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Session: Playing Cards and Graphic Medicine: Connecting Veterans to Housing and Mental Health Services through Innovative, Veteran-Facing Products

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Moderator: Hello everyone and welcome to the Using Data and Information Systems in Partnered Research. It’s a Cyber Series hosted by VIReC, The VA Information Resource Center. Thank you to CIDER for providing promotional and technical support. This series focuses on VA data use in both quality improvement and operations research partnerships. This includes QUERI projects and partnered evaluation initiatives. This series is held on the third Tuesday of every month at 12 o’clock eastern. You can find more information about this series and other VIReC Cyberseminars on VIReC’s website and you can catch up on previous sessions on HSR&D’s, excuse me, VIReC’s Cyberseminar archive. A quick reminder for everyone just joining us. The slides are available for download. This is a screenshot of the sample email you should receive today before the session. In it you will find the link to the download to the slides. Today’s presentation is titled Playing Cards and Graphic Medicine: Connecting Veterans to Housing and Mental Health Services through Innovative, Veteran-Facing Products. It will be presented by Gala True, Ray Facundo, excuse me, Katherine Juhasz, and Allison Bond, Allison Bond, and Elizabeth Williams.

Gala is an investigator with the South Central Mental Illness and Research and Education Center at the Southeastern Louisiana Veterans Healthcare System. She’s also an affiliate investigator with the National Center on Homelessness among Veterans where she co-leads the Veteran engagement panel and a research associate professor at LSU School of Medicine. Her research focuses on improving access to care and the health of individuals and communities through Patient Centered and Community Engagement Research Approaches.

Ray is a research project manager for the South Central MIRECC at the Southeast Louisiana Veterans Healthcare System where he works on multiple projects funded by VA Research and Operations Projects. He is also an U.S. Army Veteran with multiple deployments to Iraq and a facilitator for the New Orleans chapter of the non-profit organization Warrior Riders.

Katherine is a health science specialist for the National Center for PTSD Dissemination and Training Division. She received an MS in clinical psychology from LaJolla University, Maryland in 2011. Her work is focused on the deployment of education and self-care resources for Veterans, VA staff, and the general public and figuring out how to get these resources into the hands of those who could benefit from them.

Elizabeth is an innovation specialist at the Gulf Coast Veterans Healthcare System where she serves as a liaison between the Gulf Coast Veteran System and the VHA Innovators Network. Her role encompasses teaching innovative competencies and aides transformation within the VHA and innovative culture aimed at improving Veteran care through improved efficacy, modernization, and value-based care.

Allison has spent the last three years working in the VHA’s National Homelessness Program office serving in the role as the National Program Manager of the Community Resource and Referral Centers and Outreach and The Healthcare for Homeless Veterans Program. Her work in VHA has included direct clinical practice with Veterans experiencing serious mental illness, substance use disorders, and homelessness. Thank you all so much for joining us today.

Dr. Gala True: Great. Thank you. This is Gala True and I’m going to start things off. First I just want to say thank you to everyone who’s attending today. We know it’s sort of really unusual times out there and I think that we’re all kind of thinking of each other at all times and trying to do the best that we can with the work because we all want to have an impact in our communities and on a wider scale in the VA for Veterans and their families. So we really appreciate you joining us today. We all wanted to take a minute to introduce ourselves and share something a little bit about why we do the work that we do. So I’ll start off. So my name is Gala True. My background is in folklore and anthropology and I started off at the VA and really learned a lot from my background in folklore listening to the stories and personal experiences of the Veterans that I was interacting with, their families who I got to know, and also the frontline healthcare providers and the administrators who are really working to improve Veterans care and experiences of VA services. And so my work is always really grounded in those initial experiences and the project that we’re going to talk about today grows out of both my personal desire to bring more creative and kind of innovative products into VA but also to put some powerful tools in the hands of Veterans to be able to advocate for themselves and their healthcare. I’m going to pass it on to Ray to introduce himself.

Ray Facundo: Good morning. My name is Ray Facundo. I’m a project manager for research projects here in Southeast Louisiana. I’ve been working with Gala for the last four years on various projects. I came into research with the VA because of a study on transitions from work to home, which is also the name of the project that Gala facilitated when I first came into the role. But I’ve been working with Veterans for a long time. I got out of the Army in 2009 and have since tried to focus on work that helps people make healthy transitions from deployment and the military life back into civilian life and, you know, working with the VA and non-profits driven towards Veteran healthcare and success led me into higher education where I ran a Veterans Resource Center at Portland State University where I was able to continue that work. And those experiences really helped guide me into a career where I could help VA and other programs make a difference so that’s why I’m here. And then we’ll pass it on to Katie.

Katherine Juhasz: All right. Thank you. My name is Katie Juhasz and I work for the National Center for PTSD and I’ve been with them for about seven years. And while my office is actually in Palo Alto, California, I live in Maryland because my husband is a professor at the Naval Academy. I have not served but both my parents were career Navy Veterans so I grew up as a military brat and my work in creating educational products with the National Center I really imagine that everything I create could potentially benefit my parents or people like them. So it’s very mission driven for me and I’m grateful for the opportunity to support them in that way. And Allison, would you like to go next?

