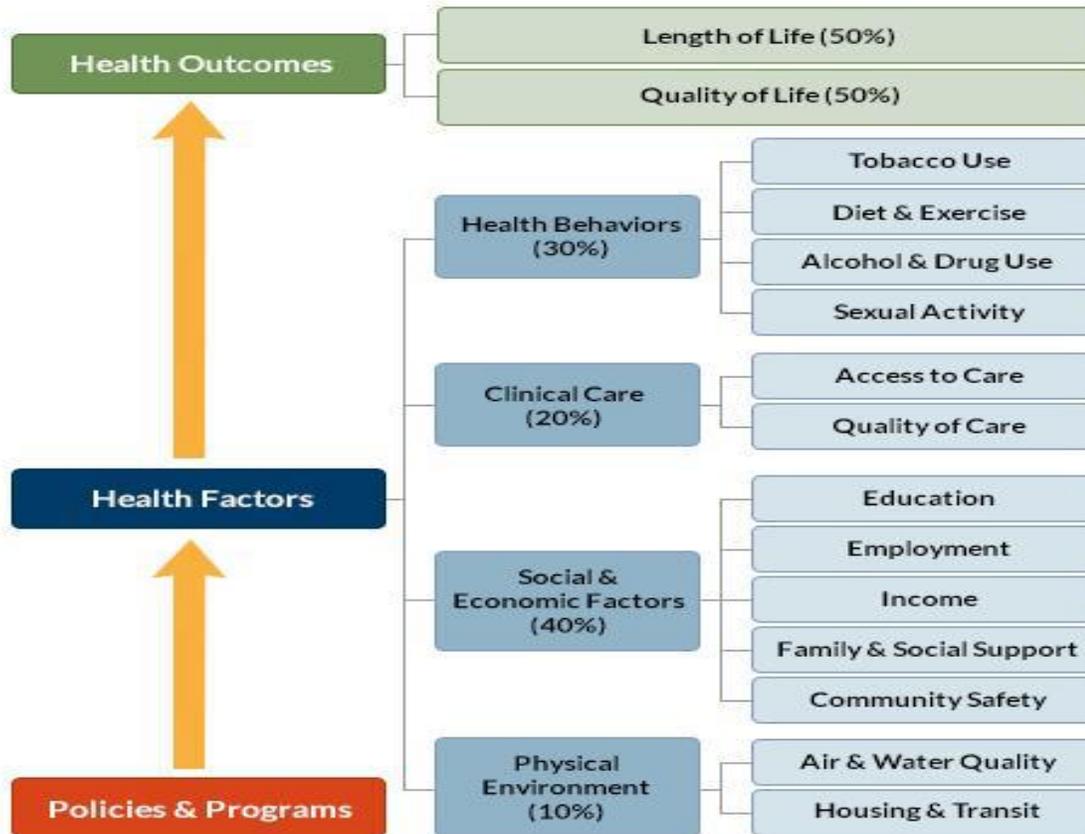
Social Determinants of Health

Economic Stability	Neighborhood and Physical Environment	Education	Nutrition	Community and Social Context	Healthcare System
<ul style="list-style-type: none"> • Employment • Income • Expenses • Debt • Medical bills • Support 	<ul style="list-style-type: none"> • Housing • Transportation • Safety • Parks • Playgrounds • Walkability 	<ul style="list-style-type: none"> • Literacy • Language • Early childhood education • Vocational training • Higher education 	<ul style="list-style-type: none"> • Hunger • Access to healthy options 	<ul style="list-style-type: none"> • Social integration • Support system • Community engagement • Discrimination 	<ul style="list-style-type: none"> • Health coverage • Provider availability • Provider linguistic and cultural competency • Quality of care

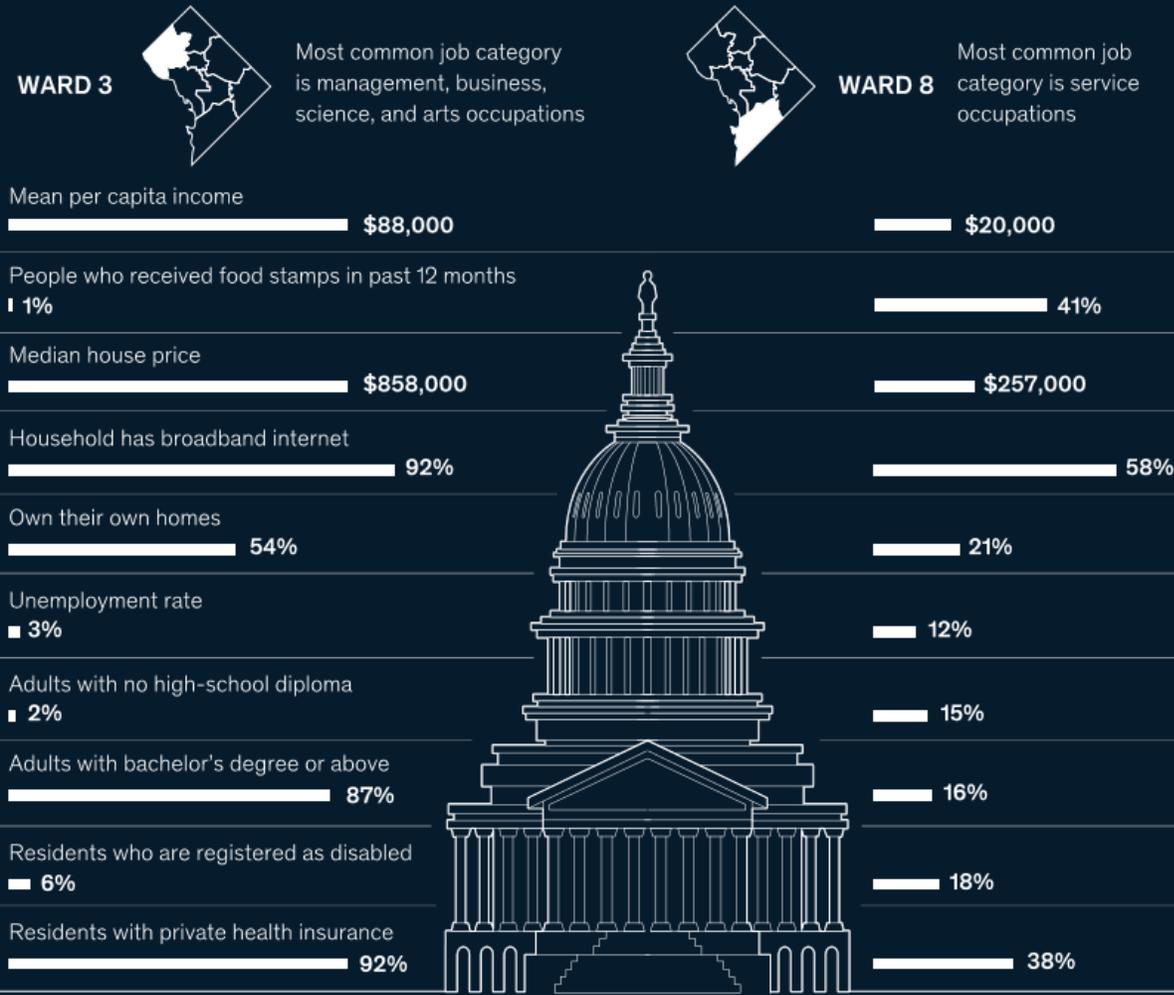
Health Outcomes

Mortality, Morbidity, Life Expectancy, Healthcare Expenditures, Health Status, Functional Limitations

Requirements for a Healthful Life



Washington, DC, is one of the most unequal cities in the United States, as reflected in different outcomes for average residents of Ward 3 and Ward 8.



