

The Citizen Soldier Support Program: Building Bridges Between Communities and Military Families

Steven R. Moore, RPh, MPH, FRSH, FASHP, CPHP

Citizen soldiers live across the nation, and they can be found in most local communities. In North Carolina, they are members of the North Carolina National Guard and the Military Reserves. The National Guard Armory has long been a local institution known to most citizens and readily recognized as a critical part of community structure. The needs of deployed Guard members and reservists and their families are unique and differ from those of active duty military forces. Active duty forces are primarily clustered around established military installations that usually house a wide variety of services and support networks for both the soldier and the affected family. Guard members or reservists often live far away from a military installation. Traditionally they train on selected weekends and on short tours of duty for extended training during the summer. As the concept and needs of the total military force have changed, these citizen soldiers are now being deployed for extended tours of duty, and the impact of their service upon themselves, their families, and their communities has dramatically changed.

Guard members and reservists are located in every North Carolina county, and families are routinely familiar with the short tours of duty required of Guard members or reservists in the past. When the citizen soldier is deployed, however, for an extended period of time, his or her family becomes an active military family. When faced with the active long-term deployment of a significant family member, the remaining family members must cope with a wide variety of new and unique circumstances that many had not planned for and which many may find quite daunting. Among these changes are issues affecting their health. Military families may have greater and very different health care needs compared to the general population. Nonetheless the families of Guard members and reservists still must largely acquire care in the local community. This may be challenging for both families and community providers who may not

be ready to serve this population. Nonetheless the overall impact of having a deployed family member can dramatically impact the family's health.

Introduction to the Citizen-Soldier Support Program

The Citizen-Soldier Support Program is a federally-funded, national demonstration program whose mission is to mobilize and engage communities to support service members of the National Guard and Military Reserves and their families before, during, and after mobilization and deployment. The Citizen-Soldier Support Program is in its third year of operation and is rapidly moving toward implementing a variety of best practices and lessons learned in its first 2 years of operation.

As a demonstration project, the Citizen-Soldier Support Program and its products need to be readily reproducible across

“Community capacity is needed to adequately support citizen soldiers and their families in an effort to (1) strengthen them; (2) provide them with economic security; and (3) develop family-community connections.”

Steven R. Moore, RPh, MPH, FRSH, FASHP, CPHP, Citizen Soldier Support Program, Odum Institute for Research in Social Science, and adjunct assistant professor, School of Pharmacy, the University of North Carolina at Chapel Hill. He can be reached at mooresr (at) email.unc.edu.

North Carolina as well as in other states. Although the Citizen-Soldier Support Program in its early stages sought to develop direct community resources and show the impact there, it quickly became evident that these local models simply were economically unfeasible for real world duplication. In its current activities, the Citizen-Soldier Support Program is seeking to target its resources into larger models that impact systems and thus have a far greater potential benefit for communities and individual families.

With critical and targeted input from its National Advisory Committee, a strategic planning effort was undertaken, and the Citizen-Soldier Support Program is working to move forward on a number of targeted programs. Although these programs may impact a wide variety of family and community support activities, a number directly impact the health care status of citizen soldiers, their families, and their communities.

One area of health most dramatically impacted by deployment is mental health. Health concerns may be as subtle as the depression or anxiety of family members or as dramatic as the posttraumatic stress disorder (PTSD) or traumatic brain injury (TBI) of the returning soldier. The Governor's Focus on Returning Combat Veterans and Their Families is a statewide effort focusing on the mental health of returning soldiers. Building upon and cooperating with this effort, the Citizen-Soldier Support Program has brought together a number of varied specialists to form a steering committee to focus the joint efforts of all concerned stakeholders. The group includes representatives of the North Carolina National Guard and Military Reserves, Veterans Administration, state government, private medical practitioners, and a variety of other social support parties. Stakeholders hope to coordinate their efforts to address the mental health needs of returning combat veterans and their families. The group is intensely seeking to identify the geographic distribution of the state's mental health practitioners and then segment this population according to those who are in the TRICARE system (the Department of Defense managed health care program) and those who are not. Mental health problems may not be strictly managed through military health care, thus the continuum of mental health services including the Veterans Administration and the civilian sector are integral to serving the needs of returning soldiers and their families. A final comprehensive report on addressing this problem is forthcoming in early 2008.

Citizen Soldier Support Program Health Initiatives

The Citizen-Soldier Support Program has planned multiple initiatives. First, a training effort piloted through the Area Health Education Centers (AHEC) program seeks to provide targeted exposure to community-based medical practitioners on how to assess and treat specific problems experienced by citizen soldiers and where to refer them for additional care. Following the initial training and evaluation of this pilot project in the Coastal AHEC in January, similar efforts will be designed for other regions in the state. The goal is to export this model to

similar practitioner training programs in other states as well. The Coastal AHEC training efforts target 2 groups of practitioners. An evening session targets primary care practitioners, especially family physicians, and focuses on the unique nature of the military experience and the impact of these experiences on mental health, especially PTSD. A full-day session targets the whole range of mental health professionals and presents the military perspective and its impact on mental health but also highlights aspects of assessment, clinical practice guidelines, and treatment interventions. Both programs provide attendees with a better understanding of TRICARE and how it can be used by practitioners to assist military health care coverage.

