The Rural Connection

OFFICE OF RURAL HEALTH • FALL 2016

Message from the Director of the VA Office of Rural Health

Inform Health Care Policy That Impacts Rural Veterans and Rural Health Care Delivery

Gina Capra, MPA
ORH Director

This issue of "The Rural Connection" is last in a four-part series that focuses on the U.S. Department of Veterans Affairs' (VA) rural health strategic goals. The theme is to "inform health care policy that impacts rural Veterans and rural health care delivery."

At the Office of Rural Health (ORH) we see policy as more than statute and legislation, but also the strategic directives that guide an organization's operations. Policy stems from the education of our partners—those who work with Veterans and those who work with rural.

ORH, along with its partners, creates and implements national programs that increase rural Veterans' access to care and services. These programs, known as enterprise-wide initiatives, are perpetually in development based on rural Veteran input, research, technology and policy changes. In August 2016, ORH issued a Request for Information to Veterans Integrated Service Networks and VA medical centers to obtain interest in implementing ORH-funded enterprise-wide initiatives locally, through partnerships with VA program offices. This process helps ORH quickly spread what works to increase access to care for rural Veterans throughout the country.

The most evolutionary VA policy change in recent times is the Veterans Access, Choice and Accountability Act of 2014, which established the Veterans Choice Program to allow eligible Veterans to receive care in their communities. This legislation effected rural Veterans, as many met the criteria to see community providers due to their residence being more than 40 miles from the closest VA site of care. A lot has changed in the Veterans Choice Program in the past year. VA:

- **Modified the Veterans Choice Program to increase prompt payments for community providers.** Community providers enrolled in the program are no longer required to submit Veterans' medical records prior to payment. This increases the speed in which Veterans Choice Program third-party administrators, Health Net and TriWest, are able to pay VA-approved providers.
- **Established a new call center to help Veterans with Veterans Choice Program billing issues.** Veterans can now work directly with VA to resolve credit reporting or debt collection issues resulting from inappropriate or delayed Veterans Choice Program billing. Veterans experiencing these problems are encouraged to call the VA community care call center at 1 (877) 881-7618 between 9 a.m. and 5 p.m. EST.

(Continued on page 2)

In This Issue

The Veterans Choice Program, From 2014 to Present (pg. 3)

The Commission on Care Final Report's Impact on Rural Veterans (pg. 4)

Electronic Sharing of Health Information Connects Maine's Veterans, VA and Community Providers (pg. 5)

Tribal Tradition Meets Telemental Health Technology (pg. 6)

New Mapping Platform Offers Users Opportunity to Explore Intersection of Broadband and Rural Health (pg. 7)

Rural Veterans Snapshot (pg. 8)

Rural Veterans Supported through USDA-funded Community Facilities Projects (pg. 9)

Connecting Mississippi's Rural Veterans to Mental Health Care via Telehealth (pg. 10)

Unleashing Affordable Broadband Access to Empower Our Nation's Veterans (pg. 11)

White House Rural Council Focused on Rural Communities' Health (pg. 12)

New Website Offers Providers, Researchers and Partners Centralized Rural Veteran Information (pg. 13)

VA Resources to Support Veteran Caregivers (pg. 14)

VA and Walgreens Partner to Provide Free Flu Shots to Veterans (pg. 15)

Message from the Director of the VA Office of Rural Health (continued from page 1)

- **Continued to build an integrated health network.** The network of community providers and facilities that align to VA's approved third party administrators to see Veteran patients increased 39 percent to more than 340,000 from November 2015 to April 2016.

We continue to expand the number of access points available for Veterans. Through the Veterans Choice Program, we bring care closer to home when a VA site of care may not be immediately available or close enough for Veteran patients. Read more in **The Veterans Choice Program, From 2014 to Present article on page 3.**

The past year also saw many proposed bills to supplement the Veterans Choice Program. In addition, Congress established the Commission on Care to further explore how VA can best organize its health organization to increase Veterans' access to health care. Read more in **The Commission on Care Final Report's Impact on Rural Veterans article on page 4**.

This issue of "The Rural Connection" is the last in a four-part series that focuses on the U.S. Department of Veterans Affairs' (VA) rural health strategic goals. This issue highlights ways VA and its partners inform health care policy that impacts rural Veterans and rural health care delivery.

As VA continues to build an integrated health network through the Veterans Choice Program, there is an increased importance on care coordination between Veterans, the VA and community providers. Part of this also includes the technology behind the care. A good example of this is in Maine, where health information exchange connects Maine's care community to securely share Veterans' health information, ensuring records are comprehensive and up-to-date, regardless of where a Veteran receives care. Read more in the **Electronic Sharing of Health Information Connects Maine's Veterans, VA and Community Providers article on page 5.**

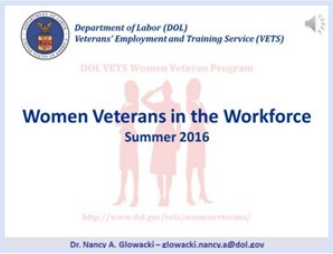
VA teamed up with Walgreens again this year to provide free flu shots to Veterans now through March 31, 2017. Care coordination exists here as well, as the immunization information is transmitted from Walgreens to VA and becomes part of the Veterans VA health record. Read more in the **VA and Walgreens Partner to Provide Free Flu Shots to Veterans article on page 15**.

To learn more about community care, visit our newly redesigned ORH website at www.ruralhealth.va.gov, which includes a section on how community providers can enroll in the Veterans Choice Program. This is just one of the many helpful new resources on the relaunched ORH website. Read more in the **New Website Offers Providers, Researchers and Partners Centralized Rural Veteran Information article on page 13**.

These are great examples of how we bring our strategic plan to life. We don't just see our goals as words on paper, but rather the driving force behind all that we do every day. As we end this newsletter series, visit our website to remain engaged with our progress to achieve VA's rural health strategic goals. Also, stay tuned as we kick off a new series on how rural Veteran care is a key factor in VA's top health priorities to create a patient-centered approach to care and services.

