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Authors
Cheney, Ann M
Abraham, Traci H
Sullivan, Steve
et al.

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Ann M. Cheney, PhD[1], Traci H. Abraham, PhD[2,3], Steve Sullivan, MDiv, ThM[4,5], Shane Russell[4], Dianne Swaim, MDiv[5], Angie Waliski, PhD[2,3], Caleb Lewis, MDiv[7], Cliff Hudson, LMSW[5], Brian Candler[7], Sonya Hall[7], Justin Hunt, MD, MS[8]

(1) Center for Healthy Communities, Department of Social Medicine and Population Health, School of Medicine, University of California, Riverside; (2) VA South Central (VISN 16) Mental Illness Research, Education, and Clinical Center, Central Arkansas Veterans Healthcare System; (3) VA Health Services Research & Development (HSR&D), Central Arkansas Veterans Healthcare System; (4) VA National Community Clergy Training Program to Support Rural Veteran Mental Health, VA National Chaplain Center; (5) Central Arkansas Veterans Healthcare System; (6) North Little Rock Baptist Health; (7) VA/Student Partnership for Rural Veterans (VSP) Community Partner; (8) Northwest Arkansas Veterans Healthcare System

Abstract

Background: The Department of Veterans' Affairs (VA)/ Student Partnership for Rural Veterans (VSP) built partnerships between institutional (health services researchers, VA chaplains) and community groups to develop veteran-to-veteran services on college campuses.

Objectives: Describe challenges and lessons learned in year 1 of the VSP project at six campuses in rural Arkansas.

Methods: Researchers leveraged established community advisory boards (CABs) to develop veteran-to-veteran services. Ethnographic and qualitative methods were used to assess partnership building and evaluate peer-led services.

Results: Local established CABs and buy-in from student services and veteran organizations was instrumental to building

partnerships and developing services. Challenges included developing rapport with campus leaders and creating sustainable role/expectations for student veteran leaders.

Conclusions: Peer-led services are an ideal way to connect student veterans and link them to resources and health care services. Partnerships can facilitate grassroots efforts to develop local services that meet the needs of diverse student veteran populations.

Keywords

Peer support, student veterans, southern United States, supportive services, rural mental health

The federal government has provided almost $10 billion in educational benefits, including full tuition, monthly housing stipends, and textbook money to nearly 1 million veterans and beneficiaries.[1] The post–9/11 GI Bill offers veterans, mostly low-income minorities or underserved veterans (eg, rural veterans), the opportunity to obtain a better life by using education to improve their economic futures.[2] This federal policy along with Department of Defense and VA research targeting minority and underserved populations, arguably reduce racial/ethnic inequalities in economic outcomes and health disparities in disadvantaged veteran populations. Although two thirds (66%) of veterans

using VA education benefits earn a degree or complete a certificate or training program,[3] the remaining one third may drop out because of the challenges involved in transitioning from service member to student (disability, financial hardship, and defeatist thoughts).[4]

Supportive services can help veterans to transition into higher education and potentially set them up for academic success, but the evidence base still needs to be established. The VA has implemented peer support programs for veterans with severe mental illness, helping veterans to navigate VA health care systems, empowering them, and instilling hope for recovery.[5–7] Peer support interventions addressing musculoskeletal

pain and hypertension have also been implemented within VA health care settings resulting in improved health outcomes.[8,9] Within non-VA settings, buddy-to-buddy programs for service members have been developed to reduce stigma and cope with mental health symptoms.[10] Few have implemented peer support programs within community settings.

The goal of the VSP was to develop partnerships between VA health services researchers and VA chaplains (institutional partner) and local campus leadership and veterans (community partners) to develop local peer-led programs for student veterans obtaining higher education in rural communities. We used principles of community-based participatory research for health,[11] including obtaining meaningful community involvement and input on local veteran issues and collaborative planning and partnerships.[12] Our work leveraged existing community–academic partnerships established through the Mental Health–Clergy Partnership Program (VCP), a VA-sponsored community-based program established in rural counties in Arkansas to develop partnerships and reach student veterans.[13] Community partners were involved in the initial brainstorming of the project and the grant writing process (input and letters of support).

