

National Hospice and Palliative Care Organization (NHPCO)

Market Research for Vietnam Veterans in Hospice Care

Final Report

September 6, 2019



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1. BACKGROUND

As the number of Vietnam Veterans seeking palliative and hospice care increases, the National Hospice and Palliative Care Organization (NHPCO) is interested in deepening its understanding of the requirements of Vietnam-era combat Veterans who are seeking hospice and palliative care.

This qualitative research will guide NHPCO to identify and inform specific protocols to share with their hospice partners. These protocols will identify and prioritize opportunities for differentiated experiences targeted to Vietnam Veterans who are in hospice care.

2. OBJECTIVE

The objective of this qualitative research is to inform protocols that guide end-of-life care for Vietnam Veterans in hospice care. More specifically, it is being conducted to:

- Provide a better understanding of the mindset of Vietnam Veterans as they enter hospice care,
- Identify meaningful experiences related to their service in Vietnam, and
- Identify other needs among Vietnam Veterans and their caregivers related to end-of-life care beyond 'the basics' (pain management, medications, etc.).

3. APPROACH

In-depth, qualitative interviews were conducted from between February 2019 to August 2019, via phone or video service. A hospice liaison supported the interviews when this need was identified during the process of arranging and scheduling the interviews. The interviews were conducted with these three key audiences:

i. **Vietnam Veterans entering end-of-life care with hospice.**

Interviewing Vietnam Veterans was a central component of this research. These interviews enabled us to hear first-hand from Veterans as to what was most important to them as they entered end-of-life care, including:

- The role of their service and how they would like to reflect on it,
- The importance of reconnecting to the service culture, and
- The importance of ceremony and recognition.





ii. **Former caregivers or family members of Vietnam Veterans who were under hospice care and who have recently passed.**

These interviews enabled us to understand the complete experience, identifying opportunities to create an experience more aligned with the desires and priorities of these Veterans.

iii. **Hospice nurses currently caring for Vietnam Veterans.**

These interviews were used to provide initial and general insight into Veterans' experiences and to inform the interview guide for Veterans and their caregivers.

To support effective engagement, the interviews were conducted with certain guidelines:

-  **INTERVIEWS WERE CONDUCTED VIRTUALLY:** Options included telephone, and an easy-to-use platform compatible with tablets, desktops, and laptops which enabled a face-to face conversation in the comfort of interviewees’ homes without them having to ‘host’ a research team.
-  **WHERE POSSIBLE, HOSPICE NURSES SERVED AS LIAISONS:** Nurses could assist in the set-up prior to the interview (logging in, testing audio and video). IT support was available for the duration of the interview.
-  **ALL INTERVIEWS WERE RECORDED AND TRANSCRIBED:** Videos and transcripts were used to develop the report and recommendations.
-  **HOSPICE TEAMS WERE ABLE TO OBSERVE AND REMAINED ENGAGED IF THEY SO DESIRED:** An unlimited number of team members could join at various times without disrupting the interview, however, most engagement occurred in the interview debrief sessions.

The interviews were conducted as a result of an outreach effort, to engage the identified stakeholders, as shown in the following figure.

