New Hampshire Commission on PTSD and TBI

RSA 115-D, Law of 2014

The mission of the Commission on PTSD and TBI is to improve access to care and quality of care for veterans and service members who experience post-traumatic stress disorder and traumatic brain injury.

Brain Injury Association of NH

Care Coordination Program of NH

Disability Rights Center - NH

Disabled American Veterans

Easterseals Military & Veterans Services

Governor's Commission on Alcohol and Drug Abuse, Prevention, Treatment and Recovery

Governor's Commission on Disability

Hospital Leadership Representation

Manchester VA Medical Center

National Alliance on Mental Illness - NH

NH Air National Guard

NH Army National Guard

NH Community Behavioral Health Association

NH Department of Health and Human Services

NH House of Representatives

NH Medical Society

NH Employment Security

NH State Office of Veterans Services

NH Psychological Association

NH Senate

NH State Police

NH Vet Center

NH Veterans Home

State Veterans Advisory Committee

TBI Provider Community

University System of NH

US Army Reserve

White River Junction VA Medical

November 22, 2019

Health and Human Services Oversight Committee
New Hampshire State House Rm 205
107 North Main Street
Concord, NH 03301

Dear Honorable Members,

I write this letter to provide you with the annual report of the Commission.

The NH Commission on PTSD & TBI launched its second survey of NH Veterans. Information generated from this survey will aid in the development of targeted and relevant life style, employment, and health opportunities for NH Veterans, Service Members and their families.

The 2017 survey revealed areas that continue to need attention:

- internal stigma,
- discrimination,
- clinical and service provider education,
- diagnosis and treatment for our aging veteran population, and
- diagnosis and treatment for the current era.

Continued momentum and sustainability of progress made is essential for the long-term health and wellbeing of NH's Veterans, Service Members, and their Families.

In the months to come, we will revise our strategy to increase access to care and quality of care for veterans and service members who experience post-traumatic stress disorder and / or traumatic brain injury.

Our mission is printed above and our membership is listed in the margin. We continue to meet on the third Thursday of each month at the Walker Building, Room 274, 21 Fruit Street, Concord, NH.

Respectfully,

Margaret D LaBrecque

Margaret D. LaBrecque MBA, NHA
Chair



2017 NH SHARE Report

NH Legislative Commission on PTSD & TBI

Gratitude

The NH Legislative Commission on PTSD & TBI would like to extend our deepest gratitude to the men and women whom participated in this 2017 survey of NH Veterans. Without your willingness to share your personal experiences, thoughts and ideas with our Commission, it would be impossible to effect targeted change. Your courage and voice is an inspiration to the greater veteran community, NH citizens, and our state's legislative members. Thank you for continuing the mission of service. We strive to honor your commitment and sacrifice.

2017 NH SHARE
(Survey to Help Aid Recovery Efforts)
Veterans Survey Summary

Introduction

The results of the 2017 NH SHARE provide strong indications that the NH Commission on PTSD & TBI, in support and collaboration with the Ask the Question (ATQ) campaign, the Military Liaison Initiative (MLI) and various military culture trainings, has helped to facilitate improvements in the delivery and reception of services for NH Service Members, Veterans and their Families (VSMF). As a result of these improvements in awareness, understanding and appreciation there has been a notable reduction in the stigma associated with military service and asking for help.

With that said, the results of the 2017 veteran survey also provide indications that the mission is far from complete. Sustaining the noted improvements requires ongoing development and commitment among the service provider community to integrate permanent systemic measures to ensure that military service is routinely identified; and diligence in the continued education and development of military cultural competency to ensure that veterans and their families are both understood and properly assessed, diagnosed and treated based on their unique needs and experiences. Further, an enhanced understanding of the role that PTSD (post-traumatic stress disorder), TBI (traumatic brain injury) and the combination thereof, play in the lives of our service members, veterans and their families will be an integral part of the development and sustainability of a truly veteran-friendly environment.

Executive Summary

Over the past 5 years, NH has demonstrated a commitment to improving access to and quality of care and services for Veterans, Service Members, and their Families, in large part due to the targeted efforts of several groups and organizations. These targets were identified by the NH Commission on PTSD & TBI following a state-wide survey of NH Veterans in 2012.

