

Exploring Strategies to Engage Veterans in Community-Based Health Promotion Programs

- **Rebecca A. Mabe**, VA Salt Lake City Healthcare System
- **Jamie D. Davis**, Veteran's Health Administration
- **Ren Kramer**, VA Palo Alto Healthcare System
- **Nicole Shepard & Rebecca Castleton**, Utah Department of Health
- **Wendy Farthing**, Mac, Inc.

May 9, 2018



National Council on Aging

Improving the lives of 10 million older adults by 2020

VA



U.S. Department
of Veterans Affairs

Exploring Strategies to Engage Veterans in Community-Based Health Promotion Programs

ACL/NCOA Webinar
May 9, 2018



Presenters

- Jamie D. Davis, Ph.D., Health System Specialist, Office of Community Engagement, Department of Veterans Affairs Central Office
- Ren Kramer, Veteran Peer Specialist, VA Palo Alto Health Care System
- Rebecca Mabe, MSW, LCSW, Associate Chief of Mental Health for Community Programs, VA Salt Lake City Healthcare System



Objectives

By the end of the course, participants will be able to:

- Describe the demographic and contextual picture of older Veterans
- Describe the resilient nature of older Veterans
- List the mental and behavioral health issues impacting older Veterans
- Describe ways to locate and connect older Veterans to VA evidence based mental and behavioral health programs: Partnerships and resources
- Develop greater knowledge of VHA services



One VA -Three Agencies



Veterans
Benefits
Administration
(VBA)



Veterans
Health
Administration
(VHA)



National
Cemetery
Administration
(NCA)



U.S. Department of Veterans Affairs

Mission: To fulfill President Lincoln's promise "To care for him who shall have borne the battle, and for his widow, and his orphan" by serving and honoring the men and women who are America's Veterans.





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Three Administrations:

Veterans Benefits Administration (VBA)
Veterans Health Administration (VHA)
National Cemetery Administration (NCA)



Veteran Benefits for Older Veterans

- **Veterans Pension:** *needs-based benefit* for wartime Veterans who meet age or non-service connected disability requirements
- **Aid and Attendance & Housebound:** paid *in addition* to a monthly pension when a Veteran requires the *aid and attendance (A&A)* of another person, or is *housebound*
- **Disability Compensation:** paid to Veteran because of *injuries or diseases* that happened while on, or made worse by, military service. It is also paid to certain Veterans disabled from VA health care
- **Fiduciary Program:** provides *oversight of beneficiaries* who are unable to manage their VA benefits because of injury, disease, the infirmities of advanced age, or under 18 years of age
- **Fact sheets** for specific benefits programs may be found at: <https://benefits.va.gov/benefits/factsheets.asp>



VHA Overview

Mission: To honor America's Veterans by providing exceptional health care that improves their health and well-being.

Four Statutory Missions:

- Health Care
- Education and Training
- Research
- Emergency Management





Overview – VA Sites of Care

168 VA Medical Centers

134 Extended Care/VA Community Living Centers

23 Health Care Centers

1053 Community Based Outpatient Clinics

300 Vet Centers

80 Mobile Vet Centers





Core Health Care Services

VA ensures that all eligible Veterans have access to all the health care services necessary to promote, preserve and restore their health

- Primary Care
- Mental Health Care
- Preventive Care
- Specialty Care
- Care Management
- Inpatient and Outpatient Pharmacy
- Women's Health Care
- Geriatrics & Palliative Care
- Long Term Services & Support





Specialized Services

In addition to providing standard health care services, VA focuses on providing specialized health care services that are uniquely related to Veterans' health and special needs

- Amputation Care
- Blind Rehabilitation Services
- Environmental Exposure Care
- Military Sexual Trauma Counseling
- Polytrauma/Traumatic Brain Injury Care
- Post-Deployment Health Care
- Posttraumatic Stress Disorder (PTSD) Care
- Prosthetic and Sensory Aid Services
- Readjustment Counseling
- Spinal Cord Injury Care
- Substance Use Disorder Care





Living U.S. Veterans by War Era

In 2017

• World War II (1941-1945):	624,000
• Korean War (1950-1953):	1,475,000
• Vietnam War (1964-1975):	6,651,000
• Pre-9/11 Gulf War (1990-2001):	4,319,000
• Post-9/11 Gulf War (2001-Present):	4,381,000

U.S. Department of Veterans Affairs.

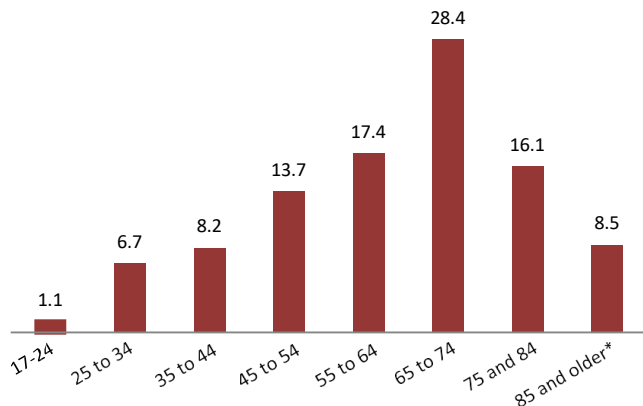
Veteran Population Projection Model (VetPop) 2016



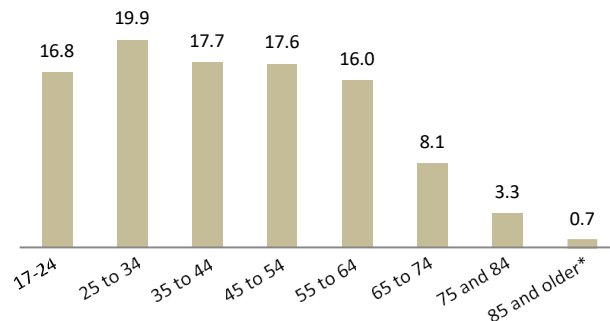
Aging Veterans

Age Distribution of Men
(in percent)

Veterans



Non-Veterans



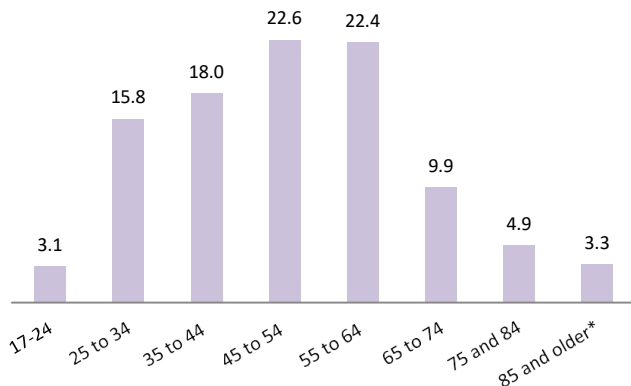
Male Veterans on average are older than non-Veteran men. In 2016, the median age of male Veterans was 65 and the median age of non-Veteran men was 41.



