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Improving **R**ural **E**nrollment, **AC**cess, and **H**ealth in **Rural Veterans**
I-REACH Rural Veterans

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1. INTRODUCTION

Veterans living in rural settings across the United States face unique and persistent challenges in accessing timely, high-quality healthcare services. Geographic isolation, transportation challenges, limited availability of healthcare providers and infrastructure, and systemic barriers usually contribute to worsened health and well-being outcomes among this population (Department of Veterans Affairs [VA], 2025). In Michigan alone, approximately 630,000 veterans reside in the state, and nearly 32% live in rural areas—a higher proportion than in many other states (Rural Health Information Hub [RHIhub], 2021). Michigan's unique geography—including two peninsulas, healthcare provider shortage areas (Upper Peninsula and the Thumb region)—and border isolation exacerbate these challenges. Recognizing these pressing needs in the State of Michigan (MI), the ***I**mproving **R**ural **E**nrollment, **AC**cess, and **H**ealth in **Rural Veterans** (I-REACH Rural Veterans)* initiative was established to strengthen access to healthcare and services for rural veterans in MI.

This program was funded by the Health Resources and Services Administration (HRSA) through the Rural Veterans Health Access Program (RVHAP) and housed at the Michigan Center for Rural Health (MCRH). Led by Principal Investigator (PI) Dr. Emre Umucu and Project Director Jim Yates, I-REACH embodies a collaborative initiative designed to expand healthcare access for rural veterans across both Veterans Affairs (VA) and non-VA health systems. The program seeks to strengthen care coordination between VA and community-based providers, address social determinants of health affecting rural veterans and their families, increase awareness of available VA and non-VA benefits and services, and enhance access to critical services in mental health, substance use disorder (SUD) treatment, and other essential healthcare areas. I-REACH's mission aligns with HRSA's and VA's broader commitment to improving health outcomes and improving outcomes for underserved rural veterans and their families.

This report presents findings from a statewide survey conducted as part of the I-REACH Rural Veterans program. Approved by the Institutional Review Board, the survey was designed to provide a comprehensive understanding of the sociodemographic characteristics, health needs, service utilization patterns, and barriers to care experienced by rural veterans and their caregivers. Importantly, to align with a ***strengths-based framework***, the study also explored facilitators and existing strengths within these groups to highlight assets that can support improved access and outcomes. The insights presented in this report underline critical themes, including high rates of mental and physical health conditions, unmet healthcare and rehabilitation needs, and structural barriers such as affordability and transportation, that underscore the importance of continued investment in programs like I-REACH Rural Veterans. By integrating the perspectives of veterans, caregivers, and providers, this report provides a holistic view of the rural veteran healthcare ecosystem and offers actionable items to guide veterans, caregivers, clinicians, researchers, stakeholders, policymakers, community leaders, and service organizations in designing interventions tailored to rural veterans and their families.

2. METHODS

We employed a cross-sectional survey design to gather data from three key groups: rural veterans, their caregivers, and healthcare providers serving rural veteran populations in Michigan. The survey was designed to capture a comprehensive and holistic picture of the demographic characteristics, health conditions, healthcare access patterns, and perceived barriers to care across these groups. Veterans were eligible to participate if they (a) were aged 18 years or older, (b) had prior U.S. military service, and (c) resided in a rural area of Michigan. Caregivers were included if they provided care to a rural veteran. Healthcare providers were recruited if they served veterans in rural Michigan communities. Participants were recruited through convenience sampling methods, including outreach via social media, veteran service organizations, and community networks.

This project and related studies were reviewed and approved by the Institutional Review Board before any data collection. Participation was voluntary, and an electronic informed consent was obtained from all respondents. Data were collected anonymously to ensure participant confidentiality. Data were collected between November and December 2022. Separate but parallel surveys were developed for each group to capture their unique perspectives. Survey was distributed electronically. The surveys included items and questions covering sociodemographic information, physical and mental health conditions, healthcare utilization, barriers to accessing care, and perceptions of available services. Regarding data analysis, descriptive statistics were calculated to summarize responses across groups. Comparisons between veterans, caregivers, and providers were performed to identify areas of convergence and divergence in reported experiences and perceptions.

3. FINDINGS

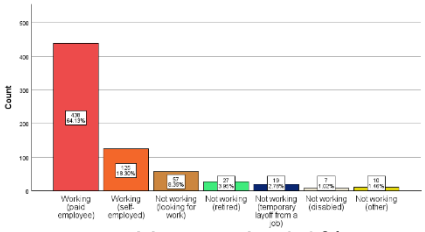
3.1. Rural Veterans-Related Findings

This section presents survey findings on veterans residing in rural areas of Michigan. A total of 683 veterans participated in the study.

3.1.1. Sociodemographic Status

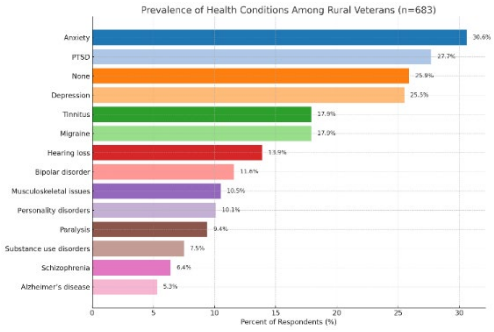
The average ***age*** of respondents was 32.71 years. The ***gender*** distribution revealed that 81.8% identified as male and 17.7% as female. Regarding ***race***, the sample was predominantly White (78.3%), followed by American Indian or Alaska Native (8.8%) and Black or African American (8.2%). Smaller proportions identified as Asian/Asian American (3.2%), Native Hawaiian or Pacific Islander (0.9%), or other races (0.5%).