VA-funded research often uses a "top-down" approach and rarely uses community-based participatory research approaches to address the health needs of veterans. Increasingly, veterans, community members, and community-based organizations (CBOs) serving veterans and academics are partnering to develop local programs[14] or give voice to veterans' health care experiences.[15] In our project, VA mental health services researchers and VA chaplains (institutional partners), along with CABs, campus leaders and faculty, clergy, and student veteran leaders collaborated to develop peer-led services on 2- and 4-year campuses in rural counties in Arkansas.

Our partnership, similar to many community–academic partnerships, encountered challenges. Differing histories and subjectivities as well as motivations driving the partnership and research agenda influenced our collaboration.[16] The institutional partners were outsiders with limited understanding of the community and interpersonal dynamics, whereas community partners were embedded within their communities and possessed insider knowledge of veterans' needs and appropriate ways to address them.[17] Although our initial efforts focused on the mental health needs of rural student veterans, each site developed distinct peer-led services. All

linked veterans to campus, community, and VA health care services and resources, including mental health care services. This paper reflects the perspectives of institutional and community partners and describes the first year of building partnerships and developing veteran-to-veteran services, presents findings from our evaluation of local peer-led services, and discusses challenges and lessons learned.

METHODS

Setting

The VSP, a project housed within the VA South Central Veterans Integrated Service Network 16 serving veterans in Arkansas and seven other states in the South Central United States, was initiated to develop peer-led services addressing the mental health burden among Operation Iraqi Freedom/Operation Enduring Freedom (OIF/OEF)-era student veterans in Arkansas. The project was initiated in 2013 with a grant from the VA Office of Rural Health to support partnership building and development of peer-led services. The idea for the peer-led services was grounded in the principal investigators' (first and last authors) Department of Defense–funded research on mental health needs of student veterans attending community colleges in rural Arkansas. This work found student veterans wanted peers to serve as "buddies" linking them to needed services.[17]

Site Selection

The institutional leaders identified six partnership sites. Colleges and universities were selected based on (1) previous participation in Department of Defense–funded research on mental health burden of student veterans or (2) location in one of four rural counties in Arkansas with an established VCP CAB (Figure 1). We selected colleges and universities representing a mixture of 2- and 4-year institutions and diverse student populations.

Project Structure

Health services researchers (an anthropologist, a doctorate-level counselor, and a psychiatrist) were assigned to colleges/universities and worked with VA chaplains and existing community partners (VCP CABs) to build new partnerships with campus and community leadership. In Figure 2, we illus-

trate the relationship between the VCP CABs and the VSP program, highlighting the long-term commitment between community and institutional partners. Other team members included an anthropologist who qualitatively evaluated the program, a student veteran who served as the Program Outreach Coordinator (POC), a mental health navigator who was a veteran, one research assistant, and a project manager.

Partnership Building

During initial meetings with VCP CABs, institutional partners shared information about the VSP program and elicited ways to connect to CBOs serving veterans, campus leaders, and student veterans. At many sites, VCP CABs introduced the institutional partners to campus leadership and faculty. Subsequent meetings provided an opportunity to collect information on campus- and community-based resources related to health, mental health, education, and safety net services for veterans. Once campus relationships were formed, institutional team members were invited to participate in on-campus outreach events such as Veterans' Day events, new student orientations,

and health fairs. Institutional team members and community partners were also invited to hold presentations to educate college leadership, students (including civilians and veterans), clergy, providers, and community members about the mental health and spiritual needs of OIF/OEF-era student veterans.

Developing Veteran-to-Veteran Services

The veteran-to-veteran services connected incoming veteran students with upper class veteran students (ie, peer advisors) who could assist them in navigating college life and obtaining appropriate resources. The POC, who was an OEF/OIF Veteran with experiential knowledge of transitioning from the military to student life, met with VA campus representatives and veteran campus organizations to obtain advice on how best to identify peer advisors and reach out to student veterans.