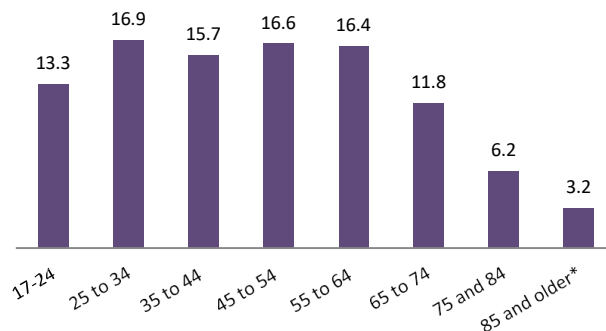
Aging Veterans

Age Distribution of Women (in percent)

Female Veterans



Female Non-Veterans



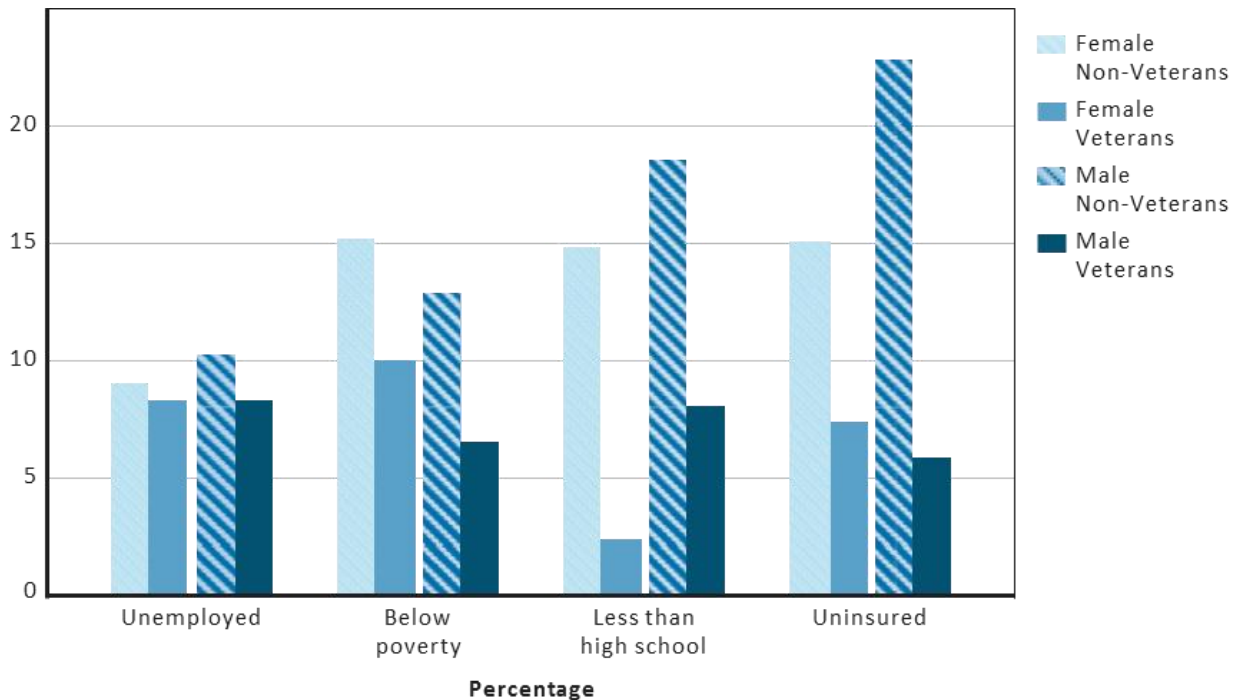
A lower percentage of female Veterans were in the youngest age group—17 to 24 years older than their non-Veteran counterparts. The median age of female Veterans was 50 and non-Veteran women was 47 in 2016.

*Difference between female Veterans and Non-Veteran women is not statistically significant at the 90 percent confidence level.



Socioeconomic Status

Socioeconomic Characteristics of the Veteran and Non-Veteran Civilian Population, by Sex, 2009–2013





Socioeconomic Status

Socioeconomic Characteristics of Veterans, by VA Patient Status, 2006–2012

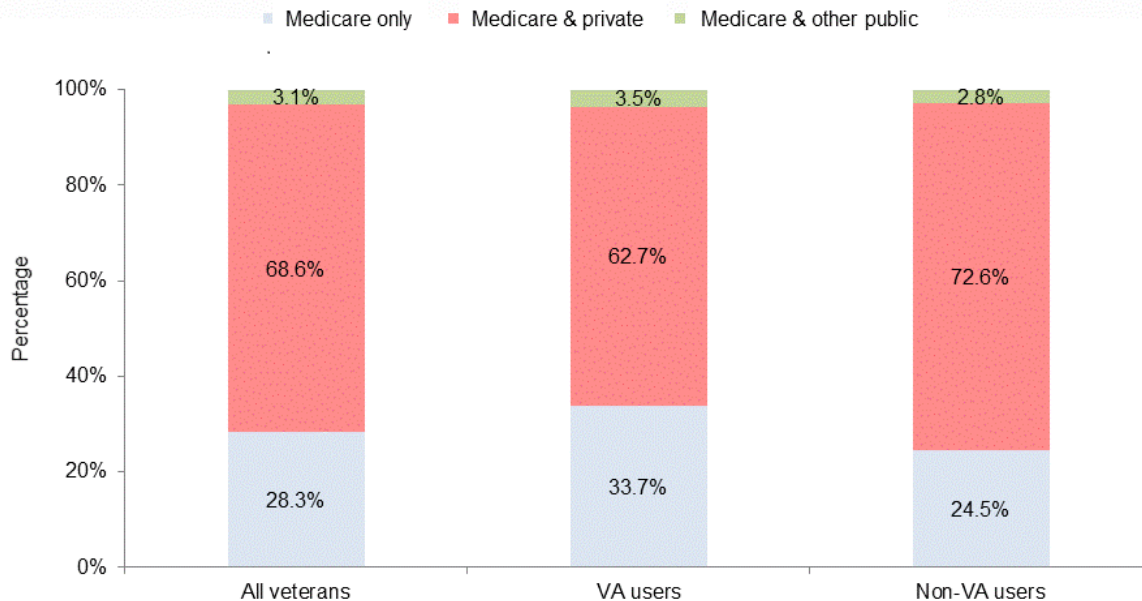
Characteristic	Veterans, VA Patients	Veterans, Non-VA Patients
Over age 65	52.2%	38.7%
Married	62.6%	68.0%
Less than high school education	9.1%	5.8%
Employed*	41.3%	62.8%
Average household income	\$35,981	\$45,278

Veterans, VA patients and Veterans, non-VA patients are mutually exclusive categories.



Health Insurance Status

Insurance coverage of Veterans age 65 and older by VA user status

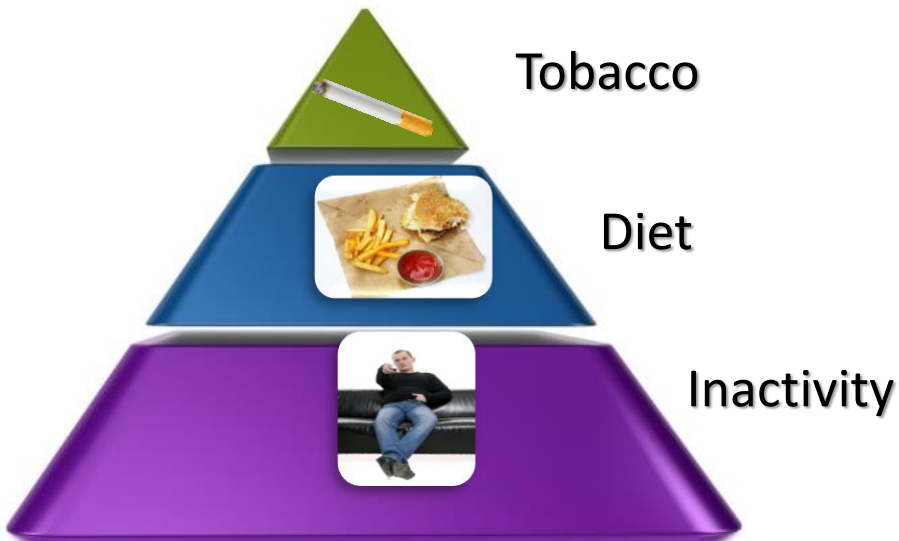


Note: Percentages may not add to 100 because of rounding.

Source: Agency for Healthcare Research and Quality, Medical Expenditure Panel Survey, Household Component, 2014-2015.



