

## POLICY IMPLICATIONS

Rural residents are over-represented among those who serve in the U.S. military. This is especially true in Pennsylvania (see map). Access to health services among rural veterans and their families is limited. The National Rural Health Association (NRHA) noted “there is a national misconception that all veterans have access to comprehensive care because they are served by Veterans Administration”, but this is not necessarily true for veterans who live in rural communities. The NRHA further notes that the normal barriers to health and mental health care access for rural people are compounded for the rural veteran. Often rural veterans must drive long distances to access the specialized medical care available in a Veteran's Administration hospital or clinic. Soldiers returning from combat settings are often advised that in order to access re-entry counseling they must remain at a military base, thus extending time away from family and supportive friends. Moreover, the mental health concerns particularly associated with PTSD or combat stress often do not emerge for months or years after exposure.

It is particularly problematic that rural veterans cannot use their VA health benefits to receive care in many rural health facilities. Additionally, it is problematic that many rural health care providers, even those who provide behavioral health care, are not trained to recognize the symptoms of PTSD.

The partnership of rural policymakers, rural health care providers and the VA system can develop strategies to advocate for rural veterans and improve access to health care, especially behavioral health care. Specifically, policy should be focused on the following:

- Expanding funding to provide health care for all veterans across their lifetime.
- Improve access to care for rural veterans. Expand the settings in which health care may be provided to rural veterans. Allow rural veterans to seek care for military related health problems in local settings.
- Expand training for primary care and behavioral health specialists to promote improved recognition of health conditions that may be

specific to the veteran population and their families. Additionally, provide training to improve treatment for these health conditions.

- Allow primary care providers and other health providers to access the electronic health records of veterans maintained through the VA system in order to improve continuity of care. Promote the continued development of this HIT infrastructure.
- Promote funding of veteran's outreach programming into rural settings to promote improved resiliency and development of support systems in civilians settings.
- Support research focused on the needs of rural veterans. This research will improve understanding of the health concerns of rural veterans as well as the barriers to accessing care.

Rural advocates, policymakers and health care providers must focus their attention on serving rural veterans and their families.

## RURAL HEALTH POLICY INSTITUTE THE POLICY REPORT

### WHAT ARE COMBAT STRESS INJURIES?

Combat stress injury is some combination of post-combat trauma, fatigue, and grief, compounded by feelings of guilt. Combat stress injuries have been linked to a host of other readjustment problems for veterans as well as their families: including alarming rates of suicide, substance abuse, incarceration, homelessness, family and employment problems. Posttraumatic Stress Disorder (PTSD), one example of a combat stress injury, is an anxiety disorder resulting from exposure to an

indirect threat of serious injury or death. PTSD can be triggered by life threatening events such as:

- Combat or military exposure
- Terrorist attacks
- Serious accidents, such as a car wreck

There are four types of symptoms: reliving the event, avoidance, numbing, and feeling keyed up. Symptoms of PTSD disrupt life and may be disabling enough to reduce ability to engage in activities of daily life.

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### BEYOND THE VETERAN'S ADMINISTRATION FOR CARE

Because of the large number of National Guard units and reservists fighting in Iraq, returning veterans are more likely to use private and community treatment resources rather than the VA facilities as they are covered by their employer's health care. The department of veteran's affairs has found that most mental health problems of veterans were first identified by primary care doctors, not mental health professionals. However, research has shown that PTSD is frequently overlooked in routine clinical

practice when symptoms of PTSD were not the presenting complaint. Non-military primary care physicians, especially in rural areas, need to:

- Be trained to screen for and recognize PTSD and related stress disorders
- Increase clinical knowledge and skills related to diagnosing PTSD
- Become aware of local and regional mental health treatment and referral resources

## COMBAT STRESS INJURY POLICY REPORT

- What are combat stress injuries?
- Rural Primary Care Providers need training to be prepared to screen for PTSD
- Rural Veterans face special issues with Combat Stress Injuries
- Combat Stress Injuries (PTSD): Rural Veterans and Their Families Conference

The Policy report is published periodically for the Geisinger Center for Health Research. Additional copies of this report or other reports from the Geisinger Center for health research are available at [www.geisinger.org/professionals/research/gchr/rhpi](http://www.geisinger.org/professionals/research/gchr/rhpi). Citation of the source is appreciated.

Questions or comments may be directed to Dr. Sharon Larson at [sllarson@geisinger.edu](mailto:sllarson@geisinger.edu) or Mark Reisinger, [mreisinger@geisinger.edu](mailto:mreisinger@geisinger.edu) or 717-909-3377.

## WHAT ARE COMBAT STRESS INJURIES?

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As of 2005 more than 200,000 veterans were identified by the Veteran's administration as having PTSD as a service-connected disability. According to the National Center for PTSD, approximately 30% of Vietnam veterans, 10% of Gulf War (Desert Storm) veterans,

and 6-10% of Afghanistan war (Enduring Freedom) veterans have experienced PTSD. Further, it is estimated that 12-20% of Iraqi war (Iraqi Freedom) veterans have or will have symptoms of PTSD. As these veterans begin to come home we will be faced with an increasing

burden on our mental health care system. Additional research about the appropriate screening and intervention for PTSD as well as support for community-based health care providers will be necessary to address the special health care needs of these veterans.

## SPECIAL ISSUES FACING RURAL VETERANS WITH COMBAT STRESS INJURIES

The burden of providing care for veterans with Combat Stress Injuries will fall more heavily on rural health care providers of Pennsylvania than those who live and work in more urban settings. While only 19% of the nation lives in rural America, 44% of U.S. Military recruits come from rural areas. The disproportionate number of rural Americans serving in the military has created a disproportionate need for veteran's care in rural areas. The Veterans health care system is often located in large population centers. Policymakers working to ensure that appropriate care is provided to veterans in rural areas face difficult obstacles.

