

QUALITY OF VETERAN'S SERVICES IN
SAN JOAQUIN COUNTY

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By
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CERTIFICATION OF APPROVAL

QUALITY OF VETERAN'S SERVICES IN
SAN JOAQUIN COUNTY

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DEDICATION

This is dedicated to my family, without you I would be nothing. Thank you for the time and care that you put into me. I love you. Grandma, Nina, Xochitl, Mom, Tia Jessica and Zataneé, you are strong women who show me everyday that anything is possible.

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ABSTRACT

Veterans are a rapidly growing population in the United States due to recent conflicts. This population is susceptible to both physical and mental health issues post discharge. This exploratory study gathered perspectives on the quality of care, accessibility and future needs from Veterans regarding their care provided by Veteran's Affairs in San Joaquin County. This study consisted of semi-structured open ended questions. Five participants volunteered for this study and represented the United States Marine Corps and United States Army. The participants ranged from the ages of 25 to 69, varied in combat experience, and disability rating. The findings indicated that the Veterans of San Joaquin County had positive regard for their quality of care but would like services more centrally located to them.

CHAPTER I

INTRODUCTION

Statement of the Problem

The very nature of war is steeped in violence and the long lasting effect, as well as the immediate effects; of the exposure to this violence is not a new phenomenon to veterans. The most recent conflicts have not been an exception to the rule. According to the Defense Casualty Analysis System, in Operation Iraqi Freedom/Operation Enduring Freedom, there were approximately 51,000 soldiers wounded in action (Department of Defense, 2015). The U.S. Census found that out of the 19 million veterans in the United States, approximately 3.7 million veterans have a service-connected disability rating (US Census, 2014). The United States Department of Veterans Affairs describes “disability compensation” as a tax-free benefit that is paid to veterans due to a disease or injury incurred during active duty (United States Department of Veterans, 2017). The injuries that are sustained by the troops can vary from physical to mental. According to the U.S. Veterans post traumatic stress disorder (PTSD) website, there are several factors that can be attributed to the diagnosis of PTSD: “Service members are at risk for death or injury. They may see others hurt or killed. They may have to kill or wound others. They are on alert around the clock. These and other factors can increase their chances of having PTSD or other mental health problems” (U.S. Department of Veterans, 2015). Throughout the years, the trauma experienced by veterans has been labeled

differently – battle fatigue, shell shock, or combat stress reaction. At the present time, it is now labeled as PTSD (Freidman, 2017).

Given the complex nature of issues facing veterans, clearly, health and mental health services will play a role in meeting their needs. However, according to large studies that were performed by the Department of Veterans Affairs, many veterans are refraining from utilizing these services (2015). Research identified some common factors for why service members are currently not receiving services. Some of the factors included concerns over being viewed as weak, concerns about being treated differently, and concerns that others would lose confidence in them (United States Department of Veterans, 2015).

While there are a host of factors that lead to bypassing services, stigma is a key issue that underpins many of the reasons for veterans to underutilize health and mental health services. According to the World Psychiatry Association, 2013, (WPA) there are two types of stigma, public stigma and self-stigma, and both are composed of stereotypes, prejudices, and discriminations. Stereotypes in public stigma are the thoughts that the public places on a specific group, many of which are negative beliefs about the group. Self-stigma is based on the same premise except that the negative thoughts are turned inward onto ones' self. Prejudices are the agreement in the belief of the negative thoughts or negative reactions. For public stigma, one would begin to fear or be angry with a group; in self-stigma, one begins to agree with the beliefs and have low self-esteem. Lastly, discriminations are a behavioral response to the prejudices; for public stigma that would show as avoidance or

withholding help. Self-stigma would show itself by way of the inability to have initiative to find housing, work, or support (Corrigan & Watson, 2002). The stigma associated with mental health is a burden placed on clients not only by society but also by their own thoughts and feelings. These negative thoughts and feelings can contribute to the non-treatment compliance in mental health. These negative self-stigma thoughts can lead to the "why try" effect, where clients feel that they are unable to get well and so what is the use of trying to get better (Corrigan, Druss, & Perlick, 2014).

Beyond stigma, policies can also affect whether or not a person seeks services. The VA has several policies that can affect veterans seeking services. For instances, veterans freshly discharged from the military have a period in which they are no longer in the service but are not yet considered a civilian. This is known as EAS or end of active service. The individuals are technically no longer active in service but are not considered veterans until they officially receive their DD214. This time can last up to several months. During this time, the veterans cannot receive services at the infirmary, where active service members would be treated, or the VA services where veterans would be treated. According to Tricare.com, once veterans separate from the military, they are fully discharged with a DD214; they are eligible for 180 days of Tricare (military insurance) through the Transitional Assistance Management Program. There are limitations to the services they are eligible to receive, such as they are only able to receive services from designated facilities (Defense Health Agency, 2016).

