



U.S. Department of Veterans Affairs

Veterans Health Administration
Office of Rural Health

**VETERANS RURAL HEALTH ADVISORY
COMMITTEE**

July 22, 2025, Virtual Meeting

Attendees (ALL VIRTUAL):

Committee Members:

Marcus Cox, Chair
David L. Albright
Thomas M. Driskill Jr
Pavithra Ellison
Kevin Lambing
Rodney Hummer
Juanita J. Mullen
Angela Renae Mund
Steven Steinhubl
Marcus Pigman
Lonnie Wangen

Ex-Officio Members:

Matthew Clark IHS
Sheena Johnson HRSA
Jamie Davenport USDA

VHA Office of Rural Health:

Paul Boucher, Committee Manager
Peter Kaboli
James Watts
Christina Aciego
Michael Lindner
Kristen Wing
Amy Kunce
Karyn Johnstone
Kelly Lora Lewis
Patrice Luneski
Nikki Sanchez
Ryan Sharpe
Maura Timm
Jina Fritz
Byron Bair
Elizabeth Matheny
Samantha Solimeo

Keith Myers
Bret Hicken
Kathy Marchant-Miros
Pamel Lee
Richard Lee
Kristin Pettey
Jessica Trepanier
Elizabeth Hulan
David Ward

Other VHA Offices and Programs:

Sidath Panangala
Rachel Kenny
Katie Grady
Jessica Sanders
Kristy Park
Steven Dobscha
Heather Salazar
Rene Campos
Julianna Holt
Kasey Spreyer
Michael Billings
Alexander Hightower
Jeydith Gutierrez

Advisory Committee Management Office:

NA

SMEs Presenters:

Joseph Frank
Lauren Denneson
Alan Teo

Public:

Saiga Lauren Green

Meeting Objectives

1. VRHAC will gain an increased understanding of the U.S. Department of Veterans Affairs' (VA) strategic and community partnerships that increase access to health care for rural veterans.
2. VRHAC will gain an increased understanding of the Office of Rural Health's current programs and research initiatives.
3. VRHAC will develop recommendations for the VA Secretary.

Tuesday July 22, 2025

VRHAC Meeting Welcome and Opening

Dr. Marcus Cox, Chair, VRHAC

- Opened the meeting, took the Committee Member roll, and covered the meeting Rules of Engagement.
- The Committee Chair welcomed attendees to the meeting and thanked them for their participation.
- VIDEO: Department of Veterans Affairs Secretary Doug Collins, Charge to Advisory Committees

Dr. Peter Kaboli Executive Director highlighted the VA Secretary's priorities: suicide prevention, homelessness, and efficiency.

- ORH Executive Director reminded Committee Members the purpose of the meeting was to prepare recommendations for the Secretary of VA and establish the meeting format of 20-minute presentations followed by a question-and-answer session.

Presentations and Discussions:

1. **Dr. Peter Kaboli - Overview of the Office of Rural Health:**

- **Strategic Goals:**
 - Support delivery of accessible high-quality healthcare.
 - Optimize the VHA healthcare workforce.
 - Promote research and innovation.
 - Maximize employee performance.
- **Programs and Initiatives:**
 - Highlighted Enterprise-Wide Initiatives.
 - Emphasized the need to reach veterans in every state.
- **Challenges:**
 - Workforce shortages, especially in rural areas.
 - Geographic barriers and the digital divide in healthcare access.

2. **Presentation by Dr. Lauren Denneson, Dr. Alan Teo, and Dr. Steven Dobscha - Suicide Prevention:**

- **Rural Veteran Suicide Rates:**
 - Higher rates in rural areas compared to urban areas.
 - Importance of community-based prevention.
- **Communication Campaigns:**
 - Use of Google ads, Reddit, and other social media platforms.
 - Emphasis on lethal means safety.

- **Community and Social Connections:**
 - Importance of building robust social support networks.
 - Leveraging existing community resources for veterans.
- 3. **Dr. Joseph Frank - Enhancing the Whole Health Approach:**
 - **Vet-to-Vet Program:**
 - Virtual mutual aid group supporting veterans with chronic pain.
 - Peer-led groups focusing on storytelling and community building.
 - Expansion to 13 VA sites, with plans to add more.
 - **Future Developments:**
 - Integrating more comprehensive mental health support.
 - Encouraging veteran-to-veteran connections and community building.