Some of those targeted efforts are as follows:

- The "Ask the Question" campaign aimed at increasing awareness, engagement, and data collection among care and service providers for the benefit of NH Veterans, Service Members and their Families. The campaign encourages all to *Ask* everyone they assist: "Have you or a family member ever served in the military?"
- The Military Culture Training Initiative aimed to train clinical and service providers in the Culture of military service in order to improve the quality of care provided for NH Veterans, Service Members, and their Families. Increased understanding of military culture and knowing the unique needs

of veterans, service members and their families allows for improved connection and understanding for successful service delivery and utilization.

- The Military Liaison Initiative effectively integrated a military liaison into all 10 NH Community Mental Health Centers. These Liaisons educate their peers regarding military culture and services/benefits available and facilitate appropriate referrals for the veterans, service members and the family members served by their respective clinic.

The Commission endeavored to examine the outcomes of those targeted efforts and identify areas in need of further attention, via a survey of NH Veterans conducted in 2017.

Based on the results of the most recent survey, there are strong indications that since 2012, the programs fostered by the Commission indeed improved the overall climate of care and service delivery for veterans, service members, and their families. There is clear indication that the "Ask the Question" campaign facilitated increased awareness of their military connected patients and customers among service providers and health care professionals. Veterans and service members indicated that stigma around military service was reduced and the perception that health care providers understand their unique needs and culture improved.

Overall, NH became a better place to be a veteran. But with such celebration, reflection on such gaps that remain is essential. The 2017 survey revealed areas that continue to need attention, such as internal stigma, discrimination, and maintenance and improvement of clinical and service provider education regarding military culture, unique needs, and specific diagnosis and treatment for both our aging veteran population and the those of the current era returning home. Continued momentum and sustainability of progress made is essential for the long term health and well being of NH's Veterans, Service Members, and their Families.

The Survey Structure and Collection Process, then and now

The total number of respondents for the 2017 SHARE was 913.
The total number of respondents for the 2012 version of the SHARE was 1061.

The survey collection process for 2017 consisted of primarily online based responses. This is in stark contrast to the collection process of 2012, which focused almost exclusively on in-person, paper-based responses at veteran focused events and locations.

While many of the questions remained unchanged or varied only slightly in word choice or description, in 2017 an effort was made to gather more demographic information, such as gender, and more specific representation of how the person identified with regard to their military role and service (i.e. National Guard, reservist, retired, veteran, etc.).

Given that the primary goal of the 2017 survey was to measure the results of the various initiatives supported and fostered by the Commission, numerous questions were added to specifically draw information regarding changes a respondent may have noted over the past 3

years, as they relate to the core initiatives: stigma, education, improvement in quality of, and access to care and services.

Demographic Characteristics 2012 Versus 2017

Despite changes to the collection process, only subtle differences in the demographic distribution between the two surveys exist.

The 18 to 49 age group (generally categorized at the current era of conflict/service) did increase. This increase can likely be attributed to the propensity for this demographic to be more electronically connected in 2017 and less likely to attend the veteran organization events targeted in 2012. In 2012 this age group constituted 38% of respondents whereas in 2017 this group rose to 42% of respondents. The 70+ age group (generally categorized as Vietnam Era, Korea and WWII) also increased in representation on the 2017 survey. In 2012 this group comprised 14% of respondents while in 2017 it increased to approximately 17%. The segment with the largest difference in representation was the 50 to 69 age group (generally categorized as late Vietnam Era, Desert Storm, Lebanon/Panama/Somalia/Bosnia conflicts). In 2012 this group constituted 48% of respondents. In 2017 it declined to approximately 41%.

In general, the changes in age distribution appear consistent with what might be expected based on the changes in the collection process but are not dramatically significant to have skewed results in any significant manner. In fact, the changes in age distribution may have resulted in gathering increased information from those veterans most likely to be impacted by initiatives in the long term.

As was noted previously, gender was incorporated into the inquiry for the 2017 survey. The gender distribution obtained – 88.5% male and 11.4% female – mimics the total veteran population in the United States. In NH, only about 8% of veterans are female, thus women veterans were somewhat over-represented in this survey. The 2017 survey also incorporated a question about veteran status that allowed the individual a more broad range of options with which to qualify their military service, such that one could more specifically identify as a reservist, or a member of the National Guard, rather than the binary option of veteran or not veteran of the previous survey. Over 84% of the respondents identified as a veteran or military retiree.