Demographic factors might also contribute to the non-utilization of services for veterans. Lack of resources in none urban areas can create a barrier for veterans to receive the services they require. According to a 2014 Forbes article written for Trulia, veterans tend to live in areas that are more rural and while veterans account for only 6.4% of population in large cities, they account for 11.2% of populations in smaller rural areas (Forbes, 2014). According to this article, the veterans tend to live in the smaller areas that are further from military bases that are located closer to metro areas. In many instances, veterans in rural areas have to utilize emergency rooms as a primary care clinic due to being unable to reach a military base. Income can also create a barrier for access to services; the National Study of Veterans indicated that veterans' average income was \$50,000. The inability to pay for services may weigh heavily on veterans (Veteran Affairs, 2000). Veteran Affairs found a higher percentage of males use Veteran Affairs' services in combination with outside services, but a higher number of female uses Veteran Affairs' exclusively for their services (National Center for Veteran Analysis and Statistics, 2014). Gender plays a role in the non-utilization of services, according to a study done by Ingelse & Messecar (2016), women tended not to utilize services for many reasons, feeling they were not really a combat veteran and lack of interest by those performing services.

With this being said, San Joaquin County has the highest number of veterans that does not have an active military base in its county. From the years of 2011-2015 there were 32,400 veterans living in San Joaquin County alone (U.S. Department of Commerce, 2013). The closest active military base would be Travis Air Force Base;

from Stockton to Travis, it is 54.7 miles. According to the US Veterans Affairs website, Stockton is the only clinic in San Joaquin County that is available to treat veterans. The veterans' office offers the following services, general internal medication, mental health services, smoking cessation, social work services, substance abuse services and a wellness clinic. During an over the phone interview with the Stockton VA clinic, they said the average wait for a general practitioner was 8-10 weeks for an intake appointment.

Clearly, there is a need to better understand the experiences of veterans locally. It is important to know their views regarding specific obstacles that they face in receiving services (such as stigma, policies, and demographic factors). Without this information, the needs of veterans will continue to go unaddressed.

Purpose of Study

The purpose of this study was to explore the experiences of the veterans of San Joaquin County in accessing health and mental health services. This exploratory qualitative study used in-depth interviews with veterans from San Joaquin County to explore their experiences either using or not using services that were designed to address health and mental health needs. The three questions that guided this study were: 1. What are the thoughts and perceptions surrounding of the veterans of San Joaquin County of their current access to services including stigma and policies surrounding the access? 2. Do demographic factors (gender and rural or urban residency) relate to views of the services? 3) What services would the veterans of San Joaquin like to utilize in the future?

The major assumption regarding what this study will discover is that the veterans of San Joaquin County are not having their needs met due to lack of services and the inability to connect with services in a convenient manner. The researcher hypothesized that veterans of San Joaquin County will express that they are upset over the lack of services in the immediate area to the researcher as well as their thoughts on the hardships to receiving services. The researcher hypothesized that demographic factor such as gender, residence, as well as stigma have an effect of the access of services.

Significance of the Study

The significance of the study is the data that collected from the interviews conducted with the veterans of San Joaquin will provide direction for further services that will be offered to our veterans. Helping local veterans to voice their opinions on their needs as well as the status of the current services will not only help the veterans to empower themselves to advocate for themselves. The forwarding of the study to Veteran Affairs in order to help advocate for the requested services on the behalf of the veterans. The potential benefits of the study for veterans would be more services becoming available to them; this would help with decreasing the wait times for appointments, which in turn can increase the likelihood that the veterans will continue care. The secondary benefit would be to the local emergency room hospitals, with more services provided to veterans it will help to decrease the number of people who are using the local ER's for primary care. According to a study done by Grumbach, Keane and Bindman in 1991, in San Francisco General Hospital out of the 700 people

who were interviewed in the emergency room, 315 were there due to barriers to access to their primary care physician. Thirty-eight percent of those 315 expressed that if they had the ability to see their primary care physician they would rather see their physician over sitting in the ER waiting for services (Grumbach, 1993). If this study can help to advocate for extended/new services for veterans, they can discontinue using the ER for primary medical care. Social workers can benefit from this study as well, for the social workers in the ER, this study can lighten their caseload, by having people see their primary care instead of the ER, the ER will have to make less referrals. For social workers this study also has the potential to increase their job availability by opening more services for veterans in the area, more jobs will become available since the VA offers several mental health as well as physical health programs that require the use of a social worker.

The main significance of the study will be the benefits that are going to be presented to the Veterans of San Joaquin County. The secondary benefits of this study will be communication with the lawmakers and public officials who advocate at the state, federal and civic level for the veterans of San Joaquin County. Working in the crisis department of San Joaquin County Behavioral Health Services has given me a glimpse into the results of the lack of services. The veterans of San Joaquin County that need to be seen in crisis for suicidal thoughts or the veterans that are unable to receive services near them for their PTSD should be smaller. These veterans should not have to travel an hour to receive services. These service men and women should be able to receive comparable services to those around them who carry private

insurance, for they are the reason we have a free county. If San Joaquin County can open more services to these veterans, they would not only provide for the veterans but the social workers in this county.