3.1.2. Socioeconomic Characteristics



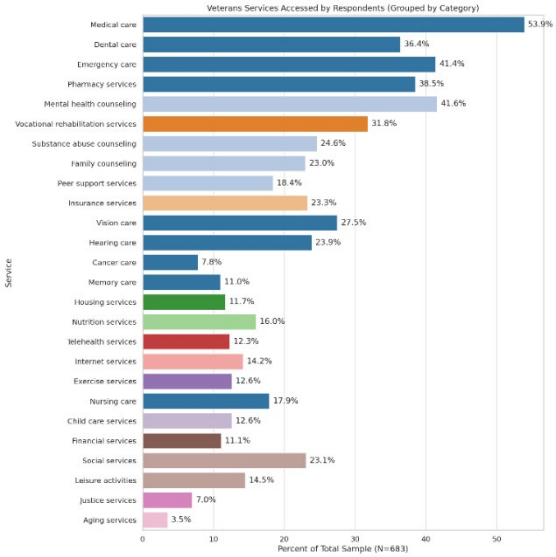
Respondents reported diverse ***educational backgrounds***. About 2.2% had completed education up to 8th grade, and 25.2% were high school graduates or GED holders. Approximately 25.8% had some college credit without earning a degree, while 11.0% held an associate's degree. Around 15% had earned a bachelor's degree, and 2.5% reported having a graduate degree. Regarding ***employment*** status, most respondents were employed, with 64.1% working as paid employees and 18.3% as self-employed. Among those not working, 8.3% were seeking work, 4.0% were retired, 2.8% were temporarily laid off, and 1.0% reported being unable to work due to disability. While the majority (78.2%) reported no ***housing instability***, 21.8% indicated they had faced such challenges.

3.1.3. Medical and Substance Use Conditions



Notably, 41.7% of respondents reported having a service-connected disability. ***Mental health conditions*** were highly prevalent. Anxiety (30.6%), posttraumatic stress disorder (27.7%), and depression (25.5%) were the most frequently reported. Other mental health issues included bipolar disorder (11.6%), personality disorders (10.1%), schizophrenia (6.4%), and substance use disorders (7.5%). ***Physical health conditions*** reported included tinnitus (17.9%), migraine (17.9%), hearing loss (13.9%), musculoskeletal issues (10.5%), and paralysis (9.4%). About 25.9% of respondents reported no health conditions, while 0.7% listed other specified conditions. Participants' ***substance use behaviors*** were measured as well. Among participants, 69.3% reported non-medical use of alcoholic beverages. Cannabis or marijuana use was reported by 20.9%, while 18.0% indicated non-medical use of cocaine. Amphetamine-type stimulants were reported by 17.4%, and inhalants by 17.3%. Non-medical use of sedatives or sleeping pills was reported by 25.2%, hallucinogens by 15.8%, and opioids by 20.5%.

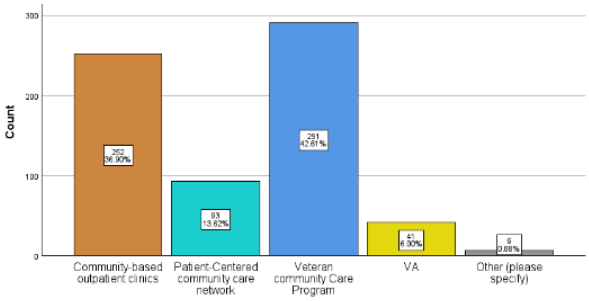
3.1.4. Healthcare Access and Services



Among the total sample, 53.9% reported accessing ***medical care services***. Emergency care was accessed by 41.4%, mental health counseling by 41.6%, and pharmacy services by 38.5%. Dental care was accessed by 36.4%. Vocational rehabilitation services were used by 31.8%, while substance abuse counseling was reported by 24.6%. Family counseling was accessed by 23.0%, insurance services by 23.3%, hearing care by 23.9%, and social services by 23.1%.

Peer support services were accessed by 18.4%, nursing care by 17.9%, and nutrition services by 16.0%. Vision care was reported by 27.5%, memory care by 11.0%, housing services by 11.7%, and financial services by 11.1%. ***Telehealth services*** were accessed by 12.3%, internet services by 14.2%, exercise services by 12.6%, and child care services by 12.6%. ***Leisure activities*** were accessed by 14.5%. ***Cancer care*** was reported by 7.8%, justice services by 7.0%, and aging services by 3.5%.

Regarding ***VA benefits***, 78.5% of respondents reported being eligible for VA benefits. When asked about their ***primary healthcare facilities***, 42.6% cited the Veteran Community Care Program, 36.9% used community-based outpatient clinics, 13.6% accessed Patient-Centered Community Care Networks, and 6.0% received care directly from VA facilities. Health insurance coverage was nearly evenly split, with 52.6% of respondents lacking insurance and 47.4% having some form of coverage.



Transportation access was strong among respondents, with 93.1% reporting they were able to drive themselves. For those relying on alternative modes of transportation, 27.8% used public transportation, 20.4% were driven by others, 14.3% used taxis, and 5.0% utilized health agency van services. Average travel time to healthcare facilities varied: 10.5% reported 20-minute commutes, 9.7% reported 30 minutes, 9.4% reported 40 minutes, and 5.4% had travel times of 15 minutes.

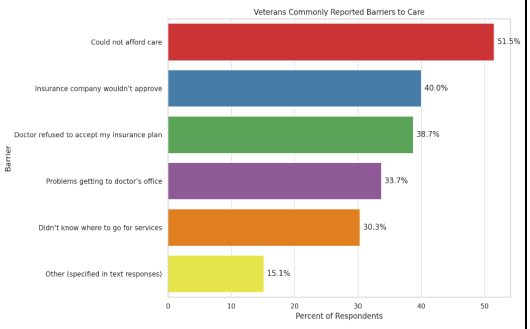
3.1.5. Health, Well-Being, and Lifestyle Indicators

The mean score for ***physical health*** was 6.65, ***mental health*** averaged 6.47, and ***overall health*** was slightly higher at 6.77. Psychosocial wellbeing indicators revealed strengths in several domains. Participants reported ***feeling positive*** (M = 6.56) and ***meaning in life*** (M = 6.67). ***Religiosity*** was rated at a mean of 6.59, indicating moderately high levels of religious engagement or identification. They also reported ***making progress toward goals*** (M = 6.48) and ***experiencing excitement*** and ***interest in life*** (M = 6.49). The highest mean score was observed for ***overall happiness*** (M = 6.92) and ***feeling loved*** (M = 6.76). ***Exercise*** frequency averaged 4.18 days per week, with responses ranging from 0 to 7 days. Notably, emotional challenges were evident in reports of ***anger*** (M = 5.54) and ***loneliness*** (M = 5.45), with substantial variability across participants (range: 0–10). Participants reported a moderate capacity to ***bounce back after adverse events*** (M = 3.63) and endorsed ***optimism*** about their future (M = 3.64). Importantly, the ***willingness to seek psychological help*** was relatively high (M = 3.72).