Source: *2013-2017 ACS 5-year estimates,* US Census Bureau, March 2019, census.gov; McKinsey Global Institute analysis

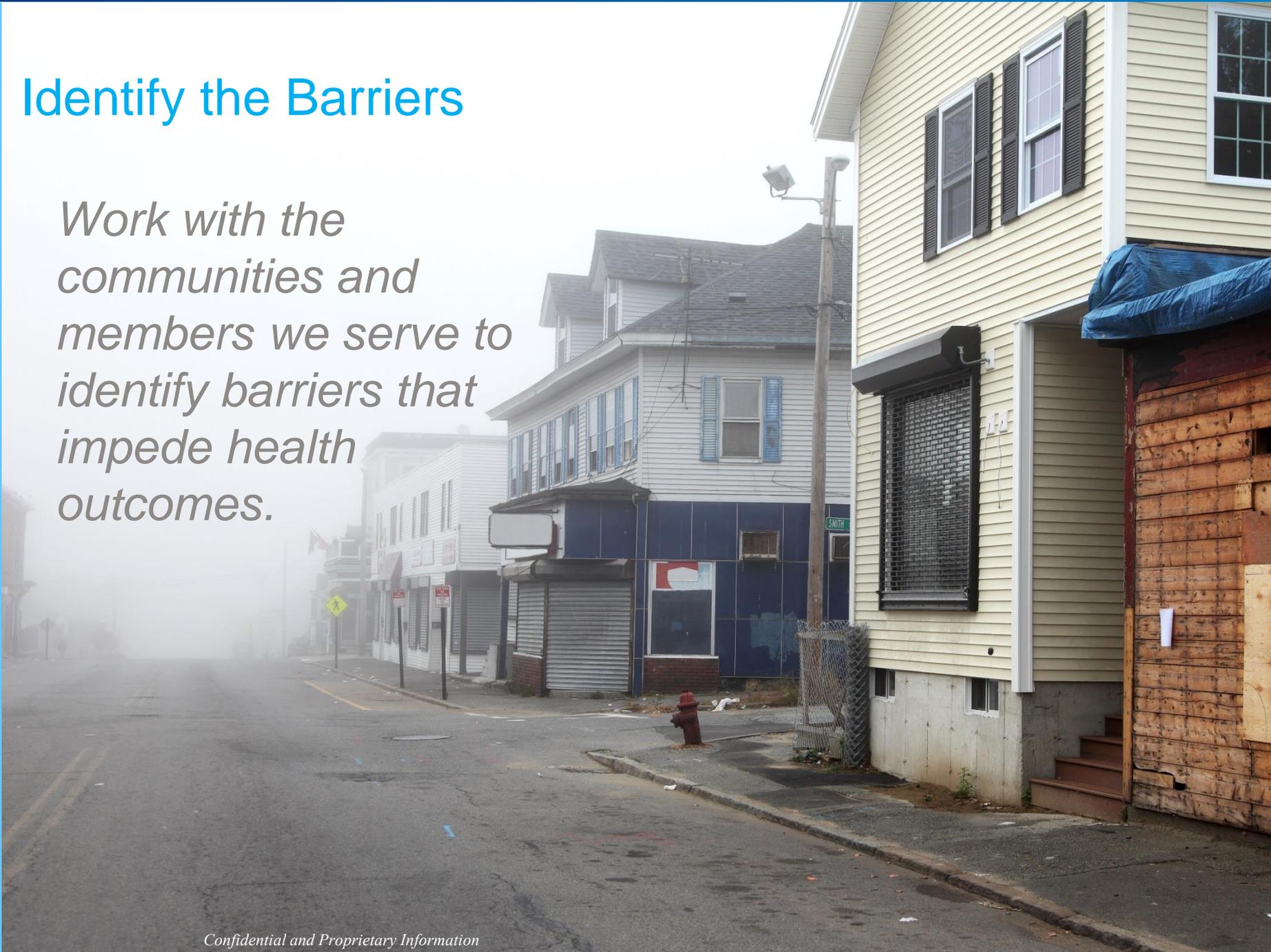


What is the social risk score of a military family?