To join our rural Veteran community, please contact ORH Communications at ORHcomms@va.gov. ♦

Women Veterans in the Workforce Webinar



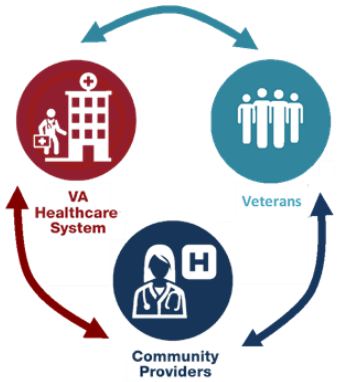
The U.S. Department of Labor (DOL) released new, nine-minute "Women Veterans in the Workforce" webinar (www.dol.gov/vets/womenveterans). Watch to:

- Learn more about the DOL Veterans' Employment and Training Service's Women Veteran Program (https://www.dol.gov/vets/womenveterans)
- Identify trends pertaining to women Veterans and employment
- Learn how you can support the economic security of women Veterans ♦

The Veterans Choice Program, From 2014 to Present

By **Tommy Driskill**, Field Assistant to the Director, Office of Rural Health (ORH), U.S. Department of Veterans Affairs (VA); **Yilin Zhang**, Communications Specialist, ORH, VA

There are approximately 22 million Veterans in the U.S., with nine million enrolled in the U.S. Department of Veterans Affairs (VA) health care system, and six million who seek care at VA's 1,500 sites of care. While the overall Veteran population is projected to drop, the number of Veterans enrolled in the VA health system is expected to increase.



The vision for the U.S. Department of Veterans Affairs' community care is to build an integrated health network.

To help meet this growing demand, President Obama signed the Veterans Access, Choice and Accountability Act into law in August 2014. This Act established the Veterans Choice Program (VCP) which enabled VA to expand the availability of hospital care and medical services for eligible Veterans through agreements with community care providers. Since that time, Congress passed the Surface Transportation and Veterans Health Care Choice Improvement Act of 2015 (Choice Improvement Act) to further enhance Veterans' access to care. Between fiscal years 2014 and 2015, the number of community care appointments increased by 20 percent, from 17.7 to 21.3 million, and the average number of days to schedule an appointment decreased by six days, from 13 to seven days. Authorizations for Veterans to seek care in the community are expected to continue to rise.

VA's plan for community care is to build an integrated health network where all involved – Veterans, community providers and VA staff – understand the VCP and its relationship to VA's health care system. To improve customer service, VA is working to develop and communicate clear eligibility requirements; ensure Veteran's choice for community care, providers, and scheduling; and move toward electronic communication between VA staff and community providers.

In terms of access to VCP services, Veterans can call a VA-approved third party administrator—Health Net or TriWest—at the number on their Veterans Choice Card, which then authorizes and covers the cost of care (although Veterans may incur some cost if the condition is not service connected). To join the VCP as a community provider, visit the Health Net website (www.healthnetpc3provider.com/p3c/?register=true) or TriWest website (https://joinournetwork.triwest.com/). To be eligible, interested community providers must participate in a Medicare program or other similar, VA-approved program; be able to provide timely care to the Veteran; agree to rates as outlined in the Act and VA regulations; and maintain the same or similar credentials and licenses as VA providers.

Ultimately, due to increased VA partnerships with community providers, Congressional support, and ongoing communication between Veterans, community providers, and VA staff, rural Veterans will be able to receive seamless, quality and timely care in their communities. ♦

Vets Prevail

Vets Prevail is a personalized, confidential platform where Veterans earn rewards to help each other to discover issues and overcome challenges. The program helps break down the stigma that can accompany receiving support for some of the unique challenges that Veterans face. Users chat anonymously with a Certified Peer Specialist through instant messaging, engage in personalized interactive videos and participate in a community of Veterans.

Vets Prevail collaborated with the National Science Foundation (NSF) to build the program in 2009. The program uses technology to deliver clinically-proven digital behavioral health treatment that is as effective as face-to-face care for one-thirtieth of the cost. Read more in the NSF success story (www.sbir.gov/node/827241).

Over the years, Vets Prevail touched the lives of thousands of Veterans. To learn more about the program or how to become a Certified Peer Specialist to give back to Veterans, visit https://www.vetsprevail.org/ or email team@vetsprevail.org. ♦

The Commission on Care Final Report's Impact on Rural Veterans

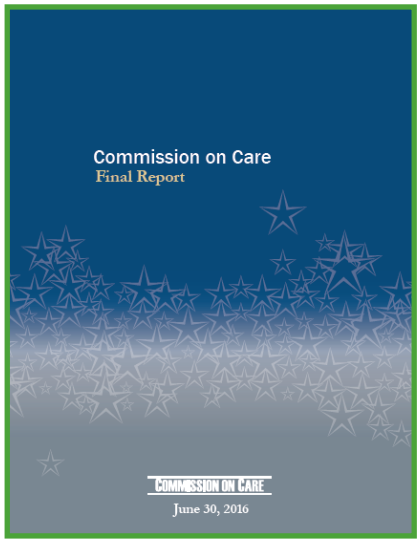
By **Policy Analysis Team**, Office of Policy Analysis and Forecasting, Veterans Health Administration, U.S. Department of Veterans Affairs

The past year brought forward many proposals to help transform the U.S. Department of Veterans Affairs (VA) health care system to best provide Veterans with the health care they need and deserve, both now and in the future:

- The Senate Committee on Veterans Affairs introduced the Veterans First Act (https://www.gpo.gov/fdsys/pkg/bills-114s2921rs/pdf/bills-114s2921rs.pdf) in May 2016, which combined several pieces of legislation into one bill intended to move the Veterans Choice Program and Veterans' health care forward
- Senator John McCain introduced the Care Veterans Deserve Act (https://www.gpo.gov/fdsys/pkg/bills-114s2896is/pdf/bills-114s2896is.pdf) in April 2016 and Representative Cathy McMorris Rodgers recently introduced the Caring for Our Heroes in the 21st Century (http://mcmorris.house.gov/wp-content/uploads/2016/06/mcmorris-rodgers-discussion-draft-va.pdf) draft bill
- In addition, Congress established the Commission on Care to examine Veterans' access to VA health care and create recommendations on how best to organize the Veterans Health Administration (VHA), locate health resources, and deliver health care to Veterans during the next 20 years

