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Mark Masselli: This is Conversations on Health Care I'm Mark Masselli.

Margaret Flinter: And I'm Margaret Flinter.

Mark Masselli: Well Margaret, a busy week in Washington with hearings planned on immigration, and the president's proposal on gun control.

Margaret Flinter: And a bipartisan agreement to -- in the Senate mark that would pave the way for legalizing the 11 million immigrants who live in the country illegally, that would be positive on many levels, one of them being just a public health perspective certainly making it easier for these population to access health services.

Mark Masselli: That's very important because immigrants suffer from so many untreated illnesses due to the lack of access. So this could be a positive step if the legislation makes it all the way through congress.

Margaret Flinter: But I think we both agree it's going to be harder to find bipartisan consensus in the talks on gun control. Mark, hard to imagine that with the nation's real obsession with guns that this is going to be **cure** by legislation, and yet with so many guns injuries and deaths per year. I have to agree with CDC and the American college of physicians we have got to talk about gun control and the context of public health.

Mark Masselli: And as part of that public health discussion, it's also focusing on behavioral health and in spite of the mental health parity bill passed in congress. There's still a big disconnect between those needing behavioral health services and those receiving them. So in a round about way it behave, health may finally get the attention it deserves.

Margaret Flinter: Well I think we're going to see a lot of talk on the state level as well aimed to addressing the difficulties in accessing behavioral health services and probably in the light of recent events looking specifically at schools as one place to deliver those services and what else can be done to fill that void.

Mark Masselli: Our guest today certainly understands the importance of these issues Dr. Barbara Van Dahlen is the founder of Give An Hour, an organization dedicated to providing free mental health counseling for returning veterans and their family members as well.

Margaret Flinter: About a fifth to a quarter of the soldiers returning from the wars in Iraq and Afghanistan suffer from a multitude of lingering effects. There is so much need to help and grapple with post-traumatic stress disorder with traumatic brain injury or just the difficulties of adjusting to civilian life after multiple chores of

duty. Dr. Van Dahlen's organization is working with the White House and with the veterans health administration to help address that need.

Mark Masselli: Dr. Van Dahlen's work has earned her the distinction of ton of magazines, hundred people who are changing the world so really looking forward to our conversation with her today.

Margaret Flinter: And also looking forward to hearing from Lori Robertson the Managing Editor of FactCheck.org who is always on the hunt for mistruths that have been spoken on the public domain.

Mark Masselli: But no matter what the topic you can hear all of our shows by Googling CHC Radio and as always if you have comments e-mail us at [www.chcradio.com](http://www.chcradio.com) or find us on Facebook or Twitter. We'd love to hear it from you.

Margaret Flinter: We'll get to our conversation with Dr. Van Dahlen in just a moment.

Mark Masselli: But first here is our producer, Marianne O' Hare with this week's Headline News.

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Marianne O'Hare: I'm Marianne O'Hare with this Health Care Headlines. A number of states around the country are looking at allocating more dollars towards overhauling mental health services, legislatures in Florida, Illinois and Minnesota among states looking to increase budgets for behavioral health, and are looking at ways to improve services. Advocates in Illinois warned the mental health system and that state is simply broken and needs to be completely revamped. Meanwhile the behavioral health discussion is being had with the backdrop of gun laws also on the block, in Massachusetts a 43 year old law which prohibits metal health information to be shared with the FBI even for gun background checks. Governor Deval Patrick has twice attempted to pass legislation that would alleviate that restriction, but was unsuccessful the measure comes up again.

And as the GOP leadership gathered recently for their annual meeting they agree to continue to disagree, leadership recommending that the party faith will not give the verbal commitment to seek ways to cut the federal budget using cuts to medicate, Medicare and social security as well as other safety net programs. Now, in the wake of the new pole out by Kaiser Health which shows a majority of Americans near 70% say they do not want to see any cuts to services for the elderly like Medicare and social security.