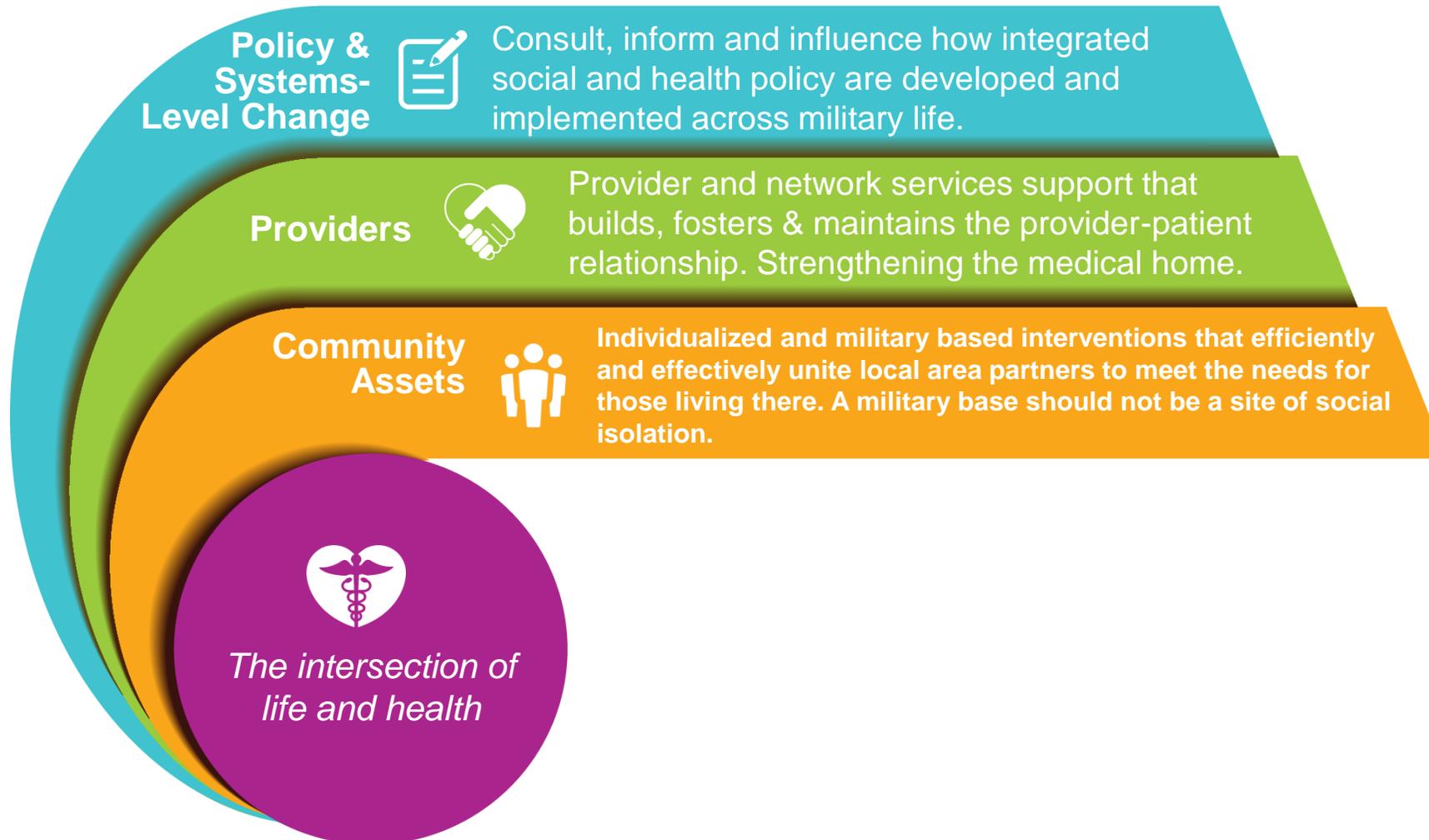


Identify the Barriers

Work with the communities and members we serve to identify barriers that impede health outcomes.



Building a SDOH Framework



Let's Talk!



The Veterans Metrics Initiative:

Linking Program Components to Post-Military Well-Being

Cynthia L. Gilman, JD

Senior Vice President, Strategic Initiatives

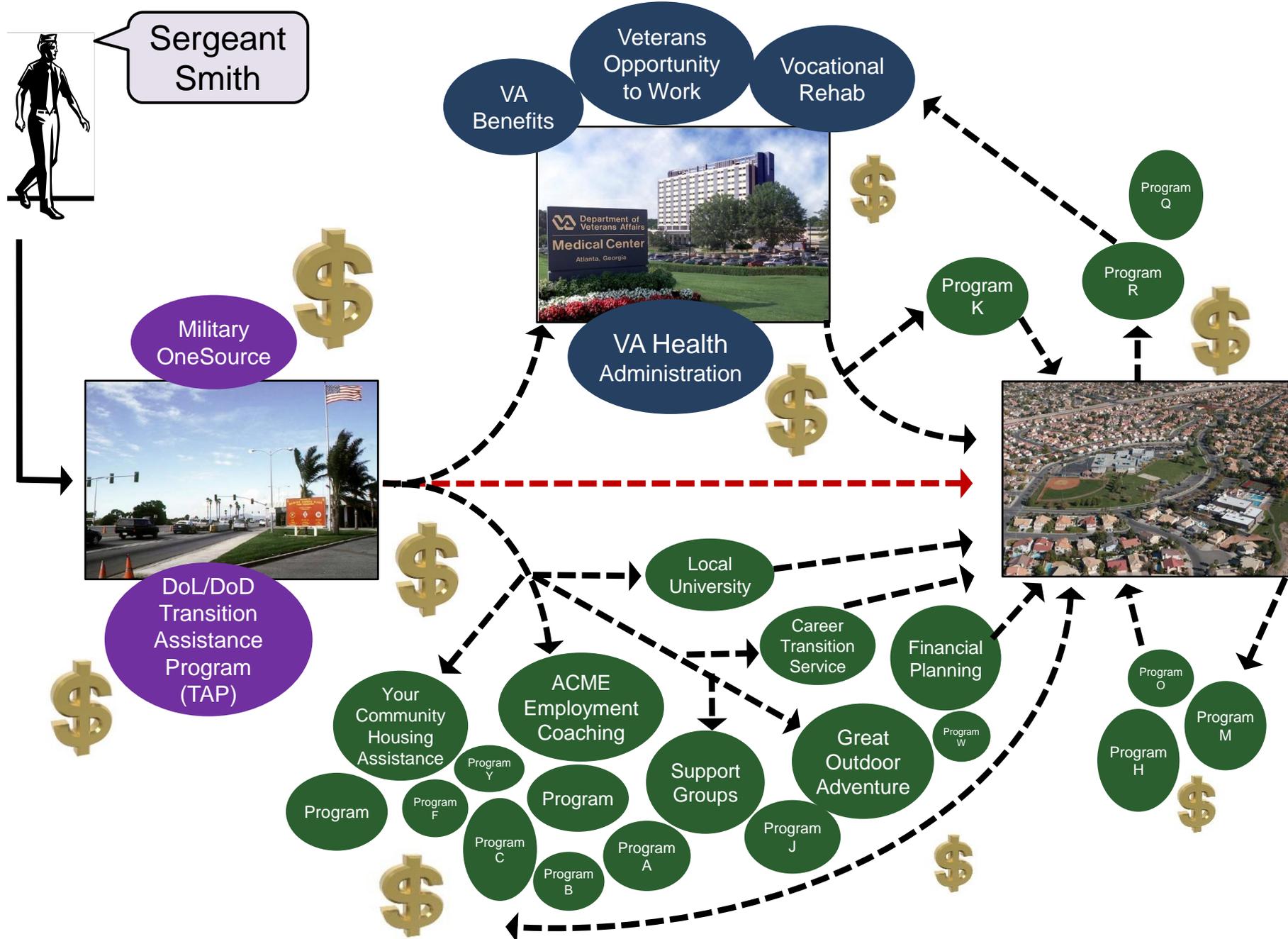
The Henry M. Jackson Foundation for the Advancement of Military Medicine, Inc.

Daniel F. Perkins, PhD

Principal Scientist and Founder, Clearinghouse for Military Family Readiness
and Professor, Pennsylvania State University

Disclosures

Cynthia Gilman and Daniel Perkins have nothing to disclose.



Is there a clear path to a successful transition/reintegration?

Research Aims

Aim 1:

- Document veteran well-being in 4 key domains - **mental and physical health, vocation, finances, and social relationships** - over the first 3 years of the transition from military service to civilian life
- Identify factors associated with better and worse well-being