The Commission on Care Final Report (https://commissiononcare.sites.usa.gov/files/2016/07/commission-on-care_final-report_063016_for-web.pdf) contains 18 recommendations that may have an effect on health care access and services for rural Veterans. For example, the Commission's report recommends:

- A high-performing, integrated, community-based health network (i.e., VHA Care System) that allows Veterans to choose a primary care provider within their community or VA
- Elimination of the 30-day and 40-mile criteria to be eligible for community care under the Veterans Choice Program, which, in essence, would expand eligibility for all Veterans enrolled in VA's health system
- Adoption of policies that allow providers and other health professionals and support staff to fully use their skillsets, thus increasing efficiency and effectiveness
- Increased cultural and military competence among the VHA Care System's providers and employees
- Increased availability, quality, and use of race, ethnicity, and language data such as through systems that monitor trends in health status, patient satisfaction, and quality measures to improve the health of minority Veterans and other vulnerable Veteran populations
- Revisions to eligibility regulations to provide tentative health care eligibility to Veterans with other-than-honorable discharges who are likely eligible due to substantial favorable service or extenuating circumstances that mitigate a disqualifying conduct finding



The Commission on Care Final Report contains 18 recommendations that may effect health care access and services for rural Veterans.

Each of these measures is intended to increase access to care and provide better care for all enrolled Veterans, including those who reside in rural communities.

Read the Secretary of Veterans Affairs letter to the President (http://www.blogs.va.gov/VAntage/wp-content/uploads/2016/09/Commission-on-Care-SECVA-to-POTUS-memo-and-enclosure-tech-edit-page-4....pdf) in response to the report.

VA welcomes input from Veterans and providers. Input can be provided through VA's Office of Policy Analysis at vhapolicyanalysis@va.gov or VA's Office of Rural Health at rural.health.inquiry@va.gov. ♦

Electronic Sharing of Health Information Connects Maine's Veterans, VA and Community Providers

By **Kristen Wing,** Communications Specialist, Veterans Rural Health Resource Center—Togus, Maine, Office of Rural Health, U.S. Department of Veterans Affairs

Health Information Exchange (HIE) is a secure, electronic way for health care providers to share patients' health information, which can improve the quality of care patients receive. HIE allows U.S. Department of Veterans Affairs (VA) and community providers to work together to make informed decisions about a Veteran's care. It can prevent conflicting treatment recommendations and medications, and help avoid duplication of costly tests and procedures. HIE can be especially beneficial for Veterans who see one or more community providers in addition to their VA health care provider(s).

In 2015, the VA Maine Healthcare System (VA Maine HCS) successfully connected to HealthInfoNet, Maine's statewide HIE. This connection gave providers at the Togus VA Medical Center and eight VA Community Based Outpatient Clinics in Maine the ability to view Veterans' health information from more than 450 community health care facilities in Maine. The VA Office of Rural Health's Veterans Rural Health Resource Center in Togus, Maine (VRHRC-Togus) worked with VA Maine HCS and HealthInfoNet on the technological implementation of HIE, and trained VA providers to use the HealthInfoNet web portal.

VRHRC-Togus also informed Veterans about HIE and prepared them to share their VA health information through VA's HIE. More than 52,000 Maine Veterans received a letter and postcards about VA Maine HCS joining HealthInfoNet and about HIE benefits. All materials sent to Veterans listed three methods to contact VA Maine HCS for more information:

- Toll-free health information sharing helpline: 1 (877) 421-8263, extension 2738,
- Email address: healthinfosharing@va.gov, and
- Website: www.maine.va.gov/healthinfosharing.

The most frequently cited reason for Veterans contacting the helpline was to confirm their participation in the HIE. One Veteran said, "I called because I didn't want to miss out on this opportunity." In addition to answering questions about sharing health information electronically, the helpline also connected Veterans with a Virtual Lifetime Electronic Record Rural Health Community Coordinator, a VA Maine HCS Choice Program Champion, and the Veterans Benefits Administration.

In April and May of 2016, more than 30 Veterans participated in telephone interviews to share their views of HIE and its use by VA Maine HCS. An overwhelming majority of Veteran respondents (97 percent) supported the use of HIE. Several referred to their doctors as being "on the same page" and stated it was important that health information be "readily available to whoever is serving the Veteran." HIE was seen as important in an emergency situation when a patient could not communicate health information themselves. While Veterans wanted to know steps were taken to protect their privacy and security, many believed the risks of sharing their health information electronically were outweighed by the benefits. One Veteran said, "The more information the doctor gets, the better decision he's going to make." Another commented, "I think it's an excellent thing, because it doesn't matter where you are, you're right there on their screen." Maine Veterans acceptance of HIE can be demonstrated by the rate they opt out of sharing their health information—0.17 percent, which is less than the opt-out rate for Maine's general population (1.23 percent).

For more information about HIE in the VA Maine HCS, visit www.maine.va.gov/healthinfosharing. ♦

Nearly 75 percent of Maine's Veterans enrolled for VA care live in rural communities, many of whom seek care from community providers closer to home. The health information exchange between Maine's Veterans, VA and community providers is especially important to ensure health records are comprehensive and up-to-date, regardless of where a Veteran receives care.

Tribal Tradition Meets Telemental Health Technology

By **Maichi Halley**, Communications Specialist, Office of Rural Health, U.S. Department of Veterans Affairs

One focus of VA's tribal telemental health is to provide culturally sensitive care to American Indian/Alaska Native Veterans.

After serving in the military, Veterans may experience mental health issues, such as post-traumatic stress disorder. Like other Veterans that live in rural communities, American Indian/Alaska Native (AI/AN) populations can be at a disadvantage to access mental health treatment due to the rural location of most tribes. There are more than 346,600 Veterans who identify as AI/AN in the U.S., which is why making health care accessible through telehealth is such an important initiative for the U.S. Department of Veterans Affairs' (VA) Office of Rural Health.