Allison Bond: Hi everyone. My name is Allison Bond. I am currently serving in the role as the National Program Manager of our Community Resource and Referral Centers and that is with the National Homeless Program Office. I’ve been working with the VA since 2001 and have a close connection with Veterans. My dad is a Vietnam Veteran who served in combat but also just wanted to share a quick story as to how I kind of ended up serving this population. It’s just kind of funny but so I was in my second-year placement. I’m a licensed clinical social worker we’re required to do two years of placement. So second year of placement I showed up to do my internship at the VA. I was gung-ho ready to serve in the Community Living Center. I was convinced I wanted to work with that population. I was really excited, I showed up, and they said, oh I’m sorry, your field instructor is out sick on extended medical leave and you’re not going to be able to work in the CLC, we’re putting you in the homeless program. And I was just like, oh my gosh, what? That is not what I was looking for in this experience. I was just kind of like nervous and had no idea what I was getting into but, quite honestly, by the second week I just fell in love with the population, completely found my niche, and once a job became available in 2006 with that group I started working with the homeless population and haven’t left since. So I love the work, love the population, happy to be on the call today and we’ll pass it on to Liz.

Elizabeth Williams: Good morning everyone. Liz Williams. I’m the Innovation Specialist at the Gulf Coast Veterans Healthcare System based in Biloxi, Mississippi. I am a part of VHA’s Innovators Network one of 33 VA’s who have the opportunity to be a part of that program. I started out at the VA about 10 years ago. I was a student nurse at the time, and I transitioned to work in the ICU as a bedside nurse. I never in a million years thought I would do anything but nursing but as I pursued further education and my masters I started getting involved in different training opportunities within the VA and learned about Human Center Design. Started learning about innovation and I’m sort of one of those people that anytime there was a problem in the ICU I wanted to fix it. I’m a problem solver. And so pursued a master’s in clinical nurse leadership and began working on solving problems through innovation and very quickly found out that there were a lot of people around the country that were like minded and, you know, didn’t accept no for an answer if it was something that was safe and Veteran centric. So I felt like I really needed to be a part of this group of folks and pursued the position that I’m currently in now as innovation specialist and absolutely love it. It’s so invigorating to be surrounded by people who are like-minded and that are just looking to make things better for Veterans and employees alike.

Dr. Gala True: Great. Thank you so much. So I’m going to move into kind of going through our goals for the presentation and telling you how we set this up for today. Ray and Katie and I had the privilege both to work on our own separate projects but also to work together and also to work with Allison and Liz as our operation partners and kind of coaches and champions in these projects. And we had a lot of conversations about what we learned from working together, what we learned from working with operation partners, what we learned from trying to do things that we kind of innovative format and I love what Liz just said about not taking no for an answer if it’s safe and Veteran centric. And so we wanted to really share some of those experiences with you all and what we think we found out from being able to use kind of innovative formats to educate and inform Veterans. Our project happened to be focused on VA community housing and mental health resources, but we really think that a lot of the lessons we learned could be applied more broadly. We wanted to talk a little bit more about our project. We’re not going to focus in detail on either of the two projects but we do provide you with lots of links and resources in the final slide so that you can learn more about Cards for Connection and the Graphic Medicine Booklet that we developed and more about how we measured outcomes from this project. But really what we wanted to do was talk more about some of the strategies that we used to engage key stakeholders throughout various stages of projects and how we worked together with our advisory boards and Veterans and our operations partners. And then really demonstrate kind of live for you the value of VA researchers and people working in quality improvement partnering with VA operation partners to disseminate, you know, develop, and disseminate QR products nationally throughout the VA. So those are our goals for today and we’re going to kind of go through our early slides pretty quickly and then get to our lesson learned slides.

So first we’re going to start with a poll question. We’d like to know what is your primary research role? So the options are research investigator, methodologist, data manager, analyst, or programmer, project coordinator, or other. Please describe in the Q&A function. And we realize that we may have some people on the call who are not in research but rather are in operations in some way and we’d love to hear from you as well so just use that final box to describe your function.

Molly: And it looks like when the poll got set up one of the options was missed, the project coordinator. I apologize for that. Feel free to just put in the other and then type that into the questions box. Responses are coming in. We’ll give everyone just a few more moments to respond and then we’re going to close this out and go through the results. Just waiting for it to slow down. Okay. Looks like we’ve slowed down. I’m going to close this and it what we’re seeing is 23% of the audience saying research investigator, 6% methodologist, 6% data manager, analyst, or programmer, and 66% other. And in the other category, we have human factors engineer usability specialist, senior project manager, and also co-leader of Veteran Engagement Group, project coordinator, SSVF case manager, again project coordinator, program manager, and project director. Thank you everyone.

Dr. Gala True: That’s great. I mean I think that really speaks to who we would had hoped would attend this Webinar, so we really appreciate you all being with us. I’m going to pass on a second quick poll question to Katie to introduce.

Katherine Juhasz: Thank you, Gala. So we want to ask how familiar are you with stakeholder engagement and just based on some of the responses that came in on the Q&A for that other role, I’m guessing some of you are quite familiar but for some, this might be the first time you’ve heard of it. Maybe you’ve heard of it but it’s not something you’ve done, something you’ve done a little bit, or you routinely incorporate stakeholder engagement into your work. I will say that stakeholder engagement has lots of different names. It could be human centered design, design thinking, user experience, patient experience, even patient centered care. So if you practice any of those things in the work that you do with Veterans, I think that would count.

Molly: And responses are coming. I’ll give everyone just a few more moments to respond and then we’re going to close the poll out and go through the results. Okay. I’m going to close this out here. And what we’re seeing is 5% of the audience saying this is the first time I’ve heard of it. 14% saying I’ve heard of it, but it’s not something I’ve done. 35% is something I have done a little bit. And 46% routinely incorporate stakeholder engagement into their work. Thank you everyone.