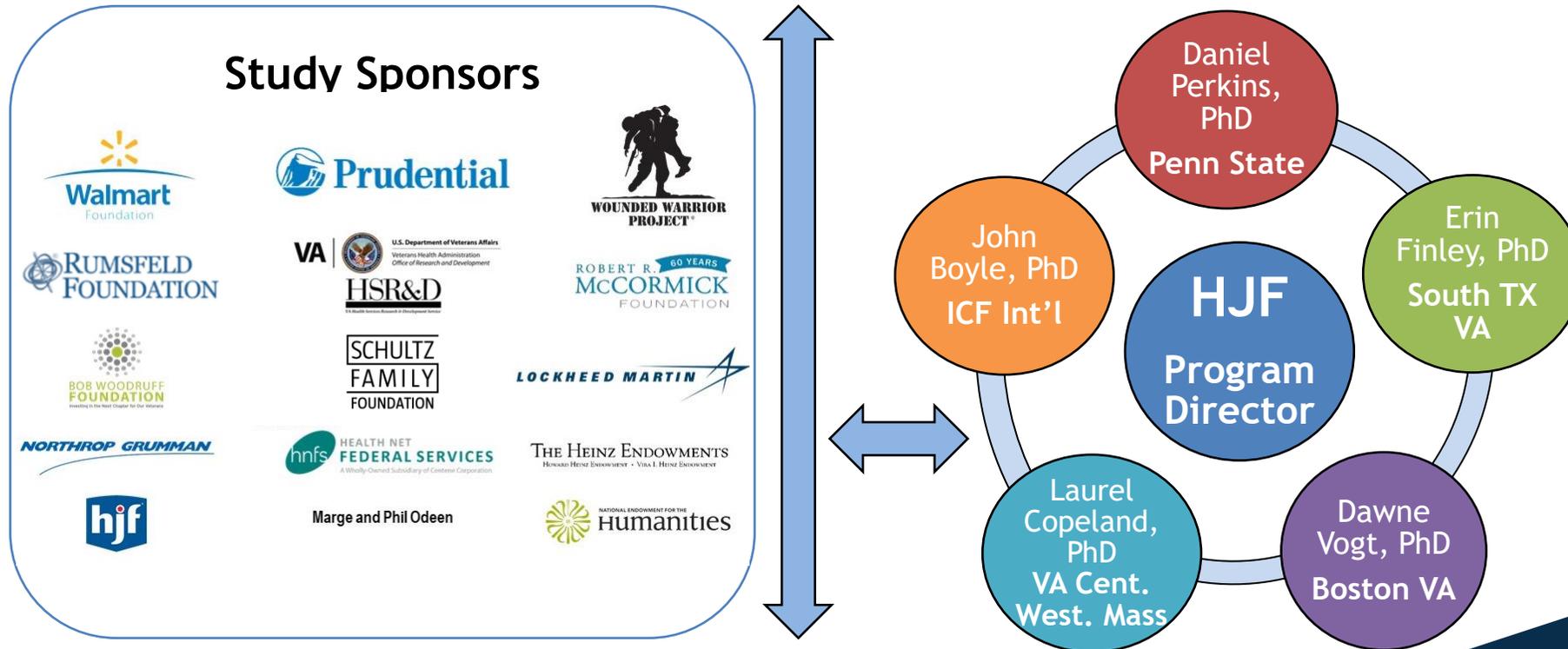
Aim 2:

- Describe programs used by veterans as they reintegrate into civilian life and distill them into their components, identifying common components across programs

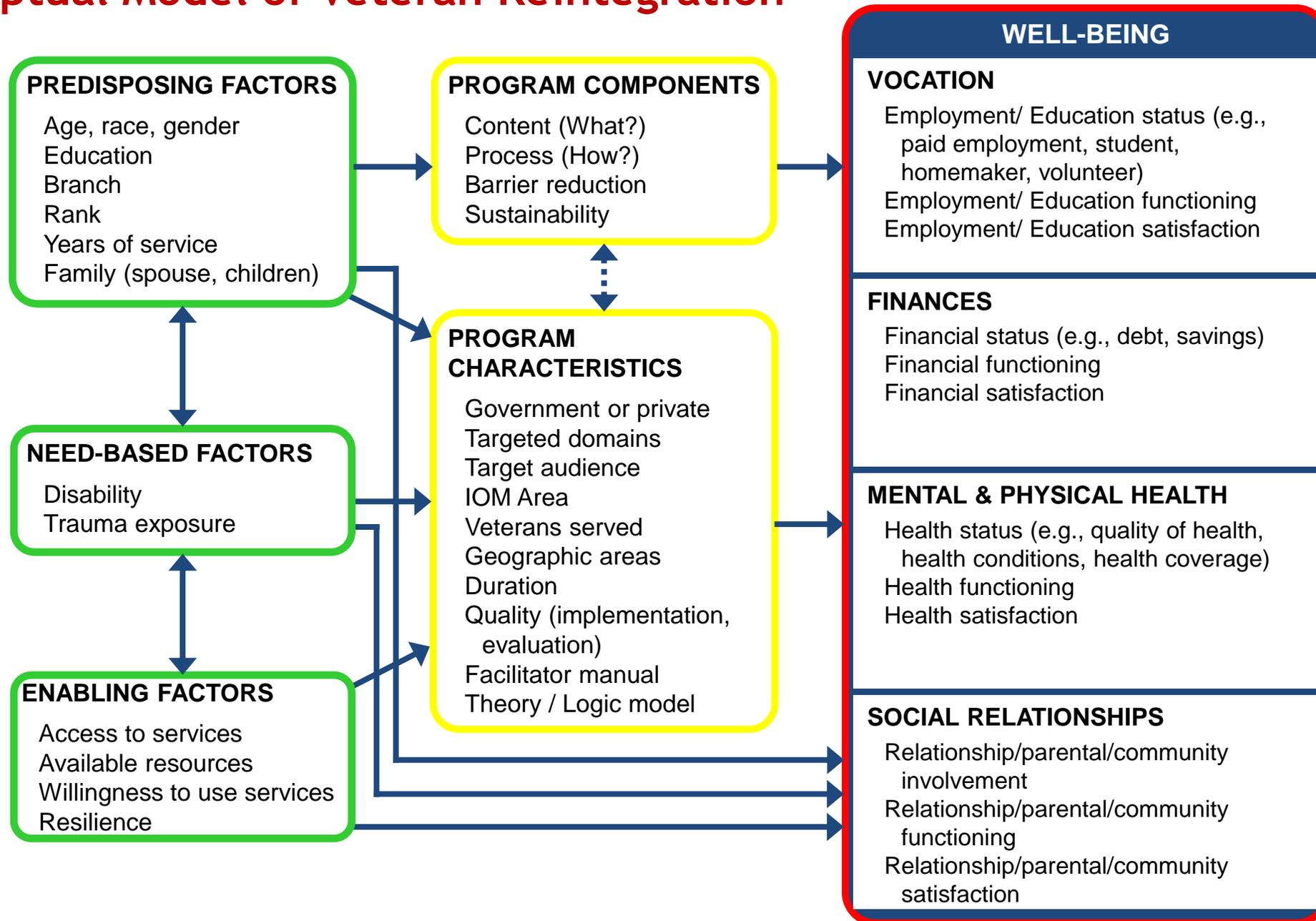
Aim 3:

- Identify program components that are associated with changes in well-being following separation from military service