CHAPTER II

LITERATURE REVIEW

This literature is organized around three major components connected to veterans and service utilization. The first section of the chapter focuses on the prominent barriers that veterans have experienced related to health and mental health service utilizations. This section specifically focuses on tangible barriers such as access issues and economic barriers. The second section examines research findings related to stigma and perceptions as psychological barriers that result in non-service utilization. The last section of the chapter focuses on policies that affect the utilization of services. The literature review on factors impacting service utilization by veterans will help us to compare the findings from national studies to that of veteran's experiences in San Joaquin County.

Barriers to Service Utilization

There are several studies which address veteran services and their access to care. According to Schooley, Horan, Lee and West (2010) several issues result in the lack of access to services, including: a) Distance affecting the attendance of appointments as well as their means of travel; B) Economic stressors impacting their decisions to access services; C) Geographical challenges; D) Severity of medical condition, as well as the E) patients' mental health affecting their ability to attend appointments.

The study was a two-phased approach with administered a survey to patients as a focus group discussion with VA providers. Of the 72 surveys administered, 69 were completed and returned. The discussion group included 10 providers who were asked open ended semi-structured questions, which paralleled those questions asked to the veterans. According to the article, 25 % of the veteran responders said that travel and transportation impacted their decision on whether or not they would attend their doctor appointments. Economic stressors were discussed as well. The survey found that the economic downturn and the recent gas price fluctuations also affect the responders' ability to attend their appointments.

Geographical challenges were touched upon in the article; there were several pockets in rural areas that experienced particular difficulty accessing the necessary medical needs. They provided the example of severe weather, snow, rain, sleet and ice. Lastly, the severity of their medical disability and at times their mental health affected their ability to get to their appointments.

A study by LaVela, Smith, Weaver and Miskevics (2004) also supports the concept that when the Veteran's Affairs facility distance increases, the veterans utilize the facilities less. This study utilized a cross-sectional design, in which information was accessed via several VA databases. According to their study both outpatient and inpatient utilization decreased the further away the facility was to the patient. They found with outpatient services for every 10 mile increase in distance, there was a 2% decrease in outpatient visits. Similarly with inpatient services, for every 100 mile increase in distance, there was a 3% decrease in inpatient services.

The LaVela, Smith, Weaver and Miskevics' study found similar findings as the Schooley et al. (2010), that despite urban communities being closer to veteran's facilities they had similar decreases in utilization rates. Thus, those traveling from an urban area are more likely to utilize services than those from a rural area.

Mooney, Zwanziger, Phibbs and Schmitt (2000) research found that distance was a factor in access to services. They also introduced other barriers. According to their literature review, Randall et al. (1987) also attributed less education and income to reasons why veterans were not utilizing services. They also introduced the idea from Page (1982), that found that non-service connected eligible veterans were less likely to utilize VA services versus service connected eligible veterans. Page also reported that eligible veterans with higher income and private insurance were less likely to utilize VA services.

The barriers that were mentioned above are largely barriers that are physical or tangible barriers. There are other non physical barriers which impact the decisions to utilize services.

Stigma/Perceptions and Service Utilization

The non tangible barriers to utilization can weigh heavily on a person's decision to obtain services. In a study done by O'Toole, Johnson, Redihan, Borgia and Rose (2015) they found that stigma and perceptions also affected the utilization of services. The study was conducted via face to face interviews at 7 community sites, and overall 215 veterans were interviewed. The study found that three main domains were rated for the delay of seeking care: 1) trust; 2) stigma; 3) and care

process. Stigma was a concern for 78% of the participants, as they voiced that they were embarrassed about homelessness, drug use and lack of finances, and they expressed their fear of being judged by providers for being “less than” or “drug addicts”. The study also found that an astounding 91% of their participants voiced that they did not trust the VA due to a previous bad experience with attempting to utilize care. For the purpose of their study they defined care process as including challenges associated with both access and treatment engagement. They found that veterans did not utilize treatment due to the lack of flexibility of the providers. They also note the cost of the services as a factor of continued care, i.e., cost of medications and co-pays.

A study done by Ingelse and Messecar (2015) found similar ideas that perception and stigma played a role in the lack of utilization of services. The study consisted of interviews conducted over a three month period with 10 female veterans. According to their study, many of veterans felt that the stigma of being a woman in the military prevented them for asking for assistance. Perception was a key idea in this article as well. While some of the veterans felt they received good services, several of the veterans reported they felt “humiliated” for their appearance or social standing, and this feeling of humiliation prevented them from returning for follow up services. Perception of the services offered also impacted the veterans’ rate of utilization; a large portion of the veterans reported that they did not realize that the VA provided the services they required.