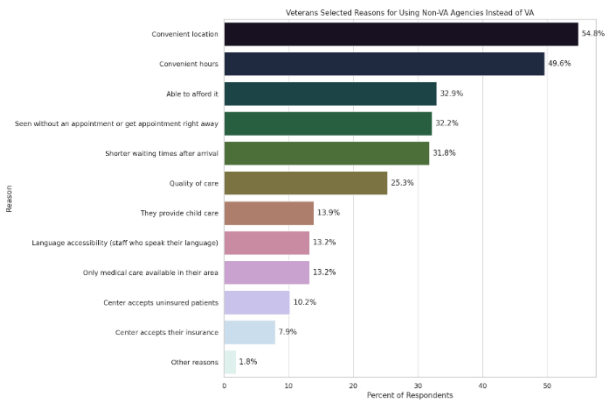
Domains	Indicators	M	SD	Range
Health	Physical Health	6.65	1.94	0–10
	Mental Health	6.47	2.18	0–10
	Overall Health	6.77	1.96	0–10
Wellbeing and Lifestyle	Feeling Positive	6.56	2.09	0–10
	Life Feels Valuable and Worthwhile	6.67	2.15	0–10
	Making Progress Toward Goals	6.48	2.08	0–10
	Religiosity	6.59	2.06	0–10
	Exercise Frequency (days/week)	4.18	1.53	0–7
	Excitement and Interest in Life	6.49	2.18	0–10
	Overall Happiness	6.92	2.11	0–10
	Feeling Loved	6.76	2.16	0–10
Emotional Challenges	Feeling Angry	5.54	2.49	0–10
	Feeling Lonely	5.45	2.69	0–10
Resilience and Help-Seeking	Bounce Back After Hard Times	3.63	0.88	1–5
	Optimism About the Future	3.64	0.98	1–5
	Willingness to Seek Behavioral Help	3.72	0.93	1–5

3.1.6. Barriers to Seek Help and Care

Among participants, 51.5% reported that they ***could not afford care***. Insurance-related barriers included 40.0% indicating their insurance company ***would not approve care*** and 38.7% reported that ***doctors refused to accept their insurance plan***. Logistical barriers were also noted, with 33.7% citing ***problems getting to the doctor's office*** and 30.3% reporting they ***did not know where to go for services***.



A total of 47.4% of veterans reported ***being delayed in getting medical care, tests, or treatment in the last 12 months***. Emergency room utilization data showed that 31.9% visited the ***ER more than five times*** in the past year and 33.7% went to the ***ER because no other place was available***. Additionally, 30.6% were ***hospitalized overnight*** within the last 12 months. Regarding ***mental health care***, 46.6% reported seeing a mental health professional in the past year. However, 31.3% indicated they were ***unable to get mental health care***, and 34.0% experienced ***delays in accessing mental health services*** in the same period.



Among participants, 54.8% cited ***the convenient location*** of other agency services as a reason for using non-VA agencies. ***Convenient hours*** were reported by 49.6%, and 32.9% indicated they were ***able to afford these services***. Other

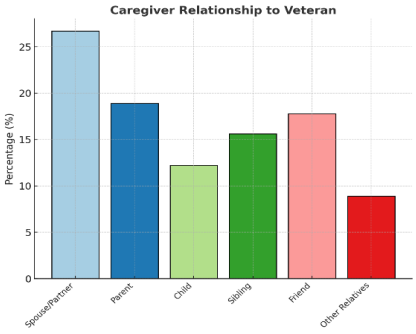
commonly reported reasons included being ***seen without an appointment or getting an appointment right away*** (32.2%), and ***shorter waiting times after arrival*** (31.8%). ***Quality of care at other locations*** was rated at 25.3%. Additional reasons included ***childcare provision*** (13.9%), ***language accessibility with staff speaking their language*** (13.2%), and the ***non-VA center being the only medical care available in their area*** (13.2%). Furthermore, 10.2% cited that the center ***accepts uninsured patients***, and 7.9% noted that the ***center accepts their insurance***.

Participants reported their experiences with barriers to rural healthcare and services on a scale from 1 to 5. The mean score for access to ***physical health care services*** was 3.16. ***Access to mental health care services*** had a mean of 3.25. The ***ability to participate in outside activities of interest*** had a mean of 3.30, while ***exercise or physical activity*** had a mean of 3.17. ***Access to healthy food*** was rated at a mean of 3.19. Other reported barriers included ***access to friends and family*** (M = 3.17), ***transportation services*** (M = 3.25), and ***internet or phone services*** (M = 3.15).

3.2. Caregivers-Related Findings

This section presents survey findings on caregivers supporting veterans in rural areas of Michigan. A total of 180 caregivers participated in the study.

3.2.1. Sociodemographic Characteristics

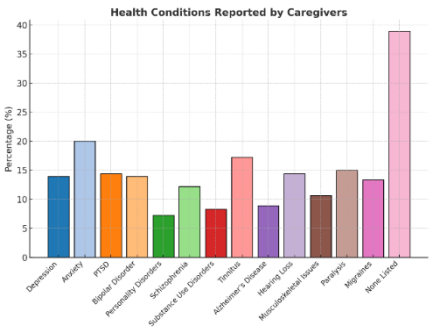


The total sample included 180 caregivers. The caregivers' mean ***age*** was 35 years. Among respondents' ***gender***, 54.4% identified as male, and 43.9% identified as female. Regarding ***race*****,** the majority of participants identified as White (72.2%). Additional racial identities included American Indian or Alaska Native (11.7%), Black/African American (8.3%), Asian/Asian American (2.8%), Native Hawaiian or Pacific Islander (1.7%), and Other (3.3%). Caregivers reported their ***relationship to the veteran*** as follows: spouse or partner (26.7%), parent (18.9%), child (12.2%), sibling (15.6%), friend (17.8%), and other relatives (8.9%). One-fifth of caregivers (20.0%) reported having a disability, while 80.0% did not.