Key Health Behaviors & Chronic Disease



**3 Health
Behaviors**



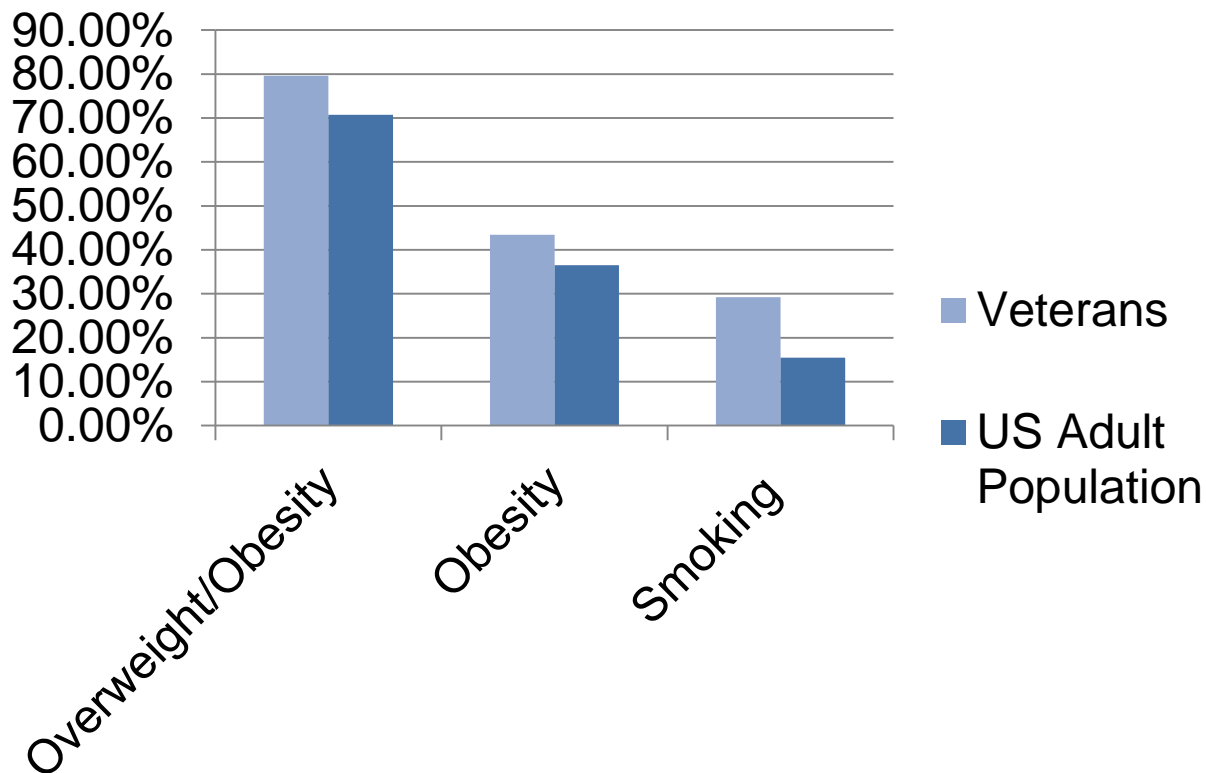
**4 Major
Chronic
Diseases**



**50% of
Overall
Mortality**



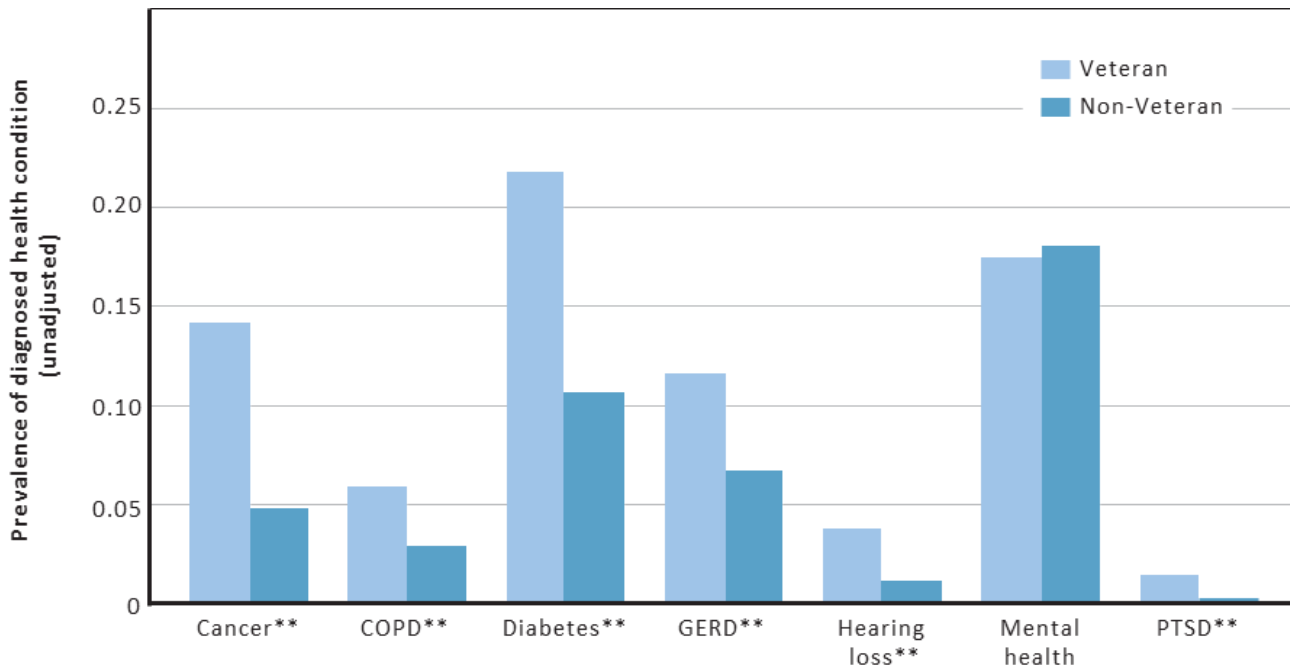
Health Related Issues Comparing Veterans vs US Adult Population





Chronic Disease

Veterans Have Higher Diagnosed Prevalence of Several Key Health Conditions (Unadjusted)

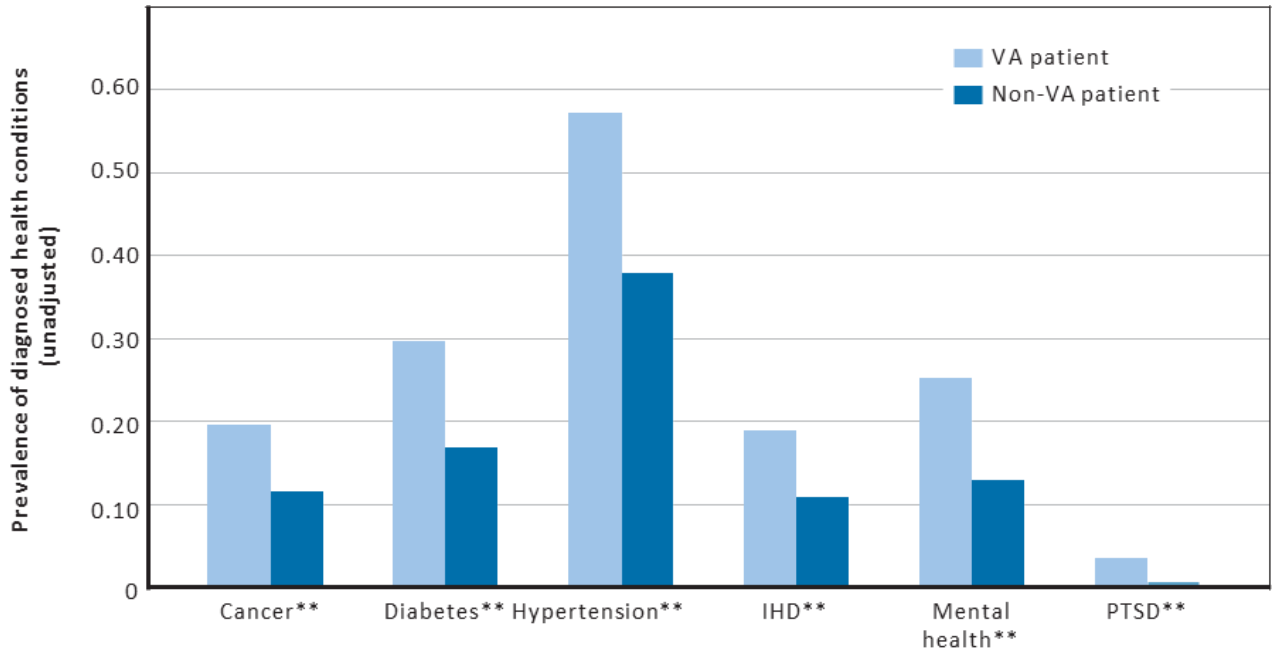


** indicates a statistically significant difference between Veterans and non-Veterans at $p\text{-value} < 0.05$.



Chronic Disease

Veterans Have a Higher Prevalence of Several Key Health Conditions (Unadjusted)



