

Operation Headed Home (OHH)

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EXECUTIVE SUMMARY:

More soldiers than ever before are returning home from war with Traumatic Brain Injuries (TBI). Family members are often ill-prepared or equipped for the changes they find in their loved ones suffering from TBI. No services directly targeting family members to increase their knowledge about TBI are offered at this time that we have discovered. Operation Headed Home will provide information, resources, and support for family members with wounded warriors suffering from TBI as they transition home.

INTRODUCTION/BACKGROUND:

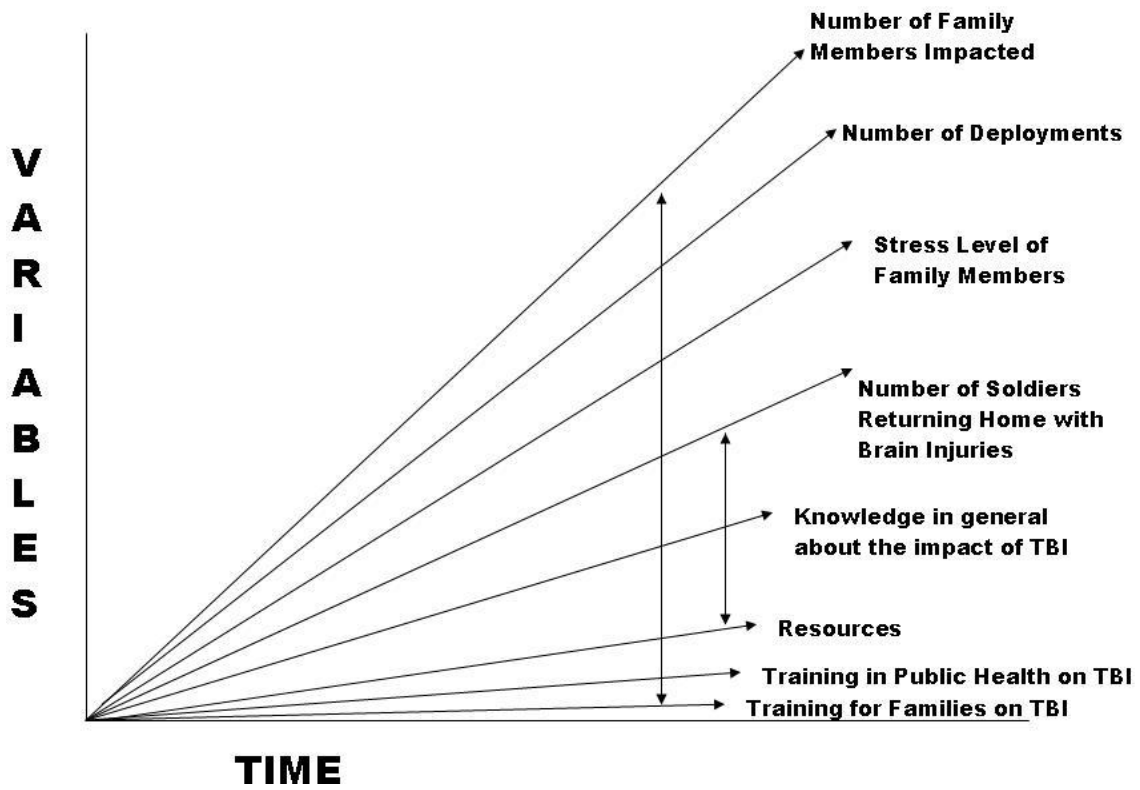
Operation Headed Home focused its work on gathering and organizing information to assist wounded warriors and family members to better understand TBI and ultimately aid them in their transition home and into our communities. Information was gathered from military groups, Veteran Affairs, family readiness groups, the public health and mental health system, experts in TBI, Brain Injury Association of Kentucky, and media experts. The team had existing contacts in each of these areas and networked with their contacts' connections to assess the specific needs of family members and the best media forum for getting information to the target audience. We began with an assessment of specific needs and the best method for communicating information. After needs were identified, information gathered about TBI including Kentucky resource-specific information was condensed into a resource tree and will be posted on BIAK's and Kentucky Cabinet for Health and Family Services websites.