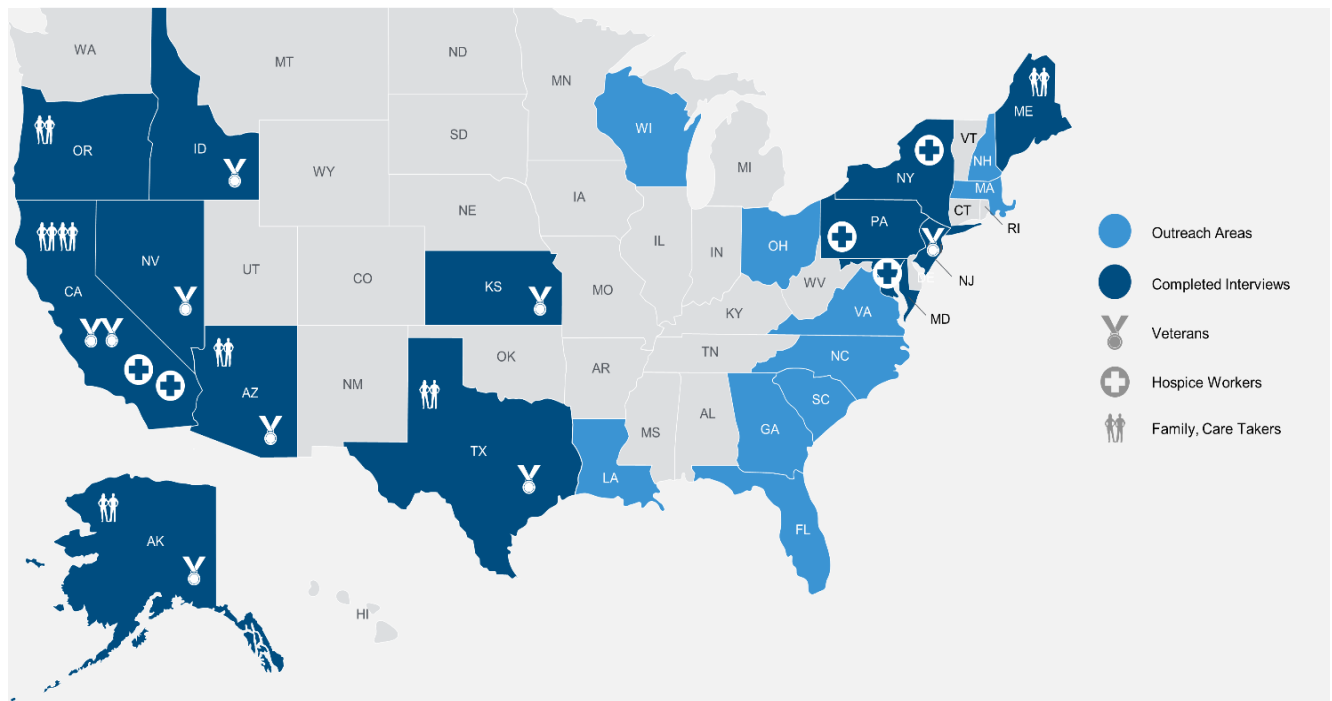


Figure 1: Overview of Interviewed Stakeholders

PROFILE	INTERVIEWS COMPLETED
Veterans	10
Family Members and Caregivers	8
Hospice Nurses and Coordinators	5

4. FINDINGS

This research identified specific themes for Vietnam Veterans that are important to consider when providing end-of-life care to this population. Our engagement reinforced the fact that Vietnam-era Veterans have a distinct culture that requires unique protocols for end-of-life care. Our key findings include:

a. Vietnam-era Veterans are likely to be skeptical of social and health services, including hospice.

Due to factors including the Vietnam War itself, Veterans' receptions back home, lack of support services available for them, and frustrations with the U.S. Department of Veterans Affairs (VA), skepticism for healthcare and end-of-life services is common among Vietnam Veterans.

TESTIMONY

*"He spent 20 years in the service...he's had three trips to Vietnam. He's been in a body cast for a year. He's had scrap metal that went through his chin and knocked his teeth out, but we still have to fight for hearing aids. Fight to get his teeth fixed." **Army Veteran Spouse/Caregiver***

*"They don't have very big support groups, are not connected with the VA and don't have very good experiences with the VA and tend to be less trusting of healthcare in general because they haven't had the support...so as a healthcare worker coming in, they don't trust you. They don't want to work with you...I find that very challenging and they are my most favorite patients because they need us the most, they're the ones that need the most help." **Hospice Caregiver***

*"There are more behavioral health issues, but what you also have, from what I've seen, is a little bit more hypervigilant or on guard, a little bit more untrusting. Especially when you're talking on hospice...it's almost like when you're trying to help them, a lot of them think it's too good to be true." **Hospice Caregiver***

*"[The first time he was in hospice], he would climb up on the roof before they would come until they finally said, 'well, I guess you don't need us anymore.'" **Army Veteran Spouse/Caregiver***

*Vietnam vets have an attitude. A serious attitude. I had a call today to visit a family...her husband was about to go onto hospice services, with a service-connected illness with Agent Orange. He never signed up with the VA, and in fact the last thing he wanted to do was, was to ever give any credit to the hospice or to the VA...many of the veterans are pissed off with the government. They don't want anything to do with the government. **Air Force Veteran/Hospice Volunteer***

*After he came home, we get married, and he is having nightmares and a lot of things like that, and I'm suggesting, "I really think you need to talk to somebody. What about going to see just to get some counseling?" At that time, I didn't know much about the VA, but I said, "Does the VA offer something like that?" Well, he didn't want to have anything to do with the VA. **Army Veteran Spouse/Caregiver***

CONSIDERATION FOR HOSPICE

Briefing hospice team members on the unique Vietnam Veteran culture, potential attitudes around the VA and hospice, and offering guidance on how they might overcome any resistance to their care, will help them connect with patients more quickly and ultimately improve outcomes.