** indicates a statistically significant difference between Veterans and Veterans who do not use VA at p-value < 0.05.



Pain Management and Opioid Safety

- 68,000 Veterans have Opioid Use Disorder
- VA Opioid Safety Initiative
- Comprehensive Addiction and Recovery Act, signed into Law July 2016
- Improving access, providing education and Narcan kits
- Connecting patients to self-management programs in VA and in the Community
 - Physical Activity programs
 - Yoga
 - Mindfulness
 - Acupuncture
 - Physical Therapy
 - Pain Self-Management programs





A Lifespan Perspective on Military

Service

- Effects of military service are lifelong, into late life.
- Military service leads to both gains and losses.
- Same experiences can affect people differently.

Common Positive Outcomes	Potential Negative Outcomes
Development of skills and mastery	Injury and related disability
Leadership	Other physical health problems, hearing loss
Strong occupation and earnings	Posttraumatic stress disorder
Strong relational bonds	Substance use disorder
Resilience, post-traumatic growth	Social isolation and/or conflict
Perceptions of successful aging	Homelessness



VHA Mental Health Services

- Interprofessional services across the continuum of care
 - Including integrated mental health services in primary, rehabilitation, and geriatrics and extended care settings
- Evidence-based treatments for:
 - PTSD, depression, substance use disorders, serious mental illness, chronic pain, insomnia, behavioral distress in dementia, family/caregiver services
- Telemental health services
- Suicide Prevention Coordinators
- Veteran Peer Specialists



National Suicide Data

Suicide among Veterans and Other Americans, 2001-2014

See national report and reports for each state at

https://www.mentalhealth.va.gov/suicide_prevention/Suicide-Prevention-Data.asp

In 2014, 65% of Veterans who died by suicide were aged 50+, due to the absolute numbers of older Veterans.





Risk Factors

Older Veterans may have multiple risk factors for suicide

- Older (Caucasian) men
- Depression, anxiety, PTSD
- Serious medical illness and related disability
- Chronic pain
- Sleep problems
- Isolation, lack of social connectedness
- Substance misuse/abuse
- Cognitive deficits

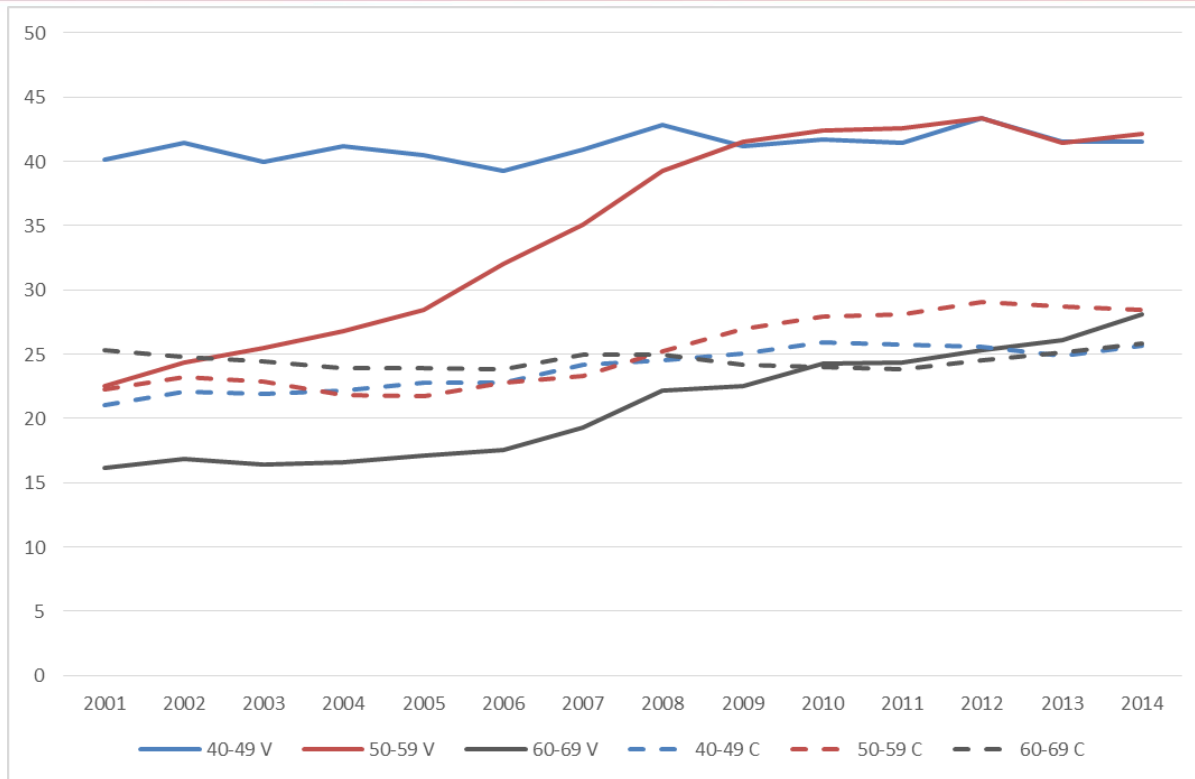
Majority of Veterans who complete suicide do so by firearm;
Veterans aged 65 and over: >80% suicide deaths by firearm

Older and middle aged Veterans who die by suicide less likely to have a history of suicide attempt compared to younger Veterans





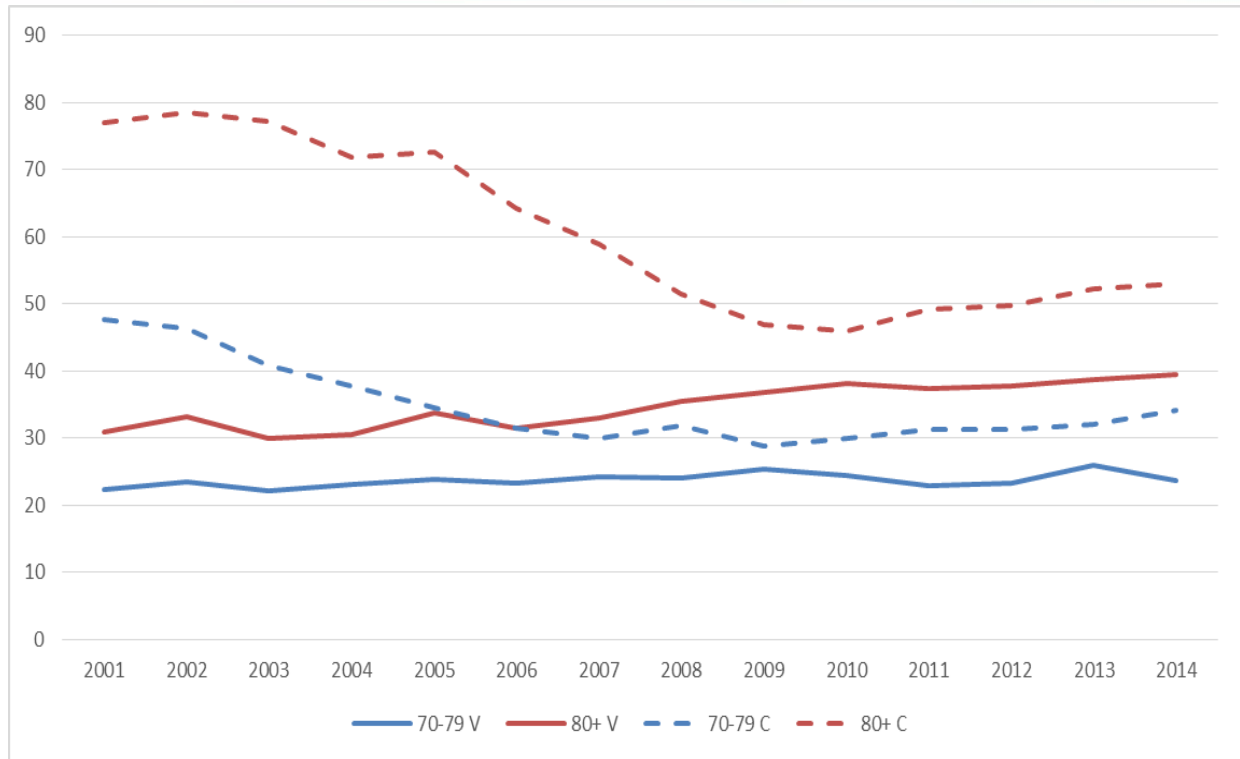
Rates of Suicide Among Male Veterans and Civilians Ages 40–69