Katherine Juhasz: Thank you. I think that’s awesome. It’s great that we have a mix of experience here and maybe at the end we’ll have time for other’s to share how they incorporate that into their work because I think it’s a really important thing that we’ll discuss a bit about today. So Gala, do you want to go ahead to the next slide and take over?

Dr. Gala True: Sure. So I want to obviously say at first as I talk about this project which we call, it’s kind of a mouthful, but Patient-Centered Training for Homelessness and Housing Instability: A Veteran-Facing Graphic Medicine Booklet. Those of you out there who have written research proposals or grant proposals probably recognize that as trying to pack as much information as possible into the title of the proposal. But essentially this was a real team project. Ray and I worked together with a team of other investigators, people working in national and local homeless programs. We were really privileged to work with our local homeless program staff here in New Orleans and some other regions of the country. We had an advisory board that also included Veterans with lived experience of homelessness or had worked with Veterans in their advocacy work. And we have a list at the end of the slides that really acknowledges everyone who worked on this project with us. I’m going to talk about the project as briefly as possible, so we give Katie time to talk about Cards for Connection. But essentially this idea for this graphic medicine booklet grew out of research that I had been doing with Ann Elizabeth Montgomery and Tom Burn and Megan Kusak and some other colleagues in VA where we were looking at VA screening for homelessness and housing instability in the VA. So I’m not going to go into great detail about that but essentially there’s a lot published on this. But the VA has been screening Veterans for housing instability or homelessness. All Veterans are asked two questions and about, probably it’s now, far over 3 million Veterans, or at least 3 million Veterans are screened each year. But of those Veterans who are screened only about 60%, it’s still a good number, but 60% of Veterans who screen positive for homelessness and 40% of those who screen positive for risk of homelessness connect with VHA Homeless Programs within 30 days which is kind of the target. And there were lots of different reasons for this that we’ve written about that you can read about in other papers if you’re interested and you want to ask us about them. But essentially what we saw was that there was still a lot of opportunity to help Veterans who were experiencing homelessness or at risk for homelessness to connect with VHA Homeless Programs which are really an incredible network of programs locally and nationally to help Veterans address, not just homelessness, but other kind of aspects of social determinants of health that are related to homelessness and housing instability and these Veterans were not connecting. And one of the things we found was that they weren’t always aware of what service and programs were available to them. Sometimes they weren’t ready to access programs when they were asked the screener questions. And sometimes there was just a missed opportunity to connect with a Veteran who had screened positive for lots of different reasons. But really what we wanted to be able to do was think about how to put some of the power to connect with those services locally and nationally into the hands of Veterans so that those Veterans who weren’t making that connection within 30 days could possibly still, you know, advocate for themselves, learn more about services that were available, understand why they were being asked those questions, and hopefully connect with services.

So we decided to try something kind of innovative. Graphic medicine is a growing a field and a couple of colleagues in VA had already developed graphic medicine booklets. You can see a couple of examples up near the top right, Veterans helping Veterans was developed by a colleague in the VA. And we decided on graphic medicine because we felt that it was a really good way, it was something that people who were doing screening and social workers and people who were working in homeless programs and providers who are administering the screener, it gave them a tool. You know, something in their hands to be able to put into the hands of a Veteran and say, here’s some explanation and some idea of why you’re being asked these questions, why VA cares about your housing situation. What kinds of resources VA has to help you and how you can learn more about that and, you know, advocate for yourself and connect with services. Graphic medicine is really a way of taking very complex ideas about healthcare and kind of trying to boil them down in ways that are a little bit more acceptable and a little bit easier to follow and a little bit more user friendly. And we also, you know, there’s just things like, there are lots of brochures available in the VA. I think if you’ve ever come out of a healthcare appointment you can kind of relate that sometimes you walk away with a lot of papers. But you don’t always hold on to all those papers. You don’t always look at them again. But this graphic medicine booklet we thought if we could put this in people’s hands it would be something that’s a little bit different, that they might be more likely to look at later and might really stand out to them as something that they received at a visit.

So we developed a graphic medicine booklet with a lot of input from Allison Bonds, our operations partner. We had funding from the National Center Among Veterans I should say. It was a one-year project and we had a lot of milestones kind of for engaging the members of our advisory board. We met with our advisory board which included, as I said earlier, people in national and local homeless programs across the VA in SSVF. And we worked with Veterans who has lived experience of homelessness, Veterans who had worked with other Veterans experiencing homelessness and we had a lot of input from them in monthly meetings to develop the booklet, what kind of content was important to include in the booklet, what kind of content did we want to maybe leave out. You know, what did we not want to include so as to make sure that the booklet was really short and succinct and just included the most important information. We worked with our advisory committee and four VA’s to pilot the booklet and get more feedback and refine it and revise it again. We presented. We worked with our partners to distribute the booklets to 45 providers at five facilities. We distributed about 350 booklets and received some feedback on some post cards that we included with the booklet, feedback from Veterans. We sought feedback from providers. And then we refined and revised the booklet and shipped an additional 700 booklets out. And then we worked, well I’ll talk a little bit about the story next.

