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Veteran and Provider Perspectives on the Role of Spatial Barriers and Information Technology on Access

A study published in the Spring 2010 issue of the journal *Perspectives in Health Information Management* explored VA patient and provider perspectives on the influence of spatial barriers to accessing care and the potential role of health information technologies (HIT) in overcoming these barriers.

The pilot study, conducted at the White River Junction Vermont VA Medical Center, showed that spatial distance is considered a *significant* barrier by many rural Veterans when seeking healthcare. Lack of adequate technology infrastructure in rural areas

was seen as an obstacle to fully utilizing HIT options. For this sample of rural Veterans, a range of telephone, computer, and Internet technologies may become more important for accessing care as Internet access becomes more ubiquitous and as younger, "tech-savvy" Veterans begin using the VA healthcare system.

To view the full publication, please visit the Rural Health website (www.ruralhealth.va.gov) and click on "Publications".

Advisory Committee on Women Veterans: Meeting

The Advisory Committee on Women Veterans will meet March 29-31, 2011, in room 230 at VA Central Office, 810 Vermont Avenue, NW, Washington, DC, from 8:30 am until 4 pm, each day. The meeting is open to the public. The purpose of the Committee is to advise the Secretary regarding the needs of women Veterans with respect to health care, rehabilitation, compensation, outreach, and other programs and activities administered by VA designed to meet such needs. Included in this sessions' agenda is a briefings on rural health.



Courtesy of U.S. Army

Health Access and Quality for Rural Veterans

Published in HSR&D's November 2010 issue of the *Forum*, Alan West, PhD previews a study looking at Rural Veterans' utilization of both VA and Non-VA health care services. For the study, his team acquired administrative data for all VA and non-VA hospitalizations obtained in recent years by any VA enrollees living in eight states (Arizona, Iowa, Louisiana, Florida, Tennessee, South Carolina, Pennsylvania, and New York). The data will permit analyses of regional variations in urban-rural VA/non-VA utilization for common medical conditions and procedures.

For the full article see http://www.hsrd.research.va.gov/publications/internal/forum10_10.pdf, page 4.