Increases in rates of suicide among male Veterans ages 50–69 were larger than those observed among male civilians in the same age groups (2001–2014)



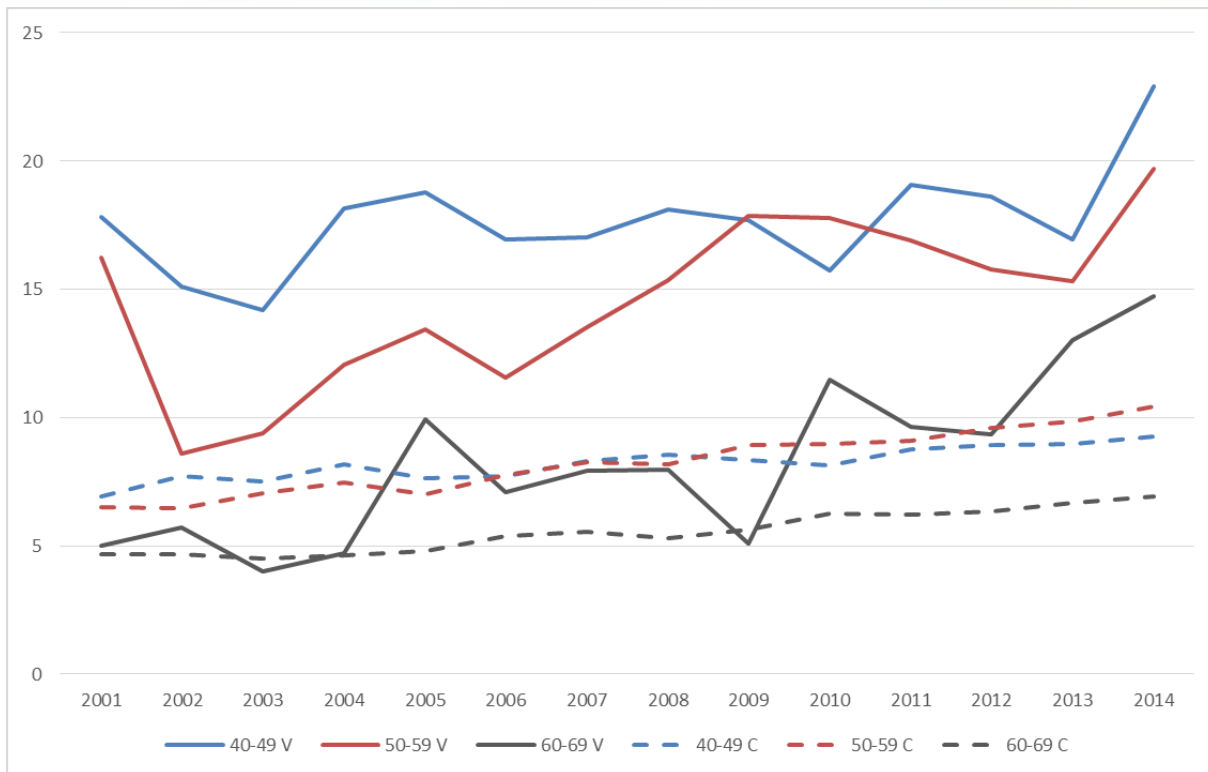
Rates of Suicide Among Male Veterans and Civilians Age 70+



Rates of suicide among older adult male Veterans were lower than rates of suicide among older adult male civilians across the time period (2001–2014)



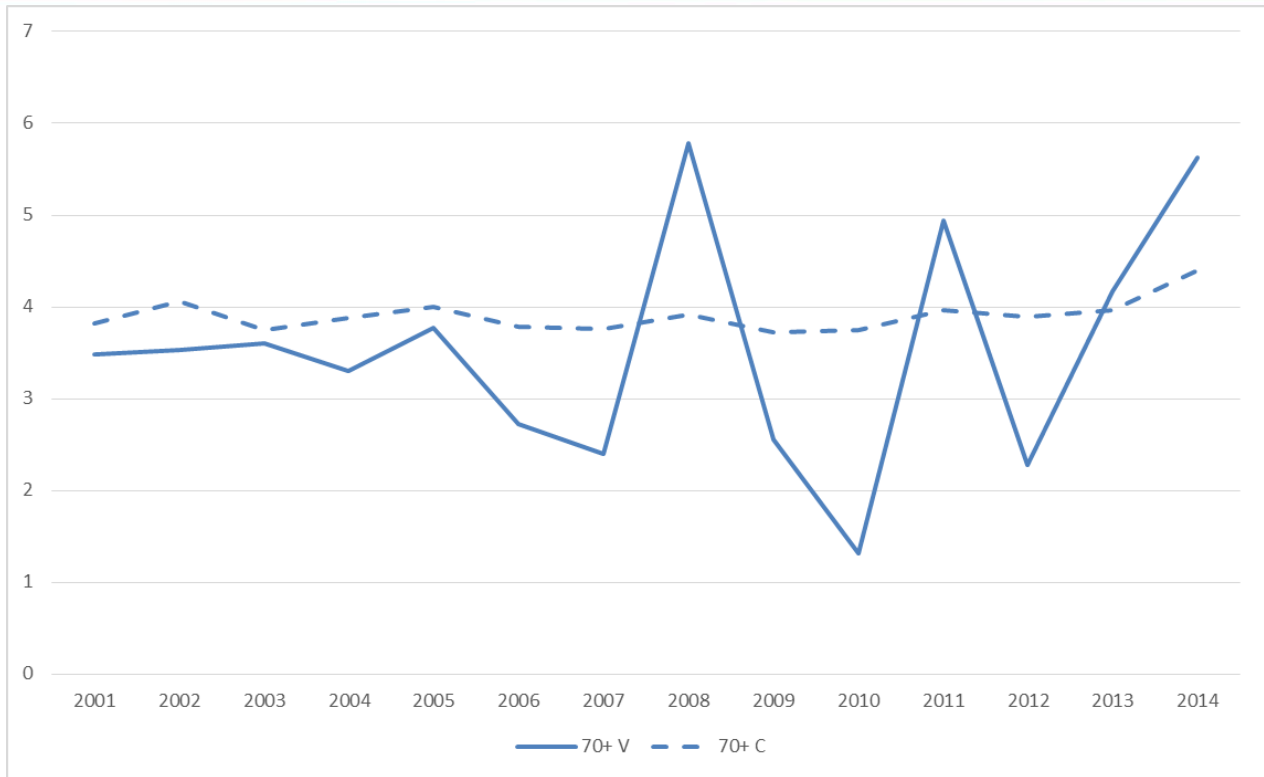
Rates of Suicide Among Female Veterans & Civilians Ages 40–69



Rates of suicide were higher among female Veterans ages 40–69 compared with suicide rates among female civilians in the same age groups (2001–2014)



Rates of Suicide Among Female Veterans and Civilians Age 70+



Rates of suicide among older female Veterans were similar to rates of suicide among older adult female civilians (2001–2014)



