

Advisory Council Introductory Meeting Summary

April 23, 2024

11am – 12pm

1. Welcome and Introductions

Kathleen Oberst welcomed participants to the meeting. Members were encouraged to introduce themselves through the chat due to time constraints. The full roster of current Advisory Council members is shared in Appendix A to facilitate determination of organizations not yet included. *Note that Advisory Council roster has been updated to reflect discussions subsequent to meeting date.*

2. Brief Administrative Updates

The Collaborative domain has been activated: <https://vhwc.msu.edu/index.php/vwhc-home>. This is a work in process and we welcome suggestions for content and organization.

Actions Requested:

- Please visit the [Advisory Council page](#) and enter your information as you would like it to read on the Subscription Area at the bottom of the page. Feel free to put in professional credentials as part of the last name field. Indicate that you would like to participate on the Advisory Council to be routed to the new list-maintenance system.
- Please respond via *email* to confirm your permission to be listed on this Advisory Council page.
- If you have not already done so, please complete the Organizational Asset Inventory available [here](#) to inform our gap analysis. Submissions to date represent ~30% of potential participation. Results will be shared at an upcoming meeting.

3. Collaborative Road Map

System changes require the synergy of a group of stakeholders with a common message that can have a greater impact than they could separately.

- a. **Discussion Prompts:** What should our priorities be? Where should we start? How do you envision VHCW undertaking its initial proposed areas of impact? Items i.-iv. represent proposed functional areas.
 - i. Community Engagement - Increase visibility and recognition of stakeholder groups across Michigan
 - ii. Education and Training - Support and disseminate community and professional education and training
 - iii. Advocacy - Advocate for evidence-based health policies supporting health and well-being
 - iv. Research and Evaluation - Promote community-based participatory program development, implementation, evaluation, and research

b. **Discussion**

What should our priorities be?

- Most common health and wellness concern affecting veterans as reported through survey responses to date:



- S. McCartney, MVAA, shared recent statistics with the group.
 - Michigan is home to over 545K veterans placing the state 11th in the nation for veteran population. Of these individuals, 73% are over 55 years of age and of that, 51% are 65 years or older. Regrettably, only 42% of those are enrolled in veteran health care.
- In response to the suggestion of identifying VHWC priorities, participants requested consolidation under larger umbrella categories.

Where should we start?

- Additional comments and requests for clarifications were raised as to the *purpose* of this group, options included:
 - Was service delivery intended to be a goal;
 - *Service delivery is not intended to be an activity for VHWC*
 - Would the collaborative partner on existing programs or identify/fill gaps in programming, or both;
 - *VHWC could support organizations on local/regional programs as well as identify gaps for future work.*
 - Would the VHWC serve veterans directly and/or serve agencies/organizations who serve veterans?
 - *VHWC would serve the organizations that serve veterans*
 - Possible roles include: information-sharing, networking, assisting with increasing coordination between programs, facilitating larger data analyses, advocating for service and

research funding, analyzing policy alignments between various levels, and enhancing communications.

- These suggestions were summarized as the VHWC could act as an idea hub to inspire collaborative work that in turn will occur organically at local levels.

How do you envision VHWC undertaking its initial proposed areas of impact?

- The concept of *affinity groups* was mentioned as a method to organize interests allowing participants to self-select into groups relevant to their organizational missions.
- Supporting efforts to better identify individuals with military experience that could impact service and health delivery.
 - Identifying platforms to report specific needs to inform intervention design, planning and implementation. Communicating needs to agencies working to address needs.
- Potential for involvement in community health needs assessments (CHNAs) and the Community Health Improvement Plans (CHIPs) arising from these to ensure consideration of veteran specific issues.
- Participants identified specific topics of consideration for future activities.
 - Wellness themes and opportunities. This idea resonates with the initial plans to use the VA Whole Health model as a foundational element.
 - Offering a variety of methods such as direct in-person, remote/web-based to engage with programs.
 - Identifying and engaging community partners responsible for service delivery. Additional benefits from networking to establish new connections and partnerships.
 - Healthy aging should be incorporated into health and wellness activities and messaging.
 - Health related social needs and health equity should also be incorporated into activities and programming.
 - Access to oral care is an identified barrier, suggestions to reach out to dental providers and insurers.
 - Health care access and culturally competent delivery should be supported.
 - Contribute to training health care providers so they are trained and supported to engage in Veteran-centered interactions.
 - Review policies impacting access to care and services.
- VHWC suggested next steps:
 - Consider having VHWC host a statewide convening or conference organized around affinity groups and offering specific programming within each of those areas. This could be a good opportunity for networking.
 - Suggest developing 2, 4, and 6-year strategic plans identifying target audience(s) and goals/objectives.

4. Action Item Tracking

Action Items					
#	Assigned Date	Description	Responsibility	Target Date	Completed Date
1.	4/23/24	Complete the Veteran Health and Wellness Collaborative Organization Asset Inventory Survey	All	5/24/24	
2.	4/23/24	Sign up on VHWC website for list-serve management.	All	5/24/24	
3.	4/23/24	Email IHP.vhwc@msu.edu to confirm permission to be included on Advisory Council webpage.	All	5/24/24	
4.	4/23/24	Categorize reported topics into over-arching themes to present at upcoming meeting (TBD)	Core Team	5/31/24	
5.	1/29/24	Review Appendix A and provide suggestions for organizations that should be contacted for participation.	All	Ongoing	
6.	1/29/24	Email Kathleen (oberstka@msu.edu) if interested in participating on the death certificate data analysis project	All	2/16/24	
7.	11/2023	Revisit mission statement development. • Define stakeholders	All	Deferred	
8.	11/2023	Review organizational structure	All	Deferred	
9.	11/2023	Review charter	All	Deferred	
10.	11/2023	Recruit individuals for core area committees	All	Deferred	

Please provide feedback on the meeting. A survey link is available at:

https://msu.co1.qualtrics.com/jfe/form/SV_cPc3clqHgLNwNRc

Appendix A: Advisory Council Roster 5/8/24



Appendix
A_Advisory Council I