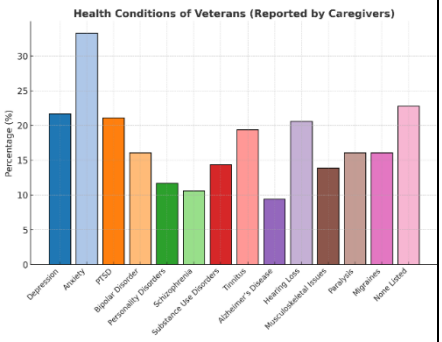
3.2.2. Socioeconomic Characteristics

Educational attainment among respondents included: some high school with no diploma (6.7%), high school graduates (22.8%), some college but no degree (30.6%), trade/technical/vocational training (13.9%), associate's degree (6.1%), and bachelor's degree (20.0%). Regarding caregivers' ***employment status***, 56.1% reported working as paid employees, while 22.2% were self-employed. Additionally, 14.4% were not working and looking for work, 2.8% were retired, 2.8% were on temporary layoff, and 1.7% reported not working for other reasons. Household ***income*** distribution was as follows: less than $10,000 (2.2%), $10,000–$19,999 (3.9%), $20,000–$29,999 (9.4%), $30,000–$39,999 (12.8%), $40,000–$49,999 (19.4%), $50,000–$59,999 (14.4%), $60,000–$69,999 (9.4%), $70,000–$79,999 (9.4%), $80,000–$89,999 (7.8%), $90,000–$99,999 (11.7%), $100,000–$149,999 (2.8%), and $150,000 or more (3.9%).

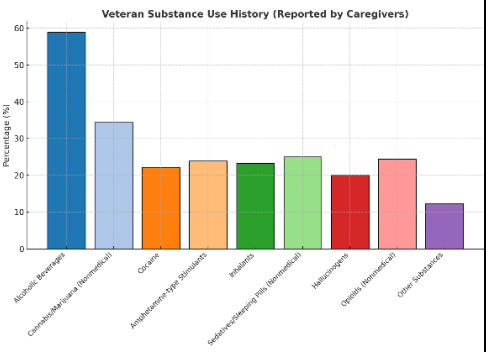
3.2.3. Medical and Substance Use Status among Caregivers and Caretaker Veterans



Regarding the ***medical conditions among caregivers***, 22.8% reported being homeless or at risk of becoming homeless. Mental health conditions were reported as follows: depression (13.9%), anxiety (20.0%), PTSD (14.4%), bipolar disorder (13.9%), personality disorders (7.2%), and schizophrenia (12.2%). Other reported conditions included substance use disorders (8.3%), tinnitus (17.2%), Alzheimer's disease (8.9%), hearing loss (14.4%), musculoskeletal issues (10.6%), paralysis (15.0%), and migraines (13.3%). Notably, 38.9% indicated none of the listed conditions. ***Veterans' medical conditions*** were reported by the caregivers as followed: depression (21.7%), anxiety (33.3%), PTSD (21.1%), bipolar disorder (16.1%), personality disorders (11.7%), and schizophrenia (10.6%, n = 19). Other veteran health conditions

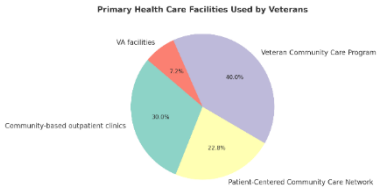


included substance use disorders (14.4%), tinnitus (19.4%), Alzheimer's disease (9.4%), hearing loss (20.6%), musculoskeletal issues (13.9%), paralysis (16.1%), and migraines (16.1%). In total, 22.8% of caregivers reported that veterans had none of the listed conditions.

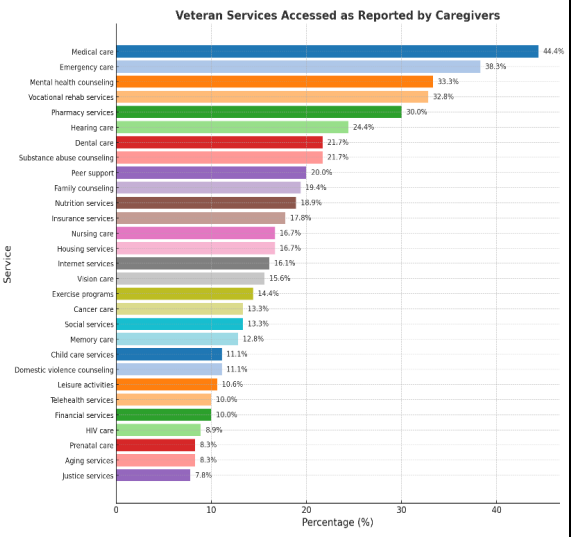


Substance use behaviors and problems among veterans were reported by the caregivers as follows: alcoholic beverages (58.9%), cannabis or marijuana for nonmedical use (34.4%), cocaine (22.2%), amphetamine-type stimulants (23.9%), inhalants (23.3%), sedatives or sleeping pills for nonmedical use (25.0%), hallucinogens (20.0%), opioids for nonmedical use (24.4%), and other substances (12.2%).

3.2.4. Veteran Service Access and Primary Care Location



Among veterans cared for by participants, 48.3% accessed ***primary care and preventive services***. Specialty care was utilized by 34.4%, inpatient care by 40.0%, and prescription services by 21.7%. Dental care was accessed by 18.3%, vision care by 21.7%, mental health services by 32.2%, and assisted living or home health services by 20.0%. Reported ***primary health care facilities*** included community-based outpatient clinics (30.0%), the Patient-Centered Community Care Network (22.8%), the Veteran Community Care Program (40.0%), and VA facilities (7.2%). Overall, 75.6% of veterans were reported as eligible for VA benefits, while 24.4% were not.