So we, the booklet is available for download and I’ll give the link in a minute. Actually, I think it’s at the end of the presentation. But I just wanted to show you a little screenshot of what the booklet looks like. It follows, we decided that it would be important to follow two Veterans through their journey of experiencing homelessness and housing instability and connecting with local VHA Homeless Programs with a VHA Homeless Program coordinator and getting connected to some of the different services that are available in VA. So we really just wanted to start to tell a story and have Veterans be able to follow that story through and figure out what kinds of resources they would be able to access.

But one of the most important things that we heard was that it was important to make clear what resources are available across VA at a national level including different hotlines that can be called for people who may be experiencing issues in their lives that may be related to homelessness and housing instability such as domestic violence. But we also wanted to provide local contact information for homeless program staff and community resources. So the booklet is customizable on the back it can be printed a label with local contact information. Because what we learned from our stakeholders was that the most important thing was that Veterans be able to connect with somebody locally who could help them with their particular challenges and needs that they were facing. The goals of the booklet throughout were to really try to help destigmatize homelessness and housing instability, informing Veterans about the different options that were available to them, providing some immediate resources that they could access themselves, and then giving them that local and professional support at the VA and in the community that they can access themselves.

So the final products were Facility Implementation Guide and instructions on how to customize that back panel on the booklet so that it’s customizable for each facility. So we developed all those products with our advisory board, and we made them available and so I’ll provide the link at the end. But we made them available nationally with help from Allison Bond to all HVHV, you know, VHA Homeless Program staff. The booklets are downloadable, printable, and the implementation Guide is available for staff throughout VA. So we’ll talk a little bit more about some of the details of that but that’s just a quick overview of the booklet itself. And now I’m going to pass it on to Katie.

Katherine Juhasz: Thanks Gala. And I just want to say having sat on the planning committee it’s really impressive how much you were able to accomplish in just a one-year period. And now I’m going to just quickly cover Cards for Connection which are coping skills playing cards for Veterans. So you can see a couple screenshots on the slide. It’s a very straight forward product. They are functional playing cards. You can play real card games with them. Each card has a unique front. So either a critical phone number or a brief coping skill that can be used with simple instructions, so no further information is needed for somebody to actually make use of it. They come enclosed in a plastic case with a mini permanent marker and this resource was supported by both the National Center for PTSD and the VHA Innovators Network. Next slide, please.

So the idea for these cards came about essentially because I used to conduct community outreach on behalf of the National Center for PTSD and in 2017 I noticed that there was a significant increase in the number of people who were requesting materials for homeless Veterans. And we have a lot of great materials but most of them are paper, which isn’t necessarily durable or they’re online. And I found out that this population always doesn’t have reliable internet access. Next slide.

So as Gala said, homelessness, you know, is a problem that I think has been addressed in a number of different ways and in some cases, it’s doing very well. But it is still a problem for a lot of Veterans in America. And the point in time count in 2017 was about 40,000 Veterans which is the number of Veterans that were without a place to sleep on any given night. But when we looked into the electronic health record within VA, we found that there were closer to 400,000 Veterans who had a tag for homelessness. So it’s affecting or has affected a lot of different Veterans. And many of them have mental health issues before they became homeless and even more of them experienced mental health issues after they experienced homelessness. So we decided this was really a problem to try to get the Veterans connected to VA healthcare and to give them some coping skills that they could use in the moment. Those were sort of the two things that we were grappling with. So the question was how do we do that? How do we put these resources into the hands of these Veterans? And next slide, please.

So there is a lot packed onto this slide and I’ll try to cover it briefly but clearly so you can understand sort of all of the different steps that we took. So we had the idea of putting this information onto playing cards because we wanted something functional that people would hold onto and that they would use again and again. So if they had repeated exposure to it maybe when they did need one of those resources, they would actually call the phone numbers. Or if they were experiencing some stress they would actually use the coping skills on the cards. But this was just an idea. I don’t work directly with Veterans who have experienced homelessness so it wasn’t something I had direct experience with and so we needed to go to the source. So the first thing we did was conduct discovery interviews with Veterans who had experienced homelessness and/or who had worked with those Veterans. And they loved the idea. They said that this was something that was consistent with military culture that Veterans often play cards when they’re deployed and that when people are homeless, they also sit around and play cards so it fit and so we said, okay, maybe we have something here. But those were only just a couple of quick interviews. So then we did a human centered design workshop where we sort of teased apart the idea. We decided, you know, if we were going to do this what would it look like, what sorts of information would we include, and we really worked through it and found that this was something we were excited about. We thought this could be a good product but, again, you know, we weren‘t the experts on this so we needed to get more information. So I put together a multi-disciplinary team which included psychologists and peer support specialist, a graphic designer, and we conducted some focus groups and they were with both VA staff and Veterans who had experienced homelessness. And we collected a ton of content suggestions for what should go on the card. And the good news is that everybody loved the idea so it really was just left to us to whittle down all the responses and see what we thought were the most important things people would need to know or the things that we would want them to have access too. So we got all of this great information. We applied to the Innovators Network for Spark Funding which is up to $10,000 dollars. We received it, which was very exciting, that was in 2018. And we created a formal prototype and this prototype was a functional deck of cards, came in its own smaller plastic case. And we ended up with a little bit of extra money so we purchased as many permanent markers because there were a couple of cards that you could actually write on and because they were plastic coated, a regular pen wouldn’t necessarily work. So we thought the permanent marker would be a nice bonus and it would allow you to actually write on the cards. And we then took those decks, we had three project sites and we distributed them to those sites and very quickly people came out of the woodwork, as they say, and said, hey, these are great. We really like these cards. Can we have some? And so our 2,000 decks that we were able to purchase with our Spark Funding went a lot farther than we initially anticipated. And we had a couple of different mechanisms set up so that we could collect feedback. So we conducted additional focus groups. Now that we had the decks in hand we took them to Veterans and actually had them play with them and saw what they liked, what they didn’t like. There were actually some Veterans who spontaneously like sorted the cards which was really interesting, and we also talked to more providers. We had an online survey, excuse me, to find out who they were sharing their decks with and how they were using them, so we were able to collect a lot of use cases. And then in each of the decks we also had an anonymous stamped pre-addressed postcard, and this was the brilliant idea of one of my colleagues, Dr. Steve Woodward who is a long-time researcher. And he said you really just need a way to collect direct feedback from the people who are getting these cards. And we tossed around a couple ideas and the postcard seemed simple, straight forward, you know, everybody understands how a postcard works and because it was already stamped and addressed, we could just have people put it in the mail and we would go. And we ultimately collected a lot of those. I’ll show you that feedback in one moment. We then applied for more funding. We revised the decks and we’re now in the process of distributing about 13,000 of them across the country. Next slide, please.

