

VHWC Advisory Council Meeting Summary 12/3/24

1. Welcome

Kathleen Oberst welcomed participants to the meeting. Members were encouraged to introduce themselves through the chat due to time constraints. The complete roster of current Advisory Council members is shared in Appendix A to facilitate networking opportunities. Members are encouraged to recommend additional organizations that should be included but are not yet represented.

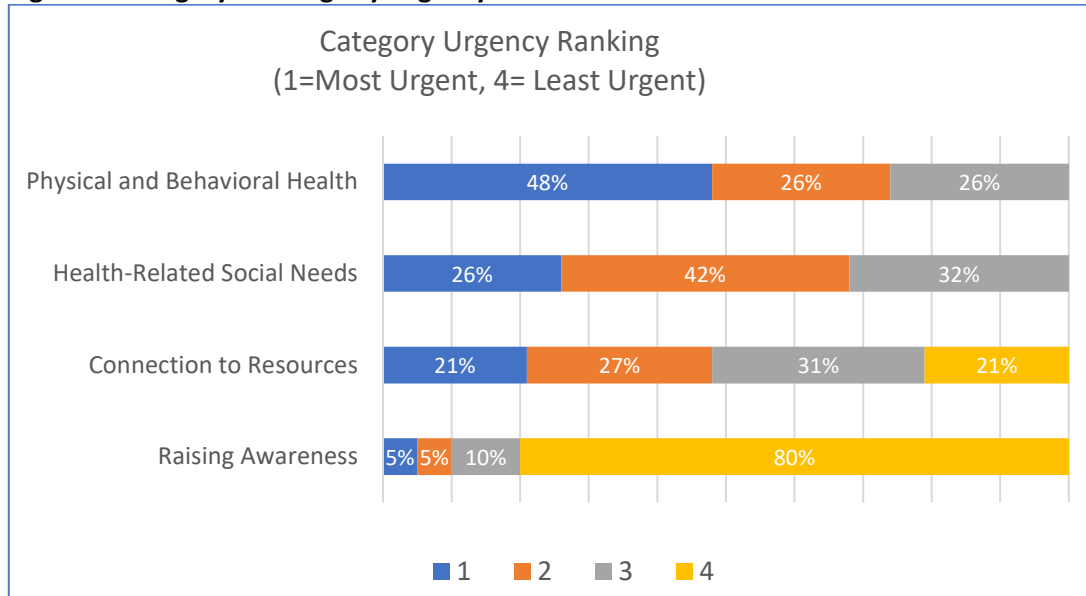
2. Administrative Updates

- a. The VHWC [website](#) is continually being updated.
 - i. Advisory Council member names and contact emails have been posted.
 1. Advisory Council meeting notes have been published and will continue be added to the [Advisory Council tab](#).
 - ii. Participants were reminded the [Resources and Events](#) tab is a vehicle to advertise upcoming events or opportunities for Council members.
 - iii. A debrief of the Veterans Day 2024 Sponsored Webinar was provided. The webinar recording is now available on the [Sponsored Webinars tab](#). Discussion included the possibility of making Veteran's resilience a two-part webinar series. Participants were introduced to the concept of creating a VHWC Speakers Bureau to promote and schedule quarterly recorded webinars.
 1. *Actions Requested:*
 - i. Report Advisory Council contact information edits or corrections to ihp.vhwc@msu.edu.
 - ii. Contact ihp.vhwc@msu.edu to request removal of email address to published contact information.
 - iii. Contact ihp.vhwc@msu.edu if you have resources or events to disseminate through the Resources and Events tab.
 - iv. Contact ihp.vhwc@msu.edu or george51@msu.edu if you are interested in a speaking opportunity for the Sponsored Webinars or want to offer suggestions for speakers and/or topics.

3. Topic Prioritization

The focus of calendar year 2024 was on identifying the most efficient and effective ways in which the VHWC could support veterans and their care partners. Through collaborative discussions, consensus was reached on the key role of *supporting organizations that directly provide services*. Forms of support could vary including community engagement, training & education, advocacy, and research & evaluation. Looking ahead to 2025, the goal is to actively engage in supporting projects. Committee members were invited to participate in a survey to prioritize the urgency among four main themes and propose potential projects. The rankings, based on survey responses, are presented in Figure 1.

Figure 1: Category Rankings by Urgency



Project ideas were also gathered from survey responses. The following list highlights the top-ranked suggestions from each category.