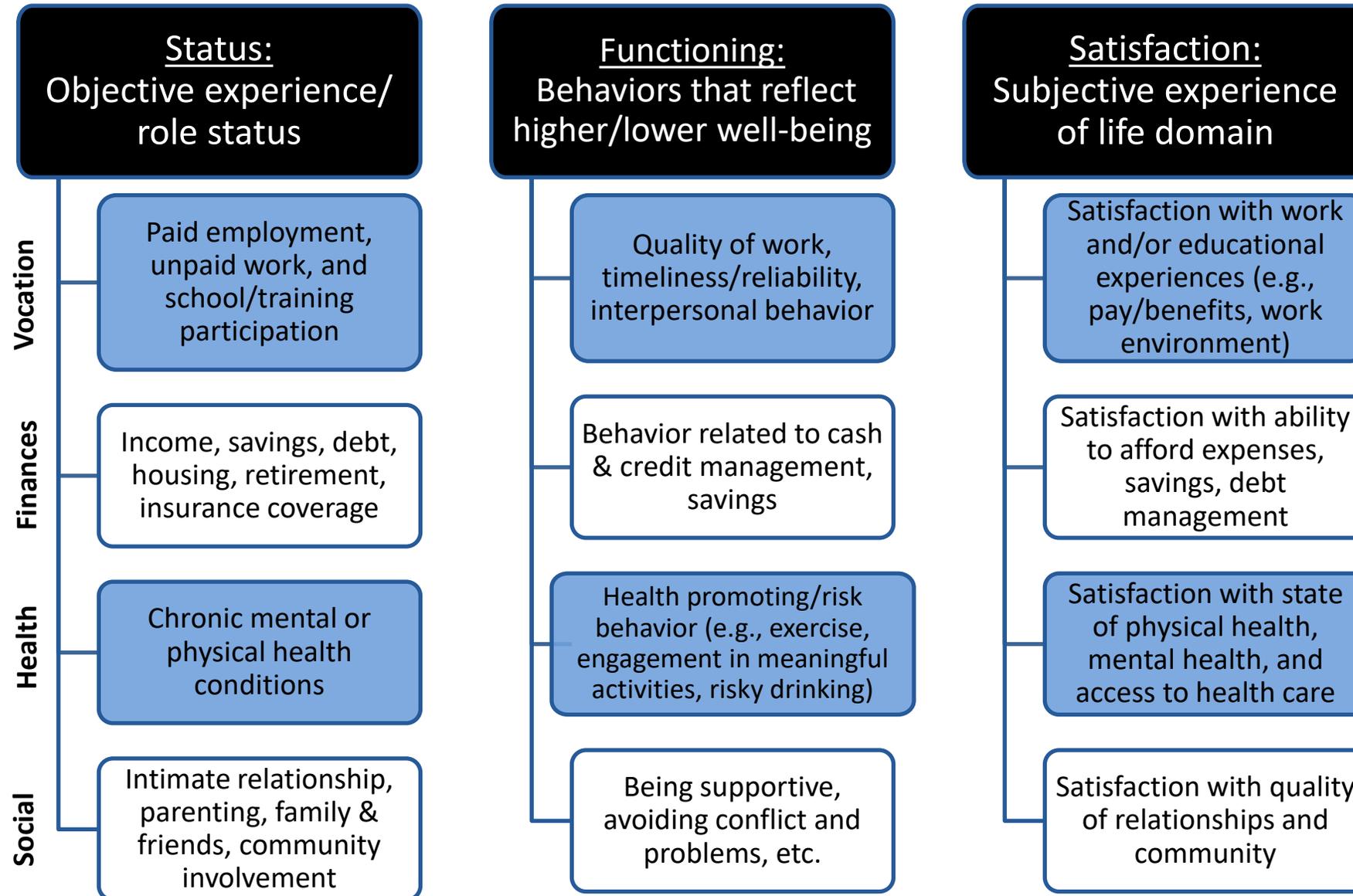
Research Study Structure



Conceptual Model of Veteran Reintegration



Operational Definitions



Sample Representativeness

	Population (n=48,965)	Wave 1 (n=9,566)	Wave 6 (n=5,258)
Male	84.1%	81.8%	81.5%
Female	15.9%	18.2%	18.5%
Army	32.1%	32.9%	31.0%
Navy	18.8%	19.2%	19.3%
Air Force	13.5%	19.0%	19.9%
Marines	17.2%	15.9%	16.6%
National Guard/Reserve	18.4%	12.9%	12.4%
E1-E4 Junior Enlisted	41.4%	27.5%	28.5%
E5-E6 MidGrade Enlisted	29.5%	30.0%	29.9%
E7-E9 Senior Enlisted	13.4%	17.9%	16.7%
W1-W5 Warrant Officers	1.1%	1.6%	1.5%
O1-O3 Junior Officers	6.4%	8.4%	9.0%
O4-O10 Senior Officers	8.1%	14.7%	14.5%

Areas of Highest Well-Being

- Majority of veterans experience high post-military well-being
 - Nearly half experience high well-being across the board
 - Even many veterans with health problems experience at least moderate well-being in other domains (over 70%)
- Veterans report many areas of resilience



High employment and strong work/educational functioning



High level of social connectedness



Strong parental functioning and satisfaction

Areas of Lowest Well-Being



Health

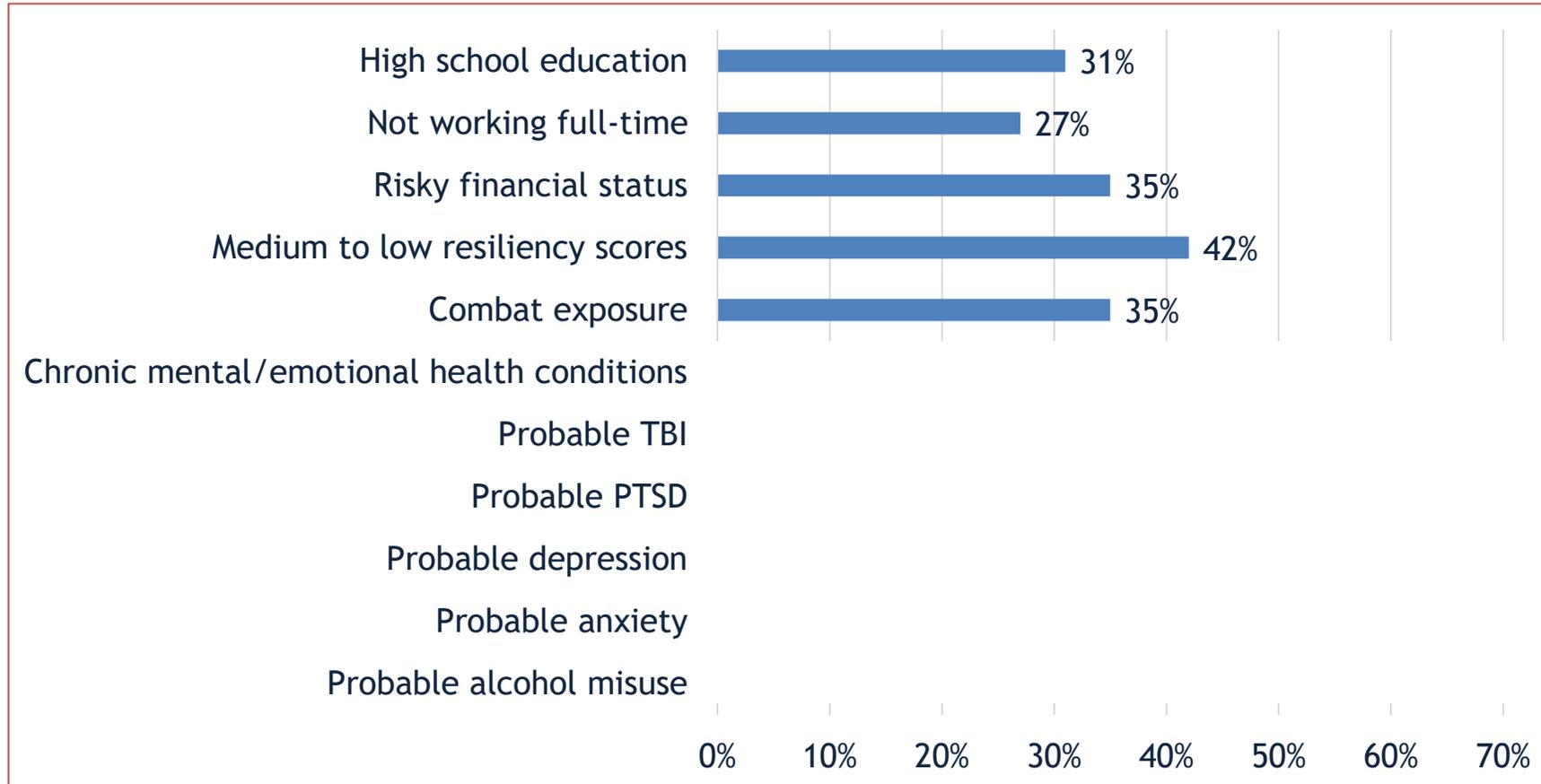
- Relatively high mental and especially physical health burden
 - Chronic pain, sleep problems, depression, and anxiety most commonly reported health problems
 - High screening rate for alcohol misuse and PTSD
 - If not addressed proactively, could erode well-being in other life domains over time