- b. More than Veterans of other wars, Vietnam Veterans are likely to have avoided discussing, reflecting on, and processing their service trauma. Leaving their experiences unprocessed can create a barrier to finding peace as they near end of life.**

Many of the Vietnam Veterans in our sample avoided reflecting on or discussing their service in Vietnam – even with their spouses; however, as they entered hospice care they begin discussing their experiences in Vietnam including service-connected illnesses, dementia, and an effort to find peace.

TESTIMONY

“I would say probably 90% of Vietnam Veterans have a hidden agenda stashed deep within their spirits because of their issues with Vietnam, and it only takes the severity of dying that smacks them in the face...so the nurses really need to be sensitive when life review is really coming to visibility with our Veterans...that's when we have to jump on the situation and lead that person through that experiences so, ultimately that they can have peace in their lives.” **Air Force Veteran / Hospice Volunteer**

“The We Honor Veterans program gives you these - it's a little pin with a flag, an American flag, and we would pass those out. Well, I would have nurses, division nurses, wear one in an obvious place, that the patient is able to see that. Veterans will see that, and it may open the door for them.” **Air Force Veteran/Hospice Volunteer**

“He never talked about it – it was always, ‘no no no.’ He just did not talk about it, didn't want to talk about it until about three or four years ago.” **Army Veteran Spouse/Caregiver**

“You have to treat a Vietnam Veteran differently. It's recognizing emotional pain and being able to distinguish it. What we would typically do in hospice, when you see anxiety, is to give them a medication to treat the anxiety and what [the Vietnam Veteran] really needed was for someone to listen, and then someone to abide with him and just sit with him in his suffering and let him do some of the work to kind of talk it out and emotionally work out what was going on.” **Hospice Caregiver**

“It's interesting because all of the time that he was well when he was home after his military service, he never wanted to join a military group. He never really wanted to participate. He never wanted to talk about it. He always said, ‘I've turned the page; I've moved on.’ It wasn't until he started getting sick that he actually started thinking more about his service and the pride in his service, and because people are now saying, “Thank you for your service for Vietnam. It's a whole different era.” **Navy Veteran Family Member/ Caregiver**

CONSIDERATION FOR HOSPICE

Whether it's a source of pride or pain, Vietnam-era Veterans are likely to reflect on their service as they near end of life. Hospice nurses are uniquely positioned to help them cope and - with the right training - can provide a much-needed service. In some cases, Vietnam Veterans simply need someone to listen and normalize their experiences. In other cases, hospice nurses should identify Veterans for counseling services.

c. Hospice teams must be prepared to help Vietnam Veterans reflect on their service in unexpected, unpredictable, and even aggressive ways.

Hospice nurses will face difficult situations as they support Vietnam Veterans processing their experiences from the war.

TESTIMONY

*"Things didn't come up with him very often but when there's a brain disease, sometimes with dementia, they go backwards, and they go into some of this stuff that they have kept underneath for a long, long time. And it can come out and it can come out in aggressive behavior. They see things that are not there. He said to me one day, "Look at the tanks. You believe the tanks out there? Look at all the tanks!" I think it's the going back into things, but we have no idea what's in their head because they can't really say it logically to you what is really going on. So it's very important to try to keep them calm and to try to get them into a good spot, and that's what nurses need to understand, to not approach them quickly because sometimes their head is not there, and you have to be careful on your way to approach them." **Air Force Veteran/Caregiver***

*You'll hear stories they've never told anyone...you can tell when you look at their spouse that they've never heard any of this and it's disturbing to them, but yeah, you're the one that will hear some of these stories for the first time. **Hospice Nurse***

*"I hear him while he's sleeping and dreaming, I hear all of it. I hear about the bombs coming in and trying to save his men and telling them not to do that. "Get back. That may be an explosion". It's more recently it's like that...when he's taking naps during the day, it's like that constantly. He's reliving everything he went through." **Army Veteran Spouse/Caregiver***

CONSIDERATION FOR HOSPICE

Hospice teams need to be trained to manage unpredictable and even aggressive behavior as Vietnam Veteran's reflect on their War experiences.

d. Vietnam Veterans have unique conditions and needs, including substance abuse, PTSD, service-connected illnesses, emotional distress, and abandonment.

