

## Podcast Interview Transcript

Larkin Strong, Zeno Franco, Mark Flower

Welcome to Progress in Community Health Partnerships' latest episode of our Beyond the Manuscript podcast. In each volume of the Journal, the editors select one article for our Beyond the Manuscript post-study interview with the authors. Beyond the Manuscript provides the authors the opportunity to tell listeners what they would want to know about the project beyond what went into the final manuscript. The Associate Editor who handles the featured article conducts our Beyond the Manuscript interview.

In this episode of Beyond the Manuscript, Associate Editor Larkin Strong interviews Zeno Franco and Mark Flower, authors of "Community Veterans' Decision to Use VA Services: A Multimethod Veteran Health Partnership Study."

Larkin Strong:

I want to thank everyone for joining us today. We'll go ahead and get started with the first question. One thing that I felt that this manuscript really highlights well is the collaborative way in which Dryhootch and academic partners worked together to develop the survey and analyze the open-ended responses about the barriers to VA use. And so I'm wondering if you all could elaborate a little bit more on this process and share with us how you felt this unfolded and any particular challenges or contributions that came about as a result.

Zeno Franco:

You bet. So, first of all, this is Zeno. I'm the academic partner that has worked a lot with Mark Flower, who's also a part of this conversation. Let me sort of answer the last part of the question first, and then I'll actually ask Mark to comment on the generation of the survey itself. But when we analyzed the open-ended responses, we used some ideas from qualitative data analysis process on member checking, and really going back any point in the analysis process for those items that were open-ended where we didn't understand a response, and pretty carefully checking with our veteran community partner to see what those things meant. And some of them were acronyms—military acronyms—that we didn't know even though we had worked with veterans for quite a while or some ambiguity in the responses. And that really helped to clarify it.

I think one of the things that we did and also learned is that sometimes doing formal member checking, where you're actually working with your community partners to kind of look at transcripts and stuff, felt kind of cumbersome for the veterans, and so we often would just send really brief e-mails saying, "Can you help us figure out what this means?" And that actually worked out a lot better for us.

Mark Flower:

And this is Mark Flower, the community partner with Zeno. The process, I think, was cool on a couple of things in my mind. One was that we, as a veterans' organization and people that do work in our veterans community, allowed us an opportunity to learn how academics, or academia, research works. And then on the other side of that is that we were able through this process, to actually teach our academic partners a lot more about what a veteran is and how we kind of think sometimes, and actually started the opportunity that allowed us to change language and kind of take the research language to bring it down to our level. I'm not saying that we don't know a lot of big words; but transporting their language into our language, which then allowed us to communicate a lot better between our research folks and us as just folks that are trying to help veterans.

Zeno Franco:

So I think all the items were simplified based on feedback from the veteran community partner. And not only were the items simplified, but the responses were also simplified so that instead of using a 5-point Likert scale or Likert-type items, they were transformed into 3-point, very concrete responses. So those were some of the cultural nuancing that we did to really make it make sense for the veterans who'd be taking it, and also make it fast.

Larkin Strong:

Right. Okay, great, and Mark, I'm wondering if you could comment some on the participation of the community partners in the analysis of some of the open-ended responses.

Mark Flower:

Well, once we started getting our information that we were going around asking folks, I know Zeno and I actually talked a lot, and a few other folks in our organization talked about, "Well, what does this mean?" And so we were able to bring in some other outside information and discussions about what the spectrum said in the scope of a kind of *veteran speak* because we are trained to talk a little bit differently than normal folks—with acronyms and everything. So we were able to decipher the meanings of some of the stuff that our academic folks didn't quite understand or maybe had an idea what it was, but really, there were some added dimensions into that statement.

Zeno Franco:

Yeah, and I think one of the things that we may not have put in the manuscript so much is that we also made sure that we did member checking with veterans from different service periods. So Mark is from sort of the Cold War era, some of the guys in Dryhootch are from the Vietnam era, but we were also asking folks from the recent wars, so OEF [Operation Enduring Freedom] and OIF [Operation Iraqi Freedom] veterans, the folks that have gone out to Iraq and Afghanistan—and also, we did member checking with the female veterans as well, to be sure that the items that were women's issues were brought up in terms of access to care and stuff, that we were having a female veteran who would view those as well.

Larkin Strong:

What do you view as the biggest contribution or most unique aspect of this work?