Peer advisors attended a training that introduced them to the program, prepared them for their roles and responsibilities, and familiarized them with national and local veteran resources. Peer advisors were expected to connect to at least five other student veterans on their campus, invite them to
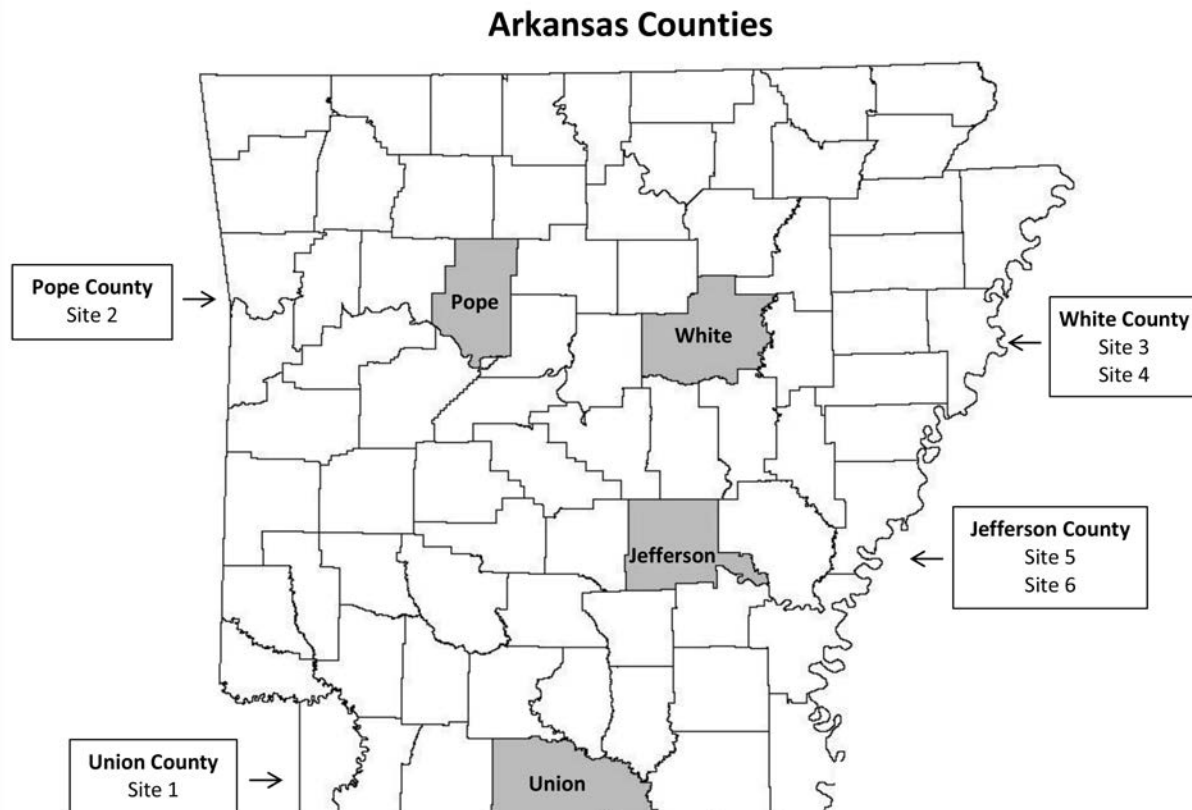

Figure 1.

join the program, and remain in frequent communication, providing support and linking them to needed services and resources. They were also expected to communicate with the POC on a frequent basis (via text messages and emails) and with the institutional partner during monthly conference calls to discuss successes and challenges.

Evaluation of Partnerships and Veteran-to-Veteran Services

We used ethnographic research to understand the process of partnership building and to characterize the type of cam-pus and community leaders who became involved in helping develop peer-led services. We also used qualitative research (eg, key informant interviews) to understand student veterans' decisions to become involved in the program as well as their experiences over time.[18] These methods, which were approved by the VA Institutional Review Board, will be used over the anticipated 3 years of the study to continuously improve partnership building and peer-led services.