A study by Pietrzak, Johnson, Goldstein, Malley and Southwick (2015), which focused on the most recent veterans from Operation Enduring Freedom and Operation Iraqi Freedom, found similar thoughts of stigma and perception. The study involved mailing 1050 surveys to a pool of participants from the first two waves of the Connecticut OEF-OIF Veterans Needs Assessment Survey. Of the 1050 surveys, 285 were completed and returned. The study found that many of the veterans' reasons for not utilizing services were that of stigma that they would be seen as "less than" or "weak" for utilizing services. They also introduced the idea that there were also negative beliefs about mental health in general. They found that many of the veterans voiced that they did not think that mental health services in general would work for them. The article also touched on the idea that having a positive support system helped to increase the likelihood of service utilization. The support systems included marriage and social support systems such as support groups or a supportive family system.

The thoughts and perceptions of veterans can create an unseen barrier to services. Yet, there other factors impacting utilization of services: policies from multiple levels affect the utilization of services.

Policies Impacting Service Utilization

Policies shape and dictate most aspects of our lives; this includes the utilization of services by veterans. In an article by Irvin (2003) he explores the impact of Public Law 104-262, Veteran's Health Care Eligibility Reform Act of 1996. This law, which was passed in October of 1996, lays out the basic eligibility

for a veteran to receive services. This law helped Veteran's Affairs to create a grouping system in which they would place veterans in "priority groups" based on their compensation rating and a means test based on income and net worth.

In the article, Irvin reports that despite the federal law of 1996, which opened healthcare to almost all veterans, in 2003 the VA, announced that it would no longer be providing services to those in Priority Group 8. This was a direct result of chronic budget shortfalls which were caused by the "inadequate administration budget requests and inadequate congressional appropriations" (p 1). The article also states the fact that as of 2003, the Veterans Affairs had to develop a consistent and effective way to identify the veterans that are in the most need of services.

A study done by the Committee on the Assessment of the Readjustment of Military Personnel, Veterans and Their Families (2013), found similar policies regarding the placement of veterans in "priority groups" as a hindrance to utilization of services. The study also reports that the policy of determining eligibility can be confusing and daunting to tackle. According to the study, eligibility is established using the Defense Enrollment Eligibility Reporting System (DEERS). There are several types of TRICARE that veterans may enroll in after qualifying with DEERS; TRICARE prime, TRICARE for life, or TRICARE standard. The services and fees vary for the different types of TRICARE.

Veterans have 5 years from the date of discharge to enroll in VA services; if it is within 5 years of services they will automatically be placed in priority group 6 or higher. If they attempt to enroll after the designated 5 years they will be placed in a

group based on their income and disability. With several tiers and programs, the system may be confusing and overwhelming.

Other policies also affect the utilization of services. In April of 2007, the United States House of Representatives, held a hearing addressing the access to care as well as the addressing the gaps in services. The National Rural Health Association presented many facts, and they argued that Congress had passed public law 106-74 and public law 106-117 §102 (e) (known for short as, The Veterans Millennium Healthcare and Benefits Act), in which they encouraged collaborations between Veteran Affairs facilities and federally qualified community health centers (CHCs). They argued that the initial collaborations were successful in serving veterans in rural communities and increased the attendance rates of appointments. They were also found to be cost efficient for the government as well as the veterans. Despite these federal laws that are in place and the possibilities which are endless, many veterans continue to utilize non veteran services.

Although the studies show an emerging pattern, there are many other factors that lead to the under utilization of services for veterans. Continued study in the field is needed to better understand the reason behind under utilization. With the information that is found, social work professionals can better address the problem and help the veteran population obtain the services that are needed.

CHAPTER III
METHODOLOGY

Overview

The study focused on better understanding the experiences of veterans in San Joaquin County. Specifically, this study aimed to understand veterans' perceptions of mental health and health services that are available to veterans in San Joaquin County as well as explored the obstacles to obtaining services. The study also explored the needs of the veterans in San Joaquin County. The following three overarching research questions guided the study: 1) What are the thoughts and perceptions of the veterans of San Joaquin County of their current access to services, including the role of stigma and policies related to access? 2) Do demographic factors (Gender and Rural or Urban residency) relate to views of the services? 3) What services would the veterans of San Joaquin like to utilize in the future?

Research Design

An exploratory, phenomenology qualitative research design was utilized for the study. According to Rubin and Babbie (2010), qualitative research methods emphasize the depth of understanding and deeper meaning of human experience. The purpose of qualitative research was to further explore a specific topic in order to gain insight into the thoughts and perceptions of the veterans of San Joaquin County and their mental health/health services they receive through Veterans Affairs. This type of methodology was chosen for the study to allow the flexibility and its ability to

allow the research to better gain insight into the topic. Although there are studies regarding the veteran population in general, there are no specific studies that were geared toward the specific population of the veterans of San Joaquin County.

