

I-REACH Veteran Connector Toolkit

Table of contents

Page

- 2) Overview
- 3) Quick Reference
- 4) Advantages of Screening for Military Service
- 5) Overcoming a Veteran's Indifference to Accessing their Benefits
- 6) Overcoming a Veteran's Concerns about Providing Information
- 7) Success Stories (we'd like to hear yours)
- 9) Family Member Benefits
- 9) Ask About Caregiving
- 10) Service-Connected Disability & Presumptive Conditions (including a success story)
- 11) Screening Model Data
- 12) Identifying Other Unmet Needs / SDOH (UPCAP)
- 13) Identifying Other Unmet Needs / SDOH (VA ORH)
- 14) Cultural Awareness (brief)
- 16) Overview of the VA (VHA, VBA & NCA)
- 16) VA Health Care Priority Groups
- 16) Join the VA Community Care Network (VACCN)
- 16) VA's Community Provider Toolkit
- 17) Michigan Veteran Population Data
- 18) Military Service Health History (sample form)
- 19) I-REACH Veteran and Provider Resources
- 20) Enrollment Barriers Chart
- 21) Conversation Starters for Veteran Engagement
- 22) Action Items Checklist



I-REACH
Improving Veterans Access
to Healthcare

Overview

Many Veterans seek health care and services outside of the VA. Therefore, it's paramount for all health care and service providers to be competent in caring for Veterans in a culturally responsive manner that both honors and appreciates their military service.

Understanding the unique culture, possible exposures, and common medical conditions of military service enables providers to deliver the highest level of care.

It's the right thing to do: delivering culturally informed care is a way of thanking those who have served. They served us, and our country, now it's our turn to serve them.

Clinical awareness: symptoms may be difficult to understand without provider knowledge of past military experiences and exposures.

Care capacity is needed in the private sector: VA accessibility in many areas is a challenge for Veterans, due to proximity and/or capacity.

Unfamiliarity with the nuances of this population may put providers at a disadvantage when attempting to build rapport, diagnose, and treat Veterans and their families. This toolkit is designed to help leverage opportunities to better identify and understand this population and create portals to better care and better outcomes.

Motivating and including Veteran employees can be key to the success of this initiative.

During intake screening, instead of asking, *"Are you a Veteran?"*

Ask, *"Have you ever served in the military?"*

Each word in this question has value and purpose. Asking in the correct manner enables those who are not comfortable with the term Veteran or don't identify as a Veteran to be recognized.

Ask, *"Has an immediate family member, or anyone close to you ever served in the military?"*

This helps identify spouses (benefits) and non-family members who are providing care (caregiver benefits). It informs providers that conditions could be associated with generational effects of military service. It allows others to identify Veterans.

We recommend hanging a sign indicating that you would like to know if the patient has served.

After the initial question, consider what other information your organization will benefit from collecting, and how that can be done in an effective way. Consider mapping the internal process of identifying Veterans and documenting the procedure for future reference by all staff.

Staff making referrals should have a good working relationship with the professionals where Veterans will be referred. **Ensure a good relationship with the accredited Veteran Service Officer (VSO) in your county.** The VSO can evaluate their eligibility and assist them with filing a VA claim and enrolling in care, as well as offering many other resources. Also, connect with the local VA Medical Center or VA Clinic, and the local Guard and Reserves, too.



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Quick Reference

Guidance for when someone does identify as a Veteran or immediate family member.

At a minimum:

- Ask a couple more questions:
 - Are you connected with an accredited Veterans Service Officer?
 - Are you enrolled in VA healthcare?
- Offer Local, State or Federal Veteran Services contact information (below.)

Directly helping them connect with a Veteran Service Officer is preferred (a warm handover.)

Local:

Find your County VA Office and Veteran Service Officers at michigan.gov/vso,



Or scan this QR code:

State:

1-800-MICH-VET

michigan.gov/mvaa

Federal:

MyVA411 main information line [800-698-2411](tel:800-698-2411)

Hours: 24/7

va.gov



COMPACT Act: no cost emergent suicide care

Find more resources on the [Michigan Center for Rural Health](https://michigancenterforruralhealth.org) website.



Advantages of Screening for Military Service

- Increased enrollment leads to increased utilization.
- Benefits providers to know patient background due to the unique culture, possible exposures, and common medical conditions of military service.
- Providers can identify trends in Veteran health conditions, which could impact future legislation, such as the recent PACT Act.
- Identify SDOH implications associated with Veterans.
- Facilities can recoup funds by billing the VA.
- Improves facility needs assessment efforts.
- Improves accuracy of patient characteristic report to UDS.
- Reduces readmission rates via care coordination (including social needs).

Below are a few examples of possible exposures and common medical conditions associated with military service. Veterans are more likely than non-veterans to have:

- Toxic exposures: Agent Orange, burn pits, asbestos, contaminated water, radiation, CARC paint, etc.
- Diabetes, ALS 2x as likely, chronic pain, moral injury, and adverse childhood experiences (increases risk for PTS and suicide), certain cancers, etc.
- Vaccines and/or exposure to hepatitis A & B, rabies, typhoid, cholera, yellow fever, anthrax, smallpox, malaria, botulinum toxoid, meningitis, PB, etc.