There is no single profile of the Vietnam Veteran; however, the significant health issues, which have frequently been documented and reported nationally over the past few decades, continued to surface throughout our engagement.

TESTIMONY

“Vietnam Veterans had it rough. I had it rough and I managed to keep my life together, to have a wife still. A lot of these guys – a lot of these guys are on the streets. They are in homes. They have problems with drugs. And I think most of us needed to talk to someone, counseling or another...the Vietnam Veteran is different. Different needs. A lot of needs because of what happened to them.”

Army Veteran

“I always tell everybody I can spot a Vietnam Veteran a mile away just because they stand out... I absolutely love working with them, but there certainly are challenges. There is a distinct culture with that specific population of Veterans...they differ from World War II and Korea because when a lot of these guys came out, they hid that they were Veterans because of the way they'd be treated. They weren't given jobs. There wasn't like that community support when they came back home, you hear that a lot. Some of them were compared to murderers, to Nazis as one patient told me.”

Hospice Caregiver

CONSIDERATION FOR HOSPICE

Further training, to understand the healthcare issues, such as substance abuse and PTSD, of this unique population is required to effectively facilitate end-of-life care.

e. The need for some form of mental health services is great among Vietnam War Veterans in end-of-life care.

While Vietnam Veterans in our sample were typically skeptical of receiving social and health care services, they are receptive to receiving counseling services.

TESTIMONY

“I have a friend who's a Vietnam Veteran and he's on disability from agent orange... he used to have nightmares, and he used to have panic attacks and stuff, hallucinations and all. He's been going to the VA in San Antonio, he's had direct help from the VA: psychology, and everything else, and since he's doing so much better.” **Air Force Veteran**

“There was one night he went to a very, very dark place. He never did drugs or drink but this night – he was just at home – he did drink, and he told me to call the local police and I didn't, he did. He actually called them and had them come out because he was worried. He was scared of himself and he was scared of his thoughts, and it was devastating. It's something that causes him a lot of pain. I wish he had had the chance to talk to someone...I think it would have done so much for him if he could have talked to someone; you know, gotten some counseling - even if it was much later. I think we'd be able to see a difference in him now.” **Navy Spouse/Caregiver**

“I really think that hospice would benefit from Vietnam Veterans having a psychological help. Now they don't. They don't provide that now. A psychologist, or psychiatrist would be wonderful because they had one at the rehab center and that really helped him. But with the hospice he doesn't have that care.”

Air Force Spouse /Caregiver

“I've thought of this a little bit before, maybe, especially hospice nurses who might be working more

with one person and longer with the person, maybe they could develop some six-week or eight-week kind of courses or just some seminars where you help them understand how to watch the signs for a person being too depressed, encourage the person to talk, and be visiting with them and finding out about their life and that kind of thing if that is right. I think you could include that in the CNA's job."
Army Spouse Caregiver

"I just see a counselor every three months at the VA. They also have a group where so many people meet that have had troubles, and I haven't gone to that. I guess I should. But it's hard to get out there. And I don't know."
Army Veteran

CONSIDERATION FOR HOSPICE

Hospice should explore ways of increasing access to existing mental health services and unlock opportunities for more innovative counseling services using appropriate mental health care extenders. Vietnam Veterans in our sample would like hospice to refine services, so that hospice can readily and quickly offer counseling services for their unique needs.

f. Resources available to Vietnam Veterans are underutilized. Some Vietnam Veterans and their caregivers in our sample report having to proactively seek out resources; others share difficulty accessing resources including counseling.

The average Vietnam Veteran has extensive needs, yet doesn't utilize the resources available to them due to:

- Lack of awareness because resources aren't effectively communicated,
- Lack of awareness because Vietnam Veterans might not be connected to the VA, and
- Skepticism and/or resistance to support.

Vietnam Veterans and their spouses/family members frequently mentioned the need for behavioral health services, however, few individuals in our sample had accessed any form of behavioral health care.