Committee Discussions:

1. **FQHC and VA Integration:**
 - Understanding and enhancing the relationship between FQHCs and VA facilities.
 - Highlighting untapped resources, especially in rural areas.
2. **Healthcare Access:**
 - Continued focus on telehealth and broadband accessibility.
 - Challenges in provider retention and improving veteran access to care.
 - Transportation issues as ongoing barriers for rural veterans.
3. **Suicide Prevention Recommendations:**
 - Emphasis on family and community involvement in supporting veterans.
 - Encouraging the use of modern technology, including AI, to improve outreach.
4. **Potential Topics for Future Meetings:**
 - Addressing workforce challenges and solutions.
 - Evaluating the impact of community care contracts.
 - Further discussions on suicide prevention and whole health initiatives for rural veterans.

Closing Remarks:

- Dr. Marcus S. Cox announced his new position as Provost and VP of Academic Affairs at Savannah State University and expressed gratitude for serving as Committee Chair.
- The meeting ended with a call for continued commitment to improving rural veterans' healthcare and the next steps in planning for the fall meeting.

Next Steps:

- Committee members to review and consider past recommendations.
- Further explore opportunities for expanding the Vet-to-Vet program.
- Continued analysis of healthcare utilization and impact of community partnerships.

The meeting was adjourned at 2:30 PM EST.

Meeting Summary: Veterans Rural Health Advisory Committee (VRHAC)

Committee Member Introductions

Committee Member Introductions Summary

Marcus S. Cox, Committee Chair

- Serving on the committee for almost four years
- Professor, current position of Chair of the Rural Health Advisory Committee
- Rotating off the committee after this meeting
- Values traveling and supporting veterans in rural areas

David L. Albright, Committee Member

- University Distinguished Professor at the University of Alabama
- Focuses on advancing the health well-being and prosperity of underserved populations, rural communities, and veterans
- Principal investigator for a statewide initiative improving services, policies, and community conditions for Alabamians
- Military veteran committed to this work

Tommy D, Committee Member

- Retired President and CEO of a health system in Hawaii with 15 hospitals
- Served for 8 years with the VA Pacific Island healthcare system overseeing clinics throughout the Pacific
- Built the first state veterans' home in Hilo
- Currently working on constructing the third state veterans' home on Maui
- Serving on the committee for about three years

Pavithra Ellison, Committee Member

- Anesthesiologist at WVU Medicine Children's and WVU Medicine adult site
- Chairs the Rural Access to Anesthesia Care Committee
- Involved in education and improving physician awareness in rural communities
- Associate Chief Quality Officer for WVU Medicine Children's
- Serving with Dr. Cox for several years

Rodney Hummer, Committee Member

- Works for Missouri Primary Care Association
- Provides training and technical assistance to Missouri's Federally Qualified Health Centers (FQHCs)
- Liaison for veteran issues, serving around 14,000 veterans
- Member of the Governor's Challenge team to reduce veteran suicide
- Active in the American Legion, served as a combat medic and nurse in the Gulf War

Juanita Mullen, Committee Member

- Works for Westendorf Federal, a company owned by her tribe
- From the Seneca Nation of Indians, upstate New York
- Previously worked for the Department of Veteran Affairs for over 22 years
- Retired in 2022 and now working from home
- Air Force veteran

Angela R. Mund, Committee Member

- Chair of the Department of Clinical Sciences at the Medical University of South Carolina in Charleston, SC
- Originally from rural northern Minnesota
- Served 10 years in the US Army Reserves as a certified registered nurse anesthetist
- Husband, also a CRNA, served 18 years in the US Army Nurse Corps and received care at VA
- Experience with understanding challenges within the VA healthcare system

Marcus S. Pigman, Committee Member

- Veteran with five years of service in the US Army
- Center Administrator at the University of Kentucky Center of Excellence in Rural Health
- Has been with the center for 11 years
- Involved in several rural projects and activities in Kentucky