Ethnographic research. Ethnographic methods are used to conduct observations and document conversations as
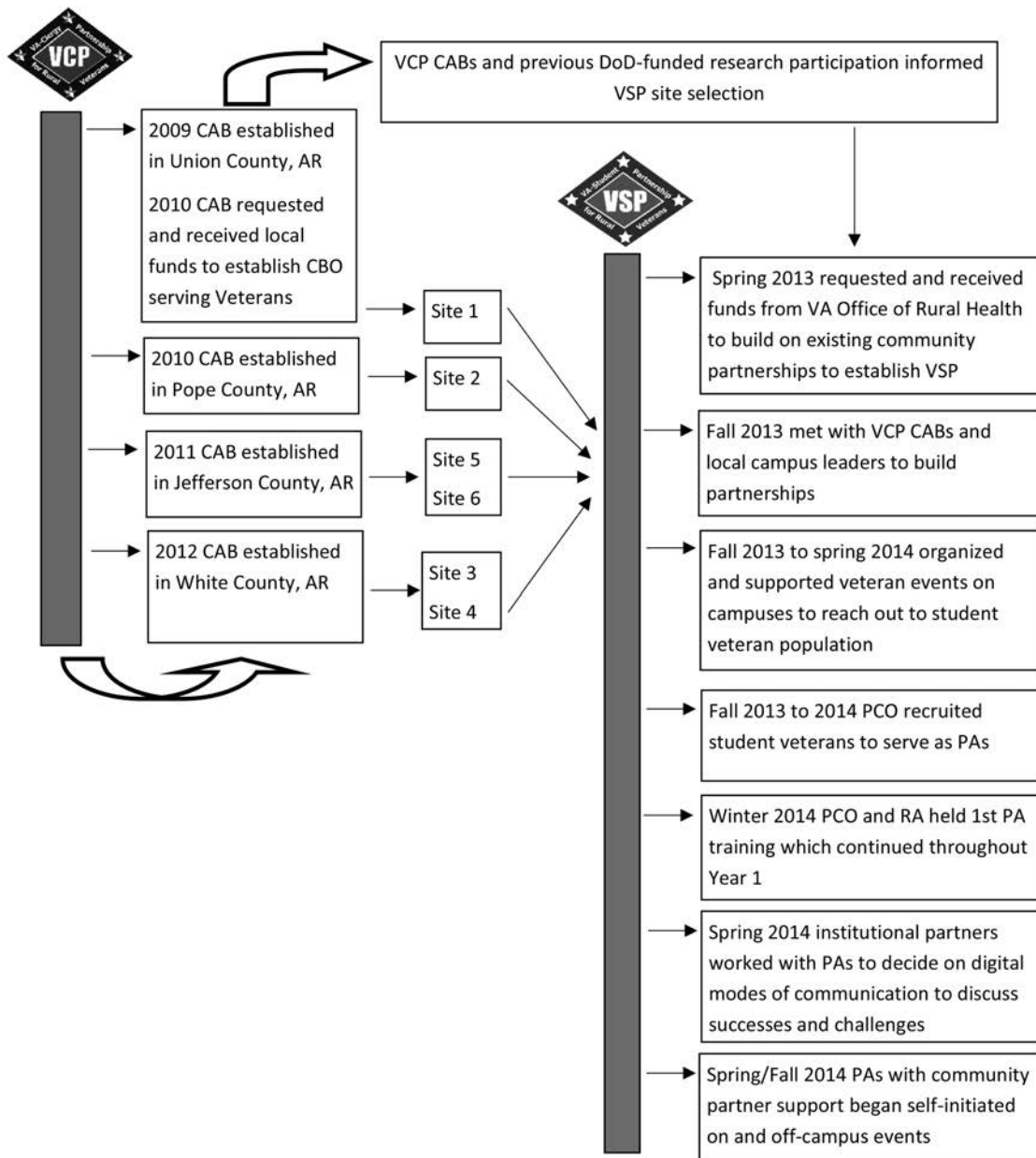

Figure 2.

they occur in real time and within local settings.[19] Trained institutional team members made observations and conducted informal interviews, which occurred as a part of natural conversation with community members, campus leaders, clergy, and veterans during campus-wide events, student veteran-led meetings and activities, and workshops and presentations sponsored by VSP. Observations and informal conversations also took place during meetings with campus and community leadership and student veterans and conversations with peer advisors. Observations and key points discussed during activities or conversations were jotted down in notebooks, entered into a Word document after each event/meeting, and key themes/points were discussed during weekly team meetings. Because ethnographic methods were used to obtain shared cultural data, names or patient health information were not documented in these data.

Qualitative research. Two anthropologists trained in qualitative research methods conducted key informant interviews with five peer advisors (3 men and 2 women) to evaluate local peer-led services. A semistructured interview guide with open-ended questions was used to elicit information regarding veterans' decisions to participate in the project, their experiences as a peer advisor, and thoughts on how to improve peer-led services.

Student veterans participating in the project as peer advisors were eligible to participate in the semistructured interviews. Purposive sampling, a nonrandom sampling technique, was used to recruit participants into the study from programs across campuses.[18] Five peer advisors were recruited, and all participated in an interview. The participants ranged from second-year undergraduates to first-year graduate students and were from diverse military backgrounds (Marines, Army, and Airforce) and active duty and National Guard/Reserve statuses. All were OEF/OIF-era Veterans and three of the five students deployed overseas. The interviews, which lasted from 1 to 2.5 hours (average, 90 minutes), were audio-recorded, and held at private or semiprivate locations (eg, in the campus library) chosen by participants. Observations, impressions, and recommendations were jotted down in notebooks and transcribed as field notes. Participants were not remunerated; however, they received a small gift for participating.