Sampling Plan

A purposive snowball sampling method was used to recruit participants for this study. A purposive sampling method was chosen for this study due to the fact that participants had to meet certain criteria. In addition to purposive sampling, a snowball technique was also used to identify participants. The benefit of snowballing sampling is the access it allows the research to the desired population via other members of the population. The veteran community tends to be a close-knit community, and the researcher would be easily referred to other veterans who would be willing to participate.

Participants in this study were veterans in San Joaquin County who are currently receiving mental health or health services through Veterans Affairs. There are two criteria participants must meet for inclusion in this study: (1) they must have been a veteran from any branch of the United States Armed Forces, i.e., Marines, Army, Navy, Coast Guard, or Air Force, (2) they must have been currently receiving mental health/health services from Veterans Affairs (VA) in San Joaquin County. The participants of the study have been receiving mental health/health services from Veteran Affairs in San Joaquin County; there was not a set length of time for receiving services. The researcher used personal ties to the community for the initial

participants in the study; from there the researcher used personal references to find additional participants.

Instrumentation

The researcher used semi-structured, informal interviews. The participants were interviewed on a one-on-one basis, questioned with semi-structured, open-ended questions. The purpose of using semi-structured, informal interviews was to allow flexibility from the participants in their answers. Semi-structured interviews allowed participants to express their views in their own terms (Robert Wood Johnson Foundation, 2008). The researcher audio recorded the individual interviews with the permission of the participant. The researcher chose to record only in lieu of taking notes due to the research showing that note taking can be distracting to participants (Robert Wood Johnson Foundation, 2008).

The interviews were conducted using a set of interview questions (see Appendix A). The questions were broken into three different areas of interest. These areas were: (1) demographic information, i.e., age, race, gender, which branch of service, length of service in the military, affirmation of health/mental health services received, and area of residence; (2) thoughts and perceptions of current mental health/health services for veterans in San Joaquin County; (3) gaps in (types of services) for veterans in San Joaquin County. It was expected that each interview would be completed within an hour, leaving flexibility for shorter or longer interviews.

Data Collection

The original plan was to conduct the one-on-one interviews in a quiet room, such as the library. Locations of the interview were varied and were based on the request of the participant. The researcher worked with the participant to find a safe and public area where privacy was maintained. Data were collected through audio recording of the interviews. The timeframe for the collection of data was approximately four weeks starting in the beginning of December 2017. It was anticipated that each interview length will vary depending on the participant and their answers.

Data Analysis Plan

The researcher used the audio recordings of the interviews to transcribe the interviews verbatim. The transcription process was a simple process from oral to written language. Secondly, the researcher used Neuman and Krueger (2003) 5-step plan to analyze the data. Step one: an initial sorting and classification was done, during the process the data was organized around the interview questions. Step two: open coding of the data, the researcher located themes and assign initial labels to help condense the information into categories. Step three: axial coding, the researcher reviewed if the existing labels can be further refined to be more specific. Step four: selective coding, which is the last pass through the data to find locate the major themes and concepts within the data. Step five: interpretation and elaboration, the researcher compared and contrasted, as well as explained the findings of the data.

Protection of Human Subjects

Prior to obtaining participants, the University Institutional Review Board approved the research study. Each participant was given a copy of the informed consent for the study (see Appendix B) and the researcher discussed this consent form with each participant. The informed consent contained a review of the study and the description of the agreement of participation. The informed consent explained to the participant that at any time the participant would be able to withdraw from the study under no penalty. The informed consent also provided the participant with any resources should they feel they were in need of support post interview. The informed consent also explained confidentiality of each client as well as the level of protection each participant can expect.

Each participant was interviewed with his or her written consent. The location of the interview was the choice of the client to ensure their comfort. The participants were audio recorded with the given permission of the participant. Participants' individual identifying information was not used during the interview and was not included in the findings. All of the information provided by the participants was kept in a locked file on the researchers locked computer.

CHAPTER IV

RESULTS

This chapter explores the findings of the interviews in regards to the guiding research questions: 1) What are the thoughts and perceptions of the veterans of San Joaquin County of their current access to services, including the role of stigma and policies related to access? 2) Do demographic factors (Gender and Rural or Urban residency) relate to views of the services? and 3) What services would the veterans of San Joaquin like to utilize in the future? The chapter includes a description of the three major themes that emerged through the interview process: access to services, demographic influences and desired future services.

Overview of Sample

The participants consisted of 5 veterans from San Joaquin County. There were four male and one female participant. The participants represented two branches of the military, three from the United States Marine Corps and two from United States Army. The participants ranged from the ages of 25 to 69. Of the five participants, two had combat experience, one had humanitarian experience, and two served during a time of peace. Of the five participants, three had a 100% disabled rating from the military; the other two participants had a rating of 50% or less.