In 2001, W.J. "Buck" Richardson Minority Veterans Program Coordinator at the VA Montana Healthcare System and James Floyd, Director, Salt Lake City Medical Center in Utah, collaborated to create the Tribal Veterans Representative (TVR) program. In 2002, they met Jay Shore, a psychiatrist who leads the AI/AN program for the University of Colorado and a clinic at Rose Bud Sioux in South Dakota. They recognized that through collaboration to open new clinics, they could increase effectiveness of and access to mental health treatment for AI/AN Veterans. With support from tribal health sites, the U.S. Department of Health and Human Services' Indian Health Service (IHS), and VA's Office of Rural Health, services spread to Montana and Wyoming. This expansion was the beginning of what VA now refers to as tribal telemental health.

VA provides mental health services through technology such as video teleconferencing, Jabber, and point-to-point connectivity to IHS systems. These technologies connect Veterans on reservations with VA providers who work with members of the Tribal Outreach Workers (TOW) and TVR programs to provide support. TOWs are tribe member VA employees that conduct on-the-ground coordination, technical troubleshooting, and trust-building for Veterans within their communities. TVR focuses on outreach to identify Veterans on reservations that may find the program and VA benefits applicable to their needs.

One focus of tribal telemental health is to provide culturally sensitive care to AI/AN Veterans. For instance, patients often prefer privacy and autonomy during their visits. Because telemental health delivers care via technology, sessions are more private with the provider, eliminating potentially uncomfortable or unfamiliar settings during face-to-face care, such as open waiting rooms. Virtual sessions are conducted in private, closed rooms with large monitors and soothing noise machines. Also, the ability to coordinate with the TOW and TVR to schedule sessions creates another level of service for AI/AN Veterans seeking mental health treatment.

Another way that VA integrates culturally sensitive care is through work with traditional healers to implement sweat lodges as part of patient treatment, during which heated rocks are placed, songs are sung, and/or prayers are offered for spiritual healing, depending on the tribe. "There are 64 federally recognized tribes and other non-federally recognized nations in Veterans Integrated Service Network 19 alone," Richardson observed. "The key for the program is to balance the unique needs of each nation, to find out what each is trying to do, and what the Veterans in these clinics are really asking for." Multiple facilities, such as VA medical centers in Salt Lake City, Utah, and Fort Harrison, Montana, already integrate sweat lodges as part of their mental health treatment programs.

Following the success of the first site at Rose Bud Sioux in South Dakota, other VA facilities expressed interest in setting up tribal telemental health services, tailored to their local needs. Similar services expanded to AI/AN communities in Alaska, Michigan, and, most recently, five sites in separate Oklahoma nations. "I'm proud of everyone involved who helped the program expand and increase access to care. It was a collaborative achievement to work through obstacles, keep building the clinics, to get to where we are now after starting with just one small site," Richardson said. As a longer-term vision, however, Richardson is less concerned with growth and more with meeting need. His priority is to continue to integrate more traditional, supplemental healing rituals such as medicine wheels and sweat lodge gatherings into the program.

(Continued on page 7)

Tribal Tradition Meets Telemental Health Technology (continued from page 6)

"We hope to make a difference in Veterans' lives and improve access for them and their families," said Richardson.

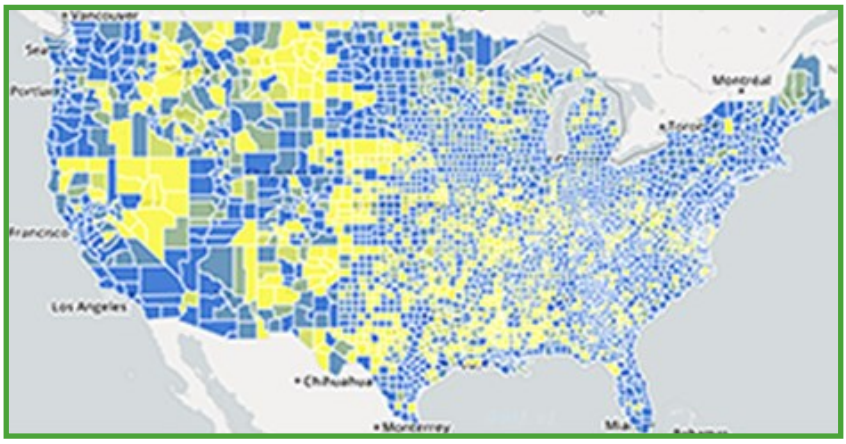
To learn more about tribal telemental health, visit http://www.ruralhealth.va.gov/media/american-indian-telemental-health.asx or watch the "American Indian Telemental Health" video (http://www.ruralhealth.va.gov/media/american-indian-telemental-health.asx).

Editor's note: W.J. "Buck" Richardson is a member of the Veterans Rural Health Advisory Committee (http://www.ruralhealth.va.gov/aboutus/vrhac.asp), where he brings his experience of tribal telemental health to the Committee as it studies and analyzes the challenges rural Veterans face when accessing health care. ♦

New Mapping Platform Offers Users Opportunity to Explore Intersection of Broadband and Rural Health

By **Katie Gorscak**, Director of Communications, Connect2Health Task Force, Federal Communications Commission

In August, the Federal Communications Commission's (FCC) Connect2Health Task Force launched "Mapping Broadband Health in America" (https://www.fcc.gov/health/maps), a web-based mapping tool to enable and inform more efficient, data-driven decision-making at the intersection of broadband and health. The interactive tool allows users to visualize, overlay and analyze broadband and health data at the national, state, and county levels–informing policy prescriptions, investment decisions and more.



This new mapping tool, designed and developed by FCC's Connect2Health Task Force, reflects the overarching vision of the Task Force for leveraging broadband in health: Everyone connected to the people, services, and information they need will get well and stay healthy.

Users can generate customized maps that show broadband access, adoption and speed alongside various health measures (e.g., obesity, diabetes, physician access) in rural and urban areas. One of the Task Force's key findings is that the rural to urban gap is sizeable. In fact, rural counties are 10 times as likely as urban areas to be in low broadband access (below 50 percent) and high diabetes areas (above 10 percent). By allowing users to ask and answer questions about broadband and health at the county level, the tool provides critical data to help drive broadband health policies and connected health solutions for our nation's Veterans and those living in rural communities. The mapping tool also allows developers to incorporate their own data relating to other health factors, such as disabilities.