Analysis. Our analytic approach used principles of grounded theory, including an inductive, iterative approach to theme identification and use of analytic concepts grounded

in the data.[20] Textual data, including field notes and meeting and activity reports, were analyzed and emergent themes were identified.[21] Audio recordings were not transcribed but analyzed using rapid analysis techniques focused on identifying peer advisors' decisions to participate in the project and their recommendations to improve peer-led services. The interviewers listened to audio recordings multiple times to extract, transcribe, and analyze data.[22,23]

PROJECT EVALUATION

Overview of Sites and Local Peer-led Services

Six colleges/universities initially agreed to participate in the project; however, we were unable to develop strong relationships with campus leadership at site 4, limiting connection to student veterans. Although site 4 had the largest student veteran population, there was no student veteran organization and limited support by the VA representative, making it challenging to obtain buy-in from campus leadership and student veterans. By the end of year 1, five active sites and community partnerships were involved in our project, including a mixture of 2- and 4-year institutions and student populations, ranging from a 4-year Historically Black College/University, to a predominantly White, 4-year regional private university associated with the Church of Christ, to a racially and ethnically diverse 2-year college located in an isolated area of southern Arkansas (Table 1). The colleges and universities were located in underserved communities with limited access to high-quality mental health care services and had varying levels of community support and awareness of the unique mental health needs of student veterans.

As an example to describe the process of partnership building and the development of a locally tailored peer-led service, site 1 was developed at a 2-year community college located in an isolated, small town in rural south central Arkansas. The total student population is approximately 1,600, is nearly evenly composed of full- and part-time students, and is split among Caucasians and African Americans. A VCP CAB was established in 2009 and presently holds regular meetings. The leader of this CAB activated churches and community members around veteran issues, obtaining support to establish a CBO serving veterans. The leader of this CBO was a faculty member at the local community college and facilitated an infor-

mal student veteran support group; this faculty member was instrumental in developing ideas for peer-led, veteran services.

In fall 2013, two team members with strong ties to the local CBO built relationships with leadership in Student Services and both institutional and community partners planned campus and community events for student veterans. In winter 2014, we held a "Tech Talk," a presentation developed in partnership with Student Services leadership to raise awareness about veteran-specific and campus resources. The POC discussed how combat-related trauma exposure affected his psychological health and academic performance, prompting him to seek VA health care services. He discussed navigating the VA health care system and using technology (eg, speech recognition software) to facilitate the retention of class material and completion of academic tasks. Through this talk, our first peer advisor was recruited and trained. This presentation became our vehicle to

Table 1. Characteristics of Colleges/Universities and Partnerships						
	Site 1	Site 2	Site 3	Site 4	Site 5	Site 6
College/university						
2-year community college	×			×		×
4-year university		×	×		×	
Student Population[1]	1,632	11,099	4,492	4,140	2,521	1,601
Female (%)		56	55	59	54	67
Male (%)		44	45	41	46	30
Student veterans (%)[2]	2	4	2	7	2	Data not available
Race/ethnicity (%)[3]						
White	54	78	83	83	4	41
African American	42	9	4	5	94	56
Hispanic	1	4	3	5	1	1
Partnership began	2013	2013	2013	2013	2013	2013
Local leader(s)	Veteran Affairs student services administrator; CBO serving veterans	Student veteran coordinator; Student Veterans of American local chapter	Dean of Student Success; Graduate Counseling Program Director	None	Student veteran certifier	Student Services Career Counselor
Faculty/staff involvement	Veteran faculty; Student veteran organization faculty advisors; Student Veteran Certifier	Faculty; Veteran faculty	Faculty; Veteran faculty	No buy-in from Student Affairs or faculty	Student Center Director	Student Retention Director
Peer-led services						
Peer advisors (*n* = 10)	1	3	3	0	1	2
Male	×	×	×		×	×
Female		×				
OEF/OIF	×	×	×		×	×

[1] Demographics of student population was obtained from college/university websites and US News Education Rankings and Advice: http://colleges.usnews.rankingsandreviews.com/

[2] Information on percentage of student veterans was obtained from college/university websites and the 2015 Guide to Military Friendly Schools: http://victorymedia.com/brand/military-friendly/

[3] In the table, we present the estimates for these racial/ethnic backgrounds and have not included other racial categories or international student status.

recruiting several other peer advisors across sites.