TESTIMONY

"We had to ask. We went to the VA and I asked – tell us about all of the different resources available. First, you have to find out what is available. Then you need to know the process, then you have to put the time in. I don't think your average Vietnam Veteran has someone like me who is able to put that time in...if hospice could somehow help with that, that would be great...even just letting Veterans know what's available. That's how we found out about the Semper Fi Fund...they have money they are wanting to give to Vietnam Veterans to help when they need it – even paying for funerals."
Navy Veteran Spouse, Caregiver

CONSIDERATION FOR HOSPICE

Hospice can play an important role in linking Vietnam Veterans to available resources by 1) being aware of available resources, and 2) communicating via appropriate channels: direct communication from hospice nurses, family engagement, peer-to-peer engagement through other Veterans.

- g. Existing training and resources for serving Veterans are extremely well-received (particularly resources that come with the We Honor Veterans Partner Levels), but nurses are asking for more tools and training specific to Vietnam Veterans.**

Hospice teams working with Vietnam-era Veterans appreciate the training made available to them to date but are requesting more training and resources to help them better serve this unique population.

TESTIMONY

*“We have to help these warriors get to a place where they die healed or die peacefully. It’s really allowing them to share their suffering, have it validated, and find a way to come to terms or come to peace with it.” **Hospice Nurse***

*“We’re beginning to serve more and more of Vietnam Vets as they age and they have their own set of issues. And what we’re looking for right now is additional training specifically geared towards the Vietnam era, whether it’s, you know, webinars...more educational materials for our staff, anything that just is specifically geared towards that.” **Hospice Nurse***

*“The training that I got on caring for Veterans, several years ago, was just the broad scope of Veterans, all of them...if you could focus specifically on Vietnam Veterans who probably, I mean, those Veterans probably need us the most...what specific things based on their combat time are unique... how could I communicate on a level so I know what I’m talking about? What kind of things are unique to the Vietnam Veterans that we might be able to say or do that would encourage them to have a trusting relationship with us so that we could give them the best care possible end of life?” **Hospice Nurse***

CONSIDERATION FOR HOSPICE

Hospice nurses are asking for more tools and training specific to Vietnam Veterans, particularly pertaining to counseling and behavioral health.

- h. While there is a distinct culture among Vietnam War Veterans, it is important to understand that there are different population segments within this population, each with their unique needs for services and specific protocols.**

Despite their shared experiences, Vietnam Veterans’ needs as they enter hospice care and their attitudes about the war vary dramatically. A broad spectrum of attitudes about their service and the degree of support they have is evident even in our relatively small sample of Veterans and their family members.

Some Vietnam Veterans are proud of their service and they’ve made it an outward part of their identity. They want to talk about it. They appreciate being honored for their service in a variety of ways. Others do not talk about their service and do not want it to be part of their story.

TESTIMONY

“I think Vietnam Veterans, are a very specific, unique group of people that have experiences in their lives that make them very unique near end of life...in my experience, tend to not have very good

living situations.” **Hospice Caregiver**

“When I look back at Vietnam, there are so many aspects to it...war is insane but the things that go on during these combat zones are really insane and upsetting...you see these things. There aren't that many people that experienced that I know that went through that same exact type of stuff.”

Army Veteran

“When he was in the hospital - I should've thought of it sooner - but I went downstairs to get some snacks and they were selling down there a lot of stuff for Vets, and I got him a cool Air Force hat, and he wears it out in the community, so he gets a lot of people telling him, 'Thank you for your service.' And there's a restaurant around the corner and they will sometimes give him buy one get one for being a Veteran... just to show you that he can be honored in a lot of different ways.” **Air Force Veteran Spouse/Caregiver**

“They gave him a certificate, congratulating him on being a Vet and that they appreciate everything he's done, and they gave him a little stick pin with a flag on it. It was about a month after we got hospice coming in and they surprised him with this certificate...he's got it sitting there where he can see it all the time. Tears came to his eyes because the Vietnam Vets - they were mistreated so bad when they come back from Vietnam. My husband tells me some of the stuff and he just appreciated that they know what the Vietnam vets went through back then.” **Army Veteran Spouse/Caregiver**

“One of the groups that visited [the nursing home] gave him this hat. He never wanted to wear it at first but as he got sicker, he wore it more and more and people would comment on it and I think he really appreciated that. They'll might ask, 'When did you serve?' And he can tell more or less. He likes that. And they did a beautiful poster for him that has and thanked him for his service. It's beautiful. They did actually two that he has on his wall in his room.” **Navy Veteran Spouse/Caregiver**