Along with the mapping tool, the Task Force also released Priority and Rural 100 lists, which identify counties that have critical needs in broadband and health. Rural 100 lists the rural counties nationwide with a population of 15,000 or more with the greatest broadband and connectivity needs. Learn more about the Priority and Rural 100 lists: https://www.fcc.gov/health/maps/priority-and-rural-100.

Learn more about mapping broadband health in America at https://www.fcc.gov/health/maps, and access the tool at https://www.fcc.gov/reports-research/maps/connect2health. ♦

Rural Veterans Snapshot

By **Krista Holyak**, Communications Specialist, Office of Rural Health, U.S. Department of Veterans Affairs

Rural Veterans are a diverse, unique group with specific needs. The U.S. Department of Veterans Affairs' (VA) Office of Rural Health (ORH) works to understand the demographics and needs of this population in order to inform decisions, direct research and apply resources.

A quarter of all Veterans in the United States, 5.2 million, returned from active military careers to reside in rural communities. Veterans choose rural communities for a variety of reasons: closer proximity to family, friends, and community; open space for recreation; more privacy; lower cost of living; or less crowded towns and schools. While they may enjoy the benefits of rural living, these Veterans may also experience typical rural health care challenges (e.g., provider shortages; geographic and distance barriers; fewer housing, education, employment and transportation options) that may be complicated by injuries and illnesses related to military service.

- Rural Veterans range from young men and women who served in recent conflicts to Vietnam Veterans and elderly Veterans from World War II
- Rural Veterans enroll in the VA health system at higher rates than their urban counterparts; 56 percent of all rural Veterans (2.9 million) are enrolled in the VA health care system—significantly higher than the 36 percent enrollment rate of urban Veterans
- Of these enrolled rural Veterans, 82 percent have other health insurance (e.g., Medicare, Medicaid, TRICARE, private insurance) in addition to their VA benefits

Compared to urban Veterans enrolled in the VA health system, enrolled rural Veterans are more likely to be:

And:

- Male (six percent are women, a small but growing number)
- Caucasian (nine percent report being a racial or ethnic minority)
- Older (more than half are 65 years or older)
- Married (more than 65 percent are married)

Also, rural communities tend to have more elderly residents and poorer health. Four in ten rural Veterans have at least one service-connected disability (a service connected disability rating provides monthly monetary compensation and priority health care benefits to Veterans). Of younger Veterans, 15 percent of enrolled rural Veterans served in Iraq and/or Afghanistan. Many of the next generation of rural Veterans are faced with multiple medical issues related to military service that require significant, ongoing access to care. Additionally, the majority of older Veterans have one or more chronic condition, such as diabetes, high blood pressure, or heart conditions that require more frequent, ongoing, and costly care.

To learn more about rural Veterans, and ways ORH works to see that America's Veterans thrive in rural communities visit the Rural Veterans Health Care Atlas on the ORH website http://www.ruralhealth.va.gov/aboutus/ruralvets.asp. ♦

Rural Veterans Supported through USDA-funded Community Facilities Projects

By **Rich Davis,** Deputy Administrator, Community Facilities Programs, Rural Development, U.S. Department of Agriculture

USDA rural development programs include support for rural Veterans, such as the Heroes on Horseback program, which offers therapeutic riding and volunteer opportunities.

U.S. Department of Agriculture's (USDA) rural development programs promote rural economic growth through financial assistance and partnerships with public and private providers in rural areas. USDA's rural assistance takes many forms. It includes direct and guaranteed loans, grants, and technical assistance. Investments in rural utility systems improve and expand the rural electric grid, provide clean drinking water to rural communities, and deliver high-speed internet service to rural families and businesses. A variety of programs help build or improve single family and multi-family housing.

Of note, the USDA rural development community facilities program helps strengthen infrastructure and improve the quality of life for rural residents. USDA investments in essential community facilities include loans, loan guarantees, and grants for the construction, acquisition, or renovation in rural areas with a population of 20,000 or less. Essential facilities include hospitals, medical clinics, schools, police and fire stations, food banks, and community centers—more than 100 different project types. To date, the USDA community facilities program invested more than $7.7 billion in more than 11,600 essential facilities in rural areas.

These community facilities and services often reach and support rural Veterans. Rural Veterans may face challenges related to homelessness, job loss or health care. Living in a rural or remote area where access to services may be limited can compound these challenges and lead to increased distress for the Veteran and his or her family. USDA funding may be used to purchase, construct or upgrade a facility that provides treatment for post-traumatic stress disorder, substance use disorder or mental health services. It could be used to develop or expand a rural community health center to improve access to critical health care services for Veterans and residents. This funding could also be used to upgrade or expand an existing Veterans of Foreign Wars post or American Legion building to provide services such as job training, or provide a community center for social, educational or wellness events. Or, this funding could be used to build homeless shelters, among many other types of facilities that could support and benefit rural Veterans.

Among the many facilities funded by the USDA community facilities program that assist rural Veterans is the Exceptional Equestrians of the Missouri Valley (EEMV), which serves Franklin County, Missouri. Through USDA funding, EEMV purchased a horse stable and more than 30 acres of adjoining land with trails and a pasture for its equestrian therapy programs that provide services for those with a mental or physical disability. Heroes on Horseback, one of EEMV's programs, offers therapeutic riding to disabled Veterans at no cost to the Veteran. Veterans also participate as volunteers to lead riders or walk next to fellow participants. Heroes on Horseback receives support through the Professional Association of Therapeutic Horsemanship International's Equine Services for Heroes program and the Wounded Warrior Project. Projects such as EEMV allow USDA's communities facilities program to help rural Veterans and make a difference in rural America.