So that feedback, very quickly, I’ll just say that we found out that the decks were getting into the right hands. They were going to Veterans for the most part. That they were playing with the cards. About 85% of them said that they play with the cards but even more than that, 91%, said that they used the skills on the cards and that was really a happy surprise for us. We weren’t expecting that number to be so high. And up to 30% of them said that they used the phone numbers on the cards which is awesome that people are actually using them to reach out to these critical phone numbers. And that graph on the left, or the pie chart, showed that the vast majority of the people said that they either liked or loved the cards which was awesome. Next slide, please.

So just to show you, when you look at the cards they don’t say, you know, what type of card they are but we do have a variety of types of messages on there. The most important ones that we started out with where the critical phone numbers. The ones that Veterans liked the most are actually the positive affirmation. So things like I am worth it really resonate with people. And we have a variety of other cards to help people cope with stress in the moment and also to realize that they are, this moment that they are experiencing right now isn’t forever. So we have the distressed tolerance and also hope to help them think about the future. And then we have a couple cards that prompt for them to think about their body and how to take care of themselves. And I will say that while these were originally designed for homeless Veterans, we just had an overwhelmingly positive response to them so the decks that are being distributed now are going to any Veteran who might benefit from them. Next slide, please.

Okay. So that was a really quick overview. Hopefully, we’ll have some time for questions at the end but now we’re going to transition into some lessons learned. So as you saw from the timeline, Gala had about a year for her project. I’ve had about two years and we have really learned a lot in the process. So I’m going to hand it over to Gala and Allison to talk about lesson number one.

Dr. Gala True: Okay great. Thanks Katie. So we wanted to talk a little bit about when you have an innovative idea how can you look beyond traditional funding mechanisms because I think we’ve talked a lot in this group of the five of us in our own conversations about how these projects really felt very kind of risky and not really sure where to get them funded. And I’ll just say that we, Ray, and I, felt really fortunate to be able to get funding from the National Center for Homelessness Among Veterans for our graphic medicine project with our colleagues. And I’ll just say that I had been working with some researches who are affiliated with the National Center and at some point along the way as I was asked if I wanted to affiliate with the center and I decided to do that really not knowing what that meant. And what it meant was that then I was given the, you know, allowed to apply for funding, for pilot funds from the center.

So the center is focused on four key areas, as you can see there, but still the idea that we had for this graphic medicine project was still really outside the box in terms of anything that I think the center had funded before. And I had heard Allison Bond present on some talks that I was attending when I was trying to think about this idea. And I decided to reach out to her and really just talk about the idea with her and I was actually a little bit nervous because I didn’t know what she would think of it. But I did reach out to her and she was incredibly supportive, and it made me feel like, okay, this is actually an idea that could fly. Which really was impetuous for applying for the funding at the center. So Allison, I thought maybe you could talk for a minute or two about what it is when someone approaches you as an operational partner about an idea that makes you want to participate or collaborate or what it is that sort of was appealing to you about this idea or, you know, or other investigators that come to you with ideas and wanting to partner with you.

Allison Bond: Sure. Thanks. So yes, when you first approached me I was actually really excited. I mean before coming to central office I think I’d been in this job, what about three years now, and the majority of my time was spent in the medical center as a homeless program coordinator. So when you approached with this idea I had firsthand knowledge and experience of the problem that you were trying to address. So number one that piqued my interest and so, you know, you were bringing an innovative idea to the table to solve a real-life problem that would, you know, help the field. And coming away with a tangible product in the end was something that was exciting for me as well. So I also saw and heard the passion that you had for this population which was exciting for me to hear as well. And so just, I think a combination of all those things is, you know, why I said yes. But you know, I think in the homeless program we are, we have a whole section, a whole page on our internal hub, we call it, that’s about innovative practices and so we are always on the lookout for ideas, for innovative ideas that will help solve problems in the field. So anyway just a few thoughts on that.

Dr. Gala True: That’s great. Thank you. And I’ll just finish off by saying that, you know, I think your support of the project and your letter of support that you provided probably went a long way in getting this project funded because I know from the, you know, the project was funded but I got a few reviews that said this is kind of a weird idea. You know, we’re not really sure about this but we’re willing to try. And I think that your support of that really made a huge difference in that. And so I’ll pass it on to Katie and Liz to talk about your funding.