Overcoming a Veteran's Indifference to Accessing their Benefits

Awareness and how to get started are the largest barriers to Veterans accessing benefits.

Key elements to breaching these barriers are friends, family, providers, advocates, Veteran and community organizations.

But sometimes Veterans are just not interested or they're being unselfish. Using the points below, we may be able to overcome their indifferences. It may take continual follow-up, time, and multiple approaches for them to move towards applying.

Providers can use these points to help overcome a Veteran's indifference to applying for benefits.

Why Enroll, File a Claim

- VA Health Care enrollment is easy and free, and health care may be free as well.
- Help other Veterans: VA funding is partially based on enrollment numbers.
- Their health data could help establish presumptive conditions and impact future legislation.
- Veteran trust in VA health care is above 93%.
- Also, file a health-related compensation claim, and access other benefits.
- Veterans and their survivors could be eligible for previously denied compensation.
- Use current plan and VA, dually enrolled means dually insured. Fill gaps in coverage.
- May lessen co-pays, including prescriptions.
- Current VA disability rating and monthly compensation could increase, especially for Veterans with dependents.
- Increased access to medical devices and Durable Medical Equipment (DME).
- Veterans should not be concerned about their discharge status.
- Their discharge status may be upgraded.
- They should not be concerned about 'getting sent to the VA' if they don't want to be.
- Receive updates on eligibility & other notices.
- Prepare for life changes. Do it for your family. There are spouse and family member benefits. If the Veteran won't apply for their own benefit, they should consider their family. If not needed, or not eligible for services now, still enroll and have it in place for later - in case their health status, other coverage, or other life situations change.
- Would they give up other benefits and programs they've earned and paid into? Would they forego their earned retirement pension, Medicare, social security, tax return?

Overcoming a Veteran's Concerns about Providing Information

This information is intended for providers, and Veterans and their families. Use it with intake paperwork or make available in waiting or treatment rooms.

Q: *Why are you asking me about my military service?*

A: We have learned how important it is that any care, diagnosis, or treatment we provide considers all possible exposures or unique experiences you had during military service, including peace time, and foreign or domestic service. We want to provide you the best and most informed care. For example, military service often comes with unique vaccinations, even if you never deployed, and other chemical exposures such as mustard gas or burn pit smoke. Depending on your health concerns, some of these possible exposures will be important for us to know about.

When responding to a family member:

A: We recognize military service can sometimes be hard on families. To show our appreciation, we want to know about any concerns or difficulties you may have so we can help.

Q: *Do I need to have been deployed or honorably discharged for my military service to be relevant?*

A: Absolutely not! Our practice appreciates all those who have served! We realize there are unique exposures and medical conditions relevant to military service that may not be deployment-related, such as environmental exposures, training-related injuries and chemical exposures.

Q: *Will my information be shared with the VA, DoD or other third party?*

A: No. While we are very proud of the Veterans we serve, consistent with the Health Insurance Portability and Accountability (HIPAA) Act of 1996, we will safeguard your service status and will not share this information with the VA, DoD or any third party without your consent.

Q: *How will this information be used?*

A: Your history of military service will be captured in your medical record so any provider in our system who treats you will have access to all relevant information. Also, it will be used to document the volume of Veterans we serve (just as we document the number of children, people with disabilities, and people over 65, etc.) so we can consider our patient population when making facility improvements. Above all, your health and well-being are our #1 priority. By knowing all there is to know about your health, we will be able to treat the “whole” you.

Q: *What if I don't want to provide this information?*

A: You are under no obligation to report your military service. We will always strive to provide you with the best possible care.

For more perspectives refer to the pages titled:

Advantages of Screening for Military Service

Overcoming a Veteran's Indifference to Accessing their Benefits

Conversation Starters for Veteran Engagement

Success Stories

The following are real life situations where providers played a key role in assisting Veterans and their family members.

- A woman 92 years of age was asked if she ever served, and she acknowledged that she had. She was referred to the VA and received assistance with her in-home care needs.
- A man in hospice care with lung cancer was asked. He acknowledged having served in the Navy and was exposed to asbestos. He had not applied for disability from the VA. He was connected to the local Veteran Service Officer and filed a claim. After he passed away, his widow received a pension based on this disability.
- An older woman was asked, and she acknowledged being a military widow. The provider helped her access health insurance coverage to use services at the VA Medical Center, saving her a precious \$300 a month.

These are three examples of why asking, and asking properly, is important. In these examples only one Veteran received the benefit... a 92-year-old woman, who may not have answered, "Yes" if asked if she was a "Veteran." In all these examples the Veteran or family member should have been identified and receiving benefits much earlier.