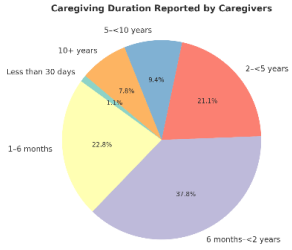


Caregivers noted veteran ***access to medical care*** (44.4%), emergency care (38.3%), pharmacy services (30.0%), and dental care (21.7%). Vocational rehabilitation services were accessed by 32.8%, substance abuse counseling by 21.7%, mental health counseling by 33.3%, and family counseling by 19.4%.

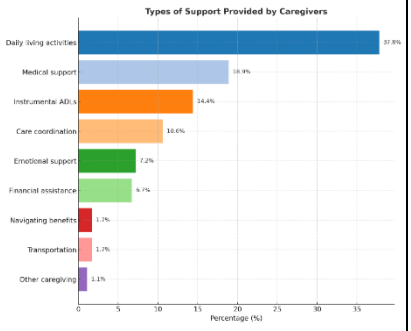
Additional services included ***peer support*** (20.0%), domestic violence counseling (11.1%), ***insurance services*** (17.8%), vision care (15.6%), hearing care (24.4%), cancer care (13.3%), memory care (12.8%), prenatal care (8.3%), and HIV care (8.9%).

Housing services were accessed by 16.7% of veterans, nutrition services by 18.9%, telehealth services by 10.0%, internet services by 16.1%, exercise programs by 14.4%, nursing care by 16.7%, and childcare services by 11.1%. ***Financial services*** were reported by 10.0%, social services by 13.3%, leisure activities by 10.6%, justice services by 7.8%, and aging services by 8.3%.

3.2.5. Caregiver Characteristics



Among caregivers, 1.1% reported ***providing care*** for less than 30 days, while 22.8% provided care for between 1 and 6 months. A further 37.8% reported caregiving for 6 months to less than 2 years, 21.1% for 2 to less than 5 years, 9.4% for 5 to less than 10 years, and 7.8% for more than 10 years.



Caregivers reported offering ***various types of support to veterans***. The most common was assistance with daily living activities (37.8%), followed by medical support (18.9%) and help with instrumental activities of daily living (14.4%). ***Care coordination*** was provided by 10.6%, emotional support by 7.2%, and financial assistance by 6.7%. Navigating benefits and providing transportation were each reported by 1.7%, while other types of caregiving were noted by 1.1%.

On a scale from 1 to 5, caregivers indicated ***moderate challenges in their roles***. The mean score for ***lack of time for self*** was 2.71 (SD = 0.99), for ***feeling***

stressed between caregiving and family/work was 2.84 (SD = 0.97), for ***feeling strained around their relative*** was 2.73 (SD = 1.03), and for ***uncertainty about caregiving decisions*** was 2.82 (SD = 0.95). ***Competence*** measures reflected relatively positive perceptions, with mean scores of 3.43 (SD = 0.92) for ***learning to deal with difficult situations***, 3.57 (SD = 0.96) for ***feeling like a good caregiver***, 3.38 (SD = 0.95) for overall competence, and 3.53 (SD = 1.02) for self-confidence in caregiving. The majority of caregivers (91.1%) reported being ***able to drive***, while 8.9% could not. ***Modes of transportation*** used for healthcare services included driving themselves (52.8%), being driven by someone else (32.8%), using public transportation such as buses or subways (34.4%), taking taxis (22.2%), using health agency van services (12.2%), and walking (16.1%). No other modes of transportation were reported.

3.2.6. Health and Well-Being Indicators

When asked to rate their health on a 0–10 scale, caregivers provided mean scores of 6.58 (SD = 2.02) for ***physical health***, 6.75 (SD = 2.03) for ***mental health***, and 6.72 (SD = 1.99) for ***overall health***. In comparison, caregivers rated the veterans in their care slightly lower, with mean scores of 6.20 (SD = 2.01) for physical health, 6.07 (SD = 2.00) for mental health, and 6.22 (SD = 2.03) for overall health. Caregivers reported ***engaging in physical activity*** an average of 3.88 days per week (SD = 1.33).

Domains	Indicators	M	SD	Range
Health	Physical Health	6.58	2.02	0-10
	Mental Health	6.75	2.03	0-10
	Overall Health	6.72	1.99	0-10
Wellbeing and Lifestyle	Feeling Positive	6.02	2.37	0-10
	Feels Valuable and Worthwhile	6.18	2.20	0-10
	Making Progress Toward Goals	6.33	2.32	0-10
	Excitement and Interest in Life	6.11	2.14	0-10
	Exercise Frequency (days/week)	3.88	1.33	0-7
	Overall Happiness	6.49	2.11	0-10
	Feeling Loved	6.29	2.27	0-10
	Religiosity	6.59	2.06	0-10
Emotional Challenges	Feeling Angry	5.07	2.48	0-10
	Feeling Lonely	4.99	2.46	0-10
Resilience and Help-Seeking	Bounce Back After Hard Times	3.54	0.88	0-5
	Optimism About the Future	3.51	1.11	0-5
	Willingness to Seek Behavioral Help	3.54	0.96	0-5

The wellbeing of caregivers revealed a range of experiences. On average, caregivers reported a score of 6.33 (SD = 2.32) for ***making progress toward goals*** and 6.02 (SD = 2.37) for ***feeling positive about life***. Feelings of ***anger*** averaged 5.07 (SD = 2.48), while ***perceiving life as valuable and worthwhile*** scored 6.18 (SD = 2.20). Measures of engagement showed a mean of 6.11 (SD = 2.14) for ***excitement and interest in activities***, 4.99 (SD = 2.46) for ***loneliness***, 6.29 (SD = 2.27) for ***feeling loved***, and 6.49 (SD = 2.11) for ***overall happiness***.