Steven Rudolf Steinhubl, Committee Member

- Air Force veteran and practicing cardiologist

- Works for the Alaska Native Tribal Health Consortium and part-time in Indiana
- Professor of Biomedical Engineering at Purdue University
- Leads research and teaches on using digital health technologies in rural areas
- Newly joining the committee, looking forward to contributing

Lonnie L. Wangen, Committee Member

- Commissioner of State Veterans Affairs in North Dakota for 18 years
- Served on this committee for 8 years
- Focuses on ensuring rural veterans receive assistance and care
- Values the work done by the committee

David C. Ward, Committee Member

- Works as the Rural Desk Officer at the Department of Veterans Affairs
- Involved in intergovernmental affairs, works with rural communities and partners
- Tribal government relations experience
- Member of the Choctaw Nation of Oklahoma
- Provides a link between rural communities and VA services

Sheena Johnson (HRSA), standing in for Committee Member Kristie Martinsen

- Covering for Kristie Martinsen
- Focus on rural health and veterans' issues within HRSA

Summary:

The Committee includes diverse professionals and veterans who are deeply committed to improving rural health care for veterans. Their collective experiences range from healthcare administration, clinical practice, and policymaking to hands-on medical and support services, ensuring a comprehensive approach to addressing rural health challenges. The members actively contribute to various local, state, and national veteran initiatives, fostering collaboration and innovation in veteran care.

A message from VA Secretary Doug Collins to VA Federal Advisory Committees (VIDEO)

<https://www.youtube.com/watch?v=3EyLJVHvBEU>

PRESENTATION: VHA Office of Rural Health Update, Dr. Peter Kaboli, Executive Director

Overview:

- Reviewed the role and initiatives of the Office of Rural Health (ORH).
- Emphasized the importance of focusing on rural veterans who depend on VA services.
- Highlighted key challenges and strategies to improve rural veteran healthcare.

Office of Rural Health (ORH) Background:

- Established in 2006, expanded with five resource centers in 2008.
- Resource centers located in Salt Lake City, Iowa City, White River Junction, Portland, and Gainesville.

Strategic Goals and Programs:

- **Four Main Goals:**

1. Support delivery of accessible, high-quality integrated healthcare for rural veterans.
 2. Optimize VHA healthcare workforce capacity to meet rural veterans' needs.
 3. Enrich research, quality improvement, and innovation to serve rural veterans.
 4. Embrace eye care values to maximize employee performance to serve rural veterans.
- **Key Programs:**
 1. Enterprise-Wide Initiatives: National projects currently numbering 35, reviewed annually.
 1. Rural Mentored Implementation Programs: Projects developed in resource centers that evolve into larger initiatives.
 2. Partnerships with various program offices to serve rural veterans.

Budget and Scope:

- ORH has a budget of \$337 million, part of an annual appropriation.
- Scope is national, with every state and Medical Center serving rural veterans.

Enterprise-Wide Initiatives:

- Encompass primary care, specialty care, telemedicine, mental health, suicide prevention, workforce training, care coordination, and transportation.
- Examples include:
 - Hiring intermediate care technicians to work in emergency rooms and do community outreach.
 - Tele-ophthalmology programs to link veterans with retina specialists remotely.
 - The Rural Access Network for Growth Enhancement (RANGE), which provides intensive case management for veterans with serious mental illness.
 - Mobile prosthetics and orthotics care uniquely leveraging mobile labs at Community-Based Outpatient Clinics (CBOCs).

Healthcare Challenges in Rural Areas:

- **Workforce:** Shortage of healthcare providers, difficulty filling gaps due to limited availability.
 - Development of telehealth hospital services as one solution.
- **Geography:** Unique aspects of providing healthcare in varied rural locations.
 - Overcoming geographic barriers through transportation and telemedicine.
- **Digital Divide:** Not just about access to broadband but also affordability, equipment, and digital literacy.
- **Health Social Determinants:** Issues like food insecurity, homelessness, and housing challenges.

Resource Centers and Implementation Programs:

- Resource centers are regarded as the "tip of the spear" in understanding and addressing rural healthcare issues.
- Over 127 research and clinical projects in fiscal year 2025, covering a range of healthcare topics.
- Recent advances include programs moving from Rural Mentored Implementation Programs to Enterprise-Wide Initiatives.