Katherine Juhasz: Thanks, Gala. Liz, do you want to talk a little bit about the Sparks-See, excuse me, Sparks-Seed-Spread Program and then I can add to it with my personal experience?

Elizabeth Warren: Sure. So the Sparks-Seed-Spread Program is an innovation investment program that is powered by VHA Innovators Network. This program provides programmatic support as well as financial support and investments for innovative projects. Typically we have provided support for employees and projects at the sites who are considered innovators network sites, those sites that have innovation specialist such as myself. But here recently we’ve been testing out some new models about how and trying to figure out ways of how we can also provide support for sites who are not innovators network sites. And so with this program, we provide sort of a safe space, a supportive space for employees to come to us with their ideas, their innovations at different levels of the process. So whether they just have an idea to solve a problem. If they have a prototype, do they have a pilot? Have they done something that’s innovative and creative and now they need help with spreading it and support them at all of the different levels. And I’ll talk, I guess on the next slide, about how we’re going to do Go Fish!

Katherine Juhasz: There you go.

Elizabeth Warren: There we go. Thanks. So how we’re going to and how we’re working towards supporting sites who aren’t Innovators Network Sites is through a new mechanism called Go Fish! Applications for that are live right now. They should have been sent out to all sites, but we’ll provide you the link to the application in the, I think, the chat box. And so you are welcome to apply for help support during the Innovators Network. We can partner you with an innovation specialist if you’re selected to be able to develop whatever project or idea that you have through this new mechanism. And so we’re really looking forward to be able to, you know, reach those sites that we haven’t been to yet. And Katie, did you want to talk about our partnership, or?

Katherine Juhasz: Yeah. I’ll just add and say that the key thing I think a lot of people see when they see this Spark-Seed-Spread Program is the funding which is obviously very important. But for me it was also incredibly helpful to get the support of the network and the network itself. So not only did I get funded twice, which is very exciting, but I also had the support of Liz as my innovation specialist who stepped me through the purchasing and contracting process which is very murky. It was not an easy thing. And just having her by my side to guide me through and over every hurdle was invaluable. I also never had to look for project sites really because I shared my project with the network and people just volunteered themselves and said, hey, we would like this in Cleveland, or we would like this in White River Junction. So that made it very straight forward and people are engaged and enthusiastic in looking for new opportunities to bring things to their Veterans or their staff that will improve the care that occurs at their specific healthcare facilities. And also, everything I know about human center design is really from the Innovators Network training, so they don’t just pick your project and say, okay, go. They train you throughout the process to make sure that you have all of the critical skills and the information you’ll need to hopefully make your project a success. And if your project’s not a success, that’s okay as well but at least you’ll feel supported and you’ll know, hopefully, how to engage your progress along the way and we’ll talk a little bit more about that in a moment. So why don’t we go ahead to the next slide.

So we wanted to highlight the value of networking. Hopefully at this point you appreciate that a lot of the connections that we made were through the Innovators Network for me, through other programs for Gala and Ray. But Gala and Ray and I actually met through networking as well because one of my colleagues, Dr. Shannon Multistermon [phonetic] and Dr. Jack Si [phonetic] at an event and shared my cards project with him and he said, oh you know, I know somebody who’s working on something new and different for Veterans experiencing homelessness maybe they should connect. And that ended up being a really fruitful partnership for us. So I just want to underscore for people how important and helpful it can be to put yourself out there. Sometimes I think it can be uncomfortable, especially, when you have a new idea that’s maybe a little bit different. But I would encourage you to, you know, hone that pitch. You know, it doesn’t have to be like Shark Tank. Just get down in two to three sentences what it is you’re trying to do and talk to people about it and just see, you know, who lights up when you share this idea, who wants to work, who has a friend or a colleagues who might want to collaborate with you because that networking can really help to spread your project in an exponential way.

Dr. Gala True: I just.

Katherine Juhasz: Gala, I don’t know if you want to, yeah, go ahead.

Dr. Gala True: I’d just like to add to that briefly how important networking is and how you really shouldn’t be afraid to reach out. You know, I hear people say all the time, oh I’m just a social worker at my facility. I can’t email this program office and, you know, send them this idea that I have. But you’re wrong because that could be the idea that changes something, right? That could be the idea that they’ve been waiting for all this time. And so I’d just really would like to encourage everybody on the call that, you know, don’t be afraid to reach out. We’re all just people. We’re all just people who are working towards the same common goal.

Elizabeth Warren: Yeah. I wondered, Ray, if you wanted to add anything about, I think when we were putting together the advisory committee you really were networking a lot, we were networking a lot to identify people for the advisory committee. I don’t know if you wanted to share any thoughts about that, or how that process worked. How you were connected to different people both locally and nationally.

Ray Facundo: Oh sure, yeah. Well from previous research studies we’ve conducted together, Gala, we’ve done a lot of community engagement and we’ve both seen the benefit of how working with our stakeholders is important when you’re trying to send the right message, when you’re trying to get it right. And so we had a lot of different connections from working locally and nationally with different groups. A lot of them are connected to various services in the VA and outside of it such as like a SSVF providers, homelessness counselors. And you know, these are all folks that we’ve reached out to in the past as well as other researchers and Veterans that have been engaged in one group or another nationally. Having this broad network really helps make it less challenging when it came to building an advisory board here. You know, there were only, I want to say, one or two people who were on our advisory board who were actually here in New Orleans with us where the rest of them were spread out across the United States including homes program managers here in Southeast Louisiana but also out in Alabama where our piloting was done. And you know, like when it came time to actually implementing the project and getting the booklets out there to pilot, the sites that people were at who were working on our advisory board were very open to receiving the booklets and distributing them just because of the networking we’ve done.