Problem Statement:

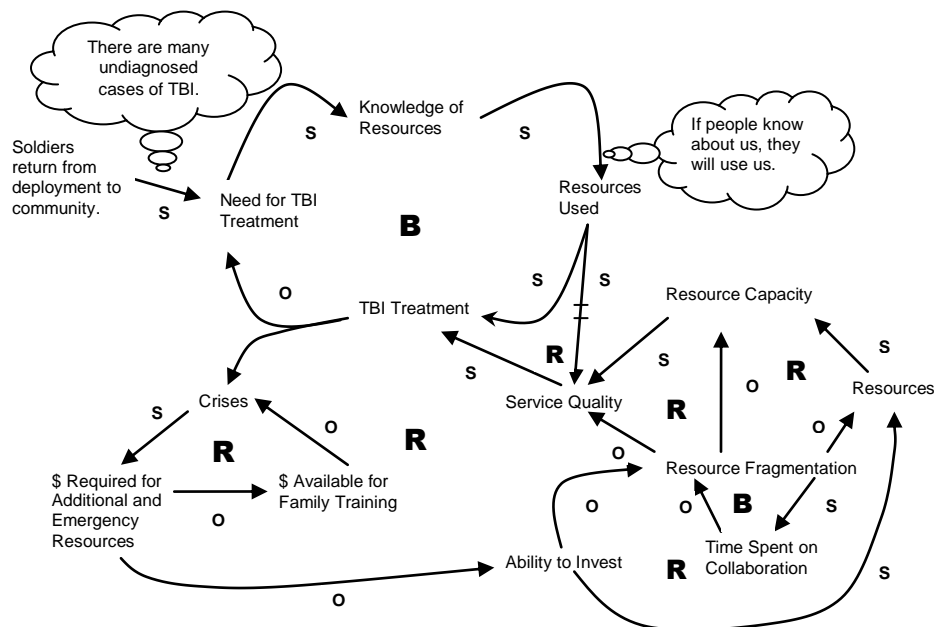
Soldiers returning to Kentucky with brain injuries along with their family members lack the knowledge about accessing support and services for the wounded warrior. Resources are provided in Kentucky, but are not currently user friendly for the soldier and family members. Additionally, many soldiers are returning with symptoms of a mild traumatic brain injury and may not be aware of the signs or symptoms. Family members may be the first to notice the signs and symptoms, but may not know where to contact for having their loved one evaluated.

Behavior Over Time Graph:

**OPERATION HEADED HOME
GAPS IN SERVICE GRAPH**



OHH Causal Loop Diagram *Fixes That Backfire*



This causal loop diagram attempts to map-out the variables that impact the underlying assumptions that may contribute to the problem. By outlining the variables involved, implicit assumptions, and anticipated responses, the proposed solution can better plan for barriers.

Specifically in this situation, Kentucky communities have recognized an increase in the number of soldiers returning from Operation Enduring Freedom and Operation Enduring Freedom with undiagnosed mild, traumatic brain injuries (TBI). As the need for TBI treatment increases, the knowledge of resources will increase. As people become more aware of the resources, the assumption is that they will use the resources and get treatment. At the same time, as more resources are used, the service quality could experience a temporary decrease. As the resources are used, the resources become more fragmented which can decrease the service quality. Also as the resources become fragmented, the time spent on collaboration will need to increase which can also decrease resources. Without new resources coming in and additional people accessing the same pot of resources, additional money will be required and the demand for emergency resources will increase. The additional demand for the same pool will leave fewer monies available for the family which will lead to increased crises. The causal loop diagram attempts to map out where these variables interact and how they impact one another by reinforcing or balancing one another.

