Federal Health Matters

How Healthy Are Military Personnel?

Results of the 2002 Survey of Health Related Behaviors Among Military Personnel, which were released early this March, indicate that while service members are healthier than ever in some areas, they are losing ground in others. The anonymous survey was completed by a randomly selected, representative sample of 12,500 active-duty service members from 30 military installations around the globe.

Since 1980, when the first such survey was conducted, the military has made significant progress in reducing such unhealthy behaviors as tobacco use, heavy alcohol use, and use of illegal drugs. But while service members' reported illegal drug use remains low compared to both the military figure cited for 1980 and the current estimated level among civilians (3% versus 28% and 12%, respectively), rates of cigarette smoking, alcohol use, and work-related stress have risen since 1998.

These three problem areas seemed to be linked. Although most of the respondents to the 2002 survey reported healthy strategies for dealing with stress (such as talking with others, playing sports, engaging in hobbies, and praying), 25% said they used alcohol or cigarettes to help them cope. Another 40% turned to food—which could help explain why overweight is another problem in the DoD.

Family separation and deployment were identified as the top two causes of stress among military members. Additionally, over 40% of female survey respondents reported that being a woman in the military was a substantial source of stress for them. Analysis of the survey results revealed that higher levels of stress correlated with lower levels of work performance and a greater risk of workplace accidents. Another strong relationship was found between heavy alcohol use, productivity loss, and mental health problems (including depression and stress).

On a more positive note, comparison of the survey results with the Healthy People 2000 and Healthy People 2010 goals established by the HHS indicates that service members have met or exceeded one third of these goals—including those for strenuous exercise, seatbelt and helmet use, Pap smear screening, and abstention from substance use during pregnancy. As a whole, the military is still working toward achieving goals for body weight, tobacco use, blood pressure and cholesterol monitoring, hospitalization for injuries, and condom use—though certain subgroups have met some of these targets. Furthermore, rates of satisfaction with military service are relatively high: about 65% for the combined services, 72% for the air force, 66% for the marine corps, 64% for the navy, and 61% for the army.

For the most part, the health challenges faced by military personnel mirror those found in civilian populations. While service members, in general, have lower levels of substance abuse and younger service members have higher levels of heavy alcohol use than their civilian counterparts, smoking rates and weight trends are comparable between the two populations. And Assistant Secretary of Defense for Health Affairs William Winkenwerder, Jr. says that the mental health problems identified in the survey are "not entirely surprising given the military's role in worldwide events throughout the past two years." In his statements to the press, he reiterated military leaders' commitment to addressing these and other health concerns, citing the important role the newly established Defense Safety Oversight Council plays in promoting safe practices and behaviors.

House Hearing Reassesses VA PTSD Programs

For decades, the VA has led the world in posttraumatic stress disorder (PTSD) treatment. But what's the current state of PTSD programs in the VA, and will these programs

enable VA health care providers to handle the increased demand on PTSD services expected as the newest combat veterans return from Iraq and Afghanistan? These were the fundamental questions addressed at a March 11 hearing before the House VA Subcommittee on Health, which included testimony by VA Under Secretary for Health Robert H. Roswell, MD, leaders of various VA facilities and programs, representatives from veterans' interest groups, and VA and DoD chaplains.

In his testimony, Roswell outlined the initiatives the VA is undertaking to ensure proper recognition, treatment, and prevention of PTSD. He began by highlighting plans to boost VA mental health and PTSD programs using an additional $25 million recently allocated to the VA by Congress for that purpose. Other new funding will allow the VA to hire 50 temporary employees for "Vet Centers" located near military outprocessing stations and National Guard and Reserve facilities. The plan is to recruit veterans recently separated from the Global War on Terrorism to provide to their counterparts returning from more recent operations outreach, advice, and information on readjusting to civilian life and transitioning to VA services. Other efforts described by Roswell include a clinical reminder that automatically prompts VA providers to perform specific screening measures based on a veteran's date of military separation, a newly released VA/DoD Clinical Practice Guideline on the Management of Post-Traumatic Stress, and the new Iraq War Clinician's Guide created by the VA National Center for PTSD.