Second, a community-based health delivery model using mental health personnel in a largely rural area is being developed through the Mountain AHEC. The effort seeks to establish a real-world model that can be sustainable and effective where mental health practitioners are in short or limited supply. During the first year Haywood County will be provided psychiatric physician extenders to support community-based physicians in addressing mental health issues for the full range of military personnel, veterans, and their families. In addition to the services of psychiatric nurse practitioners and social workers, comprehensive medication management services also are being provided. The program will be expanded to Clay and Jackson counties over the next 2 years. It is hoped that the community-based effort will be effective in addressing the variety of military/veteran family community needs and can be made sustainable when properly implemented. When developed and evaluated, the exportable components of this effort will be publicly available.

Furthermore, expanded access to online AHEC resources will seek to increase the readily available information for both practitioners and concerned beneficiaries. Specific material related to military and mental health issues will be available through the AHEC Digital Library. The AHEC Digital Library provides access to military mental health information for practitioners¹ right in their own home communities. This freely available collection includes links to information on mental health aspects of amputation, deployment, depression, posttraumatic stress disorder, substance abuse, trauma, and traumatic brain injury as well as preformulated searches of the medical literature on pertinent topics, patient education materials, and information for practitioners who treat children.

Additionally, NC HealthInfo, a collection of links for health providers, services, and programs across the state, offers access to expanded information on health topics, military health care, veteran health care, and other related topics.² Individuals can access a series of medical and health topics and even locate local resources that provide these services. A special section devoted to military and family health concerns and issues was developed in collaboration with the Citizen-Soldier Support Program.³ Soldiers and family members will find reliable information on amputation, deployment, traumatic brain disorder, and substance abuse. As a component of this effort, additional resources will help beneficiaries and practitioners understand TRICARE and increase their capability to enroll or utilize its services as well as

navigate through the military health care system. The Citizen-Soldier Support Program Web site will also be expanding content to provide greater information on TRICARE for practitioners and streamlining practitioner enrollment in TRICARE.

Other Citizen-Soldier Support Program Initiatives

The Citizen-Soldier Support Program has undertaken several other community initiatives. It developed an Adopt-a-Soldier/Family model connecting reservists to a local faith/civic community organization. Working with the 108th Army Reserve Division in Charlotte as it expands its command responsibility from a regional to a national platform, our efforts will help to integrate adopt-a-soldier/family efforts into a comprehensive national Family Readiness Program for all Reserve members and their families.

In an effort to integrate its family support services across all active, Guard, and Reserve components and to ensure consistent delivery of quality services to all personnel regardless of component, the Citizen-Soldier Support Program was invited to develop a curriculum to train Army family service personnel in community engagement and capacity building. This will hopefully be utilized in a Chapel Hill-based national training institute which will provide this resource on an ongoing basis.

The Citizen-Soldier Support Program developed a statewide partnership to promote and deliver lower cost or pro bono legal services for Guard and Reserve families. Individuals from the North Carolina State Bar, military legal personnel, state law schools, and legal aid are working to develop mechanisms to provide needed support to citizen soldier families where deficiencies and needs exist.

Lastly, the Citizen-Soldier Support Program created community scorecards to assist communities in understanding how best to interact with citizen soldiers and to recognize those communities which are exceptional in this effort. Community

capacity is needed to adequately support citizen soldiers and their families in an effort to (1) strengthen them; (2) provide them with economic security; and (3) develop family-community connections. The process will include developing critical community services (eg, child care, respite care, housing, economic stability services) and evaluating their effectiveness in the community. This effort will help communities understand both what works and what needs improvement. The ability to recognize communities who have done an outstanding effort in citizen soldier support also will be developed.

Conclusion

The Citizen-Soldier Support Program is a demonstration program and, as such, through a trial and evaluation process, we have established several efforts that can both be effective for those initially impacted as well as suitable for replication in other geographic locations. Within whatever continuum that impacts citizen soldiers, their families, and their communities, health care and its unique attributes are certainly critical. Local practitioners may experience problems adapting to this new community need, but understanding military health care is essential. Participating in the TRICARE delivery network may be new and daunting but also may be necessary. The geographical realities of widely dispersed individuals who often lack local peers experiencing the same situations, the challenges of blending existing health care and insurance within the TRICARE parameters, the lack of specialized medical practitioners in this widely dispersed geographical distribution, and the challenge of a new and changing social system that has direct impact upon the health of all involved—these are the challenges facing our citizen soldiers, their families, and our communities including our health care practitioners. The Citizen-Soldier Support Program stands ready to support this challenge and provide the coordination required to ensure that the difficult aspects of these challenges are minimized. **NCMJ**

REFERENCES

- 1 Military Mental Health Special Collection. Area Health Education Center Digital Library. <http://library.ncahec.net/scMain.cfm?scid=53>. Update January 11, 2008. Accessed January 14, 2008.
- 2 NC Health Info: Health & Medical Resources for North Carolinians. <http://www.nchealthinfo.org>. Accessed January 5, 2007.
- 3 Military and Families. http://www.nchealthinfo.org/health_topics/people/military/militaryfamilies.cfm. Updated November 30, 2007. Accessed January 5, 2008.