Access to Services

The first research question asked about the thoughts and perceptions from the veterans on their current access to services. An emerging theme from the interviews

was that overall the veterans classified their services with a positive regard. The veterans expressed that they were satisfied with the services that they were able to obtain. Participant one stated, “I would say that 80% of my experience is good, but only because of my direct connection with VA Representatives. - I feel good about my personal services.” Almost all of the other veterans followed along the same line that when services were received they were satisfactory. Participant two stated, “My primary care services are very effective. My PCP addresses my needs and provides excellent care.” The participant went on to state that his primary physician, although located in Sacramento, has been the same for 8 years and is willing to work with him to be accommodated.

The second prominent theme that emerged from the interviews was the negative perceptions about the traveling for services as well as the general attitudes (perceived stigma) of the staff toward their patients. Several participants made statements that they were unsatisfied with the travel that was required to receive services. Participant four stated, “They need a facility closer by instead of traveling close to 100 miles to a facility. It is not cool having to travel so far for services.” According to the veterans, general primary care was available to them in San Joaquin County; any other specialty services such as dentistry, vision or surgeries must be obtained in Livermore, Palo Alto or Sacramento. Participant five stated, “I feel that there's not a lot of places to go considering that a majority of the work has to be done in Palo Alto or Livermore, it can be inconvenient. Since I work, I have to take a whole day off to get things done because of the traffic to get to the appointments.”

Three of the five participants expressed dislike for the attitudes of the staff toward the patients. Participant four expressed:

Some of staff was bad like anywhere else but overall the facilities back them they made you feel like you was a dummy. They tell you follow the blue line to go to this place; you follow the orange line to go this place. It is like you didn't have any brains to go to a room number. Everything was like, like if you were mentally incapable of finding your way through the building.

The other participants expressed similar experiences in which they felt that staff treated them as less than. Participant four expressed, "they made you feel like you was a dummy." Participant Five reported his experiences, "people just get pushed through. People just get seen for what they need to be seen for and then get them out of there." Participant three reported that at times he felt like a name and not a person, "you get lost in the paperwork, cause all you are is a name on a piece of paper that is sitting on someone's desk and you really have no identity." This stigma of being viewed as less than, may keep veterans from utilizing or continuing to utilize services.

Associated with access to services, participant five reported that VA policies prevented him from receiving the services he felt he required:

Just the whole able-bodied thing they will not let me get surgery on my ankle until I literally cannot walk anymore I have to sit and work through the pain and take pain medication and I'm not really one for medicine. I don't think someone should have to be forced to take medication and deal with the pain if

they need surgery for something that is literally falling apart they should be able to get the surgery done.

According to the participant, he felt that the VA's policy, that surgery be the last resort, was preventing him from acquiring the services that would allow him to have a better quality of life.

Demographic Influences

The second guiding questions focused on the connections between demographic factors and the views of the veterans. All five of the participants deemed their residence to be urban, despite there being larger cities in proximity. Participant one stated, "Urban, but I believe the VA classifies San Joaquin County as Rural." All of the participants were residents of Stockton. The majority of the participants were male, with the exception of one female. The female participant was more vocal of her opinions of the VA versus her male counterparts. The one female participant did report that she had to receive MST, military sexual trauma, as compared to her male counterparts who required other mental health services. Participant one reported:

I receive MST counseling as well. MST was great when they had it. It was a good group to have, but they canceled the services and the program here in the county. The only thing available is in Palo Alto.

The participants were from the United States Marine Corps (three participants) and the United States Army (two participants) and neither expressed a difference in care due their branch of service.

Future Services

The third guiding question explored whether or not there were any services that the veterans of San Joaquin County would like to utilize in the future. The main theme that emerged from the interviews was that all of the veterans would like to see a full service facility in the San Joaquin Valley. According to all five service members, for any services, other than primary care, they must travel outside of the vicinity. All of the services including mental health services are not located in the San Joaquin Valley. According to participant one, “It sucks that I have to go to Palo Alto for everything. It sucks even more that the Sacramento VA doesn’t connect with Palo Alto, so I can’t just go to any VA?” Similarly, participant four stated “I would have a facility closer to me by instead of traveling close to 100 miles to facility. Here they only examine you and then they send you to a doctor there. They can’t do emergency work at all.”

A secondary theme which emerged through the interviews was the need for a change in the manner in which service members access appointments. Participant one for example stated:

I would address some of the ‘piss poor’ attitudes that answer the fucking phone! I hate when I have to deal with someone answering the call like I just intruded on their life. I also hate the extended prompt options. Seriously it’s like...if you are going to commit suicide, hang up and call 911....

The interviews expressed discontent with the automated service in which the VA uses for scheduling appointments. Participant three similarly stated, “You just

make your way through the phone call praying you called the right number and contact the right services. You got to hope that the call goes through and you don't have to deal with the automated services.”

Overall the interviews show that Veterans had issues with initial access to services. Once the services are obtained they are satisfied with their care, although having to travel far for the services. All the veterans have similar request for a facility that is closer to them in proximity. The veterans did provide statements which suggest that stigma, in the form of negative staff views, might be a factor that is contributing to non-utilization or underutilization of services.