Final Charge of the Committee:

- Encouraged members to engage, ask questions, and contribute ideas.
- Highlighted the importance of planning and making feasible recommendations to the Secretary.
- Emphasized the need to continue functioning as a full committee while awaiting decisions on the potential elimination of advisory committees.
- Discussed the process of nominating and voting for a new chair and vice chair.

Committee Q&A:

Question by Tommy D:

- Inquired about the broader impacts of Secretary Collins' changes, particularly concerning VA personnel or funding within the Office of Rural Health (ORH) and its subordinate units.

Response by Peter J. Kaboli (ORH):

- **Funding:** No changes; funding for the VA programs remains stable with no budget cuts in the Veterans Health Administration (VHA).
- **Hiring Freeze:**
 - A hiring freeze began on January 20th, like a smaller freeze in the previous administration.
 - Some positions were exempt, but many critical ancillary positions, such as veteran transportation program (VTS) drivers, were not.
 - As a result, 128 VTS driver positions were lost or left unfilled in the initial months.
- **Challenges:**
 - Working to address these hiring challenges, though Dr. Kaboli is unsure of the current progress in filling those positions.
 - Emphasized the difficulties specific to rural settings where there is less staffing flexibility.
 - Despite challenges, ongoing efforts to maintain care quality without noticeable impact so far but noted that "you can only do more with less for so long."

Committee Discussion:

Marcus S. Cox:

- Opened the discussion by asking committee members to share organizational activities impacting the health of veterans in rural areas.

Kevin Lambing:

- Mentioned the VET core program coordination with Federally Qualified Health Centers (FQHCs) in Polk County, Texas.
- Focus on identifying veterans served by FQHCs and ensuring they receive specialty care through coordination with the VA.

Angela Mund:

- Working on federal practice standards for nursing anesthetists within VA with Dr. Lieberman.
- Focusing on removing barriers to practice for nurse anesthetists, ensuring that everyone practices to the highest level of their training.
- Legislative and regulatory efforts to improve care in rural areas.

Rodney Hummer:

- Missouri Primary Care Association created a rural Health Network consisting of 18 rural FQHCs.
- Focus on homeless populations, dental disparities, and suicide prevention.
- Governor's Challenge team on suicide prevention and faith-based community outreach projects in rural Missouri.

Angela Mund (second input):

- Working with a psych mental health nurse practitioner in the US House focusing on suicide.
- Preparing legislative letters and testimonies; highlighting stigma and challenges in VA access using personal experiences with her husband's PTSD and suicide.

Tommy D:

- Highlighted the healthcare challenges for veterans residing in Compact Free Association states such as Palau, Marshall Islands, and the Federated States of Micronesia.
- Shared updates on agreements and the need for expanded healthcare services including telemedicine and local provider agreements.
- Mentioned Congress's involvement and Secretary Collins' memo canceling efforts to expand care.

David C. Ward:

- Emphasized common challenges in rural health, similar to those faced by tribal nations.
- New VA office: Office of Tribal Health addressing rural tribal healthcare challenges.
- Discussed the Memorandum of Understanding (MOU) with Indian Health Service (IHS) and the Tribal Advisory Committee.
- Mentioned upcoming meetings to continue focusing on suicide prevention and homelessness among Native American veterans.

Juanita Mullen:

- Stressed the importance of considering geographical differences for tribal veterans.
- Highlighted issues such as transportation and healthcare access in highly rural areas like Alaska.

- Emphasized the need to maintain focus on the unique challenges faced by Native American veterans.

Rodney Hummer (second input):

- Concerned about the challenges in rural healthcare in Missouri, including the risk of closures for 13 rural hospitals.
- Highlighted the potential impact of funding changes on rural health clinics, FQHCs, and rural hospitals.
- Emphasized the need for the committee to be proactive in understanding and responding to these changes.

Marcus S. Cox (closing):

- Voiced concern about the impact of national debates on Medicare, Medicaid, and funding on rural veterans' healthcare.
- Mentioned the importance of figuring out efficiencies and effective healthcare recommendations amidst varying healthcare laws and systems.
- Stressed considering potential funding changes in the committee's discussions and recommendations.