- A woman Veteran having a 10% service-connected disability but not enrolled in VA healthcare presented to a provider. The Veteran had several significant financial and legal issues pertaining to her marriage termination. The provider assisted in completing the 10-10-EZ form (application for VA health benefits) and connected her with the VA Women Veterans Coordinators, the Veterans Justice Outreach and the County VSO.
- A Veteran called a community health care facility requesting VA assistance with medication payments he cannot afford (over \$500/month). They were prescribed by a non-VA provider. A provider at the facility found the medication is on the VA formulary. The provider switched the Veteran's primary care to their facility, thus allowing the facility to be reimbursed by VA, and for the local prescriber to prescribe the medications in that context- thereby ensuring reimbursement by VA.

A couple things to point out...

The woman that has a 10% service-connected disability, which is through the VBA, should also have been enrolled in the VHA earlier.

The Veteran that called the facility likely did so because he heard about the high-quality service provided to Veterans there. This is a great example of how the facility can benefit. (Increased enrollment = increased volume and usage.)

- Veteran was restricted in engaging in activities, and travel, and couldn't stay at his camp very long due to limited access to power and power back up for his CPAP machine. VA CPAP machines don't include batteries. A DC converter can be requested, but the Veteran has to purchase the battery. They can possibly use County VSO, Legion, VFW etc. funds. The RN / Veteran Coordinator said, "I really didn't do anything, except find

the above information out and then referred him to the VSO who was able to use County funds to buy him a battery.”

“I just made a couple phone calls and got back to the Vet right away. I don't think he was used to people actually doing what they said they would and following through.”

These stories highlight the importance of follow-on screening and either in-house assistance or assistance through referral.

We’d like you to share your success stories with us, and each other, as a way to build case studies and create learning opportunities.

We’d also like to hear how you track and know the outcomes of your referrals. Do you have an effective closed loop referral follow up system?

Family Member Benefits

Family members and dependents of Veterans may be eligible for VA benefits. These may be used to get an education, provide supplementary income, get a VA-guaranteed home loan, and assist with health care needs.

- VA Benefits for Veterans' Spouses, Dependents, and Survivors
 - Health Care
 - Disability
 - Education and Training
 - Careers and Employment
 - Life Insurance
 - Housing Assistance
 - Pension
 - Burials and Memorials

choose.va.gov/family-members

- Family Member Health Care Benefits
 - **CHAMPVA:** Civilian Health and Medical Program of the VA for eligible spouses, surviving spouses, and children of disabled or deceased disabled Veterans.
 - **TRICARE:** Department of Defense (DOD) program for active-duty and retired military personnel, their families, and survivors.

Cannot be eligible for both. Those that don't qualify for TRICARE tricare.mil/ might be eligible for CHAMPVA va.gov/resources/getting-care-through-champva/

- Also, family members may be eligible for certain benefits through other programs such as Spina Bifida linked to Agent Orange, Children of Women Vietnam Veterans, Camp Lejeune Families, the VA Caregiver Support Program, Vet Centers, etc. choose.va.gov/health/family-members

Ask About Caregiving

"Does your Veteran need any caregiving?"

"Are you the primary caregiver for your Veteran?"

"Do you mind if I ask you a few questions about your caregiving role?"

"Are you involved with any caregiver supports, including through the VA?"

"Are you interested in learning about services that may be available?"

caregiver.va.gov/

Also worth noting is that those providing care or assistance may not identify as "caregivers", even though the care they're providing might qualify them for caregiver assistance. So, that question also needs to be framed properly.

Service-Connected Disability & Presumptive Conditions (with a success story)

A service-connected disability is an injury or disease that was caused by, or worsened by, military service. These disabilities can affect both the mind and body.

In most cases Veterans need to prove their condition was more likely than not, caused by their service to be rated with a service-connected disability.

But, for presumptive conditions, the VA automatically presumes that certain disabilities were caused by military service. This happens when sufficient evidence is found to support a link between an exposure factor and condition.

Therefore, if a servicemember was in a certain place, at a certain time, and has a certain condition, it's automatically a service-connected condition, if that condition is on the presumptive condition list.

Unfortunately, sufficient evidence means many servicemembers that served in a certain place at a certain time, have already been diagnosed with a certain condition. Here's an example... You may have heard about the contaminated water at Camp Lejeune. A Michigan provider, many years ago, went out of his way to help a Veteran. He diagnosed this patient with esophagus cancer, and somewhere in the screening process identified that the patient had served at Camp Lejeune. At that time not many had heard about the toxic water there. But the provider did some research and found a link between exposure and condition and got that Veteran connected with the VA, so the Veteran could receive no cost health care, and disability compensation.

This story highlights how providers can play a key role in identifying trends in Veteran health conditions, which helps establish presumptive conditions and impacts future legislation, such as the recent PACT Act.

Screening Model Data

To emphasize the positive impact properly screening for military service can have on the Veteran, their family, and the facility we'll share a couple examples.