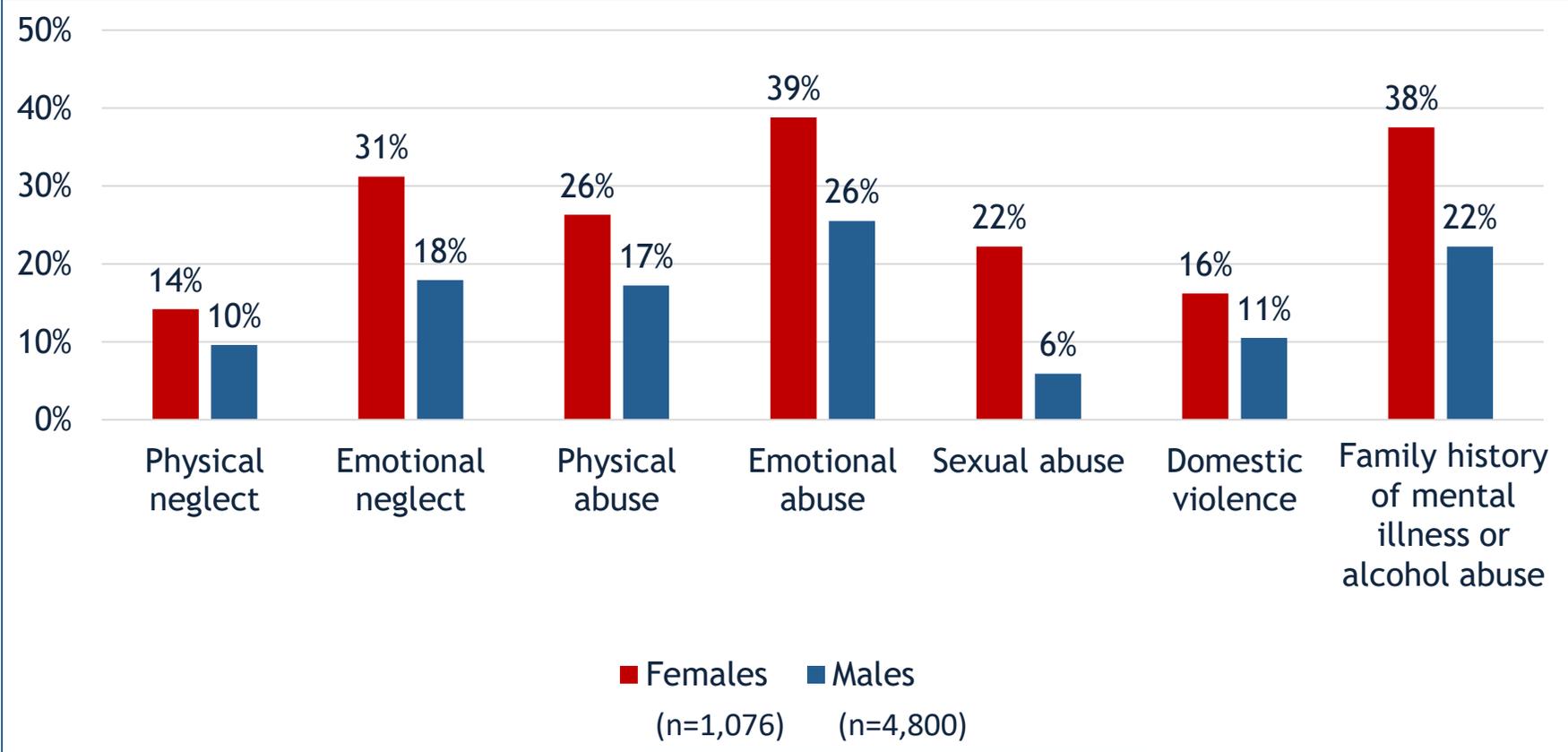
Finances

- Despite high employment rate, many veterans report financial challenges and exhibit poor financial functioning
- Suggests need for more attention to financial concerns, more emphasis on educating them on money management, savings, etc.

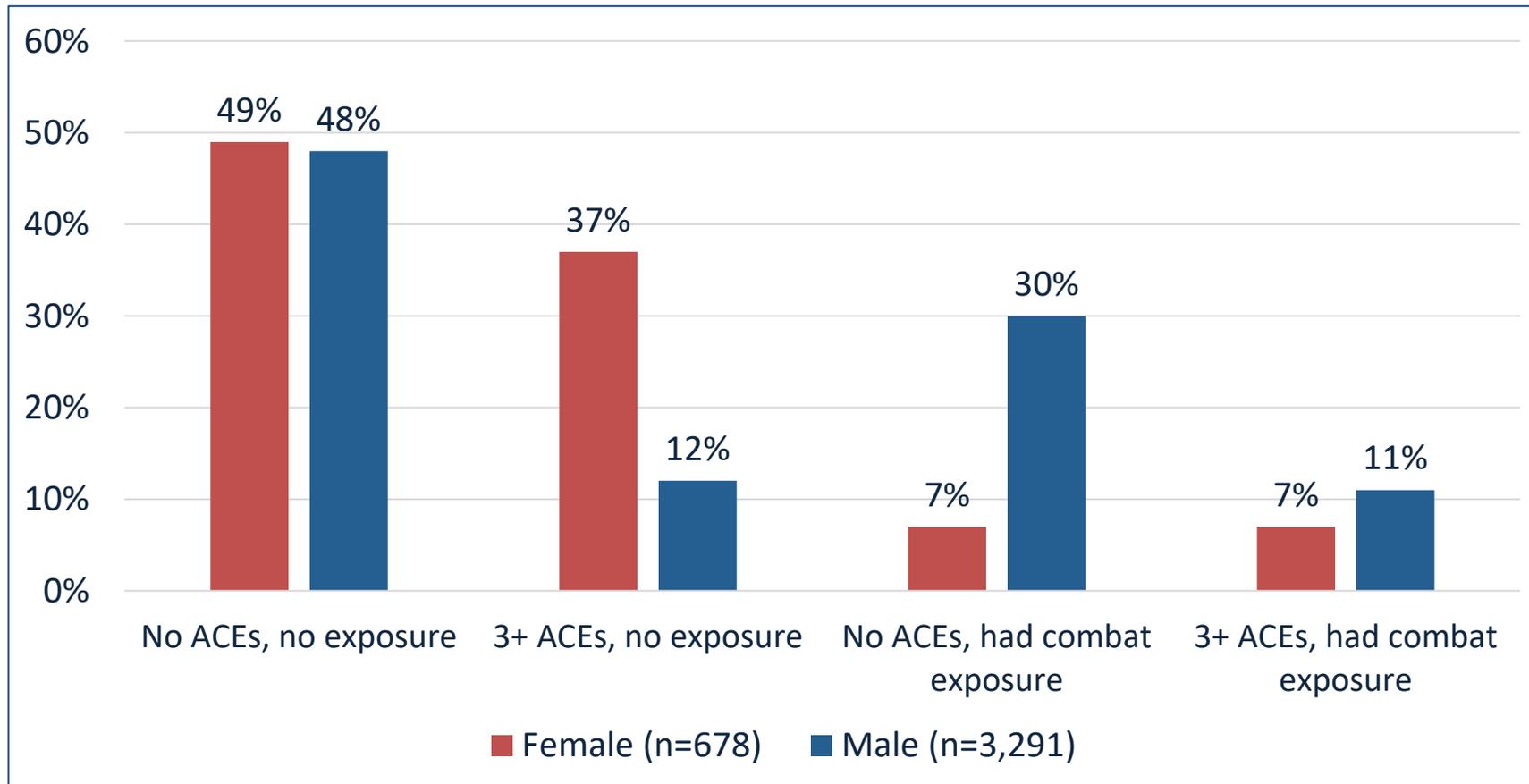
Predicting Difficulty Adjusting to Civilian Life