By the end of year 1, the peer advisor connected several peers to needed services and programs such as student veteran scholarships and VA outpatient mental health services. He also participated in a number of outreach events in the community providing an opportunity to educate veterans about the peer-led service and use of the GI Bill to obtain higher education (Table 2 lists peer advisor activities). Campus leaders and the local CBO supported his efforts and anticipate sustaining this position over time.

Table 2. SVP-Led Presentations and Peer Advisor-Led Activities 2013 to 2014			
Activity/Presentation	Site	Partner	Description
SVP-led presentations			
Tech talk	1, 2, 5, 6	CBO[1], VCP, CABs, Student Affairs	Project outreach coordinator (POC) re-told his experience of navigating the transition from military to college as a disabled veteran, offering advice on the use of technology to succeed in the classroom; presentation held on campuses and targeted student veterans.
Moral injury	1	CBO, Student Affairs	VA chaplain discussed the role of chaplains in healing the moral injuries of combat veterans and how they can promote "communities of faith"; held at campus convention center and open to the public.
Suicide prevention	3	VCP CAB, Dean of Student Success, faculty	Health services researchers and POC discussed suicide rates among veterans and their struggles with reintegration; held on campus and open to all students and community members.
Peer advisor baseball game mingle	1, 2, 3, 5, 6	VSP, VCP, CABs, CBO	PAs and their families were provided tickets and a suite at Arkansas Travelers Stadium for dinner and baseball game; advisors shared ideas and encouragement.
Peer advisor-led activities			
Military Kids Camp	1	CBO	Helped kids; event featured talk to children about military experiences during and after war deployments; helped them with horseback riding, crafts, games, nutrition, and fun educational activities.
Participated in outreach activities for fall festivals at participating schools	1, 2, 3	VSP	Site 2: set up table for student veterans and handed out brochures and booklets on veteran issues with VA/clergy chaplain. Recruited for student veteran organization. Sites 1 and 3: provided table with resources for veterans.
From the military to college	2	VSP	POC presented a version of the Tech Talk presentation to members of the NG interested in enrolling in college; held at a local armory and supported by NG leadership.
Partnered with local Disabled American Veterans for Veterans Day outreach to local nursing home	2	VSP, SVA local chapter	Brought young NG members to nursing home on Veterans Day to interact with the veterans for fellowship and camaraderie. Spoke briefly to group, "penned" the veterans in the nursing home, took pictures with them, and offered support.
Community student veterans' bowling night	1	CBO	Helped plan, organize, and participate in a bowling night/supper for community veterans and their families for relationship-building and support.
Semester registration and finals week "goody bags"	1, 2, 3, 5, 6	VSP, VCP, CABs, CBO	PAs handed out "goody bags" with snacks and resources to student veterans at the beginning and end of semester to encourage and support veterans.
Elementary school book-read	1	CBO	PA read and spoke to elementary school students about military and veteran experiences.
Middle school assembly	1	CBO	Attended middle school Veterans Day assembly and spoke about veteran experiences.

[1] This CBO originated from the local VCP CAB.

Site 4 is not represented in this table because we did not hold any events or activities on this campus. Furthermore, we were unable to recruit peer advisors at this site.

Abbreviations: CAB, community advisory board; CBO, community-based organization; NG, National Guard; PA, Peer Advisor; SVA, Student Veterans of America; POC, program outreach coordinator; VCP, VA/Clergy Partnership for Rural Veterans; VSP, VA/Student Partnership for Rural Veterans.

Evaluation of Peer-Led Services

Overall, peer advisors were pleased with the training they received and impressed with the project and peer-led service. They also demonstrated a high level of commitment to other veterans and to the success of local peer-led services. However, peer advisors were concerned with (1) the language used to describe their role and the project, (2) how to document reach of services, and (3) gender sensitivity and crisis management. The team discussed project effectiveness during weekly meetings, elicited input from peer advisors and community partners, and reached a consensus regarding how to best respond and improve veteran-to-veteran services.

Initial project language such as "veteran-to-veteran program" and "mentee" was problematic because it implied that students had an obligation to the peer-led service. After seeking advice from a similar program established in Michigan, Peer Advisors for Veteran Education (PAVE), we reframed the project language to make it more acceptable to student veterans. We also renamed the project the VSP, referred to our veteran-to-veteran program as a service, and replaced "mentees" with "student veterans" or "peers."

