What IREACH Does

Introduction: A new Health Resources and Services Administration funded grant the Michigan Center for Rural Health received in September of 2022; it is titled *Improving Rural Enrollment, Access, and Health in Rural Veterans* (I-REACH). The objective of IREACH is to improve access to healthcare and improve coordination of care for rural Veterans, including underserved ones and their caregivers.

Promotes the Governor's Challenge. A Veteran suicide prevention program developed by SAMHSA and the VA, and facilitated through the Michigan Veterans Affairs Agency (MVAA). The Michigan Veteran Connector program and the Michigan Veteran Friendly Employer program are part of **Michigan's Governor's Challenge**.

- **Assists health care facilities in becoming a Veteran Connector.** The MVAA recognizes health systems and community partners (such as schools, churches, and employers) that are committed to supporting the needs of those who have served, and their families.
  - 567,919 veterans in Michigan
  - Over 2/3 receive community care, not VA care
  - 55% are not connected to all their earned benefits

  Providers can play a vital role in ensuring Veterans are fully connected to their earned benefits. IREACH provides resources and training that will assist providers in better caring for those who have served, their families, and their caregivers.

Assists facilities and providers in joining the VA Community Care Network. Shares system improvements and new legislation that increases accessibility to care for Veterans and their family members. Help overcome provider and Veteran negative impressions of the system that are based on archaic methods and misunderstandings.

Shares best practices. Shares Veteran health initiative models from within Michigan and other states and shares information from other HRSA grantee programs.

Encourages providers to join a Veterans Community Action Team (VCAT). Providers can share information, request assistance on behalf of a Veteran, present at quarterly meetings, and network with many agencies.

Collects data from healthcare facilities. Collect data semi-annually to identify opportunities for support and training that can improve access to VA and non-VA health services in underserved rural Veterans.

Conducts outreach. Presents and provides information at Veteran, community, and health care provider events.

Promotes Together With Veterans suicide prevention program. Continues program development. Distributes gun locks, pill organizers, stress balls, brochures, and other informational items.

Assists Veterans. Provides assistance with health care enrollment, military service document retrieval, technology – such as online resources and mobile apps.

Encourages Veteran self-advocacy. Educates Veterans on the importance of sharing with their provider military experiences that are relevant to their health. Offers culturally relevant materials to reduce stigma.

Promotes other agency programs. E.g., food card program (grocery store gift cards for Veterans in the U.P.)

Collects data from Veterans, health care providers, and caregivers. Offers survey as part of outreach activities.

Further descriptions on reverse ---->>

What IREACH Does… further descriptions

Governor's Challenge. 52 states and territories are taking part and using a public health approach.

- **Veteran Connector.** Veterans and their family members may not tell the provider about their military affiliation or experience. Yet, we know, early identification and connection to resources results in better outcomes for the patient. Ask: "Have you served?" versus "Are you a Veteran?" Connection to benefits saves lives and we need your help to identify those who have served. Veterans have unique health care needs, disease patterns, and cultural backgrounds. Understanding the unique culture, possible exposures, and common medical conditions of military service will place facilities, and providers, in the best position to provide the highest level of care. For example, Veterans are more likely than non-Veterans to be living with diabetes, chronic pain, moral injury, and adverse childhood experiences (which increases the risk for PTS and suicide).

For generations, Veterans have returned home from war with an array of unexplained health conditions and illnesses associated with the toxic exposures and environmental hazards they encountered in service. Today is no different, and toxic exposure has become synonymous with military service. Conversations need to include family, especially with more findings of generational effects of Agent Orange and other toxic exposures. Publicity of the recent PACT Act (Promise to Address Comprehensive Toxics Act) has generated applications from Veterans seeking claims for conditions they previously didn't think they were eligible for. But, as a VA rating coach noted, many of these Veterans were already eligible, even without the PACT Act legislation. They were just unaware they were eligible. Providers can help close this awareness gap by being a connector.

Military cultural competency is important. Studies found the top barrier to accessing care is stigma. The 2nd highest barrier is, quote, "I do not feel understood by the providers who serve me."

A Veteran struggling with chronic head pain and other life difficulties had been to three different healthcare facilities and not one asked if he had ever served in the military. He had been in IED explosions and lost his roommate to one of the explosions. He was given pain meds and sent home. Before he received an accurate diagnosis and relevant treatment the Veteran died by suicide.

Program criteria (meet at least 3): Incorporate "Have you served?" question during intake; display flyers and banners and distribute resource cards; display MI Veteran resource on organization's website; use MI Governor's Challenge PsychArmor training portal; designation as a Veteran-Friendly Employer at any level.

The program is very flexible, allowing the organization to use what methods best fit their needs and clients.

VA Community Care Network. New network, better results. New legislation, e.g., Mission Act and PACT Act.

Best practices. Perhaps your facility is, or will be, the model of Veteran care for others to follow!

Veterans Community Action Team (VCAT). A Veteran advocate recently shared that he was assisting a Veteran on a Saturday morning. Through the VCAT network he received three resources to explore before noon that day.

Outreach. There's a plethora of resources out there. IREACH connects Veterans their families, their caregivers, and providers with active and relevant resources.

Together With Veterans. Veterans, and their community, join up for community-based suicide prevention.

Assisting Veterans. Helping them overcome barriers such as transportation and communication.

Other agency programs. Collaborating with many Veteran and community agencies and programs including County Veteran Affairs and their Veteran Service Officers, MDHHS, DoD, service organizations and local grassroots programs that often fill critical gaps in care and support for Veterans, their families, and their caregivers.