Veterans' Voices: Barriers to Engaging Veterans

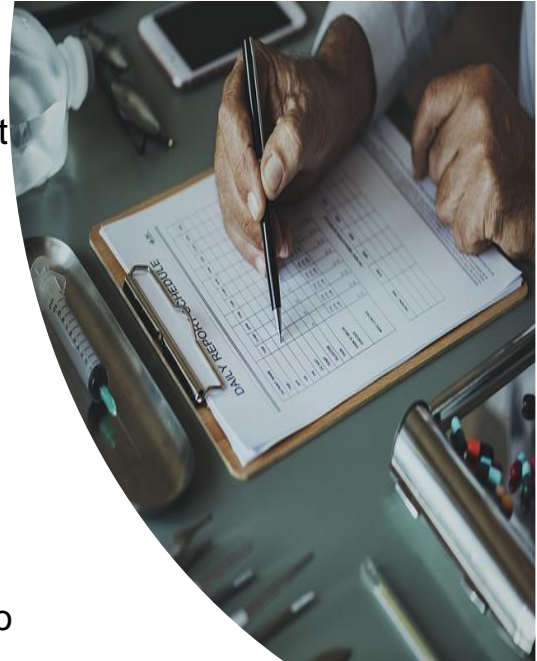
- For some, **hopelessness and negative self-perception**
 - “I will never get better.” “Nobody cares about me.” “What good will more pills do?” “Treatment won’t help someone like me.” “I am crazy.” “I am beyond repair.”
 - For some, limited motivation to work towards recovery
- **Anger/distrust** among some Veterans
- Can be off-putting to those who want to help
- **Ageism**
 - Beliefs that older Veterans cannot change, relate to or support younger Veterans, or serve as role models
- **Lack of support** from family or community





Veterans' Voices: Barriers to Engaging Veterans

- Getting lost in **complex care systems**
 - After initially engaging, some Veterans may not know next steps and are lost to follow-up
- For some, challenges in **applying for VA services/benefits**
 - Proving eligibility for VA services/benefits
 - For some, challenge to track down DD214 (document issued at time of discharge from military service showing dates of service, military occupational specialty, type of discharge, awards, etc.)
 - Navigating websites, phone calls, and/or visits to medical centers
- **Credibility**
 - May not trust providers who haven't served in the military, don't know what it's like





Veterans' Voices: Tips for Engaging Veterans

- Earn **trust** by being consistent and ensuring your actions agree with your words
- Get to **know** the Veteran
 - Ask about military career, family, immediate needs and goals
 - Take the lead to facilitate care
 - Ensure Veteran knows how to access services, where to go, and has reliable transportation
 - “Hold their hand:” Some Veterans may initially be unwilling or unable to act on their own and need a lot of support. As Veteran’s comfort increases, empower them to do more themselves for their recovery
- **Follow up**
 - Track whether Veteran attends appointments; follow-up if not; Talk with Veteran about experience, satisfaction, questions





Veterans' Voices: Tips for Engaging Veterans

- **Inspire hope**

- Give examples of successes; ask other Veterans to share recovery stories
- Remind Veterans that their problems have solutions

- **Use positive recovery language**

- Emphasize that recovery is possible. Talk about recovery as a partnership. Avoid stereotyping or harmful labels.

- **Be creative and create connection**

- Engage Veteran around interests: Ask about hobbies, sports teams, travel

- **Help to build confidence**

- Celebrate successes at every stage (e.g., initial meeting, willingness to consider treatment, agreeing to receive care)





Veterans' Voices: Tips for Engaging Veterans

- **For those who might benefit from but doubt VA care:**

- Emphasize that the VA of today is not the VA of 40 years ago
- VA commitment to Veteran-centered care
- All Veterans are important – old and young alike
- Many VA employees are Veterans

- **Address isolation**

- Encourage Veterans to connect with peers – e.g., support groups
- Help Veterans to become active in community, outside their homes
- Re-engagement can be a key tool to help the Veteran move forward... and, become new “comfort zone”





VHA Office of Community Engagement

Enhance and Develop Trusted Partnerships

with Private Sector, Veterans Service Organizations, and Non-Profit Organizations interested in partnering with VHA to benefit Veterans, their families, Caregivers, and Survivors

- ✓ Facilitator and access point to organizations interested in partnering with Veterans Health Administration in the service of Veterans.
- ✓ Resource and catalyst for the growth of responsible and productive partnerships.

Partnerships build capacity, leverage resources, address new and emerging needs, and build on the experiences and knowledge of each other.



Why Partner With VHA?

- Advance shared objectives
- Enhance impact through resource sharing
- Demonstrate measurable outcomes

No single office, organization, or agency owns the expertise and resources to deliver ALL of the benefits, services, and resources necessary to meet the needs and expectations of every Veteran.



VETERAN COMMUNITY
PARTNERSHIPS



Veteran-Community Partnerships

Vision

All Veterans and their caregivers will have access to, and choices among, the services that allow our Veterans to stay in the place they call home.



VETERAN COMMUNITY
PARTNERSHIPS

Mission

To foster Veterans seamless access to, and transitions among, the full continuum of non-institutional extended care and support services in VA and the community.

"Serving those who served for us"



What is a VCP?

Veteran Community Partnerships (VCP) are formalized partnerships through which local VA facilities connect with state and local community service agencies in an effort to:

- **Enhance** and improve access to and quality of care
- **Promote** seamless transitions
- **Educate** community agencies and VA providers
- **Support** caregivers
- **Develop and foster** strong relationships between VA and community agencies and providers



Who is Involved?

Community Partners:

- Veterans
- Veterans services organizations
- Hospice-Veteran Partnerships
- Community, county, and state human services agencies
- Aging network
- Caregivers
- Caregiver coalitions
- Academic institutions
- Non-Veteran service organizations
- Faith-based organizations
- Non-profits
- Charitable organizations
- Philanthropic organizations
- Hospice organizations
- Home care agencies
- Respite organizations
- Disability groups

VA Medical Center Partners:

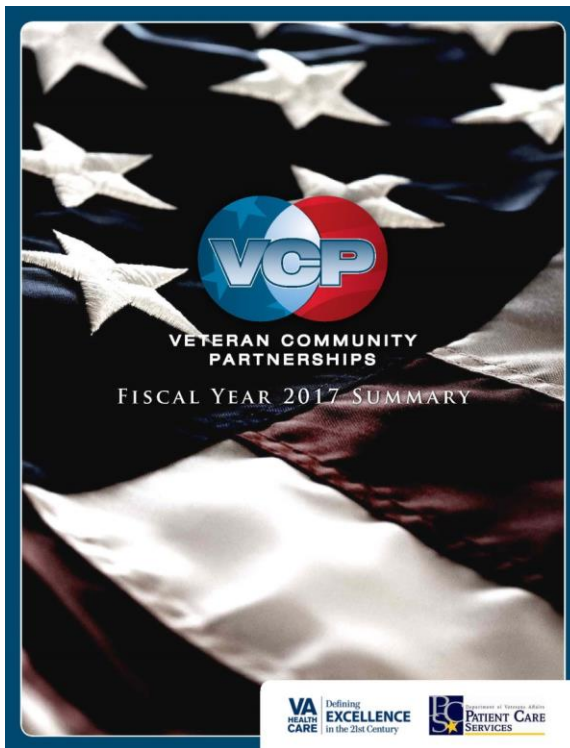
- Hospice and Palliative Care
- VA Voluntary Service
- OEF/OIF/OND program
- Social Work Service
- Nursing Service/Community Health
- Mental Health and Suicide Prevention
- Geriatrics and Extended Care
- Office of Public Affairs
- Homelessness
- Veterans Experience Office



VCP Resources – Toolkit, Reports, and More



"Serving those who served us"



<https://www.va.gov/healthpartnerships/vcp.asp>



Resources

- **Older Veterans Behavioral Health Resource Inventory**
 - Collaboration between DVA: VHA/VBA; Department of Health and Human Services: SAMHSA, Administration for Community Living, Center for Medicare and Medicaid Services, Office of Minority Health; and National Council on Aging
 - Overview of programs and publications on suicide prevention, PTSD, substance use disorders, health promotion and disease prevention, clinician education on serving Veterans, long-term services and supports, benefits and other supports.
- <https://www.mentalhealth.va.gov/communityproviders/itf.asp>
- Select VA benefits and mental health resources in following slides