10 Essential Public Health Services/National Goals Supported:

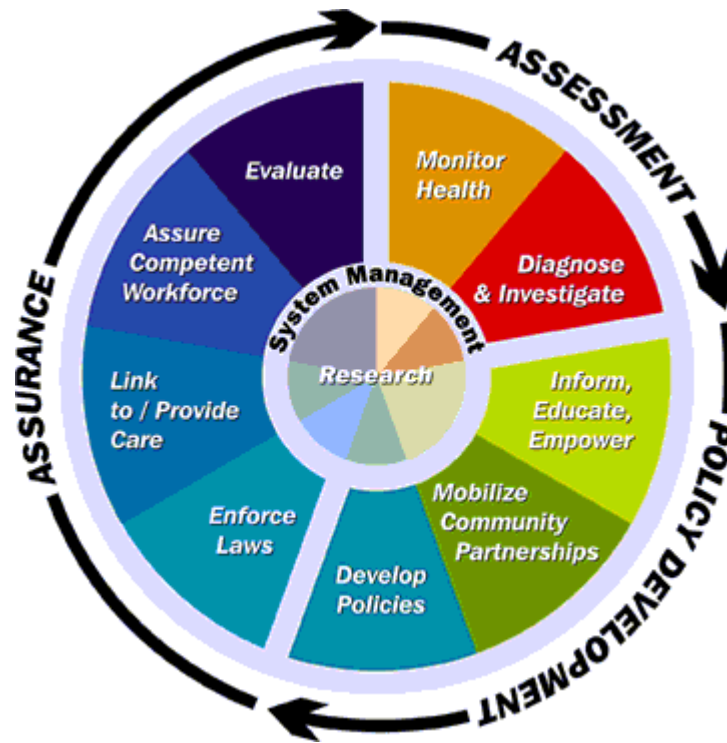


Figure 1

Essential Public Health Services and National Goals Supported

Essential Service #3
Inform, Educate and Empower People about Health Issues

Essential Service #4
Mobilize Community Partnerships to Identify and Solve Health Problems

Essential Service #7
Link People to Needed Personal Health Services

Healthy People 2010 Goals Supported

Helps fulfill:

-HP 2010 goal 7.7 Increase the proportion of health care organizations that provide patient and family education,

-HP 2010 goal 7.11 Increase the number of local health departments with culturally appropriate and linguistically competent community health promotion and disease prevention programs in the following areas:

- 7.11a Access to quality health and clinical preventive services,
- 7.11f Chronic disabling conditions: disability and secondary conditions,
- 7.11g Educational and community-based programs (health promotion), and
- 7.11L Health communication (health promotion).

PROJECT OBJECTIVES/DESCRIPTION/DELIVERABLES:

The team will deliver organized pertinent and useful information relevant to family members of wounded warriors returning home with TBI. Information provided about TBI will include Kentucky-specific resources in a web-based format for distribution on the Brain Injury Services website for the Commonwealth of Kentucky and the Brain Injury Association of Kentucky website. The project will be complete when information is shared with initially contacted groups and we work with others in the community to evaluate the materials we provided for completeness and usability.

METHODOLOGY:

The first goal of the Operation Headed Home group was to determine who the major stakeholders were in ensuring that Wounded Warriors would be accurately identified and connected with appropriate services. To do this, several meetings were held to determine the groups that would most likely encounter the Wounded Warriors. The groups included were: KPHLI, Military Groups, Veteran Affairs, Family Readiness Groups, Public Health Departments, Community Mental Health Centers, Kentucky Medicaid, the Brain Injury Association of Kentucky, the Kentucky Brain Injury Services Branch, the Kentucky Brain Injury Trust Fund, experts in Mild Traumatic Brain Injury, Brain Injury Advocates, and media experts. Time was spent learning how to navigate the system as no single resource or guide existed to explain the process for accessing services in Kentucky. A guide was completed and several drafts were disseminated to the group for feedback until accuracy was assured by all stakeholders. The stakeholders and media experts expressed a desire for a web-based access. The final products have been delivered and should be placed on the Brain Injury Association of Kentucky website and Kentucky Brain Injury Services website in the near future. Feedback will be sought from stakeholders in three months to see if the resources developed have assisted in helping people better access resources.

The second goal was to bring together Wounded Warriors, their loved ones, providers, and communities to increase collaboration to improve communication and access to services for Wounded Warriors. The Mid-Atlantic ATTC Conference was identified as a potential partner to assist in hosting a conference to address the needs of returning Veterans with brain injuries in Kentucky. A group of stakeholders has been identified and an initial meeting has been scheduled for May. Conference evaluations will be

collected to assist in helping determine if we meet our goals of increasing awareness and collaboration.