Peer advisors struggled to reach out to five student veterans and document those touched by their services. Because their role was to develop relationships with student veterans and assess unmet needs, they did not see their role as formal. Eventually, we omitted the expectation of serving five peers and institutional partners reached out to peer advisors on a weekly basis to obtain information on reach of services. Unfortunately, the approach to documenting reach of peer-led services was not sustainable over time.

One peer advisor, a woman veteran, demonstrated concern about the need for more training to emphasize sensitivity to the needs of servicewomen. She described experiences of having been marginalized by other veterans both on and off campus, and believed that peer advisors needed to be aware of how women veterans are inadvertently rendered invisible and may have histories of military sexual trauma. The institutional partners reached out to the local VA military sexual trauma treatment program, who agreed to allow peer advisors to participate in military sexual trauma trainings.

Two peer advisors indicated that additional training on crisis management was needed. One peer advisor described a situation that occurred in which a student veteran was referred to the Veteran's Crisis Line. This advisor was concerned that directing a veteran in crisis to the hotline might not be sufficient: "When you get to the point where you ask for help, it's such a vulnerable place to be that if you run into more red tape or somebody putting you off." The institutional partners determined the expectations for and responsibilities of peer advisors had not been adequately defined. As a result, the team more clearly delineated the role of peer advisors in the VSP training manual, and the POC, a licensed clinical social worker, was asked to engage advisors in conversations offering them guidance on how to handle and refer veterans in crisis.

Challenges and Lessons Learned

A number of successes and challenges were identified during year 1 of this project. Our existing partnerships with VCP CABs were critical to partnership building and student veteran outreach. Newly established partnerships provided us with valuable information on community and campus resources, enabling us to create site-specific resource directories including local-, state-, and national-level medical and nonmedical supportive services, and campus-specific emergency protocols for student veterans in need of immediate care. These protocols became critical resources for peer advisors.

Buy-in from leadership in Student Services (eg, Veteran Services Coordinator) and from faculty members who were veterans themselves and/or had a vested interest in student veterans' needs was critical to reach student veterans. This support facilitated dissemination of information on outreach events, meetings, and presentations, increasing visibility of the project and peer-led services on campuses. At two sites we did not obtain initial buy-in from leadership in Student Services and faculty, and struggled to disseminate information about the project and to connect to student veterans. At one site, despite having buy-in from Student Affairs leadership, we could not establish a relationship with the Student Veteran Coordinator. This lack of relationship affected outreach to student veterans and faculty to make them aware of the program. At three of the six sites, faculty members facilitated relationship building with student veterans by setting up in-person meetings and inviting institutional partners to student veteran organizational meetings, get-togethers, and support groups.

Our expectations for peer advisors were lofty. Midway

through year 1, substantial changes were made to the program to reduce burden placed on peer advisors. Institutional partners hired two mental health navigators to lead outreach efforts and document the reach of peer-led services. Additionally, we quickly learned that OEF/OIF-era Veterans preferred digital communication over more traditional modes of communication (eg, conference calls), leading us to engage differently with this population. We adopted digital communication strategies, such as hosting group discussions on Google chats and check-ins via individual and group texting, to maintain contact with peer advisors and to identify challenges and successes.

DISCUSSION

Peer-led supportive services, such as the ones being developed through our partnerships, have the potential to connect veterans to needed resources and offer veterans a sense of community, which can potentially increase retention rates and help to ensure academic success. Others have found that peer-led veteran support programs engage student veterans in support services and integrate them in the campus community.[24] Many campuses already have supportive services for students, but they may not be veteran initiated or led. Additionally, values and attitudes promulgated within the military such as self-reliance and pride may deter some from accessing these services.[24]

Veteran-led programs provide student veterans an opportunity to connect to fellow veterans and veteran faculty members who share military experiences and can help them transition from the rigid structure of the military to the self-directed life of a student.[25] Grassroots efforts promoting teamwork and encouraging veterans to serve as leaders able to connect veteran peers to needed resources may be ideal ways to engage student veterans and to help them succeed in college. This community-based participatory research approach is a targeted and appropriate way to develop peer-led programs with the potential to be sustained over time.

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REFERENCES

1. US Government Accountability Office. VA education benefits: VA needs to improve program management and provide more timely information to students. Washington, (DC): 2013. Contract No.: GAO–13–338.