- a. Physical & Behavioral Health
 - i. Mental health issues including suicide prevention, substance use disorder (SUD), healthy aging, dementia, stigma, and career impact
 - ii. Improving access to oral healthcare by addressing eligibility, funding challenges, and provider shortages
 - iii. Promoting engagement in activities that enhance physical and emotional well-being, foster a sense of belonging and encourage personal achievement
- b. Health-Related Social Needs (HRSN)
 - i. Expanding access to behavioral health services (regional variances, identify policy proposals to improve access)
 - ii. Supporting veteran decision making regarding VA vs. non-VA healthcare options.
 - iii. Workforce development initiatives
 - iv. Transportation options and hands-on volunteering for related projects
- c. Connection to Resources
 - i. Reducing the stigma surrounding mental health and SUD
 - ii. Addressing food insecurity and employment challenges
 - iii. Improving transportation access
- d. Raising Awareness
 - i. Available coalitions, VCATs, Strength in Numbers

Potential projects for VHCW involvement are currently being considered. VHCW support is not limited to new initiatives; supporting existing efforts could have a significant positive impact. The idea of conducting a survey to identify ongoing projects was discussed, though it was agreed that an open meeting discussion would be more effective. The following initiatives were discussed, with most aligning with the VHCW's core areas of community engagement, education & training, and advocacy. The possibility of offering evaluation support was also mentioned to assist programs in identifying effectiveness components and their greatest impact. Members were reminded VHCW

support for projects at this time would be mostly administrative supports, as no specific funding is currently available for grants or financial support. If programs were interested in seeking external funding, VHWC would be willing to support those as possible, e.g. letters of support, recruitment assistance, etc.

Physical & Behavioral Health:

a. Oral Health

- i. F. Lombard reporting UPCAP and UP-VCAT are working to increase rural Veteran oral health access and advocacy via a CareQuest grant. A survey was completed assessing oral health access and suggestions to address barriers. Community forums are being held with veterans to solicit suggestions. Findings will be integrated into a report. VHWC could support through assistance with determining scalability. Additional methods could include supporting identifying individuals to support advocacy efforts.

- a. Dr. M. Ditmyer expressed interest in potential partnership. She reported on experience with free dental clinics and lessons may be shared.
- b. Additional ideas for VHWC support of community engagement, advocacy, and evaluation may result from small group discussions.

b. Mental Health (Including Wellness opportunities)

- i. A variety of existing programs are currently supporting mental health, and the VHWC could play a key role in promoting awareness and facilitating integration at various levels. Examples include the MI [Veteran Connector Program](#), managed through MVAA, which helps connect veterans to their earned benefits. Stronger connection to benefits is known to be associated with reduced risk of suicide and self-harm behavior. The MSU Student Veteran Resource Center (MSU SVRC) is affiliated while further details on central human resource participation will be investigated. The level of investment will be shared with committee members. Another program is the VA's [VITAL](#) initiative, which targets student veterans enrolled in higher education, supporting their academic success. P. Forystek reported MSU is enrolled through Battle Creek VA. Not all VAs have this available at this time. Information will be collected for those with interest in follow-up. VHWC will support efforts to obtain and disseminate information.
- ii. General wellness education and coaching could present opportunities for VHWC to provide activity support. P. Brisbee shared insights from his recent experience transitioning from military to civilian life, highlighting the importance of sharing even seemingly basic information. There are separation trainings offered by the Department of Defense through the [Transition Assistance Program](#) or [Military OneSource](#). These can contain a potentially overwhelming amount of information. Foundational courses targeting food and nutrition, physical activity, financial management, and other healthy habits supporting all dimensions of wellness could be of interest to newly separating veterans and their care partners. K. Gritter mentioned MSU Extension has some relevant offerings in place ([MI Money Health](#), . M. Ditmyer and F. Lombard identified additional sources. One suggestion included using graduate degree students in relevant fields to contribute and deliver content (ex. dietetics and nutrition students). This could also engage additional colleges and universities to the collaborative. VHWC activity could start putting together a catalog of content. Wayne State University was identified as having a research program on veteran re-entry. This information would be shared with the VHWC members and posted online for the sponsored webinars.

Health-Related Social Needs (HRSN):

- a. Housing insecurity/Homelessness:
 - i. Members reported opportunity to support the coordination of homeless services for veterans. Resources are often managed at a local level through planning agencies. These are limited and veterans may have exclusionary conditions leading to chronic homelessness. Specific support might include disseminating information regarding resources and eligibility throughout the year rather than episodic outreach efforts.

4. Wrap up/Next Steps

Small groups will be called together starting January. Individuals interested in participating with project discussion and planning should email ihp.vhwc@msu.edu. A variety of sub-group activities may be identified. Preliminary groups will include:

- a. Oral health access
- b. Veteran transition and benefit support
- c. Homelessness

Appendix A: Roster – (Effective 12/10/24)

Organization	FirstName	LastName	Email
54B District Court	Judge Molly	Hennessey Greenwalt, JD, MA	mgreenwalt@cityofeastlansing.com
Alzheimer's Association, Michigan Chapter	Melanie	Baird, LMSW	mbaird@alz.org
Barry County Community Mental Health Authority	Summer	Robertson	surobertson@bccmha.org
Center for Health Research and Transformation (CHRT), UM	Melissa	Riba	ribameli@med.umich.edu
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*Active/Retired/Veteran Status

^Administrative Core Team