Dr. Gala True: Yeah. Great. Thank you. Yeah, go ahead.

Katherine Juhasz: I was going to say, Gala, I don’t know if you want to go to the next slide. I think there’s overlap with this one in terms of engaging your partners.

Dr. Gala True: Yes.

Katherine Juhasz: And you can see just some of our partners on this slide. We have many of them and, as we just mentioned, I think it’s really important to keep people up to date when and where possible. And we’ve all been very busy for some of us, you know, we sort of have our pet projects or things that are our favorite to work on. And they might not be the most important thing that we have in terms of our job performance or what we need to get done each day. And so it can be challenging to find the time to do some of these extra things like sending out update emails or letting people know where things stand. But I think, where possible, it’s really helpful to keep people engaged and just bring them along with you in the process.

Dr. Gala True: Yeah. This is Gala. I’ll just add to that a little bit. I think that keeping our partners and stakeholders engaged really led to some unexpected opportunities for the Graphic Medicine Booklet that we had developed. So as Ray was saying and I think Liz has pointed, Liz and a lot of you have pointed this out already, that a lot of times you’re looking for sites to pilot something or you’re looking for someone to champion something that you’ve developed. And if you’re not on the ground, if you’re not working on the frontlines, you need your stakeholders to help you connect with people on the frontlines who can be champions and can be sort of handing out your project, giving you input and feedback on it, and helping you refine and pilot it. And that along the way with every advisory board meeting if we came to our advisory board and said, you know, we have this issue with piloting or we have this issue with getting feedback or we think we’re done and we’re ready to disseminate this more widely our operations partners and stakeholders on the advisory committee always met the challenge and helped us figure out what the next step was and often really elevated our opportunities beyond anything we would have imagined. So just to give an example, and you know, we were piloting and people on our, I think as Ray said, you know, people on our stakeholder group were willing to pilot the booklet for us. But when it was ready for national dissemination which I had no idea how to do that, you know, really Allison was the one who stepped up and connected us with people and said this is how you can disseminate this nationally. And I don’t see that that would have happened if she hadn’t been our partner and hadn’t been on the advisory committee.

Katherine Juhasz: And that’s a great segue into the next slide as well which is really embrace the challenges and the opportunities. You know, having a good idea is a great thing to start with but carrying it through really is a challenge in a lot of cases. And so you can see here on the bottom left my pallet of 2000 decks that arrived, and it was an incredibly exciting day. I had been waiting for them and then I had 2000 decks of cards and an entire pallet of boxes and I needed help and so, you know, just reaching out and saying, hey, whose around? Who can help me carry all these boxes in? And who can help me package all of these markers and cut up post cards? And like there were just so many things along the way that if I had just tried to do it all by myself it would not have worked. And so I think you, when given the opportunity to engage others, really, you know, be open and share what some of those issues are and you might be surprised by the support that you receive from the people around you.

Dr. Gala True: And I, I mean I realize we’re a little bit short on time. I’m looking at the clock. So I’ll just quickly say that one challenge that we had was, and Ray I don’t want to steal your thunder, but we were trying to figure out how to make the booklet downloadable so that sites could print it themselves. And Allison was able to connect us with somebody at the national level who was able to make the booklet available for download on implementation toolkit, and we have those links at the end of the presentation. But again, we did really face challenges when it came to getting feedback about the booklet. When it came being able to get it printed for people beyond what we had for pilot funding. And really our champions along the way, our operations partners, Allison, and others, were really able to help us embrace those challenges and figure out how to move the project forward as far as we could. So that kind of brings us to next steps which is sort of talking a little bit about moving these projects forward as far as you can, right?

Katherine Juhasz: Yeah. Exactly. I think at a certain point sometimes you have to realize that you’ve done as much as you can with a project, and it might be time to let it go. And I think that we’re both sort of on the cusp of that. So I won’t stay too long on this slide but I’ll just say that I think it is important to evaluate, you know, what your goals were when you initiated your project and at what point have you achieved those goals and you’re ready to either let something go to, you know, sunset it or to hand it off to one of those operational partners and say, okay, you know, this is for you to maintain or not and, you know, we’ve done all we can here.

Dr. Gala True: Yeah and I know for us it’s that the booklet is out there. We are looking into what more we can do with the booklet, but we really do, at a certain point, have to either move on or design another project around the booklet. And I know, Liz, maybe you have some comments about what happens with the Innovators Network. Do projects just kind of move on and find a home? Do you see what happens to them next after they’ve, you know, they’ve gotten to the point of kind of like a baby being put out to?

Elizabeth Warren: Sure. Sure.

Dr. Gala True: Or [Unintelligible 55:04] going on.

Elizabeth Warren: Yeah. So one of the roles that we play as Innovation Specialists is to help the project point of contact be able to do that and hand it off. Because you know, you do have your day-to-day job that you’re still maintaining and you’ve got this, you know, wonderful idea packaged with a beautiful little bow on it and you’re ready to hand it off so that you can go on to create other things. And so we help you to sort of find a good home for it. This isn’t always an easy process. It’s not always black or white. There’s a lot of gray in it and, you know, it’s something that’s a struggle. But it’s also something that we help you with. That’s part of the support that we provide. And so know that, you know, this isn’t always the easiest part but it’s definitely one of the things that we can help with.