2. Greenberg M. The new GI Bill is no match for the original. Chronicle of Higher Education. 2008;54:A56.

3. Rudd MD, Goulding J, Bryan CJ. Student veterans: A national survey exploring psychological symptoms and suicide risk. Prof Psychol Res Pr. 2011;42:354–60.

4. Burnett SE, Segoria J. Collaboration for military transition students from combat to college: It takes a community. Journal of Postsecondary Education and Disability. 2009;22:53–8.

5. Resnick SG, Rosenheck, RA. Integrating peer-provided services: a quasi-experimental study of recovery orientation, confidence, and empowerment. Psychiatr Serv. 2008;59:1307–13.

6. Chinman M, Young AS, Hassell J, et al. Toward the implementation of mental health consumer provider services. J Behav Health Serv Res. 2008;33:176–95.

7. Barber JA, Rosenheck RA, Armstrong M, et al. Monitoring the dissemination of peer support in the VA Healthcare System. Community Ment Health J. 2008;44:433–41.

8. Matthias MS, McGuire AB, Kukla M, et al. A brief peer support intervention for Veterans with chronic musculoskeletal pain: A pilot study of feasibility and effectiveness. Pain Med. 2015; 16:81–7.

9. Mosack KE, Patterson L, Brouwer AM, et al. Evaluation of a peer-led hypertension intervention for veterans: Impact on peer leaders. Health Educ Res. 2013;28:1–11.

10. Valenstein M, Pfeiffer PN, Brandfon S, et al. Augmenting on-going depression care with a mutual peer support intervention versus self-help materials alone: A randomized trial. Psychiatr Serv. 2016;67:236–9.

11. Minkler M, Wallerstein N. Community-based participatory research for health: From process to outcomes, 2nd edition. San Francisco: John Wiley and Sons Publisher, Inc.; 2008.

12. Burke JG, Albert SM. Methods for community public health research: integrated and engaged approaches. New York: Springer; 2014.

13. Sullivan G, Hunt J, Haynes TF, et al. Building partnerships with rural Arkansas faith communities to promote veterans' mental health: Lessons learned. Prog Community Health Partnersh. 2014;8:11–19.

14. Franco ZE, Flower M, Whittle J, et al. Professional ethics and virtue ethics in community-engaged healthcare training. Professional responsibility. Advances in medical education. New York: Springer; 2015:211–29.

15. True G, Rigg KK, Butler A. Understanding barriers to mental health care for recent war veterans through photovoice. Qual Health Res. 2015;25:1443–55.

16. Hill PS, Lee V, Jennaway M. Researching reflexivity: Negotiating identity and ambiguity in a cross-cultural research project. Field Methods. 2010;22:319–39.

17. Chávez V, Duran B, Baker QE, et al. The dance of race and privilege in CBPR. In: Minkler M, Wallerstein N, editors. Community-based participatory research for health: From process to outcomes. San Francisco: John Wiley and Sons Publisher, Inc.; 2008:91–105.

18. Bernard HR. Research methods in anthropology: Qualitative and quantitative approaches, 2nd edition. Thousand Oaks (CA): Sage; 1994:xii.

19. DeWalt KM, DeWalt BR. Participant observation: A guide for fieldworkers. Lanham (MD): Rowman & Littlefield; 2011.

20. Charmaz K. Grounded theory methodology: Objectivist and constructivist qualitative methods. In: Denzin NK, Lincoln Y, editors. Handbook of qualitative research, 2nd edition. Thousand Oaks (CA): Sage 2000:509–35.

21. Ryan G, Bernard H. Techniques to identify themes. Field Methods. 2003;15:85–109.

22. Sobo EJ. Parents' perceptions of pediatric day surgery risks: Unforeseeable complications, or avoidable mistakes? Soc Sci Med. 2005; 60:2341–50.

23. Curran GM, Mukherjee S, Allee E, et al. A process for developing an implementation intervention: QUERI Series. Implement Sci. 2008;3:17.

24. Olsen T, Badger K, McCuddy MD. Understanding the student veterans' college experience: An exploratory study. US Army Med Dep J. 2014;101–8.

25. Livingston WG, Havice PA, Cawthon TW, et al. Coming Home: Student Veterans' Articulation of College Re-Enrollment. Journal of Student Affairs Research and Practice. 2011;48:315–31.