RESULTS:

1. The main resource page will be located on the website at BIAK and the Commonwealth of Kentucky Brain Injury Services Branch providing a guide to accessing services available in Kentucky and links to wounded warrior resources. Other organizations have also pledged to become involved in this endeavor and will provide links on their sites to the main resource page listed at BIAK.
2. The Operation Headed Home group is also partnering with the Mid-Atlantic Addiction Technology Transfer Center (ATTC) to host a conference to address the needs of returning Veterans with brain injuries in Kentucky. The conference will engage the following: Veterans Hospitals, public hospitals, healthcare professionals, Branches of the Military, Military Bases, Community Mental Health Centers, State and Local Governments, Veterans and their families and friends. The conference is in the planning stages and is progressing quickly.

(**Mid-Atlantic ATTC**), located at [Virginia Commonwealth University](#), **VCU** serves to improve the quality of addiction treatment and recovery services within its region by facilitating alliances among policymakers, treatment agencies, clinicians, consumers and other stakeholders and connecting them to the latest research and information through technology transfer activities. http://www.attcnetwork.org/regcenters/index_midatlantic.asp

A conference committee has been established and a meeting has been scheduled to hand-off the conference for delivery later this year. The goals of the conference are: to assist resources in Kentucky to become organized and collaborate in their response to designing a service plan for Kentucky's Wounded Warriors; provide a "one-stop shop" for Wounded Warriors and their family members to gain accurate, timely information; and to bring community awareness to this Public Health need.

3. The Kentucky Department for Veterans Affairs has allowed the OHH group access to visit the Wounded Warrior Transitions Unit located at FT. Knox. An appreciation for the needs and how we can better collaborate to assist in meeting these needs was gained.

CONCLUSIONS:

Working together for the past year has greatly increased our respect for Veterans and their families. Our objective is to simply provide resources for these families and assist them in receiving the medical care that is needed. Through the Brain Injury Association

of Kentucky, we believe that adding these resources to their website and working with ATTC to have a TBI conference in Kentucky will bring us one step closer to our goal of providing assistance to Kentucky Veterans. Due to our passion for this project, we would like to see resources continue to collaborate and share information for local community agencies and medical personnel around the state to better understand TBI and how to refer soldiers to the appropriate agencies. This would be a great follow up project for the incoming KPHLI scholars. The war is not over; thus, we will continue to see an increase in soldiers who are returning home with TBI and will need the support of their community.

LEADERSHIP DEVELOPMENT OPPORTUNITIES:

Heath Dolen

My participation in KPHLI was a learning experience, as I was urged to exercise my mind, step away from traditional lines of thinking, and learn a new discipline. Cross pollination of ideas with others from around the state and outside my line of work was a welcomed event. I was blessed to be a part of this team, as each member had a specific set of strengths which were shared with the group. As a result, we encouraged and learned from each other. Our project, once we were able to pick out a name, is a daunting task but honorable: Serving those who have served us in the military. It was hard to restrict our topic because we owe them so much, our freedom, our liberty, our everyday lives. This has been a positive experience in leadership development and has helped me to cultivate a clear vision for the future.

Elizabeth W. McKune

This KPHLI year has been a phenomenal experience. I have appreciated the opportunity to learn more about myself and develop different ways of approaching problems. I am glad we had the opportunities to learn from so many different methods—speakers, projects, books, and collaboration. My team has been the icing on the cake. They are bright, articulate, compassionate people who truly want to do their part to make a difference. The new skills I have as a result of this experience have already impacted my day-to-day work. Thank you for the opportunity to have dedicated time to improving me.

Ava Wright

This past year has been an awesome opportunity for me to reflect and learn about myself. It has been a blessing to attend the Summit meetings and I have built some great relationships with public health workers around the state. My hope is to continue this journey. KPHLI is only the beginning. The program has impacted my outlook on life and I start each day with a positive attitude. Knowing that I must make the effort daily to