While the updates made to the 2017 survey do inhibit an "apples to apples" analysis of changes, it is the conclusion of the Commission that the refinement in the questions and additional information collected provide the much needed insight into the current state of the NH Service Member, Veteran and Family member experience, provides a general measurement of the impact of key initiatives that evolved from the outcomes of the 2012 survey, and provides important markers for a focus on sustainability and continued development and improvements.

Key Findings

Question 3 - Gender
Despite an over-representation of female veterans (as compared to the current veteran demographics of NH), this new question provided no significant findings. Such that there were no significant differences in response patterns based on gender.

Question 5 – What kind of health insurance do you have (check all that apply)

- 41.8% of respondents identified the VA as a form of their insurance
- 35.1% identified having private insurance
- 29.4% identified as having Tricare/Martins Point

Key Observations:

Comparing 2017 to 2012

- There was an increase in the percentage of respondents whom identified as using the VA for health insurance/care in 2017 (30.51%) versus 2012 (21%).
- The percentage of respondents whom identified as having private insurance decreased in 2017 (25.64%) as compared to 2012 (33%)
- 21.41% identified Tricare/Martins Point in 2017 versus 24% in 2012

After conducting a further analysis of the data and an inquiry into those whom provided multiple sources of health care coverage, it was determined that:

1. 47.1% of respondents identified that they have both VA and private insurance.
2. Of those that identified as having PTSD, TBI, or both (Questions 11 and 12) 25% did not identify the VA as a form of health care/insurance.
3. There was no difference in the use of the VA by gender.
4. The VA was identified most often by OIF/OEF Veterans but was generally evenly distributed among conflicts. (Note: The OIF/OEF conflict represented the highest number of responses.)
5. Tricare/Martins Point was selected most for the Lebanon/Panama/Somalia/Bosnia conflicts. Tricare/Martins Point also received the highest ratio of multiple responses indicating that those who have Tricare/Martins Point also rely on other insurance providers.
6. As would be expected, Medicare/Medicaid was identified most by the 65-74 age group.
7. Those answering Yes to PTSD and TBI was highest for those identifying the VA as a provider (59% and 29% respectively).

Note: Based on recent VA data (2016) there are 105,390 veterans in New Hampshire. This constitutes 10.2% of New Hampshire's total population. Of those 45,100 or 43% of New Hampshire veterans are enrolled in VA care.

Question 6 - In which campaign/conflict era(s) did you serve? (Check all that apply)

Key Observations

Taking into account the total number of unique respondents versus those who identified with multiple conflicts it was found that:

- 24.3% of respondents identified with the Vietnam Era
- 19.2% identified with the Desert Storm Era
- 46.4% identified with the OIF/OEF/OND Era

Question 7 – How would you describe your Current housing? & Question 8 - If your housing situation is not stable what difficulties are you experiencing? (Check all that apply)

Key Observations

- 91.97% of respondents indicated that they have a stable place to live. This result was consistent with the findings in the 2012 survey.
- 18% identified substance abuse or mental health difficulties as contributing to their housing difficulties

Question 9 - How would you describe your current employment?

Key Observations

- 18% of the respondents identified that they were "unemployed and looking for work"
- Important to note: of those whom identified as unemployed and looking, 34% self-identified as having PTSD in Question 11, 9% self-identified as having TBI in Question 12, and 18% marked both in Question 11
- The "unemployment and looking for work" response more than doubled from 7% in 2012 to 18.65% in 2017.
- The "satisfied with my job" result declined from 46% in 2012 to 34.56% in 2017.

The comparisons with the previous survey may indicate that despite the overall improvement in employment, that the employment situation among veterans continues to be strained. This is an area that may warrant further support and initiative.

Question 10 - If you are unemployed or not satisfied with your current employment what is keeping you from getting the job you want? (Check all that apply)

Key Observations

- Of those not satisfied with their employment situation, 30% believed that they do not possess the skills or education needed for the job they want.
- 16% identified mental health difficulties as the key contributor

This question was added to the 2017 survey. It may identify two areas that require attention. With almost a third of the respondents indicating that they do not have the right skills/training or education needed for the job that they want, attention may need to be directed to

a) Identifying what skills and education and experience veterans do have upon separation from the military that can be recognized, utilized, and transferable to gainful career paths and employment in the civilian community.
b) Developing services/programs geared toward providing skills training to the veteran population.