And it may pain folks living chronic pain to hear this but FDA is seriously considering restrictions on narcotic based pain relievers like Vicodin, that class of pain killers including Oxycontin now causing more drug death than cocaine and heroin combined. Doctors would be barred from writing more than a 30 day prescription and patients would be barred from renewing their medications without first coming in for another consult with the provider. I'm Marianne O'Hare with this Health Care Headlines.

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Mark Masselli: We're speaking today with Dr. Barbara Van Dahlen Clinical Psychologist Founder and Director of Give An Hour, an organization that links soldiers returning from duty and their families to mental health clinicians volunteering their time. Dr. Van Dahlen is a consultant to the White House, the Pentagon and veterans administration and also the founder of You Serve LLC which links government agencies and non-profits serving the military community.

Dr. Van Dahlen was named by women's day magazine as one of the 50 women who are changing the world and was on Time magazine list of world's 100 most influential people in 2012 for her work. Dr. Van Dahlen, welcome to Conversations on Health Care.

Dr. Barbara Van Dahlen: Thank you very much.

Mark Masselli: Barbara, last year we just past pretty sobering milestone more American GIs died in 2012 by suicides than died in combat and that's just one aspect of the massive mental health problem being faced by our veterans and their families. When you founded Give An Hour in 2005 there's simply wasn't enough attention being paid to those unique mental health issues. So tell us from a clinicians' perspective about the depth and breadth of the mental health problems being faced by our military community.

Dr. Barbara Van Dahlen: First it's really important to understand that what folks come home with in terms of post-traumatic stress, traumatic brain injury, the invisible injuries of war if you will, we would expect this, it make sense this is a human reaction to war, to the atrocities that service members see the traumatic brain injuries to the kinds of blast that they're exposed to. And in fact most of our service members who come home do not developed severe forms of PTSD and are reintegrating back into our society. It doesn't mean that there aren't difficulties with just regular reintegration after being away, but it is a range of issues and it's important to think about it as a continuum. So you have everyone from the service member who's been away for, you know, multiple tours over the last ten years, he's coming home now, he's actually doing okay he or she. But a transition back to life with your family after spending so much time away, transition to a different kind of job, a different kind of life, that's challenging and comes with all sorts of mental health at a patients required. All the way to

service members who have experience very severe and brutal combat are coming home with post-traumatic stress, and sometimes a traumatic brain injury, and then in their effort to deal with that sometime you see substance issues in their attempt to self medicate. Most service members they come home in their assets in our communities the goal is for us to make sure we provide what they need so that they become that.

Margaret Flinter: Barbara, as a clinical psychologist, do you and your colleagues are trained to confront these many issues, when you founded Give An Hour you had a vision in mind and I'm sure you had to quickly move from the vision to the strategy of how are you going to make this work and meet this huge unmet needs or perhaps share with us how exactly does Give An Hour work.

Dr. Barbara Van Dahlen: Sure, well the idea is very simple and I think that's why it works. The concept was really to ask mental health professionals to Give An Hour a week of their time to build it into their clinical practice, to do it at the time that work for them, so we wanted to make it easy for folks to give. And on the other side make it very easy for those in need to receive. So service members, veterans, and military family members come to our website, they put in their zip code, and they get a list of providers in their areas. We have now over 6,500 providers throughout the country. If they can't find someone right in their community then that flags us and our staff steps in and starts working with our broad network to locate a provider, and they start doing the work that leads them to heal and get what they need to move on with their lives.

Mark Masselli: Barbara that's a great innovation and -- it's like you work with the founder of Craigslist to develop this clearing in-house of mental health clinicians across the country. Tell us about that collaboration and how do you determine which providers would be most helpful and what other hurdles do you face and how do you overcome them?