A facility in Iowa thought they were serving about 50 veterans. This data came from: intermittent screening, the type of insurance the patient was using, the patient self-reporting, or some other way of passive identification. When they began properly screening for veteran status, they found they were serving over 550. Likewise, a facility in the Upper Peninsula thought they were serving about 60 veterans, but quickly found they are serving over 710.

Beyond the positive impact this had on those Veterans, it assisted with patient diagnosis, care planning and coordination, improved the facility needs assessment effort, gave a more accurate patient characteristic report to UDS, and assisted with patient payments.

PROPERLY SCREENING

Facility	Reporting Year	Number of Veterans Identified
*SE Iowa Regional Medical Center West Burlington, IA	2015	56
	2017	506
	2019	555
CAH/RHC Baraga County Memorial Hospital, L'Anse MI	2023	60
	2024	710

*Howren MB, Kazmerzak D, Kemp RW, Boesen TJ, Capra G, Abrams TE. Identification of Military Veterans Upon Implementation of a Standardized Screening Process in a Federally Qualified Health Center. J Community Health. 2020 Jun;45(3):465-468. doi: 10.1007/s10900-019-00761-3. PMID: 31620908.

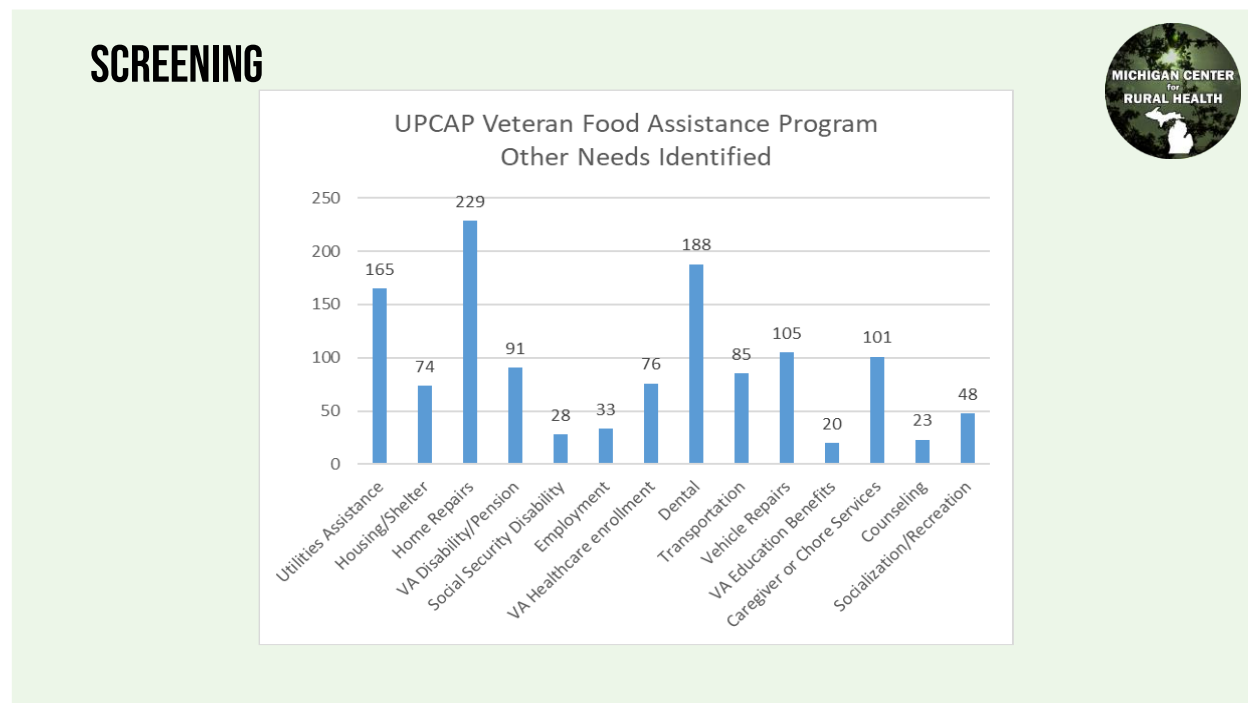


The Baraga County Memorial Hospital data is from a continued pilot funded by the VA Office of Rural Health.

Identifying Other Unmet Needs / SDOH (UPCAP)

Identifying Veterans and their families can help address unmet needs.

This data was collected during the Upper Peninsula Commission for Area Progress (UPCAP) Veteran food card application intake, from callers across the U.P. The screening helped identify other needs, and referrals were made by UPCAP 2-1-1 call center staff and Frank Lombard, the U.P. Veterans Program Manager. If organizations are conducting screenings for other needs/social drivers of health, one of the referrals they could make for services they do not provide is to call 2-1-1 and leverage the vast resources within their directory.