Question 11 - As a result of your military experience(s), have you ever been diagnosed with Post Traumatic Stress Disorder (PTSD) or believe you may experience symptoms of posttraumatic stress?

- 39.38% of respondents indicated YES
- The percentage of respondents who indicated they have been diagnosed with PTSD increased over 17% since the 2012 survey
- 8.45% of respondents identified that they were unsure if they experience symptoms of PTSD
- Combining the "Yes" and "Unsure" response indicates that almost 50% of respondents experience or might experience symptoms related to PTSD

The increase in the percentage of those who responded YES to this PTSD question may be the result of a) increased awareness and understanding of the symptoms of PTSD among veterans and health care providers, such that help seeking and diagnosis has improved b) the stigma associated with PTSD and its symptoms may have decreased over the previous 5 years such that more veterans are willing to self-identify as having experienced such challenges. Another consideration is the inherent anonymity of an online survey may have provided an increased likelihood of admitting to difficult symptoms, and therefore the increase in electronic collection of data allowed for an improvement in the capturing of this data.

Regardless of the explanation for the increase in PTSD symptom representation, it is important to recognize that approximately 50% of respondents identified as having some struggle related

to traumatic experiences incurred during military service. Noting that 1 in 4 of those self-identifying as having PTSD (and/or TBI) did not identify the VA as a source of health care, it is imperative that the communities in which these veterans live are prepared to support their unique needs and the unique needs of their families.

Question 12 - As a result of your military experience(s), have you ever been diagnosed with a Traumatic Brain Injury (TBI) or suffer any kind of head trauma during your service (felt a blast or explosion at close range, knocked unconscious, felt dazed or confused after an explosion, suffered a penetration head wound, was hit in the head by an object or was thrown into an object, etc.)?

- 19.33% of respondents indicated Yes
- In the 2012 survey only 14% responded Yes to a TBI diagnosis
- 5.78% of respondents selected - Unsure
- Combining the "Yes" and "Unsure" response indicates slightly over one-quarter of respondents (25.1%) suffer from or may have experienced a TBI.

Where those with PTSD/TBI Diagnosis Receive Care

- 75% of those with PTSD, TBI or Both receive health care at the VA
- 43% of those with PTSD, TBI or Both receive health care from community/private providers
- 35% of those with PTSD, TBI or Both receive care at both the VA and from the community/private providers (this percentage represents the overlap of the above)
- 47% of all respondents - regardless of PTSD/TBI status - receive care at both VA and from community/private providers, thus furthering evidence to support the need for communities to be competent and accessible to provide services for service members, veterans and their families.

Question 13 - As a result of your military experience(s), do you (or did you) experience any difficulties (physical, mental, or otherwise) that have (or had) a negative impact on your daily life?

- 53.07% of respondents indicated Yes
- In the 2012 survey only 37% responded Yes to being negatively impacted by their military service.
- Combining the "Yes" and "Unsure" response indicates almost two-thirds of respondents (63.46%) may have experienced some kind of difficulties.
- Of those that indicated that they may have been negatively impacted: 89% identified as having PTSD, 86% identified as having TBI, and 27% identified as having both (overlap)

One interpretation of the results of this question is that the greater awareness of those who have served in the military, combined with the reduction in the associated stigma may have resulted in more veterans being properly diagnosed with service related symptoms and/or more willing to disclose this information.

Question 14 - If you answered "Yes" or "I'm not sure" to the previous questions and/or have tried to get help for your difficulties, from which agencies have you tried to get help and how would you rate the help you received? (Check all that apply)

- Hospitals received the highest marks regarding feeling understood by the providers whom serve them (54% positive rating)
- Community health centers (NOT to be confused with the community *mental* health centers (CMHCS)) received the lowest marks
- Of those whom identified as seeking some form of non-VA care, 10% of those receive care at a CMHC
- 51% of those going to a CMHC reported that they feel understood by the providers whom treat them. This percentage is comparable to 2017 survey respondents' report that they feel understood by providers at the VA (50%) and at Vet Centers (55%).