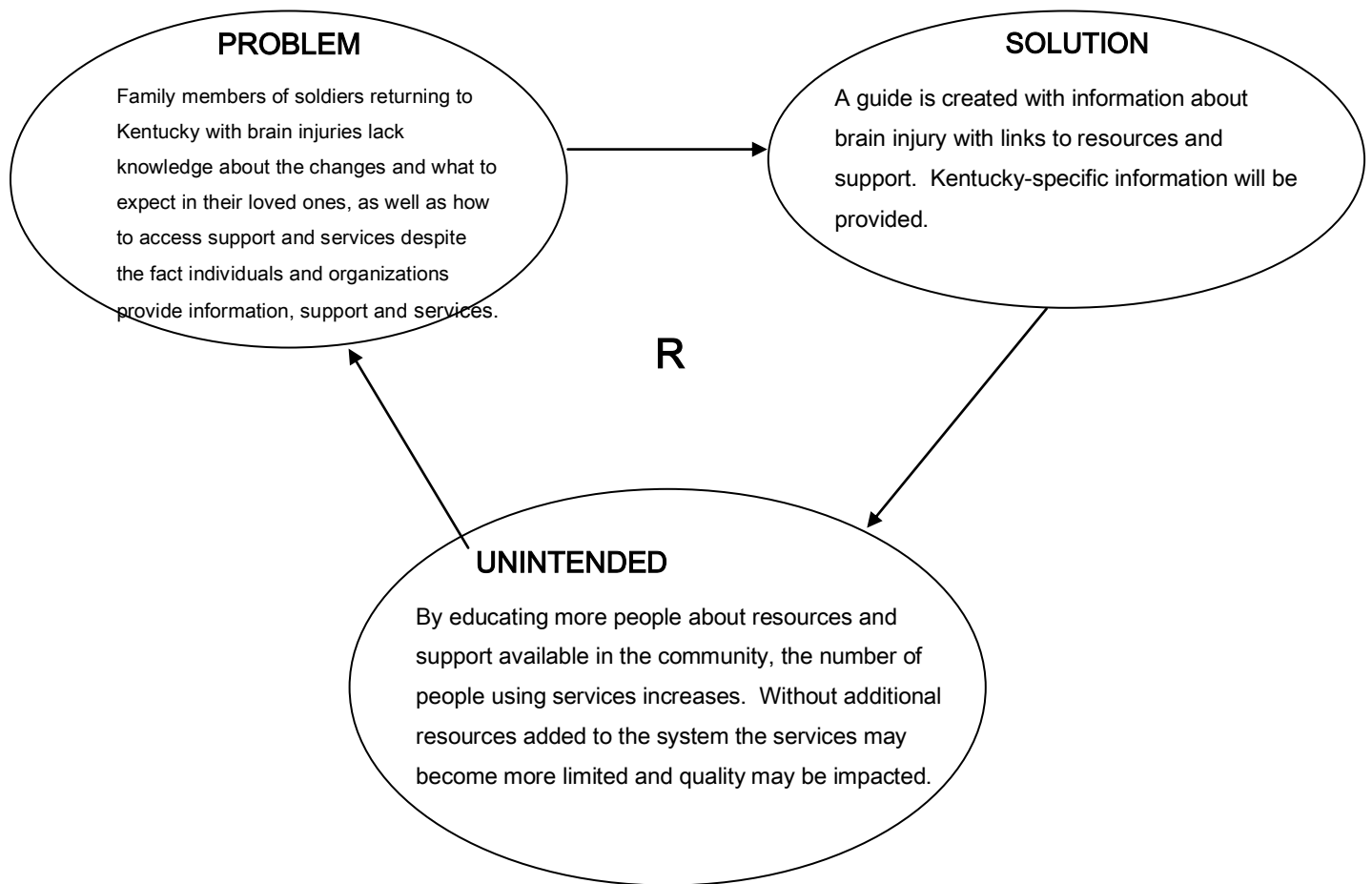
improve my weaker areas and build on my strengths. KPHLI has been challenging. It has taught me how to work with others toward a common goal. I am looking forward to upcoming opportunities in my agency where I can continue to apply these concepts with other co-workers. Even though there are monetary costs to a program such as this, the experience has been priceless.

REFERENCES

1. Multiple individual face-to-face, conference call, and telephone meetings with stakeholders.
2. Multiple e-mail distribution of drafts for development of resource guide.
3. Upcoming stakeholder meeting to plan conference.

APPENDIX A

OPERATION HEADED HOME



Fixes that Backfire Archetype

APPENDIX B

Navigating Resources for Kentuckians with a Brain Injury