PRESENTATION: VHA Office of Rural Health Update, Dr. Lauren Denneson, Dr. Alan Teo, and Dr. Steve Dobscha

Introduction:

- Dr. Lauren Denneson introduced the panel on rural veteran suicide prevention.
- Other speakers included Dr. Alan Teo and Dr. Steven Dobscha.
- Mentioned conducting a project funded by the Office of Rural Health to inform suicide prevention in rural communities.

Project Goals:

- Investigate where suicide prevention resources should be deployed.
- Identify what types of resources and prevention efforts are needed most.
- Determine how these resources should be addressed in rural areas.

Project Activities:

- **Mapping Veteran Suicides:**
 - Analyzed veteran suicides across the country at the county level (2011-2018).
 - Identified "hotspot" counties with higher than expected suicide rates.
- **Qualitative Interviews:**
 - Conducted interviews with veterans in high-risk rural areas.
 - Engaged with the Sprint Veteran Engagement Council to validate findings.
- **Community and VA Leadership Sessions:**
 - Held listening sessions with community organizations and VA operations leadership to gather insights.

Findings from Mapping:

- Standardized Mortality Ratio (SMR) analysis showed:
 - Red counties: Higher than expected suicide rates.

- Blue counties: Lower than expected suicide rates.
- High priority areas identified in the Mountain West, New England, and a belt from the Midwest to the Southeast.

Community Characteristics Influencing Suicide Risk:

- **Increased Risk Factors:**
 - Number of licensed firearm retailers.
 - Proportion of residents moving in the past year.
 - Proportion of residents in rental housing.
 - Proportion of residents who live alone.
- **Decreased Risk Factors:**
 - Proportion of residents who were married.

Priority Topics for Suicide Prevention:

1. **Socioeconomic Resources:**
 - Identified as "resource deserts" by veterans.
 - Needs include healthcare, housing, substance use treatment, homelessness support, and employment.
 - Importance of direct outreach to veterans and building on existing community efforts.
2. **Person-Centered Healthcare:**
 - Challenges with healthcare access in rural areas.
 - Negative experiences with telehealth due to perceived lack of care and continuity issues.
 - Critical shortage of patient care in rural areas.
3. **Improving Social Cohesion:**
 - Importance of feeling connected to reduce suicidal ideation.
 - Paradox of feeling isolated in tight-knit communities.
 - Difficulty in engaging isolated veterans and younger veterans.
 - Interest in community events and physical structures promoting interactions.

Recommendations for Rural Veteran Suicide Prevention:

- **Where:** Focus on high-priority areas in the Mountain West, West, and Southeast belt.
- **What:** Address firearm access, socioeconomic resources, social fragmentation, and healthcare access.
- **How:**
 - Work within communities and utilize existing efforts.
 - Enhance outreach and connect organizations providing socioeconomic resources.
 - Improve provider retention, consider alternate models of care.
 - Use community events and built environments to support engagement.

Conclusion:

- Dr. Denneson concluded with a holistic approach to addressing rural veteran suicide prevention integrating community, healthcare access, and social cohesion efforts.

Committee Q&A:

Pavithra Ellison:

- Asked about the availability of online resources or chat groups for younger veterans.
- Highlighted the issue of social isolation and the potential of using online platforms to mitigate it.

Alan Teo:

- Reddit mentioned as a robust but anonymous platform with active veteran communities (subreddits).
- Recognized the importance of both private anonymous groups and more open chat groups.
- Struggled to recall a specific social platform but hinted at alternatives like LinkedIn for military veterans.

Lauren Dennison:

- Agreed that the question was interesting and relevant.
- Noted from qualitative interviews that veterans found connecting over Facebook and other social media both helpful and challenging.
- Suggested intentionally cultivating social spaces within VA for rural areas.

Lonnie Wangen:

- Asked the presenters for a suggestion to the Secretary on the best approach to address suicide prevention.

Steven Dobscha:

- Emphasized the importance of understanding the outcomes of community care.
- Highlighted the administration's value in community care development and the need for focused research on outcomes.

Alan Teo (second response):

- Suggested empowering loved ones, caregivers, and family members to support veterans.
- Highlighted the role of family in suicide prevention.