Mark Flower:

I think the cool thing is that because of this work a wonderful collaboration [started] between us and the medical college here in Wisconsin. We've been friends now for a pretty long time—I'd say 6, almost 7 years now, maybe—maybe even a little bit longer

than that, actually. So, this little piece of what we've done actually, then, blossomed into a better working relationship and allowed us to do other academic or research-related things that we were working on. So it was one of those first starts of working together, which then grew into many other opportunities that we work with and work on.

Zeno Franco:

Yeah, for me, I say it's really personal. I think being primarily VA-trained as a therapist for combat trauma and then moving to community engagement work instead, and kind of coming at this work through the lens of a clinical provider and a researcher, as Mark said, he and I have developed a friendship over the last 6 or 7 years, and—

Larkin Strong:

Yes, indeed.

Zeno Franco:

I think what that has allowed me to do is to not just be a researcher or clinician, but to be a witness to the veteran experience, and that's a very different role. I think being allowed in the door without the subtle barriers that are there when veterans come and talk to a VA clinician—even though they may describe things about their combat experience, [which] they don't tell to very many other people—that's a very different thing than walking with them in their world on a day-to-day basis, and that's a thing that has been transformative for the way I think about working with veterans. I think it's a much more practical approach that I've begun to take as a result of working with Mark.

Larkin Strong:

And what would you say [about] the contributions to the field or the literature?

Zeno Franco:

Sure. You know, there's some that's been published on VA access issues. I think one of the things that this piece really does differently is ask the question, "What can we learn about the barriers to VA access grounded in the veteran's experience?" instead of just looking at it from administrative data that's been collected by the VA or doing some national survey that may not get it from the harder-to-reach community veteran populations that don't easily participate. And so I think one of the things the study really says is: if we're serious about engaging with veterans, we need to engage with them on their terms. And there's been relatively few efforts to do serious community engagement with veterans' groups until relatively recently, so I think it is a big step in the right direction from that perspective.

Larkin Strong:

All right, and was there anything that surprised you in the findings?

Zeno Franco:

Mark, I'll let you answer first, and then I'll throw in a comment there, too.

Mark Flower:

Yeah, I think one of the surprises that I've had out of that study that we did is the fact that a lot of veterans choose to use, if they're able, their private healthcare, which was in some ways kind of surprising to me—but then in other ways, not that surprising—just for the fact that we all earned our VA healthcare, and some folks choose to go through the private sector instead of utilizing their VA healthcare. And based on, sometimes, the journey of the VA, that does kind of make sense to me, but yet, then, on the same side, the VA healthcare has in the last 5 or 6 years greatly turned some things around, even though there are some things I wish they would work on better.

Mark Flower:

The next thing is that we've started to realize that, again, in the community, there are actually more veterans than there are actually in the veterans community, if that makes any sense. Most of our veterans just don't participate in a lot of the veterans organizations, so [while] a very small percentage of folks actually belong to, I'd say, the VFW American Legion, Vietnam veterans groups, there's a big part of the majority, in some cases, that are out in the world not involved in anything veteran, which I found pretty interesting.

Zeno Franco:

Yeah, so for me, I think those are important pieces as well. One of the things that I think came up through this partnership very clearly for me is that there is a lot of dissatisfaction in some quarters in the veteran community about VA services. And so some of the negative perceptions were highlighted, I think, through the qualitative work that we did. But sometimes they are more nuanced, so I think that we often get the generalized picture that the VA's very bureaucratic or whatever. And sometimes it's an individual interaction with a physician that didn't go well, and other times, it might be that a particular service isn't working well in a particular VA hospital. But there are also a number of people who we interviewed through this survey process that actually had really positive experiences with the VA. And so I think telling that more complex, more nuanced story is really important. Sometimes the VA gets a bad name because of an individual experience that happened with a particular service, and at the same time, the folks may get really great care for something else.

So I think that's actually something for the VA system to think about in terms of the quality of services that they provide: we know that healthcare in the VA system is second to none if you get it right and you're with the right people. But there are some pieces that can be cleaned up a little bit. I think the other thing that really came through for me is there's an incredible amount of confusion in the veteran population around accessing care through the VA. So it's the classic idea is that it's a great service if you can get in the door, but there are a lot of hurdles to getting signed up and understanding what you're needing to do to prove your eligibility, and there's a lot of questions that, I think, veterans feel could be answered better by the system more efficiently. And that, I think, would reduce a lot of the problems with getting good quality care from the VA—just getting in the door smoothly.