Testimony from VA clinician leaders commended the progress the VA has made over the years in transforming its health care system and spearheading advances in PTSD management. Each of these leaders, however, also pointed out current weaknesses in the VA's approach to PTSD treatment and made specific recommendations for improvements.

A recurrent theme was early identification of veterans with signs of PTSD and prompt intervention to prevent chronic disease. One proposed strategy was to integrate mental health care providers into every VA primary care department and outpatient clinic. Another, suggested by the co-chair of the VA Under Secretary for Health's Special Committee on PTSD, involves a routine mental health intervention performed by VA staff for all new combat veterans 90 days after they return from deployment. This witness also recommended special training on how to recognize the signs and symptoms of PTSD for those staff members designated at each VA facility as the point of contact for new veterans transitioning to VA care.

Other points emphasized were education and continued research to help the United States remain a leader in veteran care and PTSD treatment. Several witnesses also said that the VA's switch from inpatient- to outpatient-based health care inadvertently reduced the system's capacity to provide specialized PTSD and mental health care and recommended ways to correct these deficits. Representatives from veterans' groups reiterated concerns about gaps in specialized mental health services and called for increased funding in these areas.

Finally, the subcommittee heard from DoD and VA chaplains regarding the important role these individuals play in preventing and managing PTSD—both on the battlefield and at home after deployments.

Rumsfeld Initiates Investigation of Sexual Assault in the Military

In a February 5th memorandum, Secretary of Defense Donald H. Rumsfeld ordered Under Secretary of Defense for Personnel and Readiness David S.C. Chu to review the "treatment of and care for victims of sexual assault, with particular attention to any special issues that may arise from the circumstances of a combat theater." Rumsfeld said he was particularly concerned with service members deployed to Iraq and Kuwait and gave Chu 90 days to report his findings.

The investigation comes after a series of articles in the *Denver Post* brought national attention to the issue of sexual assault and domestic violence in the military. The newspaper reported that many alleged victims of such crimes were unable to obtain emotional, physical, or legal support from the DoD. The articles mentioned that at least 37 female service members have sought help from civilian organizations after returning to the United States, reporting that they had been sexually assaulted while stationed in Kuwait and Iraq and that their cases had received poor treatment and inadequate investigation by the military.

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In 2003, the DoD had 88 allegations of sexual misconduct—80 from the Army, seven from the Air Force, and one from the Marine Corps. Because the military's definition of sexual misconduct includes some cases of consensual sex, it's unclear how many of these allegations involve assault.

Nearly a month after Rumsfeld's memo, the DoD Task Force on Care for Victims of Sexual Assault set up a toll free hotline for people who have information to report to the task force. According to Chu, the information gathered through the hotline will help shape future policies and programs for preventing sexual assault and assisting victims.

High Marks for IHS Computerized Health Records

The Office of Management and Budget (OMB) has rated the IHS electronic Resource Patient Management System (RPMS) among the top 20 programs in the federal government—and the second highest of the HHS programs reviewed. The RPMS gives health care providers and program managers at the local, regional, and national levels access to clinical and administrative information. It also includes such features as a lifelong medical record and on-demand population health queries.

The OMB's review recognizes the strong management and financial practices of the RPMS program. It also acknowledges the progress the IHS has made toward deriving all clinical quality indicators from RPMS and using RPMS to institute an automated behavioral health system at all IHS, tribal, and urban facilities—two of the program's three long-term goals. The third, a relatively new goal, is the development of a comprehensive electronic health record that incorporates clinical case management of diabetes, coronary vascular disease, asthma, HIV, and obesity. This electronic health record should be completed later this year and is scheduled for full implementation by 2008. ●

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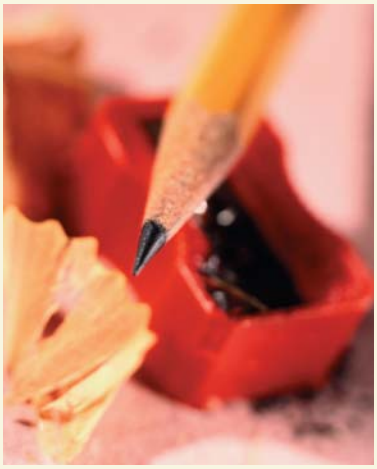

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