Lauren Dennison (second response):

- Emphasized the challenges with access to care in rural areas.
- Encouraged finding creative solutions to incentivize provider retention and exploring alternate models of care.
- Stressed the importance of integrating community efforts with VA healthcare.

Committee Discussion on Suicide Prevention:

Rodney Hummer:

- Emphasized the importance of working within communities and building existing services.
- Highlighted the need to make veterans aware of available resources, including non-profits and churches.
- Suggested that leveraging community resources could reduce suicide, addiction, and homelessness.

Kevin Lambing:

- Echoed Rodney's comments about community-based efforts.
- Addressed the large patient-to-provider ratios in rural mental health care.
- Stressed the importance of peer-led recovery initiatives due to the lack of professional counselors.
- Highlighted the need for upstream interventions to prevent reaching the point of suicide.

Angela Mund:

- Excited to see work on social media addressing social isolation.
- Noted that some veterans, including retired military personnel with PTSD, are reluctant to use VA services.
- Emphasized the need to capture at-risk individuals during military-to-civilian transition.
- Stressed identifying and assisting veterans at risk for PTSD and suicide seamlessly.

Steven Rudolf Steinhubl:

- Agreed with Angela on capturing at-risk veterans early.
- Highlighted the potential of new technologies, like AI chatbots, to help those who feel stigmatized.
- Suggested using AI as an intake funnel to direct veterans to appropriate care.
- Emphasized the potential of AI in effectively reaching rural populations.

Marcus S. Cox:

- Recognized the value of social media in reaching younger veterans.
- Noted the importance of considering demographic differences when using social media as a tool.
- Acknowledged that social media could be a useful mechanism for offering counsel and direction.

David L. Albright:

- Agreed with using AI, emphasizing its relevance.
- Highlighted research showing that news exposure can influence veterans' support intentions.
- Suggested indirectly targeting veterans through social media and other approaches by influencing their supporters and community caregivers.

PRESENTATION: VHA Office of Rural Health Update, Dr. Joseph Frank

Introduction:

- Dr. Joseph Frank is a physician at the VA with 13 years of experience working with veterans, part of an interdisciplinary pain management team for the last 5 years.
- Also, a VA researcher based at the Center of Innovation for Veteran-Centered and Value-Driven Care in Aurora, CO.

Overview of the Vet-to-Vet Program:

- **Purpose:** Enhance whole health through a community-based, veteran-centered approach, particularly focusing on chronic pain.
- **Structure:**

- Weekly virtual mutual aid groups for veterans.
- Led by veteran peers with lived experience.
- Peer facilitators trained by the team in Colorado.
- **Focus:** Use storytelling to build community, improve well-being, and provide mutual support.

VA's Whole Health Approach to Care:

- **Circle of Health Model:**
 - Centralizes the veteran in their own care.
 - **Eight Domains:** Family, friends, spiritual well-being, mental health, professional care, personal development, physical wellness, and nutrition.
- **Essential Elements:**
 - **Community:** Highlighted as an essential part of whole health and healing.
 - **Personal Health Inventory:** Guided by what's most important to each veteran.
 - **Mission, Aspiration, and Purpose (MAP):** Key to personal health planning.
- **VA System Structure:**
 - **Personal Health Plans:** Customized for each veteran with their care team.
 - **Three Support Circles:**
 - **Whole Health Clinical Care:** Traditional and complementary healthcare approaches.
 - **Well-Being Programs:** Incorporate holistic health strategies, health coaching, and support partnerships.
 - **Pathway:** Empower veterans to identify and focus on their mission, aspiration, and purpose.

Implementation and Expansion:

- **Funding:** Supported by the VA's Office of Rural Health and the Veterans Rural Health Resource Center in Portland.
- **Reach:**
 - Launched in Spring 2022 in Colorado.
 - Currently active at 13 VA sites; expanding to another 7 sites.
- **Training:**
 - Held 8 facilitator trainings.
 - Training covers facilitation skills, storytelling, and practical exercises.
 - Trained 87 facilitators from 19 VA sites as of now.
- **Meetings Structure:**
 - Weekly video meetings.
 - Inclusive of a brief agenda with a welcome, ground rules, mindfulness exercises, storytelling, peer support, and connection activities.