The format of this question changed from the previous survey making it difficult to conduct an "apples-to-apples" comparison. However, if it assumed that the 2012 respondents who indicated either "not helpful" or "hurtful" is equivalent to the 2017 survey category of "poor" then one can conclude that dramatic improvements were made among providers communication, connection and understanding of veterans. Notably, hospitals were a target group for intensive military culture training initiatives over the past 3 years and the results are clearly indicative of success. Additionally, the military liaison initiative and the intensive focus on military culture training for all CMHCs across the state clearly represents an improvement in the experience of veterans seeking care there, such that they feel as understood as they do/would when seeking care within the systems specifically designed to serve them.

Question 15 - What problems have you encountered in your efforts to get the help you need? (Check all that apply)

- The #1 barrier to care is not feeling understood by the providers whom serve them (15.32%)
- The #2 barrier to care is feeling embarrassed by their need for help (14.95%)
- The response to the above "I feel embarrassed" choice dramatically declined – to less than 15% in 2017 versus 30% in 2012
- The response to the "I do not know where to get help" choice declined from 14% in 2012 to 10.54% in 2017.

This data clearly indicates that programs and initiatives supported and facilitated by the Commission since the previous survey have improved the perception and experience of NH

Veterans in their pursuit of health care and supports. While the issue of stigma continues to reign as the top barrier (both internal "I feel embarrassed" and external, "I do not feel understood") to connecting with services, the data indicates that the barrier of internal stigma's impact was cut nearly in half since the previous survey. Additionally, notable improvement was represented in response to veterans' knowledge about where they can seek help. This represents another indication that educational initiatives, both aimed at NH service providers and the veterans themselves have proven successful. While improvement was noted, the fact that not feeling understood by the providers whom serve them continues to reign as the number #1 barrier to care/services clearly represents a need to sustain initiatives and continue to improve efforts toward provider education and awareness regarding the unique needs of NH service members, veterans and their families. Further, with 12% still indicating that they do not know where to get help, it is clear that work remains with respect to the Commission's effort to expand veterans' awareness regarding access to services.

Question 16 - In the last two years, has anyone asked you the question, "Have you or a family member ever served in the military?"

- Over three-quarters – 75.6% responded by saying Yes

This new question intended to measure the effectiveness of the "Ask the Question" campaign. In this instance the results are unambiguous: the ATQ campaign has played an integral role in providers identifying those who have served.

Question 17 - In the last three years, if you have received care from more than one provider (military, VA, and/or civilian) for your healthcare needs how would you rate the communication and coordination between them?

- 70.67% of respondents indicated that communication among multiple providers was either good, very good, or excellent.

Question 18 - Please indicate your level of agreement with the following statement: I believe that over the last three years healthcare providers better understand the importance of military service and culture.

- Over half – 53.71% Agreed with the statement
- Only 19.23% disagreed with the statement
-

The data resulting from this new question represented a positive outcome for the initiatives of the past 3 years. However, the fact that 27% had no opinion and that almost one in five respondents still believe they are not understood indicates further improvements can be achieved in this area.

Q19 - Please indicate your level of agreement with the following statement: I believe that stigma related to military service in New Hampshire has decreased in the last three years.

- Almost half - 49.8% Agreed with the statement
- Only 16.11% Disagreed with the statement

Although this question also had a high percentage of respondents with no definitive opinion (34%) the percentage who believe stigma has been reduced was three times greater than those who disagreed. Here again the Commission's focus on the issue of stigma appears to have been well targeted and the Commission's work has had a positive impact over the past 3 years.

Q20 - Please indicate your level of agreement with the following statements: In the last three years, I have been mistreated, misunderstood, and/or discriminated against because of my military service.

- Well over half – 55.8% - Strongly Disagreed with the statement
- 65.24% either Strongly Disagreed or Disagreed with the statement
- Only 16.19% felt that they have been discriminated against due to their military service

This new question was aimed to explore a veteran's experience stigma from a slightly different perspective. More than four times as many respondents felt that they have not been discriminated against because of their service. Given this was a new question and not specifically addressed in the previous survey, no conclusions related to how the environment may have changed can be drawn. The Commission is encouraged by the result but recognizes that with almost one in five still feeling mistreated, misunderstood, or discriminated against, our work is not complete.