USDA Rural Development Community Facilities Programs:

- Authorized by the Consolidated Farm and Rural Development Act of 1972
- Delivered by 47 USDA Rural Development state offices (some serving more than one state/territory)
- Managed a total portfolio of $7.7 billion
- Funded 11,600 facilities
- Supported more than 100 different facility types, all of which are open to Veterans and the entire community

For more information on USDA's rural development programs and how to apply for funding, visit http://www.rd.usda.gov/. ♦

Connecting Mississippi's Rural Veterans to Mental Health Care via Telehealth

By **Lauren B. Graves**, Ph.D., Staff Psychologist, G.V. Sonny Montgomery VA Medical Center

Mr. Smith* is a Vietnam-era Veteran who lives in the rural Mississippi Delta, a beautiful but remote northern corner of Mississippi. Mr. Smith was diagnosed with post-traumatic stress disorder (PTSD), and wanted a treatment that would work for him and effectively treat his symptoms. He lives more than an hour away from the nearest U.S. Department of Veterans Affairs (VA) Community Based Outpatient Clinic and more than two hours away from the closest VA medical center, the G.V. Sonny Montgomery VA Medical Center (VAMC) in Jackson, Mississippi. Such distance, combined with various medical conditions, make it difficult for him to travel to either the VA clinic or VAMC. Therefore, Mr. Smith receives effective treatment for his PTSD through one of VA's most impactful innovations: telehealth.

Clinical Video Telehealth (CVT) at home has worked so well that a group of mental health providers from the Jackson VAMC are now collaborating with the Michael E. DeBakey VAMC in Houston, Texas, and VA's Office of Rural Health to make it even more accessible for Veterans to receive care via CVT at home. VA provides the necessary equipment—from webcams to headphones and iPads—to the Veteran. With the necessary equipment in hand, VA clinicians can then provide therapy services to Veterans via videoconferencing. The spread and effective use of CVT at home resulted in rural Veterans' increased access to mental health services, but also helped VA focus on another significant barrier to access and care: lack of internet or broadband access.

Mr. Smith was excited when he first heard about the option to receive care via CVT at home. Finally, he thought, he could receive the care he wanted but had never been able to access regularly. His excitement quickly faded, and turned to disappointment when he learned that high-speed internet is needed to access the service. It's hard for him to get a decent or sustained signal to use his cell phone, yet alone try to use the connection for hour-long videoconferencing therapy sessions each week.

Without internet access, rural Veterans can find themselves isolated from important and supportive communities, and face an increased burden to seek care. Whether they choose to drive long distances to receive care, or never seek it, both impact their health and well-being.

VA is currently working with ViaSat, a global broadband services and technology company, to bring better and faster internet access to Mississippi's rural Veterans like Mr. Smith, so they can use CVT at home for their appointments. This is the next step to help rural Veterans receive the mental health care they seek and need. By increasing Veterans' access to high-speed internet, VA also helps to reduce the barriers to, and burden of seeking mental health care. It's VA's intent that Veterans will be able to use CVT at home for even more services in the future.

To learn more about PTSD and effective treatments, visit www.ptsd.va.gov/public/materials/videos/whiteboards.asp.

**First name withheld for confidentiality*. ♦

Video on New Cardiac Rehabilitation Program That Brings Care to Rural Veterans' Homes

"I get to the point where I look forward to Joan calling me on Wednesday afternoons. You know three o'clock comes and I know I have to be near the phone and be ready for her call, and then I give her all my numbers. She'll check with me to see if I have any pain, how the week went and so forth, which I find is good," explained rural Veteran Oscar Bourbeau. Bourbeau participates in a new home-based cardiac rehabilitation program offered by the U.S. Department of Veterans Affairs.

Scientific studies show that people who complete a cardiac rehabilitation program following a heart attack or bypass surgery can increase their life expectancy by up to five years, and have:

- 27 percent lower cardiac death rates,
- 25 percent fewer fatal heart attacks, and
- An improved quality of life.

To learn more about the expanding program, watch the three-minute "Home-Based Cardiac Care for Rural Veterans" video (https://youtu.be/S3tl3vMaDJs). ♦

Unleashing Affordable Broadband Access to Empower Our Nation's Veterans

By **Nathan Kim**, Program Analyst, Lifeline Program, Universal Service Administrative Company

Beginning December 1, 2016[1], participants in the U.S. Department of Veterans Affairs' (VA) Veterans Pension or Survivors' Benefit Programs are eligible for discounts on phone or broadband internet services through the federal Lifeline Program.

This discount is $9.25 per month off of service, or up to $34.25 per month for those who live on a tribal land. Eligible participants may receive one benefit per household, and may choose to apply the discount to a home or mobile phone service, fixed or mobile broadband service, or bundled product.

Since 1985, the Lifeline Program has worked to keep people connected by providing a monthly discount on phone service to eligible low-income households throughout the United States, territories and tribal nations. Changes enacted by the Federal Communications Commission will now enable eligible consumers to apply their Lifeline benefits to broadband or voice service, as well as offer the benefit to participants of these two VA programs. Among other benefits, connection to the internet provides Veterans and their families with employment opportunities, access to health and social services, and the ability to complete assigned homework.

As December approaches, more information about how eligible Veterans and their families can apply for this benefit will be provided on the Lifeline Program website (http://www.lifelinesupport.org/). In the meantime, some Veterans may already be eligible for the discount based on the current program rules.

Currently, you may be eligible if you participate in[2]:

- Federal Public Housing Assistance (Section 8)
- Medicaid
- Supplemental Nutrition Assistance Program (formerly known as Food Stamps)
- Supplemental Security Income
- Low Income Home Energy Assistance Program (LIHEAP)
- National School Lunch Program (NSLP)
- Temporary Assistance for Needy Families (TANF)
- Other qualifying programs established by your state

You may also be eligible if you live on tribal lands and participate in:

- Bureau of Indian Affairs General Assistance
- Head Start (only for those who meet the income qualifying standard)
- Tribal Temporary Assistance for Needy Families
- Food Distribution Program on Indian Reservations

Finally, you may be eligible if your household income is at or below 135 percent of the federal poverty guidelines.

If currently eligible, contact your local phone carrier, ask to be enrolled in the Lifeline program, and provide the carrier with identification and proof of eligibility to apply.

For more information on the Lifeline program, including carriers in your area who participate in the program, please visit http://www.lifelinesupport.org, or call 1 (888) 641-8722, and select Option 1.♦

Footnotes:

[1] Effective date is subject to pending federal approval.

[2] Please note that beginning December 1, 2016, LIHEAP, TANF, NSLP, and state-established qualifying programs will no longer be accepted for Lifeline qualification.