Participants and Outcomes:

- **Target Audience:** Veterans living with chronic pain, including a significant portion from rural or highly rural communities.
- **Feedback:**
 - Participants feel empowered and more involved in their care.
 - Report gains in self-management, understanding, and resilience.
- **Preliminary Outcomes:**
 - Veterans attending regularly show reduced primary care visits.
 - Indications of improved self-management and support among participants.
- **Qualitative Feedback:**
 - Veterans feel understood and better equipped to manage their health.
 - Emphasis on the profound impact of sharing personal stories.

Future Plans:

- **Goals:**
 - Launch new sites to reach 20 active sites by end of 2025.
 - Strengthen integration with whole health initiatives.
 - Enhance outreach to rural veterans.
- **Evaluation:**
 - Ongoing surveys to gather data on well-being, loneliness, mood, and pain.
 - Preliminary data indicates positive impacts, with more detailed analysis expected soon.
- **Community Building:**
 - Focus on empowering and equipping veterans through mutual support networks.
 - Encourage veterans to become facilitators, emphasizing the continued need for connection.

Acknowledgements:

- Gratitude expressed to the Office of Rural Health, the Office of Patient Centered Care and Cultural Transformation, the Center for Development and Civic Engagement, and the broader Vet-to-Vet team for their support.
- Special thanks to the veterans who participate and facilitate the groups, highlighting their crucial role.

Conclusion:

- The Vet-to-Vet program aims to foster connections, build community, improve well-being, and save lives.
- Emphasizes the program's success and potential for further growth, reflecting on the effective and impactful model that can be adapted and expanded across numerous sites and diverse veteran populations.
- Dr. Frank looks forward to discussing further developments and feedback on the program.

Committee Q&A:

Marcus Cox:

- Asked if the Vet-to-Vet program also supports veterans with other healthcare or mental health needs such as suicide prevention.

Joseph Frank:

- Confirmed the program's potential for supporting various healthcare and mental health needs.
- Highlighted the program's flexibility and scalability for different VA healthcare goals, such as recovery in mental health or substance use settings.
- Emphasized that connecting over shared experiences is not unique to chronic pain and can be applied to other conditions.
- Goal to broaden the program to other settings and health conditions based on veteran interest and site champions.

Juanita Mullen:

- Surveyed about the well-being of facilitators managing the groups.
- Expressed concern over the emotional strain facilitators might experience while listening to veterans' stories.

Joseph Frank:

- Ensured that facilitators are supported from the start with 3.5-day training.
- Hosts monthly "community of practice" meetings for feedback and support.
- Found that facilitators generally find the experience rewarding and meaningful, which helps them model whole health for participants.
- Continues to evaluate the facilitators' experiences to ensure a healthy balance.

Lonnie Wangen:

- Expressed support for the Vet-to-Vet concept and asked what advice Dr. Frank would give to the Secretary to better serve rural veterans.

Joseph Frank:

- Emphasized the importance of sustaining and expanding whole health and veteran social connection programs.
- Suggested that VA should continue to be a national leader in these areas.
- Highlighted that more veterans need to be aware of whole health programs.
- Recommended integrating Vet-to-Vet formally into the whole health system with partnerships and potential enterprise-wide funding.
- Stressed that any veteran should have access to the program, regardless of location.

David Albright:

- Asked about the potential healthcare savings from the Vet-to-Vet program and its impact on health outcomes.

Joseph Frank:

- Currently examining how the program changes veterans' use of VA services such as primary care and mental health.

- Aim to translate utilization changes into measurable cost savings in the next 3-6 months.
- Initially focused on pain and function, now shifting towards well-being as a primary outcome.
- Recognized that connecting and improving well-being may continue even if chronic pain persists.
- Data to be gathered from ongoing surveys to provide more insights into program impact on well-being and other health outcomes.

Committee Discussion on Whole Health:

Marcus S. Cox:

- Opened the discussion for additional comments and initial thoughts on recommendations based on the day's presentations.

Juanita Mullen:

- Related the Vet-to-Vet program to a previous initiative called "Gathering of Healers" which aimed at ensuring VA staff were healthy to effectively care for veterans.
- Emphasized the need for ensuring facilitators' well-being and considering historical programs for potential insights and models.