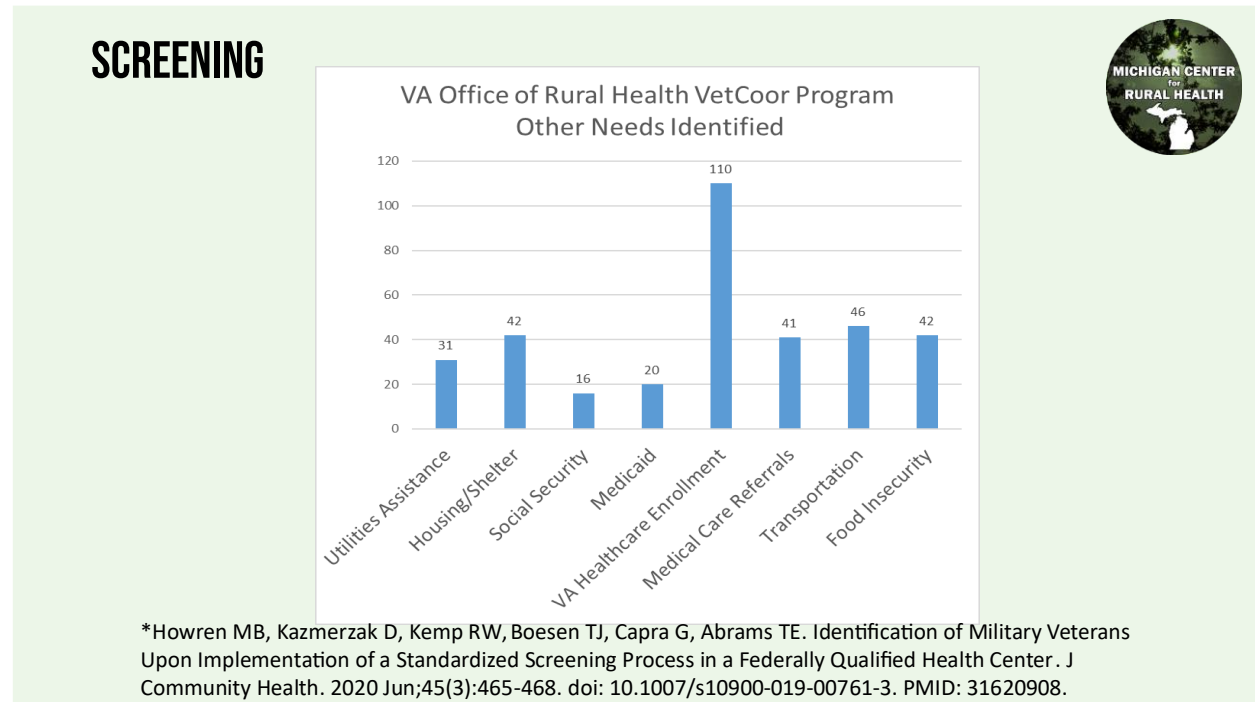
The program distributed food and gas cards to over 2,130 Veteran households. This chart indicates 1,366 responses to needs, of course there are Veterans with multiple needs (but 1,366 responses to needs is 64% of the 2,130 Veterans surveyed.)

Story link to the food assistance program and survey
[Strength of Rural April 2024 Spotlight | Michigan State University](#)

Identifying Other Unmet Needs / SDOH (VA OHR)

From May 2021 to September 2023, 220 Veterans participated in a VA Office of Rural Health VetCoor program, engaging in a total of 773 sessions with VetCoor coordinators – a session being any visit with the Veteran addressing issues, conducted in person or via phone. (VetCoor coordinators are providers in a community care facility that take the role of a Veteran ‘liaison’, ‘navigator’, or ‘coordinator’, of healthcare & other benefits for their Veteran patients.)

In those sessions the following ‘other needs’ were identified:



Utilities Assistance (31, or 14%)

VA Healthcare enrollment (110 or 50%)

Housing repairs (42, or 19%)

Medical Care Referrals (41, or 19%)

Social Security (16 or 7.27%)

Transportation (46, or 21%)

Medicaid (20 or 9%)

Food Insecurity (42, or 19%)

Cultural Awareness (brief)

A good start

Make eye contact. Offer a handshake, say “Thank you for your service.”

Never insert politics into any conversation about someone’s service. Don’t join in if they start.

As well-meaning as you may be, don’t say “I’m glad you made it home safe/okay/unharmd” or “Good thing you didn’t have to go over there!”

Don’t assume that one’s military service has involved a deployment or that a military deployment has involved combat. Listen and ask.

Don’t assume that one’s military service is a factor in their presenting problem. Don’t assume that it is not. Listen and ask.

Be very direct with your communications.

Believe the stories.

Other things to know

Not all who served are soldiers. There are Marines, sailors, airmen, Coast Guardsmen, and guardians. All are military personnel.

Each branch of the U.S. military has their own mission.

Each has different ranking, uniforms, and perform different missions.

Each has their own ‘mini culture’.

Active Duty includes 1.4 million full time, year-round members, typically committed to serving in 4-year increments. Readiness is full-time for active duty. This can take its toll on military personnel and families.

All branches have reserves. There are over 800,000 total reservists.

Reserves and National Guard have day to day civilian jobs. They may have previously served on active duty.