Dr. Barbara Van Dahlen: It was Craigslist that was the inspiration, I was at the time a single mom in Washington D.C. raising my two daughters, you know, I already had too busy practices. And I was fascinated with here we could find, I could find child care provider who is moving from across the country, moving to Washington and we could trade information and end up matching so that, that person came to work and live in my family and I thought this is great, if we can use this model to match those in need with those who are offering services, so that was really what led me to start to talk to folks who are far smarter than me on the technology side. We built our first version of Give An Hour with Open Source software and later then down the road I met Craig and we talked about this notion of again keeping it very simple so that those who are looking for a service in this case free mental health care can easily go to a site use their zip code and there they have a whole list of folks who are available to them and it makes it very easy for our providers because they are in charge of what -- of the hours that they offer, what services and that gets to your question about who is

the most appropriate and the most effective we believe that all mental health professionals are needed for this current generation of folks coming home because it's not just those who are severely injured, it's folks who are transitioning and dealing with family issues or it's the parent of a service member or the sibling of, so everyone who has mental health expertise can really serve a very critical role right now.

Margaret Flinter: I will back to, Barbara, look a little more deeply into these innovations that you are spearheading as part of this mission, you know there's so many hundreds of thousands I would imagine veterans needing help, it may need more than just our clinical volunteers but something that you've called this community blueprint. Tell us about the community blueprint. What's in it and how does that relate to this model of care that you're hoping to see provided.

Dr. Barbara Van Dahlen: Yes. As I began building Give An Hour seven years ago and traveling around the country what was clear that all over our country folks were stepping up and trying to help ,yet there was not very much collaboration or coordination and I'm talking across services mental health, healthcare, employment, education for the service members and their families and so a number of my colleagues and I got together and started to talk about what if we created some tools for communities that led to the development of what is now the initiative known as the community blueprint, and the idea like Give An Hour is very simple, it's very action oriented. Let's get the stakeholders in a community together and then we offer them a whole slate of very concrete next steps, if you want to create a job fair here's what it looks like, if you want to train your civilian metal health professionals here's how it's been done in other communities that effects employment, education, family life, the homeless population unfortunately has many veterans who are dealing with, that is an issue. So the community blueprint is a way literally to organize communities at the community level and bring folks together and then help them move forward with action oriented plans.

Mark Masselli: We are speaking today with Dr Barbara Van Dahlen, clinical psychologist, founder and director of Give An Hour and organization that links soldiers returning from duty and their families to mental health clinicians volunteering their time. Barbara, tell us a little about the Obama Administrations initiatives they launched last year in partnership with a 100 teaching hospitals across the country now, how is this initiative helping you and your colleagues prepare the next generation of clinicians to address this great behavioral health need.

Dr. Barbara Van Dahlen: Very soon after the President came into office in 2008, the First Lady and Dr. Biden got together to create the joining forces initiative and that led to identifying all variety of opportunities to literally encourage individuals, organizations, colleges, universities to step up and join forces and it's been delightful to work with many wonderful folks at the White House connect that with

the community blueprint with Give An Hour, the White House provides a wonderful platform, it encourages colleges and universities to look at their programs and really make sure that those up and coming professionals are properly trained because without that knowledge and expertise then we miss opportunities to provide what these men and women and their families deserve. I feel very hopeful because all of the key players in our country at all the different levels, the state, local, federal were stepping up working together, it's a huge issue to tackle but I feel very optimistic about where we are heading.

Margaret Flinter: Barbara, in the work that your volunteers are doing I think as I understand that it's primarily a traditional in person counseling sessions and certainly a very valuable and effective model but as we look at the distribution gaps between rural and urban areas and the distribution of providers and the role that technology might play in helping bring treatment to people who have difficulty getting to that sort of traditional in person session, what are you looking at with other technologies using Skype, teleconferencing, texting as part of the treatment paradigm and there's something that you look to incorporate into your work?