CHAPTER V

DISCUSSION

Overview

The purpose of this study was to explore the general perspectives that Veterans of San Joaquin County have regarding the services received through Veterans Affairs, and the accessibility and utilization the services in San Joaquin County. The qualitative study methodology involved in-depth interviews with five participants in March 2018. This chapter discusses the major findings of the study with respect to the existing literature. This chapter also discusses the current research limitations and implications for social work practice, plus recommendations for future research.

Major Findings

This research produced four major findings related to Veteran's perceptions and experiences receiving services. The first major finding was, holistically, the veterans in this study were generally satisfied with the care received. That is, the veterans indicated that the services that were received were not only acceptable but many of the services were above average in quality. According to the veterans, although they had to travel for the necessary services, they found that their providers were willing to go above the call of duty to provide for them. Their doctors were willing to work around their schedules and attempt to fit them in at the last minute.

While the attitudes were generally favorable, the second major finding was that the participants did identify specific issues that negatively impacted their experiences. The veterans have expressed that there was some dissatisfaction with the “attitudes” of the VA staff and that at times the staff made them feel “less than or dumb.” It was these negative attitudes from the staff that gave the veterans distaste for the VA system. There was mention of policies that also affected the access to services; paperwork was the largest affecting factor. According to all the veterans, the amount of paperwork from the beginning until the end is overwhelming and can be confusing. Many of the veterans stated that if they would have not had some kind of assistance navigating the VA system, they may be lost in the run around.

The third major finding related to a demographic difference among participants and their experience with services. The major demographic difference that was noted was that of gender. For the one female participant, the needs were different from that of males and their specialty services are harder to access than those of their male counterparts. For example, the female veteran reported that she required counseling for MST, Military Sexual Trauma, but that service was not located in the local office and there was a need to travel to Palo Alto for this service. Also, the female specific services of an OB/GYN are not located locally, despite the fact that it is considered routine and preventative care.

The fourth major finding of the interviews is that the Veterans of San Joaquin County are requesting to have more accessible services in their county. All of the veterans indicated that a more full service facility is needed in San Joaquin County.

Although the services that they receive in other facilities are up to par in care standards, the inconvenience of having to travel for any services other than primary care is a problem.

Findings in Relation to Existing Knowledge

When the veterans of San Joaquin County were asked about their general feelings of the services that they received through the VA in San Joaquin County, all of the veterans reported that they were satisfied with their services. When asked if there were any issues which hindered their access to services the Veterans of San Joaquin County they initially denied there were any such hindrances for them. This was different than the study conducted by Ingelse and Messecar (2015) where they found that perception and stigma played a role in the lack of utilization of services.

The study done by O'Toole, Johnson, Redihan, Borgia and Rose (2015) found that stigma and perceptions also affected the utilization of services. They found that there was a fear of feeling "less than" for needing to seek services. This is linear to the thoughts that were expressed by the participants of the interviews for this current study. They also voiced the idea that the staff members made them feel "less than" which gave them negative perceptions of the VA. The main difference in the two groups was that the Veterans of San Joaquin County did not allow this to hinder their access; they continued to seek services despite the negative thoughts.

The interviews of the San Joaquin County Veterans found that there were policies surrounding the access to services that proved to be a hindrance. The study done by the Committee on the Assessment of the Readjustment of Military Personnel,

Veterans and Their Families (2013), found similar policies regarding the placement of veterans in “priority groups” as a hindrance to utilization of services. The study also reports that the policy of determining eligibility can be confusing and daunting to tackle. In this study they explored the process in which a veteran is rated and prioritized. As stated earlier, the veterans of San Joaquin County also felt that the process and paperwork was overwhelming and confusing at times.

The major demographic difference in gender is used to highlight the lack of female services that are available through veteran’s services. This is similar to literature, in the study done by Ingelse and Messecar (2015) who found that female veterans felt that the services they desired or required were not offered by the VA. In this study, women reported under utilization due veteran’s services not offering the services that they need.

The fourth major finding of the interviews was the Veterans of San Joaquin County are requesting more accessible services in their county. Included in this is the fact that travel to receive their services is inconvenient and at times not possible. The findings are similar to those of the study done by Schooley, Horan, Lee, and West (2010), in which they found that the distance directly affected the utilization of services. According to this study veterans were less likely to attend appointments due to the length of travel.

Limitations of Study

This study had some limitations. This researcher had a difficult time recruiting participants for this study; therefore, the sample size was relatively small

and did not represent all the subgroups (i.e., Navy, Air Force, Coast Guard, and National Guard) of the Veteran community. The lack of volunteers for this study could be due to the stigma of receiving services in the veteran community. Furthermore, only one female agreed to participate. More females would have been more informative in giving perspectives of services received from the different genders and to compare if they view services they received differently than their male counterparts. It would be remiss of the researcher if they generalized the views of this community with such a small sample size.