Larkin Strong:

The article briefly describes how the findings from this work informed future effort to the partnership, such as ensuring opportunities for veterans to receive peer support, and in particular the article mentions using technologies such as smart phones to facilitate this. Talk a little bit about the partnership's efforts following the work described in the paper and how the results described led to this.

Mark Flower:

Well, I'd like to talk about our peer support . . . and actually clarify a little bit on our last question: it's amazing when our peer support folks start helping our veterans that are having problems with the VA through the system of the Veterans Administration that a couple of really interesting things happen. One thing is that—now, they're attempting this by themselves and they've got somebody there to be a buffer, for lack of a better way of saying it—which then has the tendency to make their experience a little bit better,

especially with our veterans in crisis. Sometimes, when a veteran is in crisis, the last thing they want is a hard time trying to get services. So one of the really cool things that we've found in our journey is that a peer support specialist or a peer support veteran can help mediate some of those problems that could arise with a veteran that is in crisis.

And the cool thing about our smart phone app is, in my mind, this is . . . an opportunity to try to reduce crisis in association with my veteran peer support folks. It could be [used for] crisis prevention, where, hopefully, through the technology and our individual peer support folks, it becomes a crisis prevention tool. In some cases, folks don't like to talk about what's going on crisis-wise, but a phone app, then, would be able to hopefully pick [up on] some things that could warn their peer support person that some things are changing, some things are a little bit different—and that light would send a little red flag [that] would say to the peer support person: “Your guy is—something's up. Something's not normal.” And so, in my mind, I find this could be a really cool tool to enhance peer support folks. And that's what I'm really excited about.

Zeno Franco:

So, just to backtrack to the point where we submitted this paper—from the work that's described in the paper, we submitted a \$750,000, 5-year Healthier Wisconsin Partnership Program grant application that was funded in 2013, and it does a few different things. One of them is to try to start to formalize the Dryhootch peer mentorship curriculum for veteran peer mentorship, and another piece is working on this smart phone app to facilitate communication with younger veterans as a starting point, although it can be used for any group of veterans. But we were trying to figure out how to best reach out to vets coming back from Afghanistan and Iraq who maybe don't want to use the VA as much, or they're in class when the VA's open but need some support in ways that are more flexible.

And so we've been working in both of those areas for the last, I guess, 3 years or so now, and so some exciting things have happened: we've gotten several of the Dryhootch trained peer mentors State-certified in peer mentorship, and they also, then, overlay that with the veteran peer approach from the Dryhootch curriculum. And then on the smart phone app, we've been developing with a ubiquitous computing lab at Marquette University with veterans in the laboratory working with us to build this technology from the ground up. And we've actually taken that to a technology transfer stage here in the medical college, where it's under demo license and being evaluated for commercial application in this space as well.

So what we're really trying to do is do community-engaged technology design from moment one so that veterans will accept the technology and be excited about it, I think, in ways that apps that have been produced for this population so far haven't achieved. So we're very excited about this work.

We've actually had incredible support from a national advertising firm to help us develop the artwork for the app, so Cramer-Krasselt, one of the big, independent advertising firms, said, “You're doing really interesting work with veterans and we want to help you in any way we can.” So we just have a really amazing group of folks working on this to try to nuance everything that we're doing for this population.

- Larkin Strong: Well, that does sound exciting. I think we're out of time, but I did just want to ask one quick follow-up question: Is the ultimate goal to evaluate that in a future study?
- Zeno Franco: We're actually collecting data on it now. So we've got about—I'd say about 80 veterans that are going through a study right now, looking at the way that the Dryhootch peer mentorship process works. And we're also trying to gradually bring that study onto the smart phone side so that we're actually collecting data from the smart phone as veterans go so we can see how they're doing, both, like Mark is saying, for the peer mentors to use the data to intervene if they need to, but also, for research purposes.
- Larkin Strong: Great. Well, that sounds really exciting. We'll look forward to hearing more about that in the future.
- Zeno Franco: Sure. Sounds good.
- Larkin Strong: So I want to thank everyone for speaking with us today.
- Zeno Franco: Thank you.
- Mark Flower: Thank you, Larkin.