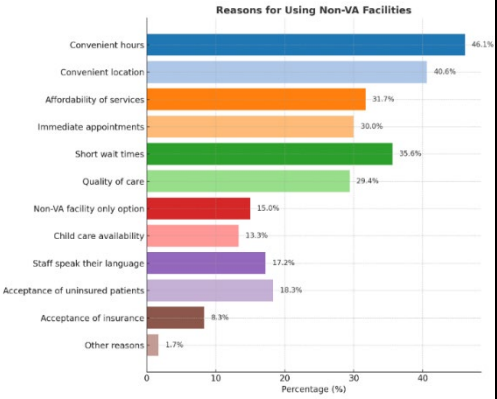
Resilience and coping capacities were also assessed. Caregivers reported a mean score of 3.54 (SD = 0.88) for their ability to ***bounce back quickly after caregiving difficulties***. ***Optimism about the future*** was rated at 3.51 (SD = 1.11), and ***willingness to seek therapy for caregiving-related distress*** at 3.54 (SD = 0.96).

3.2.7. Barriers to Healthcare Access

Among caregivers who were ***unable to obtain medical care, tests, or treatments needed*** by their veteran, 51.7% identified inability to afford care as a barrier, while 48.3% did not. Insurance company disapproval was reported as a barrier by 48.3%, and 51.7% indicated it was not. Additionally, 40.0% reported that a physician refused to accept their insurance plan, 46.7% cited transportation difficulties in getting to the doctor's office, and 45.0% indicated uncertainty about where to seek services. Other barriers were noted by 21.7% of respondents.

Over half of caregivers (54.4%) reported ***experiencing delays in receiving needed medical care***. Furthermore, 39.4% reported more than five emergency room visits in the past year. Among these visits, 42.2% occurred because no other healthcare options were available, and 38.3% resulted in overnight hospitalizations. ***Mental health service use*** revealed that 47.8% of caregivers had seen a mental health professional, while 40.0% reported being unable to access needed mental health care, and 41.1% experienced delays in receiving such care.

Regarding ***reasons for preferring non-VA facilities***, 46.1% of caregivers cited convenient hours and 40.6% noted convenient location. Other commonly reported reasons included affordability of services (31.7%), immediate appointment availability or being seen without an appointment (30.0%), and shorter wait times upon arrival (35.6%). Quality of care was important for 29.4% of caregivers, while 15.0% indicated that non-VA facilities were the only available medical option in their area. Additional reasons included child care availability (13.3%), staff who spoke their language (17.2%), acceptance of uninsured patients (18.3%), acceptance of their insurance (8.3%), and other unspecified reasons (1.7%).



Caregivers also reported moderate scores (scale: 1–5) for ***access to various resources***. Mean scores included access to physical health care services (3.19, SD = 1.01), mental health care services (3.09, SD = 1.09), participation in outside activities (3.22, SD = 1.13), ability to exercise or be physically active (3.21, SD = 1.08), access to healthy food (3.08, SD = 1.09), access to friends and family (3.02, SD = 1.12), access to transportation services (3.17, SD = 1.15), and access to internet or phone services (3.12, SD = 1.06).

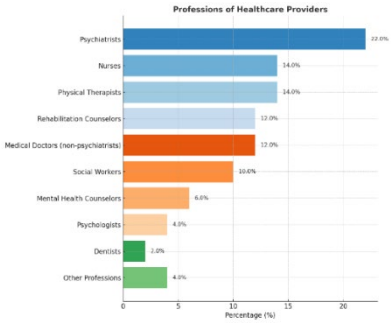
3.3. Providers-Related Findings

This section presents survey findings on healthcare providers serving veterans and their families in rural areas of Michigan. A total of 50 healthcare providers participated in the study.

3.3.1. Demographic Characteristics of Healthcare Providers

The healthcare providers surveyed had an average ***age*** of 32.6 years (SD = 8.20). ***Gender*** was reported as 52.0% male, 46.0% female. The ***racial distribution*** included White (74.0%), American Indian or Alaska Native (10.0%), Black or African American (4.0%), Asian or Asian American (2.0%), and Other (10%).

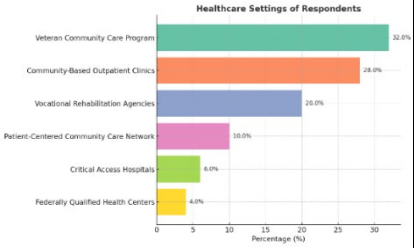
3.3.2. Professional Roles and Services Provided



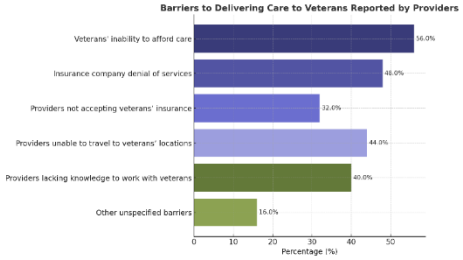
Providers ***professional roles*** were as followed: psychiatrists made up 22.0% of respondents, followed by nurses (14.0%), physical therapists (14.0%), rehabilitation counselors (12.0%), and medical doctors excluding psychiatrists (12.0%). Other roles included social workers (10.0%), mental health counselors (6.0%), psychologists (4.0%), dentists (2.0%), and other professions (4.0%). The ***services offered*** by these providers to veterans and caregivers included primary care and preventive care (38.0%), specialty care (32.0%), and inpatient care (32.0%). Additional services reported were mental health services and coverage (20.0%), assisted living and home health services (8.0%), dental care (14.0%), vision care (6.0%), and prescription services (6.0%).

3.3.3. Workplace Settings

Respondents worked in diverse ***healthcare settings***. The most common workplace was the Veteran Community Care Program (32.0%), followed by community-based outpatient clinics (28.0%) and vocational rehabilitation agencies (20.0%). Smaller proportions worked in the Patient-Centered Community Care network (10.0%), critical access hospitals (6.0%), and federally qualified health centers (4.0%).



3.3.4. Barriers to Providing Care

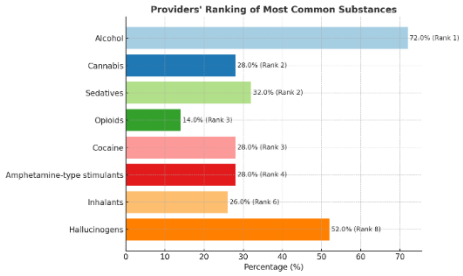


Healthcare providers reported several ***barriers*** to delivering care to veterans. The most common were veterans' inability to afford care (56.0%) and insurance company denial of services (48.0%).