Training includes: 1 weekend per month, 2 weeks per year, and mobilized as needed. Their schedule is disruptive to work and family life. They often are not as eligible for resources as active duty. They have unique challenges since they live day to day as a civilian, then can have an immediate and abrupt change to their life, then return to their community where they may not be understood.

Not everyone in the military is infantry (in tanks, on patrol, etc.)

Jobs range from infantry to mechanics, cooks, administrators, doctors, lawyers, musicians, etc. Jobs have different physical and mental requirements and demands.

Military culture prides itself on having leadership in place at all levels of the rank structure.

Being responsible and accountable for others is what gives pride. It’s not as important to know what rank a person was, as it is to know they followed orders and were responsible for others.

Those who have killed someone do NOT want to talk about it. This should never be asked. Also, consider there have been many incidences of unintentional ‘friendly fire’.

Most people who experience a trauma do not go on to develop PTSD.

Moral injury is being identified more frequently. It’s defined as a psychological distress occurring when an individual is forced to participate in, witness, or fail to prevent actions that violate their deeply held moral beliefs and values. Military service is a common cause: witnessing violence, experiencing discrimination, and being involved in ethical dilemmas. Symptoms include guilt, shame, betrayal, loss of meaning, difficulty sleeping, nightmares, hypervigilance, depression, and anxiety.

Most people with invisible wounds are not prone to becoming dangerous or violent. But an unfortunate myth has developed. Most of these Veterans do not display violence.

The military promotes emotional and physical strength. You are one step closer to connecting with them by just knowing that it’s hard for Veterans to ask for help.

The military changes people and that’s okay. Transitions are hard whether from a deployment to home or from military service to civilian life.

You could ask, *“How do you define yourself now? How has your military service shaped you?”* Each Veteran differs in how much they identify with the military after leaving the service, and how they integrate their experiences in their current lifestyle.

The military family’s experience is unique and challenging. They may have been separated frequently from loved ones. Some military families move every three or four years. It’s difficult to establish school and employment. Family dynamics and responsibilities change. But this can lead to resilient, adaptive and flexible qualities, too.

You could ask, *“Which branch did you serve in?”*

Veterans usually like to be asked about their service. By asking this, it shows you know there is a difference between the branches. You don’t need to know the specifics of each branch, just knowing there are differences and not generalizing can help build rapport.

You could ask, *“What was your job in the military?”* There are literally hundreds of things a person could have done in the service. Acknowledging this can also help you build rapport.

For further conversation, you could ask,

“What was your worst day in your military service – or on deployment?”

“What was your best day in your military service – or on deployment?”

Watch the 47-minute documentary film, [“Truths and Myths about the Vietnam War”](#)



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Overview of the VA (VHA, VBA & NCA)

There are three separate administrations under the VA. A Veteran could be enrolled in programs under one, and not the other, and be eligible for some programs and not others.

VHA is the largest integrated health care system in the U.S., and makes up more than 95% of the VA in relation to employees, buildings, budget, etc.

- Veterans Health Administration (VHA)
 - U.S. largest integrated health care system
 - 172 medical centers
 - 1,138 sites of care
 - 94% of VA workers, 53K independent licensed health care practitioners
- Veterans Benefits Administration (VBA)
 - Five key lines of non-medical benefits:
 - Home Loan Guarantee
 - Insurance
 - Vocational Rehab and Employment
 - Education
 - Compensation and Pension
- National Cemetery Administration (NCA)
 - 4.1 million graves
 - 155 cemeteries
 - 23,000 acres

VA Health Care Priority Groups

After getting enrolled in VA health care, the VA assigns the Veteran to 1 of 8 priority groups. The priority group may affect how much (if anything) the cost of care will be.

Groups are based on military service history, disability rating, income level, and whether the Veteran is qualified for Medicaid, and other benefits, such as VA pension benefits (VBA).

Those with service-connected disabilities are the highest priority. The lowest priority is Veterans who have a higher income and no service-connected disability.

<https://www.va.gov/health-care/eligibility/priority-groups/>

Join the VA Community Care Network (VACCN)

Now, more than ever, more in-network providers are needed.

Every VA Medical Center has staff dedicated to care in the community. Connect with them!

Community Care and Provider Overviews:

va.gov/communitycare/

va.gov/communitycare/providers/

VA's Community Provider Toolkit

mentalhealth.va.gov/healthcare-providers

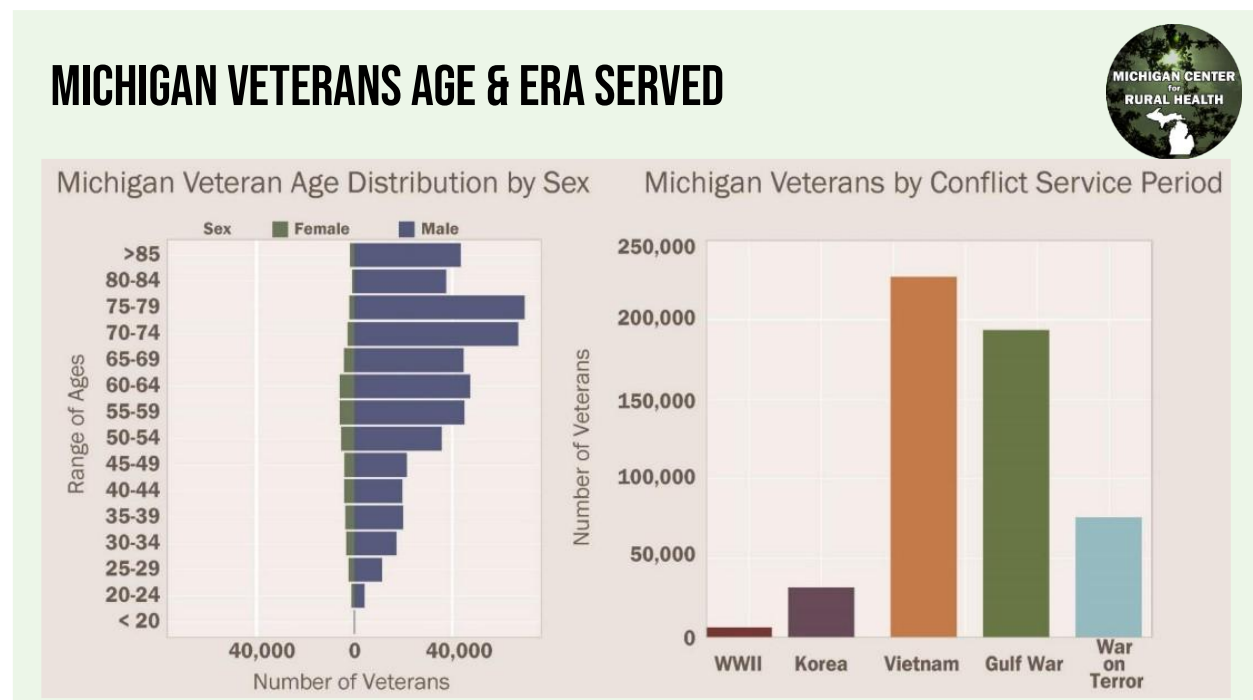
Michigan Veteran Population

- There are about 20 million Veterans in the U.S. Less than half are connected to all their earned benefits.
 - 10 million do not receive VA benefits or services
 - 14 million do not receive VA health care
- Michigan's Veteran population is one of the largest in the U.S., with 530,000+ Veterans.
 - Over 372,000 had not received treatment at a VA facility in 2022 (71%).

Most are receiving health care at a non-VA facility. This dispels any misunderstanding that all Veterans are taken care of by the VA, at a VA facility.

A majority of Veterans, especially in rural areas, receive care in the community. Some use a combination of VA and VA referred community care; some use community care only, some use the VA only. But not all Veterans are eligible for VA healthcare, though new legislation in the past two years has made many more Veterans eligible.

Michigan Veterans tend to be older than the general population. Most Michigan Veterans are over 65 (51.7%), with nearly one-third over 75. In contrast, fewer than 25% of non-veterans fall into the 65-and-over category. Nationally, 49% of veterans are over 65, compared to just 21% percent of non-veterans (age 18+).



Michigan Center for Data and Analytics. According to data from the 2023 American Community Survey one-year estimates from the U.S. Census Bureau.

Military Service Health History (sample form)

Please complete this brief health history if you have EVER served in the military.

Why are we asking for this information? Military service comes with some unique experiences and exposures, many that civilians would never have. Some of those experiences or exposures might affect your health, now or in the future. Knowing this can help us make sure we are aware of all possible factors when it comes to any health concerns you may have or diagnosis or treatments you may need.

BRANCH: _____ Dates of service: _____

Please circle **YES** or **NO**

1. YES NO Do you have a service-connected condition or are you rated at the VA for any injuries or experiences?
☐ CHECK if you are interested in learning how to file a VA claim.
2. YES NO Do you receive any of your healthcare at the VA?
☐ CHECK if you are interested in learning how to enroll in VA care.
3. YES NO Did you have any illness or injuries while in the service? (i.e. wounds, fevers, stomach bugs, animal bites) Do you have any scars or nagging aches/pains?
4. YES NO Is there any chance you were exposed to chemical or biological agents? Even during training?
5. YES NO Have you had any exposure to the following: explosions, blasts, radiation, bullet wounds or fragments, excessive heat or cold, vehicle or aircraft crash, excessive noise or vibration?
6. YES NO Did you get any tattoos or were you exposed to any needles (medical treatment, blood transfusion, or drug use) in a foreign country? OR, have you had contact with blood or bodily fluids of someone who did?
☐ CHECK if you would like to be screened for Hepatitis C or HIV

Thank you. We are very grateful for your service. We are honored to have been selected for your health care needs.

I-REACH Veteran and Provider Resources

Find these on the Michigan Center for Rural Health website mcrh.msu.edu go to Programs > Improving Veterans Access to Healthcare

Survey Report

The I-REACH Rural Veterans Statewide Survey Report presents findings from a statewide survey conducted as part of the I-REACH Rural Veterans program.