Veteran Benefits

YOUR BENEFITS

Learn what VA can do for you

VA can support you and your loved ones in different ways throughout your life. Your VA Welcome Guide provides a broad overview of services VA can offer you. To access more information about VA benefits and services, **visit us online at [Vets.gov](https://www.vets.gov)**



Health Care

- Basic and Specialty Care
- Mental Health Care
- Long Term Care
- Crisis Support



Employment

- Skills Training & Counseling
- Online Career Tools



Finances

- Monthly Disability Payments
- Life Insurance
- Burial Allowances



Education

- GI Bill
- Training Programs



Housing

- Short Term Housing
- Home Loans
- Refinancing Options



Memorialization

- Burial and Committal Services
- Headstones and Markers
- Burial Flags

For additional information on Veterans Benefits go to <https://www.vets.gov/>



VA COMMUNITY PROVIDER TOOLKIT

SERVING VETERANS THROUGH PARTNERSHIP



Providing Key Information and Tools for Providers Serving Veterans:

- Military service screening
- Military culture
- Behavioral health treatment services and resources



<http://www.mentalhealth.va.gov/communityproviders/>



Military Culture: Core Competences for Healthcare Professionals

Goals:

- To help health care professionals be more culturally competent when they serve servicemembers, veterans and their families.
- To identify and help healthcare professionals address their own biases, beliefs and assumptions about the military that may influence how they provide care.

- 4 modules
- Web-based
- 8 free continuing education units



www.train.org/vha/welcome



Relevant to all Veterans and their families, **regardless of eligibility for VA care** or the range of mental health issues they may be experiencing.

MAKE THE CONNECTION

www.MakeTheConnection.net

- Informs Veterans, their families and friends, and members of their communities about **resources designed to help Veterans live well**
- **Reaches Veterans where they are** – online and through trusted media and influencers – when they need support
- Features **true stories** from real Veterans, which serve as a powerful tool in breaking down barriers and can **help Veterans realize they are not alone.**

<http://maketheconnection.net/>



Free, confidential support 24/7/365

• • • Confidential chat at **VeteransCrisisLine.net** or text to **838255** • • •

- Veterans
- Family members
- Friends
- Service members

Veterans Crisis Line



1-800-273-8255
PRESS 1



SPEAK
with expert
PTSD clinicians



E-MAIL
PTSDconsult@
va.gov



CALL
(866) 948-7880



ACCESS
free clinical
resources



PTSD Consultation Program FOR PROVIDERS WHO TREAT VETERANS

About the Consultants

- Experienced senior psychologists, psychiatrists, social workers, pharmacists, and other health professionals who treat Veterans with PTSD
- Available to consult on everything from your toughest cases to general PTSD questions

Ask about:

- Evidence-based treatment
- Medications
- Clinical management
- Resources
- Assessment
- Referrals
- Collaborating with VA on Veterans' care
- Developing a PTSD treatment program

Available Resources - www.ptsd.va.gov/consult

- Free continuing education
- Videos, educational handouts, and manuals
- PTSD-related publications
- PTSD and trauma assessment and screening tools
- Mobile apps, and more



WWW.PTSD.VA.GOV



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PTSD101

WINDOWS TO THE BRAIN: NEUROPSYCHIATRY OF TBI

Presented by
National Center for PTSD
U.S. Department of Veterans Affairs



COGNITIVE BEHAVIORAL PSYCHOTHERAPIES FOR PTSD

Presented by
National Center
for PTSD
U.S. Department of
Veterans Affairs



ASSESSMENT OF PTSD

Presented by
National Center
for PTSD
U.S. Department of
Veterans Affairs





Links to VHA Program Information

Geriatric and Extended Care programs:

<http://www.va.gov/geriatrics/>

Mental Health Services:

<http://www.mentalhealth.va.gov/>

Social Work Services:

<http://www.socialwork.va.gov/>

Caregiver Support Program:

<http://www.caregiver.va.gov/>



Links to VHA Program Information

VA Health Promotion Disease Prevention
VA Whole Health

<https://www.prevention.va.gov/>
<https://www.va.gov/patientcenteredcare/>

VA Tobacco Cessation Program

<https://www.publichealth.va.gov/smoking/>

VA MOVE! Weight Management Program

<https://www.move.va.gov/>

My HealtheVet Veterans Health Library

<https://www.myhealth.va.gov/>
<http://www.veteranshealthlibrary.org/>



Summary

- As a group, Veterans are older than non-Veterans
 - More than half of all male Veterans are age 65 or older but about 12 percent of male non-Veterans are 65+
 - About 18% of female Veterans and 20% of female non-Veterans are 65+
- Older Veterans are resilient, and may also experience significant medical, behavioral health, and social services needs
- Veterans have higher a prevalence of key health conditions as compared to non-Veterans
 - Collaboration among VA and non-VA providers and benefits is paramount as more Veterans require long-term comprehensive health care services
 - VA / Community Partnerships are critical to Veteran choice and care coordination
 - Most Veterans rely on both VA and non-VA sources for health care
- Veteran Peer Specialists recommend strategies to engage older Veterans in care
- VA has many resources for older Veterans, their families, and for community professionals who care for them



State and Federal Partnership

Rebecca Castleton, Program Coordinator, CHES



www.Livingwell.Utah.gov

Utah Arthritis Program

Utah Department of Health



UDOH Mission & Vision

Vision

Our vision is for Utah to be a place where *all* people can enjoy the best health possible, where *all* can live and thrive in healthy and safe communities.

Mission Statement

The Utah Department of Health's mission is to protect the public's health through preventing avoidable illness, injury, disability, and premature death; assuring access to affordable, quality health care; and promoting healthy lifestyles.



Utah Arthritis Program

Utah Department of Health



UDOH Strategic Priorities

Healthiest People – The people of Utah will be among the healthiest in the country.

Optimize Medicaid – Utah Medicaid will be a respected innovator in employing health care delivery and payment reforms that improve the health of Medicaid members and keep expenditure growth at a sustainable level.

A great organization – The UDOH will be recognized as a leader in government and public Health for its excellent performance. The organization will continue to grow it's ability to attract, retain, and value the best professionals and public servants.



Utah Arthritis Program

Utah Department of Health



UAP Program Mission & Vision

Vision

Improve the quality of life for all Utahns affected by arthritis and other chronic conditions.

Mission Statement

We provide technical assistance and coordination to expand reach and achieve sustainability of evidence-based self-management programs for all Utahns affected by arthritis and other chronic conditions through statewide partnerships.



Utah Arthritis Program

Utah Department of Health



The UAP meets the VA

History

- Process
- Mutual goals
- Key contacts
- Living Well Coalition



Utah Arthritis Program

Utah Department of Health



Process

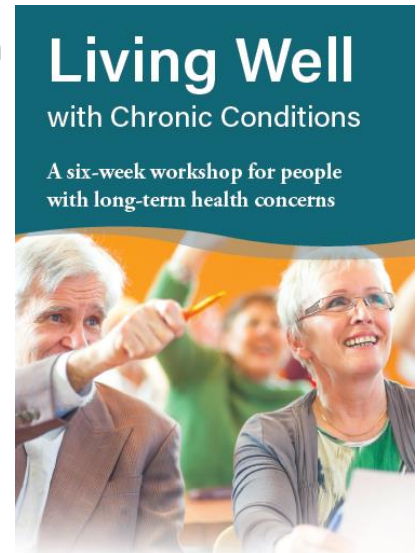
- UAP wrote the “VA Proposal for CDSMP Implementation”
 - Program summary
 - Benefits
 - Implementation requirements for the VA
 - Maintaining Participant Privacy
 - Associated Costs
- The VA MOVE! Weight Management Program - participants graduated from it into the Living Well programs
- Planned to use Primary Care and Specialty Clinics for recruitment
- Primary Care Opioid Education Program – requires participation in self-management programs
- Secured VA Health Promotion Disease Prevention Program Manager for Living Well program efforts for the VA
- No co-pay for classes if led by Veteran Peers