“I just want my hospice nurse to do right by me and that's it...I want her to care that I did what I did, because I had to do it, but I don't want it to talk about it. That was then.” **Army Veteran**

CONSIDERATIONS FOR HOSPICE

Identifying protocols on how to communicate with this distinctive population can lead to more effective and timely identification of needed end-of-life services. Hospice teams are uniquely positioned to identify Vietnam Veteran sub-segments and to identify needed resources for higher-quality end-of-life care and the range of possibilities to honor these Veterans. Due to the short life expectancy of those in hospice, identifying Vietnam Veteran sub-segments and applying appropriate protocols must be quickly implemented.

Veterans and their family members share a wide range of ways service in Vietnam can be honored – each unique and meaningful to the Veteran. Examples include a pinning ceremony, hat, blanket that feels like an embrace, and a conversation. Honoring Vietnam Veterans can take a wide range of forms. The challenge is tailoring the experience to the unique needs and

background of the Veteran.

5. RECOMMENDED ACTIONS

Overall, this project encountered several key stakeholders that were willing and available to engage with Vietnam Veterans. Where possible, more time can be dedicated to engaging with the Veterans. This research will help the National Hospice and Palliative Care Organization identify and recommend protocols of care specific to the Vietnam Veteran population.

Based on this research, the following should be considered.

1. Provide hospice team members with easy access to information.

Information can include the following:

- The war and its key milestones and regions
- The reality for the Veteran, during and after the war including:
 - Horrific experiences during the war and an obligation to carry out orders with which they might have been conflicted,
 - Re-entering a society that had turned on the war in which they fought, and
 - Navigating healthcare and social services under built for the needs and challenges Vietnam Veterans would bring.
- The challenges they will likely encounter and tools/strategies for addressing
- Service-connected illnesses and their impact
- To the extent that is possible, details about the Veteran they are about to meet, including branch of the military, rank, and whether they saw combat or not.

2. Create a list of resources available for the Vietnam Veterans nationwide.

Identify which local hospice Chapters will add additional resources from their specific community (i.e. behavioral health services, funds like The Semper Fi Fund, community Veterans groups and events, opportunities for interviews and storytelling). Increase communication between hospice and the VA to ensure Vietnam Veterans are aware of the resources available to them.

3. Help Vietnam Veterans connect to other Veterans.

In the absence of professional mental health services, Volunteer Veterans can play a valuable role offering peer-to-peer support. Programs that recruit Vietnam Veterans to meet with other Veterans in hospice or palliative care should be actively expanded. Hospice nurses should be aware of and proactively offer them when they are available.

4. Disseminate hospice and palliative care best practices for caring for Vietnam Veterans.

Reinforce the good work that is already being done by:

- Taking stock of, and identifying, best practices
- Ramping up We Honor Veterans communications related to serving Vietnam Veterans specifically, and
- Expanding reach of We Honor Veterans. Establish more connections to more hospice chapters for knowledge transfer and adoption of best practices.

5. Honor Veterans for their service in a way that is appropriate given their unique experience and mindset.

Hospice caregivers currently have access to a spectrum of ways to honor Veterans from a formal pinning ceremony, to the simple gift of a hat, to a sincere thank you. As hospice caregivers get to know the Vietnam Veteran, honor the Veteran in the way that is most appropriate.

The following are a variety of ways hospice caregivers, family members, and other Veterans honored Vietnam Veterans in a way that was appropriate for them:

The Pinning Ceremony

"They had a pinning ceremony for him and we had a wonderful time. Everybody, I mean there was 8 or 10 people who came...they presented him with a pin and certificate and gave him a beautiful blanket...all of our best friends were here and we just cried and cried." **Navy Veteran Spouse/Caregiver**

Tracking down Medals

"There was a lady who hospice referred us to that helped him get some of his medals and that really meant a lot. I don't know how she did it or who she was working with but the hospice nurse referred us to her." **Army Veteran Spouse/Caregiver**

The Certificate

"They gave him a certificate, congratulating him on being a Vet and that they appreciate everything he's done and they gave him a little stick pin with a flag on it. It was about a month after we got hospice coming in and they surprised him with this certificate...he's got it sitting there where he can see it all the time. Tears came to his eyes because the Vietnam Vets - they were mistreated so bad when they come back from Vietnam. My husband tells me some of the stuff and he just appreciated that they know what the Vietnam vets went through back then." **Army Veteran Spouse/Caregiver**