Dr. Gala True: Great. Thank you. So I’m going to finish up and then I think we can stick around for questions a little bit over time. But some of the main points that we wanted to make were that we just wanted to convey how we all started with a problem that we experience, you know? And we kind of checked it out with people who were working on the front lines and were affected by the problem to see, you know, what does the problem look like from their point of view? What kinds of solutions can we come up with that can align with the problems that they’re experiencing. So we really went in with a clear, open mind and learned from people on the front lines about what kinds of solutions would work for them. The importance of working with a stakeholder advisory committee or workgroup, the final products that we developed were so impacted by that input. I mean I can’t convey that enough. I think the booklet would have looked completely different and possibly, you know, not at all relevant to the problems that people were dealing with on the ground if we hadn’t had all of that input and I know the cards were the same. We really wanted to emphasize the quality of good partnership and remembering the issues that people are dealing with on the frontlines being open and creative and innovative to any kinds of ideas that will address those problems we all really loved the feeling of producing something tangible. A lot of the feedback that we received was how much people enjoy having something that they can put in the hands of Veterans and how much Veterans enjoy, you know, having something that feels like a tangible resource that they can hold onto, pass around, share with each other, and look at later. We wanted to emphasize don’t be afraid to reach out to national program partners as I think Liz said, they’re people too. And Allison has said that to me as well. She kind of laughed when she hears that I was intimated to approach her and ask her if she would partner on this. And we all really agreed and, especially I think, Allison and Liz made this point as some of our calls that we need to be clear about the why. Why are we doing this work? And to feel passionate about it and see the passion in the other partners who we’re going to be working with who want to solve this problem. That that creativity and passion kind of go hand-in-hand in these projects and really, I think, brought them to life and made them tangible. So for more information we have these slides. They’re downloadable. But there’s more information on both the booklet and Cards for Connection and then we’re going to go ahead and acknowledge all the people who worked on these projects. I realize that we’re at the top of the hour, but we can stay, and answer questions or people can get in touch with Katie or me or any of the other presenters with any follow up questions. So I’ll finish up and say thank you. Maybe everyone else can say thank you as well, if you want to quickly, and then we’ll see if there are questions.

Katherine Juhasz: Thank you, Gala, I really appreciate you taking us home there. I think you summarized everything perfectly and I appreciate the opportunity to share with everybody.

Ray Facundo: Okay. This is Ray. Thank you for, thanks for everyone who attended today and to VIReC for hosting and, yeah, for all the great work that everyone’s doing.

Moderator: Okay. And we do have a quick question. And we’re wondering if the cards would be available to non-homeless Veterans?

Katherine Juhasz: Yes. They absolutely are. But with the caveat that all of the decks I have right now are obligated. I’m slowly making my way through mailing them out. But we are currently working on a new proposal. Hopefully, we’ll get the funding so that we can purchase additional decks and then we’ll be able to keep sending them out. But the latest round of cards absolutely went to Veterans who are not currently homeless and that all started because people said well can you give them to somebody who’s at risk of experiencing homelessness. And I said, well what does that mean? Or what does that look like? And really anyone could be at risk. So yes, any Veteran who might benefit from the cards would be welcome to have them.

Moderator: And do you have any resources for graphics or creative designers?

Dr. Gala True: This is Gala. I’ll go first. Ray and I worked with an incredible designer who is VA approved, you know, contractor and we’d be happy to share his information with you. I think it’s also available on our slide. And what about you, anyone else have, I mean I know you worked with a graphic designer, Katie?

Katherine Juhasz: Yeah. So we have two graphic designers that are on staff, actually, at the National Center for PTSD. So we’ve worked with both of them, but we’ve also reached out to our local VA public affairs office and they’ve been able to support us with a number of different things. And if anybody’s interested in printing their own cards, I was prompted by Liz, thank you, we do have the files available to share with anybody who would want to purchase these if you have independent funding at your medical center or if you work for a non-profit who serves Veterans and you would like to produce some of these. One of the links on my slides is for the Diffusion Marketplace and there’s a lot of information there. A lot of detail about how to create the cards or how to order them and I’d be happy to work with others who are interested in pursuing that. But we’re very lucky to have two graphic designers on our staff. We also had it recommended to us at one point to reach out to local universities. That a lot of times their arts departments would be interested in picking up products or supporting products that would benefit Veterans so that was something we considered but ultimately didn’t need to pursue.

Elizabeth Warren: Yeah. That’s great. I’ll just add really quickly to that that we’ve had experience on another project working with a student who’s done a fantastic job. And I think, also, in our MIRECC which I only found out about this in the past year or so that there’s a young woman who works in our MIRECC who is incredible at making infographics. So I think there’s always a lot of resources in the VA that maybe are untapped, and people don’t know about but it’s worth asking. If you’re at a center or working with an operations partner, you know, sometimes they are people who have those talents and that passion for graphic design who actually are really excited to be able to do something like that as part of their job.

Moderator: Okay. Well thank you so much to our presenters for taking time to present today’s session to the audience. If you have any other questions for the presenters, you can contact them directly. And please join us for VIReC’s next Using Data and Information Systems in Partnered Research on May 19, at 12 o’clock eastern. Doctors Alison Hamilton and Elizabeth Yano will be here to present A Mixed Methods Evaluation of Evidence-Based Quality Improvement of Comprehensive Women’s Healthcare Implementation in Low-Performing VA’s. We really hope to see you there and have a wonderful day.

[ END OF AUDIO ]