



Using CBPR in health-related initiatives:

OEF/OIF Veterans and the GROOVI Care Project

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Objectives

- Describe OEF /OIF veterans and the key actors in their world
- Describe GROOVI project
- Consider CBPR and RAP in relation to health research

Who are OEF /OIF veterans?

- Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF)
- Average age of serviceman: 25
- Percentage women: 11%
- Projected OEF /OIF veterans: approx 1.7 million
- Statistical minority



Many OEF / OIF Veterans have mental health problems

Health / Mental health issues

- Depression
- Drug / Alcohol Abuse
- Posttraumatic stress disorder (PTSD)
- Generalized Anxiety Disorder (GAD)
- Military Sexual Trauma (MST)

Various Causes

- Stressors of war (combat, unpredictability, loss)
- Multiple deployments
- Traumatic Brain Injuries (TBI)
- Gender issues



Why don't OEF / OIF Veterans Seek Help for Mental Health Problems?

Knowledge of Available Services

Mental Health Stigma / Damage to their Career

Identifying Their Own Mental Health Problems

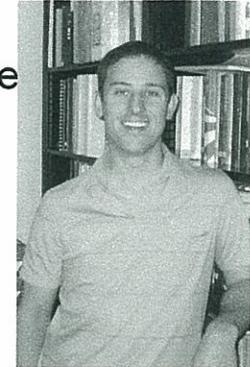
Negative Association with the VA

Lack of belief that "treatment" will be effective

Logistical barriers such as no time or no childcare

What is the GROOVI Care project?

- Led by Dr. Patrick Link, MD, MPH
- "Getting Returning OEF /OIF Veterans Into Care" GROOVI
- www.groovicare.org (web site Pending IRB approval)



What is GROOVI Care, continued

Two Main Goals

1. Identify all neuropsychiatric *health outreach* taking place to OEF /OIF veterans in Los Angeles
2. Define the "best practices" for outreach to OEF / OIF veterans.

Areas to Explore

1. Outreach activities from the perspective of OEF /OIF veterans
2. Outreach activities from the perspective of outreach staff
3. The organizational context of outreach staff
4. Social context which OEF/OIF vets make health care decisions

Defining the community



What is GROOVI Care, continued

Stakeholders

Outreach Staff and Administrators	Social Contacts	OEF / OIF veterans
• 26-30 Interviews	• 12-15 Interviews	• 6 Focus Groups facilitated by an OEF/OIF veteran

What is GROOVI Care, continued

- Use of Rapid Assessment Procedures (RAP)
- Use of grounded theory methodology
- Results presented at a stakeholder conference
- Determine next “action” steps, including confirmatory surveys, quality improvement measures and changes in program implementation

Next steps for GROOVI

- IRB approval
- Hire 2-3 OEF /OIF veterans ASAP!
- Data collection (interviews and focus groups)
- Facilitate strong enduring coalition
- Facilitate stakeholder conference at end of summer

Beyond GROOVI Care: Important Questions

- How do OEF /OIF veterans understand “mental health”? What kind of care do they want?
- Could the VA and other organizations truly handle a huge influx of OEF / OIF vets?
- Improving outreach may not rank highly on the list of concerns from OEF / OIF vets



Why is CBPR necessary for health research?

- Ethically relevant
- Top-down approaches cannot affect most intimate decisions
- Historically, health has changed and improved from the ground up



Particularly relevant for highly stigmatized issues

Special challenges using CBPR for health research

- Health has the power of science on its side (harder to dispute science)
- Regulations that govern health research conflict with CBPR
- The possibility of community “ownership” of the research in a medical model