Tommy D:

- Highlighted the importance of Federally Qualified Health Centers (FQHCs) in providing care for rural veterans.
- Shared personal experience from Hawaii indicating some VA sites' lack of awareness about FQHCs.
- Suggested showcasing successful integration between FQHCs and VA facilities, like Lonnie's efforts in Missouri, as a model for nationwide implementation.
- Recommended promoting FQHC-VA integration to all VA Medical Center directors and including it in VHA leader meetings.

Rodney Hummer:

- Agreed with Tommy on the critical role of FQHCs in rural health.
- Stressed that FQHCs' patient-centered medical home model aligns with whole-person care.
- Suggested formalizing an MOU between VA and National Association of Community Health Centers (NAC) to improve care coordination for rural veterans.
- Highlighted the importance of community health workers (CHWs) and peer support specialists in utilizing local resources and enhancing veteran care.
- Recommended a data dive into community care contracts to understand trends and their impact on rural veteran care.

Tommy D (additional comments):

- Reinforced that there are many untapped resources that can significantly benefit rural veterans.
- Advocated for more VA leaders to get involved with FQHCs to maximize these resources.

- Agreed with Rodney on exploring various approaches and opportunities for collaboration.

Key Takeaways:

- The committee sees great potential in integrating FQHCs with VA services to enhance care for rural veterans.
- Past successful programs like the "Gathering of Healers" can offer valuable insights into current initiatives like Vet-to-Vet.
- The importance of ensuring that facilitators' well-being is managed effectively.
- Promoting the value and benefits of FQHC-VA integration to VA leadership.
- Utilizing community health workers and peer support to maximize local resources.
- Analyzing community care contracts to understand their trends and impacts on veteran care.

Closing Discussion:**Marcus S. Cox:**

- Announced there were 9 minutes left and emphasized the need to respect everyone's time by wrapping up at 2:30 PM.
- Asked Kristen and Paul for guidance on the next steps and what they need from the committee.

Kristen Wing:

- Deferred to Paul for detailed next steps.
- Mentioned the transcription and use of AI for capturing detailed meeting notes.
- It is highlighted that the information from the meeting will be communicated to the committee members.

Paul Boucher:

- Outlined the process for compiling meeting notes, sending them for Dr. Cox's signature, and distributing them to committee members for the next meeting.
- Mentioned sending out stipend letters to committee members.
- Provided information on streamlining preparations for the October meeting.

Marcus S. Cox:

- Suggested revisiting topics that the committee wants to focus on for the October meeting.
- Proposed gathering suggestions from committee members through the information sent out by Paul.

Kristen Wing:

- Clarified that the meeting was informational and aimed at preparing the committee for the next round of recommendations.
- Encouraged committee members to propose potential topics for the next meeting during the remaining time or via follow-up communication.

David Ward:

- Suggested revisiting previous topics discussed at the last meeting for refinement.
- Emphasized the importance of building from past discussions and incorporating new insights.

Kristen Wing (follow-up):

- Confirmed that previous surveys and topic ideas would be revisited and included in follow-up notes for the next meeting preparation.

Paul Boucher:

- Informed that the recommendations were sent to the Secretary's office and awaiting approval.
- Agreed to revisit finalized recommendations for the next meeting.

Lonnie Wangen:

- Suggested having copies of past recommendations available for the next meeting.
- Highlighted recurring themes of access issues, including telehealth, provider availability, and transportation.
- Recommended evaluating community care outcomes and other information around access barriers.

Marcus S. Cox:

- Shared personal reflections as this was his last meeting as chair.
- Announced his new role as Provost and Vice President of Academic Affairs at Savannah State University starting August 1st.
- Emphasized gratitude for the committee's support and expressed a desire to remain connected via LinkedIn.
- Encouraged continued passion and commitment to supporting veterans and rural communities.

Paul Boucher (point of order):

- Provided a link to the committee's website with past notes and presentations.
- Mentioned that once current presentations are approved, they will be added to the site along with FY24 recommendations.

Marcus S. Cox:

- Called the meeting adjourned at 2:31 PM, expressing appreciation for the committee's friendship and support.



 X
 Marcus Cox
 Chair, Veterans' Rural Health Advisory Committee

Date: 8/4/25