Other barriers included providers not accepting veterans' insurance (32.0%), providers' inability to travel to veterans' locations (44.0%), and providers lacking knowledge about how to work with veterans (40.0%).

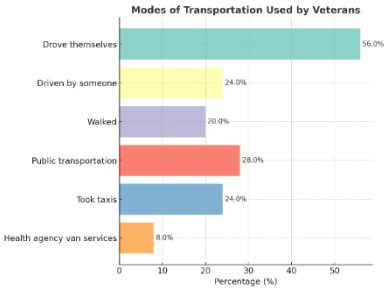
3.3.5 Substance Use Awareness and Rankings

Providers reported awareness of ***veterans' substance use histories***, with 68.0% noting use of alcoholic beverages and 36.0% noting use of cannabis or marijuana. Nonmedical use of sedatives or sleeping pills was reported by 36.0%, inhalants by 32.0%, cocaine and opioids each by 24.0%, amphetamine-type stimulants by 24.0%, hallucinogens by 22.0%, and other substances by 20.0%.



Alcohol was ranked as the most common substance by 72.0% of providers. Cannabis was the second most common (Rank 2: 28.0%), followed by sedatives (Rank 2: 32.0%), opioids and cocaine (Rank 3: 14.0% and 28.0%, respectively), amphetamine-type stimulants (Rank 4: 28.0%), inhalants (Rank 6: 26.0%), and hallucinogens (Rank 8: 52.0%).

3.3.6. Access and Transportation Considerations

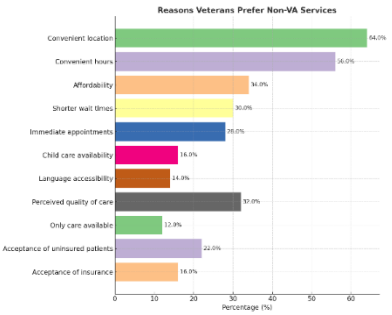


The estimated average ***drive times*** to healthcare services varied, with 18.0% of respondents reporting 20 minutes, and 16.0% each reporting 25, 30, and 40 minutes. Other reported times included 10 minutes (6.0%), 15 minutes (6.0%), 35 minutes (8.0%), and 45–50 minutes (6.0%).

Veterans used various ***modes of transportation*** to access care: 56.0% drove themselves, 24.0% were driven by someone else, 20.0% walked, 28.0% used public transportation, 24.0% took taxis, and 8.0% used health agency van services.

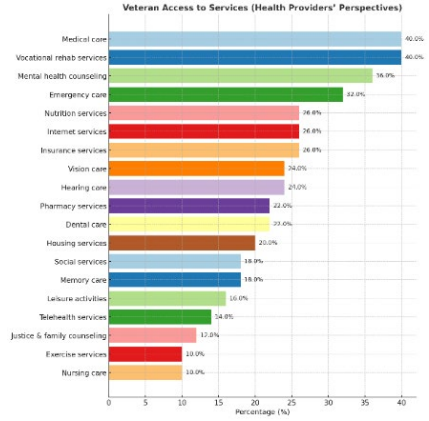
3.3.7 Reasons Veterans Prefer Non-VA Services

The most frequently cited reason was *convenient location*, reported by 64.0% of respondents. This was followed by convenient hours (56.0%) and perceived affordability (34.0%). Other factors included shorter wait times (30.0%) and immediate appointment availability (28.0%).



Additional considerations were childcare availability (16.0%), language accessibility (14.0%), and perceived quality of care (32.0%). A smaller proportion of providers noted that veterans preferred non-VA services because it was the only medical care available in their area (12.0%), while ***acceptance of uninsured*** patients (22.0%) and ***acceptance of their insurance*** (16.0%) were also reported as influential.

3.3.8 Veteran Access to Services (Health Providers' Perspectives)

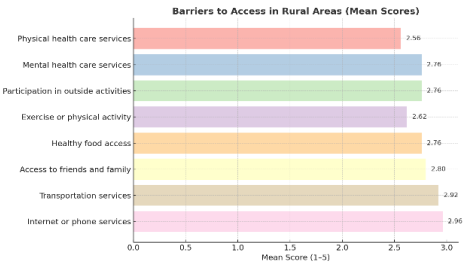


From the providers' perspectives, veterans ***accessed medical care*** and vocational rehabilitation services at a rate of 40.0% each. Access to mental health counseling was reported by 36.0%, emergency care by 32.0%, and nutrition, internet, and insurance services by 26.0% each. Vision and hearing care were each reported at 24.0%, pharmacy and dental care at 22.0%, housing services at 20.0%, and social services at 18.0%.

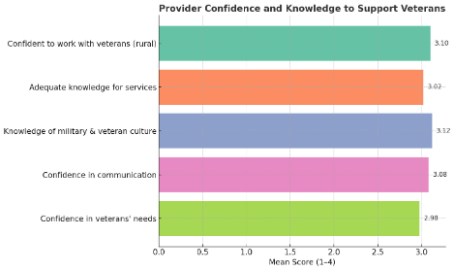
Other services accessed included memory care (18.0%), leisure activities (16.0%), telehealth services (14.0%), justice and family counseling (12.0%), exercise and nursing care (10.0%), and a range of others below 10.0%.

3.3.9. Barriers Due to Living in Rural Areas

Providers reported moderate ***challenges to access*** for veterans living in rural areas. Mean scores (on a scale of 1–5) included access to physical health care services (2.56), mental health care services (2.76), participation in outside activities (2.76), exercise or physical activity (2.62), healthy food access (2.76), access to friends and family (2.80), transportation services (2.92), and internet or phone services (2.96).



3.3.10. Provider Confidence and Knowledge to Support Veterans



On a scale of 1 to 4, providers reported their ***confidence*** and knowledge as follows: confident to work with veterans living in rural areas (mean = 3.10), adequate knowledge for providing services (mean = 3.02), knowledge of military and veteran culture (mean = 3.12), confidence in communicating with veterans (mean = 3.08), and confidence in knowledge of veterans' needs (mean = 2.98).