Compared to urban and suburban veterans, rural veterans:

- Live a greater distance from both private sector and VHA hospitals
- Visit their providers less frequently because of greater distances to health care facilities
- Have access to fewer specialty mental health services (or other specialties)
- Are older and have more physical and mental health issues
- Are less likely to be employed

- Generate health care costs up to 11% higher
- Have lower health-related quality-of-life scores

Increasing the number of mental health care providers in rural areas will help address these issues; however, providers are often reluctant to work in rural areas because of professional isolation and limited access to supervision. When considering policy to address access to health care, consideration must be given to differences in the cost to provide services in rural areas. Health care costs per veteran are higher for rural than urban veterans.

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## COMBAT STRESS INJURIES (PTSD):

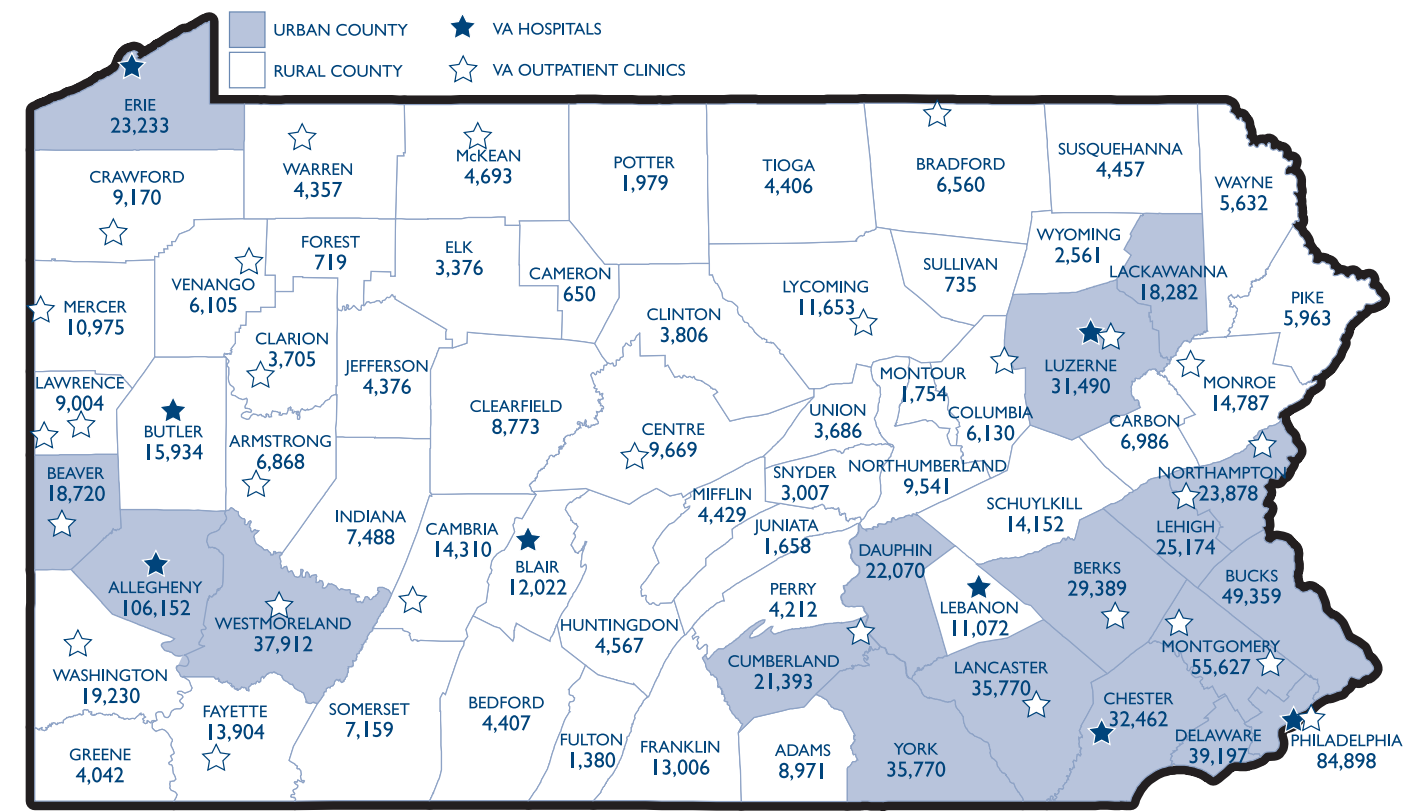
### RURAL VETERANS AND THEIR FAMILIES CONFERENCE

Geisinger Health System in collaboration with Florida State University Traumatology Institute announces a conference focusing on reducing adverse mental health outcomes for rural veterans (and their family members).

The all-day conference will be held on Tuesday, May 13 at the Geisinger Center for Health Research in Danville, PA. Information about the conference can be found online at <http://www2.geisinger.org/professionals/research/gchr/ptsd/>.

The audience for the conference includes physicians, nurses, psychologists, social workers, counselors, mental health and veteran's advocates, VA personnel, educators, and policy makers.

## Veterans Health Services in Pennsylvania and County-by-County Location of Pennsylvania's Veterans



AS OF SEPTEMBER 2008

TOTAL VETERANS IN PA: 1,028,911

National Center for Veterans Analysis and Statistics  
<http://www1.va.gov/vetdata/page.cfm?mp15>