Dr Barbara Van Dahlen: The relationship is so critical as people heal from mental health issues and so yes we do maintain the opportunity for folks to meet with clinicians individually then from the beginning we also offered a very low tech solution for folks who live in rural communities or just couldn't get into an office and that's one support because even if you can't make it into an office to have an opportunity to speak with a clinician to get support critically valuable so we offer that from the beginning, we also started very early on sending our clinicians out into the community to assist in a lot of different ways so they now give talks at community centers or they'll brief families at reintegration events. So from the beginning we saw that we had harnessed this wonderful resource and the goal was to figure out how many different ways could we apply it and now we are very much looking at tele-help as an opportunity that we will be offering in, we have expanded so quickly. The goal for us is to keep up with what we are being asked to do, we will in fact have the funding to put into place, the tele help capability so that our providers wherever they are in the state can in fact provide face to face contact with service members and their families. So there is tremendous opportunity through technology to provide support, education and care and we plan to explore and expand in as many directions as we can, in fact with a million service members separating over the next several years, we're going to see a very long tail on these issues.

Mark Masselli: Barbara, we really loved the model you've developed at Give An Hour and really what you are taking it and I loved the sort of high tech, high touch aspects of it as you think about moving forward. But the recipients are also being asked to give back in a meaningful way where they can and talk to us for a moment about this cultural volunteerism in giving back as it relates to the

success of the healing process and can you give us some examples of the sort of impact that's having on those you are trying to help.

Dr. Barbara Van Dahlen: Absolutely. And it's probably one of my favorite features of the organization and it really comes from my dad. My dad was a veteran of World War II and he was in combat in the Pacific and he never talked about it and so I know very little about that, he passed away in 1986, yet growing up his service to our community was such a strong message in my life. And I knew when I was building Give An Hour given the people that we were going to serve that it was critical that we offer them the opportunity to give back ---

Margaret Flinter: What's the story of institutional partnership with the VA system as an example or with State Mental Health Authority so that the volunteer therapist is not feeling out there on their own and the veteran can get the help they needed, I'm sure you are engaged in sort of policy discussions around there. Can you share that with us a little bit?

Dr. Barbara Van Dahlen: Well it's been a wonderful evolution of thought and policy and it's true Give An Hour is outpatient mental health care, we don't provide inpatient services that's not how we are equipped, it is a clearing house if you will it is mental health professionals stepping up, offering their significant expertise but staying within their lane and so it's very important that we at Give An Hour have back ups. The good news is that we have not had to rely on that type of back up very often. Our providers are so skilled, when folks come to us we're pretty good at figuring out what they need if they can't be seen in an out patient setting we do have great relationships with the VA and with DOD and because we're in every state and we're connected to every major mental health association and we have friends on the hill and at the White House. We are able to then access whether it's state, local and so far we have been successful. We have never had to turn someone away; we have always been able to find either a provider or a greater level of care through a VA contact. So the system is working well and what's important is this collaboration, it is where we need to had which is how do we look to leverage, what the different skills capacities are, connect the dots then we can take care of our citizens and take care of our own so to speak and there's a new movement that I'm very proud to be part of and I guess a spokesperson for and that is harnessing skill based volunteers whether it's, you know, the good work of Doctors Without Borders, folks at Give An Hour or other groups, how do we harness leverage those specific volunteers who had the skills needed and how do we make sure that as you said they are supported.

Mark Masselli: We have been speaking today with Dr. Barbara Van Dahlen founder and director of Give An Hour which links veterans and their families with a network of volunteer mental health counselors to treat the effects of PTSD and other war related brain injuries. She has been recognized as one of Time magazines 100 most influential people in the world for her work, you can find out

more by going to [giveanhour.org](http://giveanhour.org). Barbara, thank you so much for the work you do and for joining us today on Conversations on Health Care.

Dr. Barbara Van Dahlen: Thank you. It's a pleasure and thank you again for covering this important topic.

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Mark Masselli: At Conversation on Health Care, we want our audience to be truly in the know when it comes to the facts about health care reform and policy. Lori Robertson is an award-winning journalist and managing editor of FactCheck.org, a nonpartisan, nonprofit consumer advocate for voters that aim to reduce the level of deception in US politics. Lori, what have you got for us this week?