VA Salt Lake City Health Care System Health Promotion Programs

- **Living Well with Chronic Conditions, Diabetes and Chronic Pain**
 - Led by 2 peer leaders, sometimes includes a staff lead.
 - **Walk with Ease**, Arthritis Foundation Walking Program
 - Led by Clinical Dietitians.
 - **Stepping On**, Fall Prevention and Balance Program
 - Led by Nursing and Physical Therapy staff.
 - **EnhanceFitness** – coming soon . . .
-
- Access to community programs includes rural
 - Program locator: www.livingwell.utah.gov



Utah Arthritis Program

Utah Department of Health



The UAP meets the VA

- Challenges
- Successes
- Lessons learned
- Next Steps



Utah Arthritis Program

Utah Department of Health



Contact Information

Nichole Shepard

801-538-6259

nshepard@utah.gov

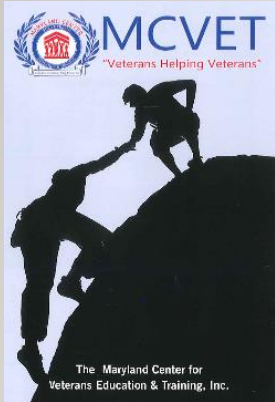
Rebecca Castleton

801-538-9340

rcastlet@utah.gov



www.Livingwell.Utah.gov



PILOTING CDSME MCVET, BALTIMORE, MD

WENDY FARTHING

DIRECTOR OF EVIDENCE-BASED INTEGRATION CDSME/FALLS
MARYLAND LIVING WELL CENTER OF EXCELLENCE

MCVET THE MARYLAND CENTER FOR VETERANS EDUCATION & TRAINING, INC. BALTIMORE, MD



- MCVET is a residential and support program for homeless men and women veterans in need of housing and support services such as case management, benefits counseling, employment and education.
- MCVET's Mission: "To provide homeless veterans and other veterans in need with comprehensive services that will enable them to rejoin their communities as productive citizens."
- MCVET operates 5 Housing Programs: Day Drop In, Emergency Shelter, Bridge Housing, Transitional Housing and Single Room Occupancy which function as one system.
- Located in Baltimore, MD MCVET offers Case Management, Employment and Education, Benefits Counseling.

MAC INC. MARYLAND LIVING WELL CENTER OF EXCELLENCE



- MAC, Inc. a non-profit 501 (C3) Area Agency on Aging located in Salisbury, MD. The Living Well Center of Excellence (LWCE) is a division of MAC and oversees delivery of evidence-based programs to residents across the state of Maryland.
- The LWCE holds the statewide license, coordinates statewide trainings and data collection, provides technical assistance for all CDSME programs.
- The LWCE partners with regional health systems, Area Agencies on Aging, MD State government agencies, and organizations serving older adults, adults with disabilities and Veterans to build an integrated, sustainable CDSME network across the state of MD.

MARYLAND VETERAN POPULATION

- LWCE strives to focus on underserved and at risk populations. We also are intentional to expand our workforce to ensure we have leaders who are representative of their communities.
- Maryland ranks 17th in total Veteran population and Maryland's older Veteran generation is approximately 37% of this population.
- In 2016, Maryland reported 173,000 veterans over 65, many of whom needed help accessing long term health care and assisted living services.
- LWCE recognizes veterans as a unique underserved, at risk population, disproportionately suffering from chronic conditions like homelessness, addiction, and mental health issues.

MCVET PILOT WOULD NOT HAVE BEEN POSSIBLE WITHOUT CYNTHIA MACRI, M.D.



- Pilot started with the assistance of Cynthia Macri, M.D., FACS, FACOG. A retired Navy Medical Core Captain Gynecologic Oncologist (now with EagleForce Associates, Inc.) she works closely with the LWCE in a volunteer capacity focusing on improving the health and opportunities for veterans.
- PASSIONATE about Living Well programs, Dr. Macri is a Master Trainer in CDSMP, DSMP, CPSMP, and Cancer Thriving & Surviving.
- Initial meetings were held with a representative of MD's Veterans Commission to discuss providing CDSME at specific locations. Meetings included Tim McNeil, Jackie Harley, Cynthia Macri (all former military) and LWCE Executive Director Leigh Ann Eagle and Sue Lachenmayr State Program Coordinator.
- Intentional outreach was made to include former military CDSME leaders to help implement the program at MCVETS. Two staff members from MCVETS were also trained in the program to be facilitators. Additional meetings were held at MCVET...and the story began.

PROGRAMS PILOTED AT MCVET:

- 6- Week Workshops
 - Chronic Disease Self-Management (CDSMP)
 - Chronic Pain Self-Management (CPSMP)
- Session 0 Workshops
 - Living Well with Hypertension
 - Stepping Up Your Nutrition (Malnutrition)

MCVET CDSME PILOT STARTED JUNE OF 2017

DATES	WORKSHOP	COMPLETERS / PARTICIPANTS / COMPLETION RATE	
June 19 - July 24	CDSMP	15/18	83%
July 31 - Sept 11	CPSMP (PAIN)	13/16	81%
Sept 18 - Nov 13	CDSMP	13/17	76%
Nov 27	Hypertension (Session 0)	14	
Dec 11- Feb 5	CPSMP (PAIN)	10/18	66%
Feb 26	SUYN Stepping Up Your Nutrition (Session 0)	21	
Mar 5 – Apr 9	CDSMP	13/18	72%
Apr 16- May 21	CPSMP (PAIN)	IN PROGRESS	
	TOTALS CDSMP / CPSMP 5 workshops 87 participants	64/87	74% National Average 66.6%



DEMOGRAPHIC INFORMATION

N = 87 PARTICIPANTS WERE AGE 18-69, AVERAGE AGE 50-54		PERCENT
MULTIPLE CHRONIC CONDITIONS		62%
DEPRESSION		67%
CHRONIC PAIN		39%
HYPERTENSION		39%
MALE		86%
FEMALE		10%
AFRICAN AMERICAN		66%
WHITE, CAUCASIAN		32%
HISPANIC/LATINO		4%

THERAPUTIC MODALITY

BACK TO BACK PROGRAMS = 12 WEEKS (90 DAYS)

- People with chronic conditions have similar concerns and problems (frustration, pain, fatigue, isolation, poor sleep, living with uncertainty, communication with family, friends and health professionals, setting priorities)
- People must deal not only with their disease, but also the impact these have on their lives and emotions
- People with chronic conditions are more likely to identify with and trust leaders who have had similar experiences.
- Goals of Self-Management – accept responsibility, become active participant, gain confidence



PARTICIPANT FEEDBACK COMMENTS

- “Class was extremely helpful and interesting”
- “Thank you so much for this opportunity to participate in this.”
- “This program enables participants to help themselves and others in a critical area of life. - The all too sudden decline of health- and I am so grateful for it’s wealth of knowledge and outstanding instruction.”
- “Both teachers shared a wealth of information in each class. It has truly changed my life for the better and I look forward to becoming a master - and teach my own class in the future. Thanks for coming and sharing the priceless knowledge with us.”

WAY FORWARD 2018-2019



- 2 MCVETS staff were trained in the CDSME program and will be co-facilitating workshops this year. LWCE has identified leaders to continue offering the programs at MCVET.
- Workshops are scheduled for the remainder of calendar year. A coordinator has been identified to help with transitioning this from a pilot to an embedded program.
- Funding has been secured through a Johns Hopkins GWEP grant to continue the support of this Veterans initiative. Several Veterans completing the workshops have expressed interest in training to become lay leaders in the programs. Upcoming trainings will include them.
- Dr. Cynthia Macri continues to support the Veterans outreach with the LWCE.
- Our goal is to take this program to other Veteran populations to share benefits with military members and their families/caregivers.

Questions & Answers



Type your question into the chat box on the lower left-hand side of your screen.

For reference, the recording of this webinar will be available shortly on www.ncoa.org/cha.