Ask, "Have You Served?"

Community providers play a vital role in ensuring Veterans receive the care they've earned. This guide includes the advantages of identifying Veterans and knowing their unique healthcare needs, joining the VA CC Network, and Provider Toolkit links.

Veterans and Provider Resources

Resources for Providers, and for Veterans, their families, and their caregivers.

Working with Veteran Service Officers (VSOs)

VSO's help Veterans understand and apply for VA benefits. Beware of fraud and scams.

Thumb Area

Resources for Veterans, their families, and their caregivers in the Thumb Area.

Upper Peninsula

Resources for Veterans, their families, and their caregivers in the Upper Peninsula.

VA Community Care, Emergency & Urgent Care I, II, III, IIII

Using VA Community Care Benefits – for Veterans, Providers and Pharmacists.

Understand the process for receiving care from a provider in your community.

Quick reference for eligibility and criteria, and access to urgent and emergency care.

Understand how to access urgent care services from a provider in VA's contracted network.

Connector Toolkit

Toolkit for when someone does identify as having served in the military.

Barriers to Veteran Enrollment



■ Enrollment Barriers

- Awareness
 - Unaware of programs, eligibility & benefits
- Stigma
- Hard to reach (low tech, remote areas, disengaged)
- Unselfishness
- Apathy / Indifference
- Enrollment process
- Lack of follow-on support

■ Breaching Barriers

- Outreach
 - Relevant materials
 - Informational events
- Remove stigma with trust & advocacy
- Friends, family, providers, veteran & community groups
- Sufficient funding & helps others. Would they give up other earned benefits?
- Family benefits; backup for life changes
- Enrollment assistance, warm hand-offs
- Vet-to-vet peer support (mentor/battle buddy), providers, advocates

Conversation Starters for Veteran Engagement

These questions are designed to help coordinators start natural, engaging conversations with Veterans. They invite reflection, identify needs, and open doors to services without feeling like a checklist or enrollment process. Use one or two questions to start — then follow the Veteran's lead.

Health and Well-Being

- When it comes to your health care, what's going well — and what's been more challenging lately?
- Are there any services or appointments you wish were easier to get to or keep track of?

Daily Life and Community Support

- What kind of support or resources would make day-to-day life a little easier for you right now?
- Have you heard about any local programs or services for Veterans — or would you like me to share some that others have found helpful?

Access and Logistics

- Is it easy for you to get where you need to go — like medical appointments, the pharmacy, or grocery shopping?
- Do you ever feel like you're spending more time figuring out how to get care than actually getting care?

Connection and Trust

- Do you have someone you can reach out to when you need help navigating the system or finding resources?
- Many Veterans say they feel more comfortable working with someone local who understands their community — does that sound like something that would help?

Purpose and Partnership

- If you could change one thing about how care or services are offered to Veterans in this area, what would it be?
- Would you be interested in helping us shape how local programs support Veterans — even just by sharing your experiences?

Connector Tips

Use these questions to begin open, supportive conversations. If a Veteran expresses a need or frustration, acknowledge it and offer to explore solutions together. End with a gentle invitation such as: "It sounds like there might be a few ways we can help — would you like to hear more?"

Action Items Checklist

- ☐ Implement asking, “Have you served?” and offer follow on resources and referrals.
- ☐ Map this process and document it for future reference by all staff.
- ☐ Consider what other information your organization would benefit from collecting.
- ☐ Use signs and information monitors to let patients know you’d like to know if they served.
- ☐ Provide patient with an I-REACH Veterans Resources handout.
- ☐ Ask About Caregiving.
- ☐ Motivate and include Veteran employees in this initiative.

- ☐ Establish good relationships with the professionals where Veterans will be referred.
- ☐ Ensure a good relationship with the accredited Veteran Service Officer (VSO) in your county.
- ☐ Connect with the local VA Medical Center or VA Clinic.
 - ☐ Connect with the local VA Medical Center Care in the Community staff.
- ☐ Connect with the local Guard and Reserves.

- ☐ Prepare to overcome a Veteran’s indifference and concerns by reviewing:
 - ☐ Advantages of Screening for Military Service.
 - ☐ Overcoming a Veteran’s Indifference to Accessing their Benefits.
 - ☐ Overcoming a Veteran’s Concerns about Providing Information.
 - ☐ Make available information on the ‘Overcoming a Veteran’s Concerns about Providing Information’ page. Use it with intake paperwork or make available in waiting or treatment rooms.

- ☐ Share your success stories with us, and each other, as a way to build case studies and create learning opportunities.

- ☐ We’d like to hear how you track and know the outcomes of your referrals. Do you have an effective closed loop referral follow up system?

- ☐ Join the VA Community Care Network (VACCN) and CHAMPVA through Optum, and Tricare through Tricare Humana East. More than ever, additional in-network providers are needed.



I-REACH
Improving Veterans Access
to Healthcare