White House Rural Council Focused on Rural Communities' Health

By **Doug O'Brien**, Senior Advisor, U.S. Department of Agriculture, White House Rural Council

Not only do rural communities supply food, fiber and energy, but rural Americans answer the call to serve in the U.S. military at high rates. Rural communities have been a consistent focus for the Obama Administration. As the President said when he created the White House Rural Council in 2011, "Strong rural communities are key to a stronger America."

The President tasked the White House Rural Council and its Chair, U.S. Department of Agriculture (USDA) Secretary Tom Vilsack, to focus the federal government's efforts on addressing the needs of rural America. In response, Council members, including the U.S. Department of Veterans Affairs (VA), work together to better coordinate federal programs, partner with stakeholders, and maximize the impact of federal investments in rural communities. Over the last five years, the Council tackled issues that touch on nearly every aspect of rural life, including health care, infrastructure, education, housing, and child poverty.

In January 2016, President Obama asked Secretary Vilsack, as Chair of the White House Rural Council, to lead an interagency effort to address opioid use in rural communities. The Council hosted regional meetings and created partnerships to amplify the Administration's related efforts. As a result, USDA announced new telemedicine funding to address the opioid epidemic in rural, central Appalachia. Through Distance Learning and Telemedicine grants, USDA supports telemedicine networks, school-based health centers, primary care sites, counseling centers and other efforts to bring vital health resources to rural communities.

Another issue the Council focuses on is child food insecurity. In fact, rural counties make up nearly two-thirds of counties with high rates of child food insecurity. USDA's National School Lunch Program serves more than 21 million students by providing free and reduced-price breakfast and lunch during the school year. During the summer, however, many of these same students go hungry. The USDA's Summer Meals Program helps meet these needs, especially in rural areas where designated summer meal sites may be long distances away from their homes. In another example of the Council's work, for the past two years, members focused on access to good nutrition for low-income rural children when they are not in school. The Council looked at where the federal government already has a presence in rural places, such as in government-sponsored, multi-family housing complexes, and significantly increased the number of places where kids can access summer meals.

VA continues to be an important partner in the Council's work to make sure that Veterans have access to critical services. In particular, VA worked with USDA and the Federal Communications Commission to help improve access to broadband and telehealth programs in rural communities.

The White House Rural Council continues to work with community leaders and stakeholders to make sure all rural Americans can access the resources they need to reach their potential. By working together, we can support and strengthen rural America and the millions of people, including Veterans, who call it home.

For more information on the White House Rural Council visit www.whitehouse.gov/administration/eop/rural-council. ♦

Mobile Access to Transition Assistance Program Materials

The U.S. Department of Labor's Employment Workshop curriculum participant guide, taught throughout Transition Assistance Program courses for transitioning military and their families, is now available as a free eBook (download at https://www.amazon.com/dp/B01JNR2H6A).

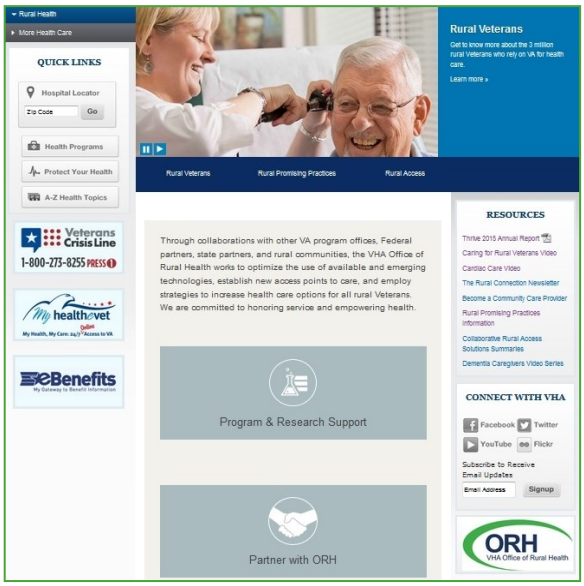
Those without access to a mobile device can access the online curriculum and training from https://www.dol.gov/vets/programs/tap.htm. ♦

New Website Offers Providers, Researchers and Partners Centralized Rural Veteran Information

By **Emily Oehler**, Communications Manager, Office of Rural Health, U.S. Department of Veterans Affairs

In an effort to increase rural Veterans' access to care and services, the U.S. Department of Veterans Affairs' (VA) Office of Rural Health (ORH) launched a redesigned website with all new content. This redesigned website offers Veterans, providers, partners and media easy access to the information they need to improve the health and well-being of rural Veterans. The site was developed to help ORH achieve its vision that Veterans thrive in rural communities, and is supported by a mobile-friendly platform to enable customers to access information when, where, and how they chose.

The revised website now concentrates on providing content specifically for providers, researchers and medical facility administrators to support the medical community that serves rural Veterans. The rural medical community can read about and download implementation information for ORH Rural Promising Practices on a variety of health issues such as post-traumatic stress disorder, cardiac care, geriatrics, and HIV. Community providers can learn how to enroll in the Veterans Choice Program and students can learn about a career at VA. Researchers will have access to the latest published innovations in rural health care and free online training.



Visit the new Office of Rural Health (ORH) website on your PC, tablet or mobile device to learn more about ORH's rural Veteran support at www.ruralhealth.va.gov.

The redesigned website, www.ruralhealth.va.gov, aims to be a conduit to community solutions that support the integration of local, state and federal programs and services that support rural Veterans. The site offers centralized information on rural Veterans, and the programs and services VA offers in coordination with strategic national partners. The new partnership section of the website features a list of collaborating organizations, partnership efforts and an outreach toolkit.

To improve ease of use, the mobile-friendly site features information segmented by user-type, simplified navigation to reduce the number of clicks required to find information and resource libraries. The ORH website strives to disseminate knowledge about rural Veterans and their unique needs, including:

- Research e-library (http://www.ruralhealth.va.gov/providers/research_library.asp)
- The award-winning ORH newsletter, "The Rural Connection" (http://www.ruralhealth.va.gov/newsroom/newsletter.asp)
- Virtual training, including recorded webinars (http://www.ruralhealth.va.gov/providers/training.asp)
- Rural Promising Practices implementation information (http://www.ruralhealth.va.gov/providers/promising_practices.asp)
- Veterans Choice Program information (http://www.ruralhealth.va.gov/vets/communitycare.asp)

Veterans can also obtain information from the site including new VA models of care, community care and caregiver support tools.

