NCIOM TASK FORCE ON VETERANS' HEALTH

Highlights

Veterans face unique health risks shaped by their service experiences which may include:

- Post Traumatic Stress Disorder (PTSD) – prevalence ranges from **7%-15% depending on demographics**
- Traumatic Brain Injury (TBI) - **nearly 1-in-4 US Veterans** screen positive for probable TBI
- Military Sexual Trauma (MST) - **1 in 3 women and 1 in 50 men report having experienced MST** at some point during their military service
- Substance Use Disorder (SUD) – **over 1-in-10 Veterans** have a substance use disorder
- **Higher rates than the general population** for chronic musculoskeletal pain, toxic exposures, tinnitus and hearing loss, obesity, stroke, cancer, chronic obstructive pulmonary disease (COPD), arthritis, kidney disease, and diabetes

The task force was co-chaired by:

- **Secretary Jocelyn Mitnaul Mallette**
  JD, MA, Secretary of the North Carolina Department of Military and Veterans Affairs
- **Margaret Chamberlain Wilmoth**
  PhD, MSS, RN, FAAN, Professor, University of North Carolina at Chapel Hill Schol of Nursing, President, Reserve Organization of America
- **Paul Berry**
  Director of Strategic Partnerships and Integration, Veterans Bridge Home



45 Task force members

65 Work group members

North Carolina is home to over **615,000 Veterans**, representing roughly 7% of the state's population

61% of Veterans struggle to access or understand their benefits and **25%** are unaware that free help from a Veteran Service Organization is available to help with claim filing.

Many Veterans never receive benefits they have legitimately earned—not because they don't qualify, but because they are not educated on their benefits and don't know to ask.

Not all Veterans are eligible for care through the Veterans Health Administration (VHA). In 2026, **49% of the US Veteran population was enrolled in the VHA system.**

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Key Takeaways

Connecting Veterans, Families, and Caregivers to the Support They Need

- A coordinated statewide effort can help bridge the gaps Veterans, families, and caregivers can face in finding, accessing, and sustaining the services and supports available to them.
- Increased funding for the North Carolina Departments of Military and Veterans Affairs, Administration, and Health and Human Services for specific purposes can support coordinated efforts to bridge those gaps.
- Community-level attention and action can improve Veteran and family well-being and connection to resources.

Ensuring Access to Community-Based Health Care for North Carolina's Veterans

- Less than half of Veterans are enrolled in the VA Health Care System.
- There are structural and geographic barriers that can stand between North Carolina's Veterans and access to health care services.
- Veteran Service Officers and health care workers can be a key point of contact for information about available services and opportunities to meet health and well-being needs.
- Health care provider availability – both geographic and within payer networks – is an important factor in Veteran access to health care services.

Building a Health Care Workforce and System Ready to Serve Veterans

- Health care providers in non-VA settings do not typically know when they are caring for Veterans or their families and often do not understand the variety of military-connected health conditions that could affect these patients.
- Increasing the number of Veterans in the health care workforce could increase Veteran cultural awareness in the health care sector.
- Health care providers can improve their ability to care for Veterans by:
    - Participating in trainings on Veteran culture and military-connected health conditions.
    - Asking all patients if they have served in the military or have a close family member who has.

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The task force produced 8 recommendations and 26 strategies to improve access, quality, and experience of community-based care for Veterans, their families, and caregivers. Read the full report here.