4. DISCUSSION

This report provides a detailed examination of the barriers, challenges, facilitators, and needs experienced by rural veterans, their caregivers, and healthcare providers working with rural veterans in the State of Michigan. Our objective was to uncover convergences and divergences in perceptions and experiences related to healthcare access, physical and mental health conditions, substance use, and service utilization by analyzing data across these three groups. The uniqueness of this report and study is to the inclusion of caregivers and providers alongside veterans that allowed for a nuanced understanding of the rural healthcare ecosystem.

It is important to remind that these groups are not directly linked, and participants from one group may or may not know those from the others. As such, the findings represent ***parallel perspectives*** rather than reflections of shared experiences. This report aims to offer valuable and holistic insights for tailoring interventions, informing policy decisions, and strengthening systems of care for rural veteran populations.

4.1. Medical Diagnoses: Veterans vs. Caregivers Reporting About Veterans

Both veterans and caregivers of rural veterans reported ***high prevalence of psychiatric conditions***. Veterans most frequently reported anxiety (30.6%), PTSD (27.7%), and depression (25.5%), on the contrary, caregivers identified anxiety (33.3%) and depression (21.7%) at similar levels. They reported lower PTSD prevalence (21.1%), suggesting that caregivers, as a group, may see anxiety and depression to be highly prevalent but may underrecognize PTSD symptoms.

Our caregiver sample reported higher levels of severe mental illness among veterans compared to our veteran sample. Caregivers reported higher prevalence of bipolar disorder (16.1% vs. 11.6%) and schizophrenia (10.6% vs. 6.4%) compared to veterans' self-reports, which could be partially due to caregivers' perceptions based on observed behaviors and caregiving challenges versus veterans underreporting diagnoses due to perceived stigma or lack of insight.

Regarding ***physical health conditions***, there was moderate agreement for tinnitus (veterans: 17.9%; caregivers: 19.4%) and migraines (17.9% vs. 16.1%). Results also revealed that caregivers perceived higher prevalence of hearing loss (20.6% vs. 13.9%) and paralysis (16.1% vs. 9.4%).

4.2. Substance Use: Veterans vs. Caregivers Reporting About Veterans

There was an agreement among two groups regarding alcohol and sedative use. Veteran sample reported alcohol use at 69.3%, closely mirrored by caregivers' perception of 58.9%. Sedative use was almost identical between groups (25.2% veterans vs. 25.0% caregivers), suggesting shared awareness of these substances' prevalence. In contrast, caregiver sample reported higher prevalence for most other substances among veterans: cannabis (34.4% vs. 20.9%), opioids (24.4% vs. 20.5%), amphetamines (23.9% vs. 17.4%), and inhalants (23.3% vs. 17.3%).

4.3. Healthcare Access and Services: Veterans vs. Caregivers vs. Healthcare Providers

We had a healthcare and services access data across all three groups and found that there was consistent recognition of ***medical care and mental health services*** as critical components of rural veterans' healthcare. ***Veterans*** reported the highest use of medical care (53.9%), which was echoed by ***caregivers*** (44.4%) and ***providers*** (40.0%). This convergence suggests broad acknowledgment of primary care engagement in this population, with the ***Veteran Community Care Program*** emerging as a common access point. ***Mental health counseling*** also demonstrated alignment, with veterans reporting 41.6% utilization, caregivers slightly lower at 33.3%, and providers estimating delivery to 36.0% of veterans. Such agreement across groups underscores mental health as a shared priority in rural veteran care.

On contrary, differences were observed in reports of specialty and ancillary services. For instance, the caregiver sample reported higher ***inpatient care use*** (40.0%) than the veteran sample reported (30.6%), while the provider sample indicated similar delivery rates (32.0%). This reporting difference could be partially due to caregivers' increased exposure to hospitalization events, including overnight stays for observation. ***Vision care***, interestingly, showed one of the largest gaps: the veteran sample reported 27.5% utilization, the caregiver sample only 15.6%, and the provider sample an even lower delivery rate of 6.0%. This finding may potentially be because vision care services may often be accessed outside provider settings or underrecognized by caregivers and providers alike.

Barriers to care were another section where agreement across groups was evident, but some divergences emerged. Both veterans and caregivers reported ***affordability*** issues as major barriers and challenges (51.5% and 51.7%, respectively). The provider sample also concurred, with 56.0% identifying cost as a barrier faced by veterans. ***Transportation*** issues were reported by 30.3% of veterans, 46.7% of caregivers, by 44.0% of providers as a barrier to care delivery in rural areas. This similarity highlights transportation challenges as a persistent issue across the care continuum.

Interestingly, we found some surprising divergences in perceived access to ***nutrition and housing services***. Our provider sample reported delivering nutrition services to 26.0% of veterans and housing support to 20.0%. However, veterans reported utilization of nutrition services as 16.0% and housing services as 11.7%. Similarly, caregivers reported utilizing nutrition services for veterans as 18.9% and housing services as 16.7%. This divergence underlines that there may be some levels of ***underutilization of these services despite availability*** or ***a lack of awareness among veterans and caregivers*** about available resources. Therefore, we believe that some trainings on housing programs and nutrition programs specifically developed for veterans would be helpful for both caregivers and veterans.

4.4. Reasons for Working with Non-VA Services

Across three groups, **convenience** was the top reason veterans prefer non-VA services. Veterans cited **convenient location (54.8%)** and **hours (49.6%)**, closely echoed by caregivers (**40.6% location, 46.1% hours**) and providers (**64.0% location, 56.0% hours**). **Affordability** was similarly aligned, reported by veterans (32.9%), caregivers (31.7%), and providers (34.0%).

Easy and quick access to services (e.g., immediate appointments, and shorter wait times) was also consistent across groups (veterans ~32%, caregivers ~30–35%, providers ~28–30%). Results also showed divergences. For example, providers perceived **quality of care (32.0%)** and **acceptance of uninsured patients (22.0%)** as more impactful than veterans (25.3%, 10.2%) and caregivers (29.4%, 18.3%) reported. Caregivers placed slightly more emphasis on **language accessibility (17.2%)** than veterans (13.2%) or providers (14.0%).

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