

How Can We “Join Forces” for Our Veterans?

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We recently celebrated Memorial Day to commemorate our service members who died while in military service. This year, in addition to celebrating by placing flags outside offices or visiting memorials, let's focus on how we can improve the lives of the more than 22 million living veterans by increasing their access to quality healthcare and eventually end-of-life care, preferably in the comfort of their own home (Department of Veterans Affairs [VA], 2010, 2011a).

In April 2011, First Lady Michelle Obama announced a new initiative called “Joining Forces,” which was aimed at mobilizing our society to join together to give service members the opportunities and support they have earned. A year later, the first lady announced that the nation's top medical schools had pledged to improve healthcare for military personnel and veterans, committing to sharing research, education, and clinical lessons. More than 130 medical schools committed to training students in treating posttraumatic stress disorder (PTSD) and traumatic brain injury (TBI), which impacts roughly one in six veterans (WhiteHouse.gov, 2012).

It has been more than 1 year since the “Joining Forces” initiative was created, and it got me thinking: in what ways are

the home healthcare and hospice industries contributing to the first lady's call to action? As an industry, could we be doing more to help ensure our veterans have access to quality care in the way and place they choose? Are we doing enough to partner with or help the VA reduce the barriers veterans face in accessing this care?

Although the VA maintains the largest integrated healthcare system in the United States, with the growing demands of the millions of new service members becoming eligible for VA system support; the strain on their ability to treat the growing demand is evident (VA, 2011b).

The U.S. Department of Defense and the VA alone cannot address the unmet service needs and that “meeting veterans where they are” is vital in treatment both in an existential and geographical sense. It's not enough to provide close access to care but we must understand the life and struggles the veteran faced to be able to help them, according to Dr. Charles Hoge, in *Interventions for War-Related Posttraumatic Stress Disorder Meeting Veterans Where They Are* (2011).

Home healthcare and hospice professionals often have earned the trust of their patients. If the patient is homebound then the nurse or aide may be the only person that

patient sees on a regular basis. With this inherent trust, we owe it to our patients who have served to develop a standard for identifying, recognizing, or treating veterans. Has your agency contacted the VA or American Legion to investigate how partnering could expand your community's access to care and awareness level of the benefits allotted to veterans? Is your agency identifying patients that are eligible for VA benefits? Could you work together to provide coordinated care, dignified end-of-life care, or even ensure that veteran receives a proper military burial?

Where Do We Begin?

With changes in healthcare and the fluctuating economy, immediate industry-wide changes may not be feasible right now but if each home health and hospice agency strove for developing one veterans outreach program or education awareness activity, it would be a step in the right direction.

Utilizing and properly educating agency staff, volunteers, community leaders, and patients will be key to a successful outreach program. Training them how to identify and treat PTSD, TBI, depression, and other war-related injuries from Operation Enduring Freedom and Iraqi Freedom now will be imperative to cover the growing

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number of active-duty personnel transitioning to veteran status over the next few years.

Some community-based home healthcare and hospice agencies have already stepped up to answer the first lady's call for "joining forces." According to the Visiting Nurse Associations of America agencies with whom I spoke, the benefits of starting a veterans' care coordination program include a greater sense of staff pride, increased business development, community interactions, and financial gains. Below are a few suggestions from agencies that have implemented veterans' programs:

- Develop "Behavior Health Services" focusing on ways to identify and help veterans with PTSD. Home Nursing Agency Healthcare in Altoona, PA, developed an art therapy program for veterans but also for patients dealing with traumatic experiences.
- Start a veterans recognition program like Community Visiting Nurses' Association (VNA) in Attleboro, MA. They provide a certificate of recognition and flag pin to their patients who have served. They also use a volunteer coordinator and hospice nurse to locate these patients to ensure they are getting the recognition they deserve.

- Develop partnerships with local VA palliative care units like Central New Hampshire VNA & Hospice in Laconia, NH did. Develop patient-care coordination and referral processes with local veteran hospitals and outreach centers. Collaborate with the local VA or American Legion to provide hospice care or memorial services.
- Develop community programs to educate veterans, volunteers, physicians, and caregivers like Livingston Memorial VNA in Ventura, CA, and Central Vermont Home Health and Hospice in Barre, VT, have done. They host presentations that focus on advance care planning, explaining reimbursement policies, and help to break down unfamiliar terminology.
- Central Vermont Home Health and Hospice in Barre, VT, arranges speakers at local veterans service organization.
- Do not just focus on mental health issues. Start programs for veterans such as healthy weight programs, wellness, support groups, or caregiver training.

Our industry can play an important role in working with the VA to reduce the barriers veterans face to ensure nationwide access to proper care in a way and place they choose. To-

gether, we can "join forces" to better honor our veterans. ■

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