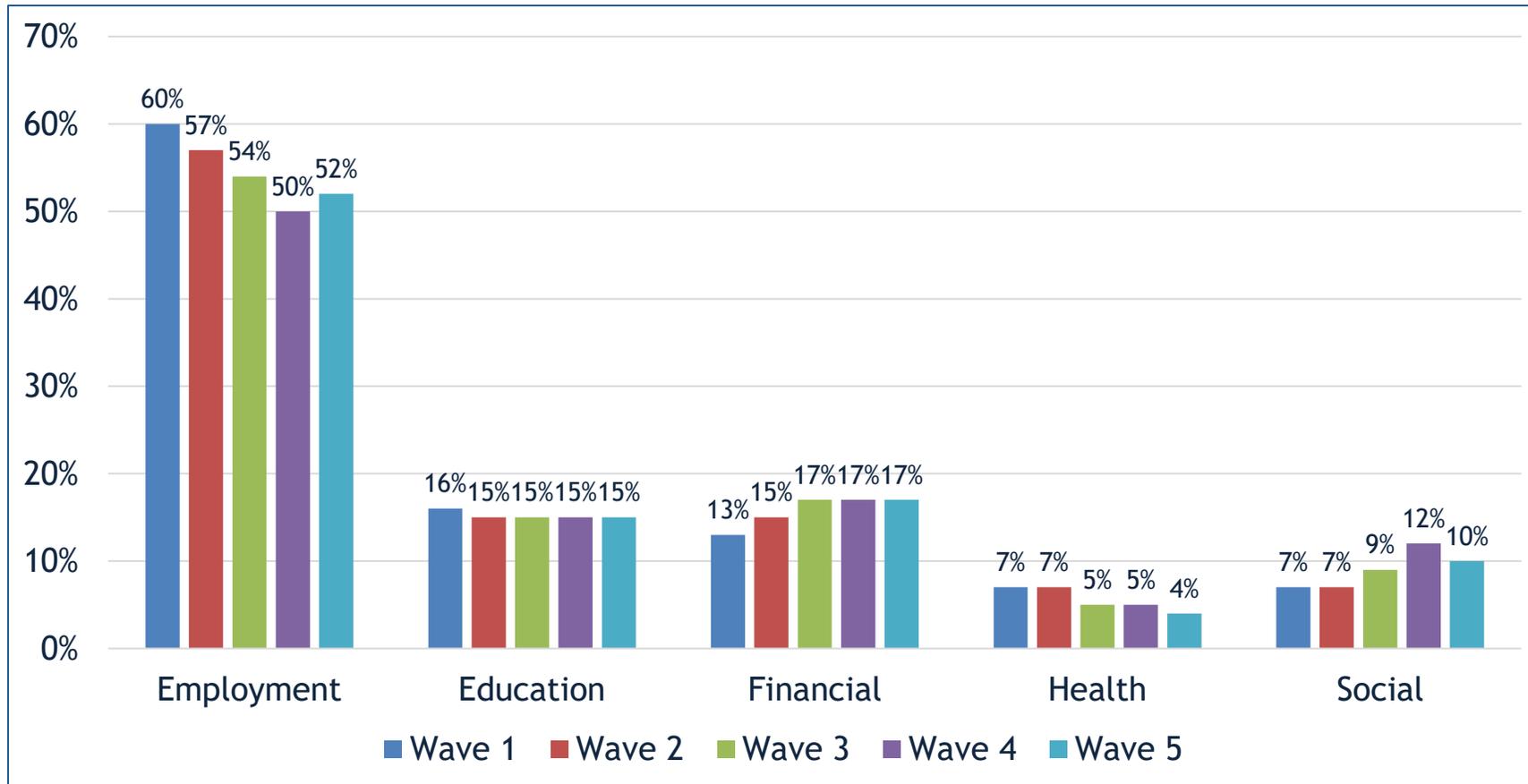
Types of Adverse Childhood Experiences by Gender (n=5,875)