Lori Robertson: Well Mark and Margaret, we notice the statistic flooding around on Facebook about children and gun deaths in the U.S. The statistic is that 85% of children that are killed with guns are killed children of United States. And it was used on ABC News by Mark Kelly, former astronaut and husband of former Congresswoman Gabrielle Giffords. Now that shocking statistic is attracting attention on social media, but it's not true. Kelly left out an important qualifier. The study decided to look at the 23 highest income countries in the world in 2003, and found that 87% of children under age 15, who were killed by guns in those countries lived in the U.S. So it's not 85 or actually 87% of all child gun deaths in the world, but rather 87% of the deaths in the 23 highest income countries. That of course does show that child gun deaths in the U.S. far outnumbered those in similar countries including Australia, Canada, France, Germany, Japan, Finland, New Zealand, Norway, The United Kingdom and others. But without that important qualifier, many may get the impressions that the statistic includes violence played countries in Central and South America or Africa, more gun homicide rates far out case studies of the United States, and that's my FactCheck for this week. I am Lori Robertson, Managing Editor of FactCheck.org.

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Margaret Flinter: FactCheck.org is committed to factual accuracy from the country's major political players and is a project of the Annenberg Public Policy Center at the University of Pennsylvania. If you have a fact, that you would like checked, email us at [www.chcradio.com](mailto:www.chcradio.com). We will have FactCheck.org's Lori Robertson check it out for you here on Conversations on Health Care.

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Margaret Flinter: Each week, Conversations highlight a bright idea about how to make wellness a part of our communities and everyday lives. Vaccinations are



considered one of the great public health achievements of the 20<sup>th</sup> century, reducing fatalities for most common and failed diseases by up to 99%. But in the 21<sup>st</sup> century, some of those numbers just aren't stacking up. As recently as 2009, only 45% of the nation's pre-school age children had received all of their recommended vaccination and boosters. And researchers at the Children's Outcomes Research Program at Children's Hospital in Colorado decided to take an in-depth look at the problem.

Dr. Allison Kempe: Primary care practice nurses are so overstretched. There are so many competing demands that it's rather impractical.

Margaret Flinter: Dr. Allison Kempe heads up the children's outcome research program and she conducted the study on what would help to generate better compliance with the required vaccinations, which is the goal of the government's Healthy People 2020 initiative. And she found that when parents receive timely reminders from their state and local health departments, parents were much more likely to get the vaccinations and boosters for their children that they needed.

Dr. Allison Kempe: What our study did was to centralize those efforts. So it didn't take away from the primary care providers but it helped them to do the reminder/recall for their practices essentially using a state registry. So this was much more efficient and much more cost efficient.

Margaret Flinter: Dr. Kempe says her research shows that when we remind, their message can be generated for an entire population across communities. It takes the burden and the burden off of the primary care in pediatric practices. Her study, published in the December issue of the American Journal of Public Health, shows that those effects were pretty significant.

Dr. Allison Kempe: In a fairly short six month period in the counties where, if this was done centrally about 19% of children who are not up-to-date became up-to-date versus about 13% in the practice space recalls state, which on a population level within six months, it's really very powerful.

Margaret Flinter: And the study also suggests that it's a cost savings for the centralized state or county run database reminder system, both in terms of the vaccines themselves and in reducing medical costs as fewer children fall ill.

Dr. Allison Kempe: You know, you have one case of *Influenzae Haemophilus Meningitis* can cause tens of thousands of dollars. The costs of not preventing these illnesses are very high.

Margaret Flinter: A state health department driven vaccination program that assists private practices in vaccine compliance for their patient population

improving vaccination rates of young and vulnerable children. Now, that's a bright idea.

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Margaret Flinter: This is Conversation on Health Care. I am Margaret Flinter.

Mark Masselli: And I am Mark Masselli, peace and health.

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