The Hat

"When he was in the hospital - I should've thought of it sooner - but I went downstairs to get some snacks and they were selling down there selling a lot of stuff for Vets, and I got him a cool Air Force hat, and he wears it out in the community, so he gets a lot of people telling him, "Thank you for your service." And there's a restaurant around the corner and they will sometimes give him buy one get one for being a Veteran...I know that's less about you guys [hospice] but just to show you that he can be honored in a lot of different ways." **Navy Veteran Spouse/Caregiver**

The Blanket

"This hospice nurse that I told you that I just absolutely loved at the beginning... she gave him one of these blankets that are weighted. It's not huge, but it covers his main torso and it's a weighted blanket and it's supposed to give security and make them feel secure and that they're safe, because a lot of the feeling is not being safe...it calms him right down...I just put it over him when he's in his chair and he's anxious and it calms him right down...I think that's so helpful...it's just a blanket but for what these guys have been through I think it really makes him feel secure." **Navy Veteran Spouse/Caregiver**

Listening and Thanking

"I wear a 'We Honor Veterans' pin and sometimes that's enough right there. A Veteran might see that and ask, 'what do you know?' And I say, not as much as I'd like. Will you tell me? And before long we're talking and I thank him for all he did. That goes a long way just right there." **Hospice Caregiver**

6. Ensure hospice protocol with Vietnam Veterans is flexible.

To accommodate the incredibly diverse population of Vietnam Veterans, Nurses must be ready to 1) observe and listen and 2) adapt as they serve different Veterans and even the same Veteran from visit to visit with the same visit.

7. Build on current research, and conduct segmentation research for Vietnam Veterans.

This research provided insight into the range of Vietnam Veteran sub-segments and how they might be identified. For example, even within our relatively small segment, we encountered Vietnam Veterans who were proud of their service and had made it part of their identity; Vietnam Veterans who had shut the war out; Vietnam Veterans who were connected to the VA with a well-established support system; and Vietnam Veterans with very little support. Each sub-segment appears to have varied and distinct end-of-life care needs.

Additional research could inform hospice teams on how to quickly identify each sub-segment and their associated healthcare needs.

8. Utilize innovative tracking methods to support the population Vietnam Veterans receiving hospice care.

Opportunities exist to take advantage of innovative ways to keep track of Veteran support, including use of Dashboards. These will allow hospice to communicate the support provided to the Vietnam Veterans population, communicating an aggregated summary of results of support efforts and the option of drilling down to more detailed reporting data and information. This could benefit Veterans at the individual level by improving communication and access to available resources while also allowing hospice to aggregate data and drill down by subsegment.

9. Develop guides to support Hospice Nurse efforts.

Consider the following as a work-in-progress guide for connecting with and caring for Veterans that should evolve with input from hospice and palliative care providers as they serve a growing number of Vietnam Veterans. The following figure provides examples of content for the guide.



Figure 2: Preliminary Guide for Connecting with Vietnam Veterans

Future application and expansion of this research, integration of findings, and implementation of resulting actionable recommendations will continue to deepen the quality and effectiveness of the hospice care provided to Vietnam Veterans.

6. WAY FORWARD

A key lesson from this research is that there is a population that is ready and eager to engage in discussions regarding their war experiences. Both Veterans and their spouses talked about an increasing interest, even urge, to discuss the war and their experiences since returning home as the Veterans near end of life.

The dedicated effort of the project team to reach out to the key stakeholders in an engaged network of willing and able professionals, across the country, produced a wealth of information. The following figure summarizes data regarding these engagements.



Figure 3: Summary Data regarding Engagements

This research represents part of a larger effort to impact the important populations of Vietnam Veterans and their supporters. Continued engagement with these individuals is critical to realize the desired impact across this important population. This research will help the National Hospice and Palliative Care Organization identify and recommend protocols of care specific to the Vietnam Veteran population, and will allow for:

- Continuous improvement in existing processes, building on current successes,
- Adoption of more innovative technology solutions across all aspects of stakeholder engagement, including more efficient engagements, and enhanced tracking of outcomes, and
- A better informed, better trained, and ultimately more effective support system.

The need to honor and support this deserving group is paramount and can only benefit from continued commitment of the highest order.