Interaction Between ACEs & Combat Exposure



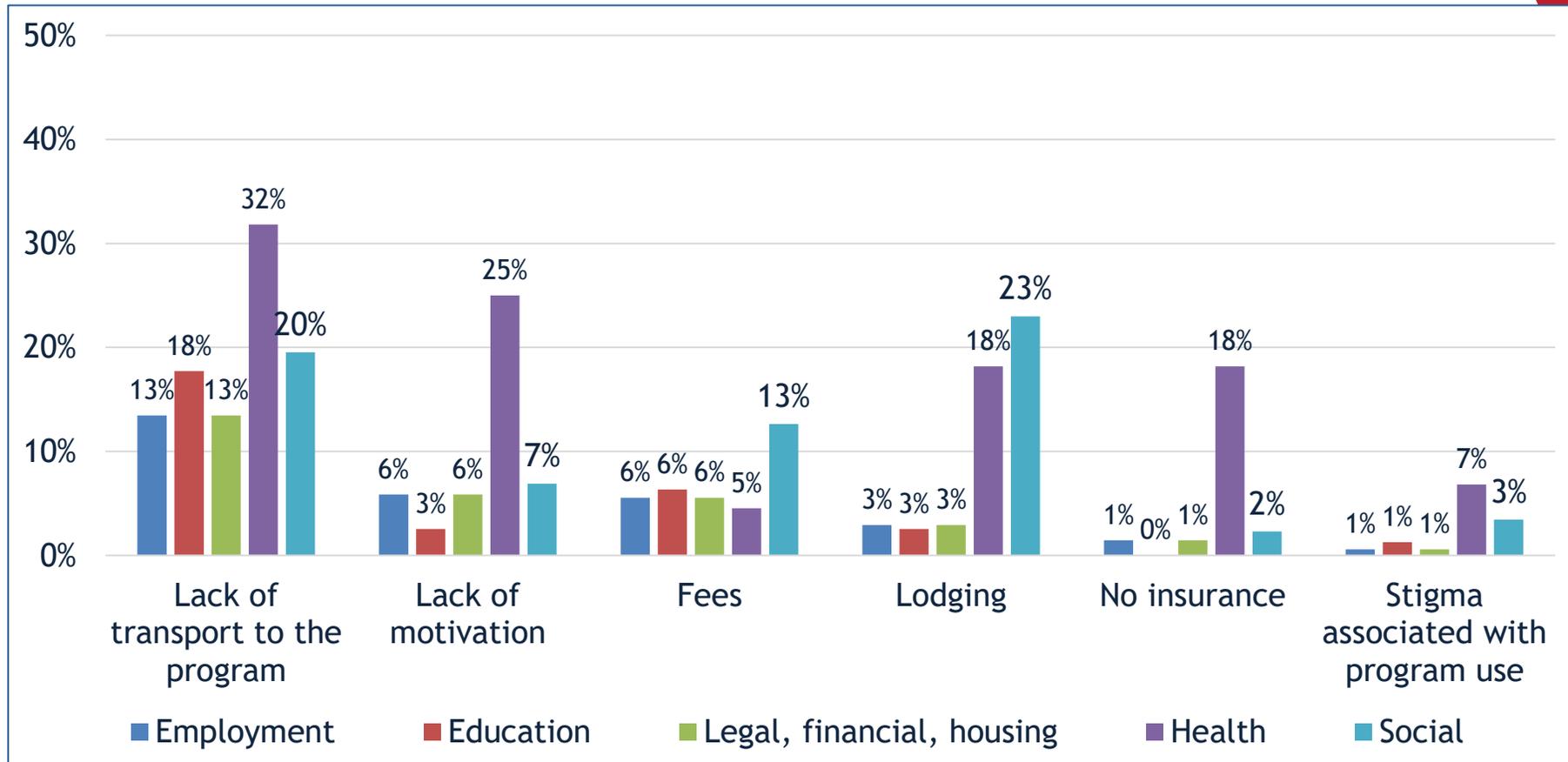
What Programs are Veterans Using in the Transition to Civilian Life?



Common Components

- **Content:** what does the program teach or what information does it provide?
 - Coping skills, information on how to write a resume, search for available jobs
- **Process:** how does it convey information or teach skills?
 - Mode of delivery: in-person, online, phone
 - Method of delivery: lecture format, mentoring, peer-to-peer interaction
- **Barrier reduction:** does the program provide tangible supports or does it reduce barriers to accessing the program?
 - Transportation to the program, reducing stigma
- **Sustainability:** how does the program keep participants engaged once formal programming has ended?
 - Community referrals, alumni groups

Components that Increase Program Access

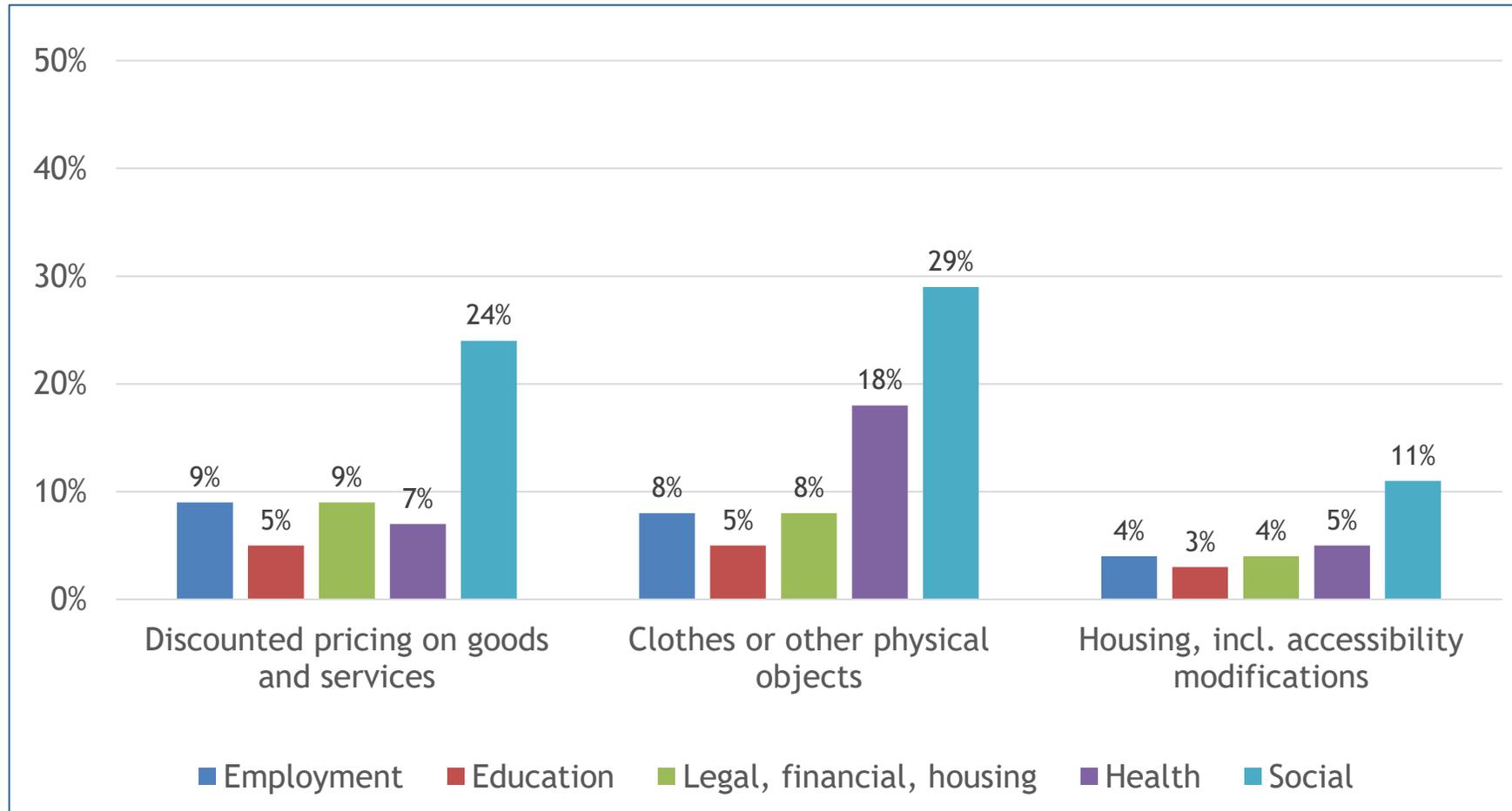


Barrier Reduction: Access to Healthcare

- Significant predictors of nominating a health program that offers transportation (n=708):
 - Currently serving NGR after leaving Active Duty – less likely
 - Discharge status – 69% more likely if medical discharge
 - Those who have ever applied for VA or DoD service connected disability – almost 5 times more likely
 - Probable PTSD – 39% more likely
 - TBI symptoms – 2 times more likely



Components that Provide Tangible Supports



Questions?

cgilman@hjf.org

dfp102@psu.edu

How to Earn CE - If you would like to earn continuing education credit for this activity, please visit: <http://amsus.cds.pesgce.com>. Hurry, CE Certificates will only be available for 30 days after this event!