Secondly, the method which was used to collect data could have affected the sample size. Although in depth interviews are ideal for gaining insight into a person thoughts or perceptions of a particular subject, a survey could have accessed a larger population and may have increased willingness to participate. The anonymity of survey as well as the smaller amount of time devoted to the study may have increased their willingness to participate.

Implications of the Major Findings

The information provided by the study has implications for the future of practice. The study found that Veterans of San Joaquin County felt that they were treated as “less than” or “like dummies”. For social work practitioners this implies that we need to be cognizant of the attitudes that we present to our clientele. As practitioners, we are responsible for creating an environment in which our clients feel comfortable enough to express themselves without worries of judgment. We can do this by providing empathetic listening and fostering an open dialogue with our clients.

Policies surrounding the care that veterans receive can and should be reviewed. The access to care for these individuals should be less “confusing” and “overwhelming,” and there needs to be a more stream lined process in which veterans are able to access their services. For example, making the forms and the process available online or providing a service or person to assist the veterans in completing their paperwork could go a long way in increasing service utilization rates.

Future studies can be used to expand on the knowledge that was obtained with the current study. Despite the amount of information provided by participants, the sample size was relatively small with few veterans and did not represent views of the larger group. A larger sample size can provide different perspectives of services and the current accessibility and quality. A larger sample size could be obtained by a longer period of data collection or changing the method of data collection. Additionally, future studies can focus on mental health and health services separately to be more specific in the research questions and information inquired about.

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APPENDICES

APPENDIX A
INTERVIEW QUESTIONS

- 1) In what branch of the Armed Forces did you serve?
- 2) Please describe the health/mental health services you are currently or previously received through Veterans Affairs in San Joaquin County. Can you describe your experiences with these health/mental health services?

Prompts:

- General feelings about quality
- Accessibility issues
- Cost

- 3) Can you describe how you would change the health/mental health services to better meet your needs?

Prompts

- Services that are not available
- Roadblocks to services

- 4) Let's talk specifically about Health Services. Which health services did you find most effective and why? (Which Services did you find least effective and why?)
- 5) Let's talk about Mental Health Services. Which services did you find most (and least) effective and why?
- 6) What ethnicity do you identify with? Which gender do you identify with?
- 7) How would classify your city of residence, Rural or Urban?

APPENDIX B

INFORMED CONSENT

Consent Document

BACKGROUND

You are being asked to participate in a research study. Prior to making the decision to participate it is important for you to understand the reasoning behind the research and what your involvement will entail. Please take the time to read the provided information carefully. If there are any questions or clarification needed, please feel free to ask me. Take time to make the decision of whether or not you would like to participate in this study. The purpose of the study is:

- 1) To report the thoughts of the current health/mental health services that are offered to veterans in San Joaquin County.
- 2) To explore which, if any, other health/mental health services would be desired for veterans in San Joaquin County.

STUDY PROCEDURE

It will take approximately 45 minutes to 1 hour to complete the interview. Questions will be presented to you regarding the services (mental health, physical – including vision, dental and primary care) for veterans in San Joaquin County.

RISKS

The risks of this study are minimal. The risks in this study are similar to those you might experience when discussing veteran services with others. If you feel upset from participating in this study, please inform the researcher, and she will provide you with resources available to help alleviate any side effects from the study.

BENEFITS

There are no direct benefits from participating in this study. However, the researcher hopes the findings will contribute to improved mental health and physical care for veterans in San Joaquin County.

CONFIDENTIALITY

All of your data will be kept confidential. Data records will be stored on a password protected computer located in the researcher's work space. Only the researcher will have access to the information. Your name will be kept with your responses from the interview, however, in publications your name will be removed and you will be referred to as participant and given a corresponding number. The number and corresponding name will only be known by the researcher.

PERSON TO CONTACT

If you have questions, complaints and or concerns regarding this study, please feel free to contact Alicia Gonzales at agonzales8@csustand.edu or Dr. John Garcia at (209) 667-3769. If you feel that you have been harmed as a result of participation in this study please email Alicia Gonzales at agonzales8@csustan.edu or Dr. John Garcia at (209) 667-3769.

Institutional Review Board – If you have any questions regarding your rights and participation as a research subject, please contact the IRB administrator by phone (209) 667-3493 or email IRBAdmin@csustan.edu.

VOLUNTARY PARTICIPATION

Participation in this study is voluntary. If at any time during the interview you no longer wish to participate you may withdraw with no penalty or loss of benefits. This will not affect the relationship with the investigator. You are not required to participate in this research.

COST AND COMPENSATION TO PARTICIPANTS

There is no cost or compensation to participants related to their association with this study.

CONSENT

By signing this consent form, I confirm I have read the information provided in this consent form and have had the opportunity to ask questions. I will be given a signed copy of this consent form. I voluntarily agree to take part in this study.

Printed Name of Participant

Signature of Participant

Date

Printed Name of Researcher

Signature of Researcher

Date