Rural providers, researchers and partners are encouraged to visit and link to VA's restructured rural Veterans health website at www.ruralhealth.va.gov. Suggestions of additional content can be emailed to ORHcomms@va.gov. ♦

VA Resources to Support Veteran Caregivers

By **Pamela Wright**, National Program Manager, Caregiver Support Line, U.S. Department of Veterans Affairs

Caring for a Veteran can be both rewarding and demanding, and unique challenges may arise when the Veteran lives in a rural community. For example, rural Veterans and their caregivers may face a lack of public transportation, fewer nearby social supports, poor or no internet connection, or greater distances between themselves and the services they need.

The U.S. Department of Veterans Affairs (VA) recognizes the crucial role that caregivers play to help Veterans recover from injury and illness, and in their daily care. VA values the sacrifices caregivers make to help Veterans remain at home. Caregivers are partners in the care of Veterans, and VA is dedicated to provide caregivers with support and services.

The VA Caregiver Support Program offers an array of programs and services for caregivers who provide assistance with activities of daily living, supervision or protection for Veterans enrolled in the VA health care system. VA offers many of these services and programs through a variety of technologies to make it more convenient for the caregiver to participate from the comfort of their home. The services and programs range from caregiver education, support groups via telephone, online support, peer-to-peer support and more. Every VA medical center has one or more Caregiver Support Coordinator (CSC) that serves as the clinical expert on caregiver issues. The CSC is knowledgeable of both VA and community support services and benefits available for Veterans of all eras, and their family caregivers. CSCs can help link the caregiver to the services and programs that would best meet their individual needs.

VA's National Caregiver Support Line, toll-free at 1 (855) 260-3274, serves as a resource and referral center for caregivers. Also, the VA family caregiver website (www.caregiver.va.gov) includes caregiver stories, monthly caregiver education call recordings and a variety of resources. In addition, caregivers can use the zip code look-up feature on the website to identify and contact their local CSC.

Caregivers that wish to connect with another caregiver for support can participate in the Peer Support Mentoring Program, which matches more experienced caregivers with those less experienced to share guidance, experiences, wisdom and skills. Caregivers who want to learn problem solving skills and connect with other Veteran caregivers can participate in the Building Better Caregivers™ (BBC) workshop, which was developed in partnership with the National Council on Aging. BBC is an online, interactive six-week workshop designed to help caregivers problem-solve and manage their emotions, stress, and physical health.

These programs and services are available to caregivers of Veterans enrolled in VA's health system. For more information, contact the VA CSC at your local VA medical center or visit the VA family caregiver website (www.caregiver.va.gov). ♦

ORH Communications Products Win Two Awards

The U.S. Department of Veterans Affairs' Office of Rural Health (ORH) recognizes the role of communications in the accomplishment of its strategic goals.

ORH is excited to receive two second-place 2016 Veterans Health Administration (VHA) Communications Awards for the following communications products, which were built to energize conversations about rural Veterans amongst its partners:

- "Caring for Veterans in Rural Communities" brochure (http://www.ruralhealth.va.gov/docs/ORH_Brochure_desktop_FINAL.pdf)
- "Thrive 2015" annual report (http://www.ruralhealth.va.gov/docs/ORH_Annual_Report_2015_FINAL.pdf)

For more information about ORH communications, contact ORHcomms@va.gov. ♦

Management analyst Elmer Clark (middle) accepted ORH's 2016 VHA Communicators Awards from Maureen Heard, Acting Director, VHA Office of Communication (left), and Vivieca Simpson Wright, VHA Chief of Staff (right).

VA and Walgreens Partner to Provide Free Flu Shots to Veterans

By **Glenn A. Johnson**, Chief of Communications, Office of Community Care, U.S. Department of Veterans Affairs

According to the Center for Disease Control (CDC), the U.S. faces an epidemic of influenza every year between October and the end of March—we know this as "flu season." It is estimated by a number of sources that in a light influenza season, deaths can be as low as 3,000 and in a severe season as high as 40,000. The CDC and most health care providers agree that getting vaccinated against the flu each year is the best way to prevent contracting the disease and save lives, especially for those over the age of 50 who are considered to be at greater risk of complications from influenza.

To increase access to flu vaccinations for Veterans, the U.S. Department of Veterans Affairs (VA) teamed up with national retail pharmacy Walgreens for the third year in a row to provide free flu vaccinations for Veterans through the VA Retail Immunization Care Coordination Program. This program runs through March 31, 2017, and is open to any Veteran currently enrolled in the VA health system. They can simply walk into any of the more than 8,000 Walgreens locations nationally (and Duane Reade pharmacies in the New York metropolitan area) with their Veterans Identification Card and a photo ID to receive a flu vaccination at no cost. Plus, after a Walgreens pharmacist administers a vaccine, the immunization information is transmitted to VA and becomes part of the patient's VA health record.

This program proved effective in delivering flu vaccinations to rural Veterans who might otherwise not be able to get one from a VA medical center or Community Based Outpatient Clinic due to geography, travel or other challenges. Last year, Walgreens delivered nearly 49,000 flu shots to VA patients through this program, of which 29 percent were rural.

Veterans interested in participating in this program to receive a free flu shot can call Walgreens at 1 (800) WALGREENs (1-800-925-4733) to find the closest location, or visit www.walgreens.com/findastore. For questions or information about the VA Retail Immunization Care Coordination Program, call 1 (877) 771-8537 or visit www.ehealth.va.gov/immunization.asp. ♦

Request for Veterans Rural Health Advisory Committee Nominations

The U.S. Department of Veterans Affairs' (VA) Office of Rural Health seeks nominations for the Veterans Rural Health Advisory Committee (VRHAC). Members advise the Secretary of Veterans Affairs on ways to increase and enhance access to VA health care services for enrolled Veterans who reside in rural communities. Nominee must:

- Understand issues and/or policy affecting rural Veterans, their families, and the rural communities where they live
- Be familiar with health care services, rural care delivery, and benefits issues as they pertain to rural Veterans
- Have experience working on Veterans' policy issues at the local, state or regional level
- Understand how the rural health care delivery system operates

Nominations are due at 5:00 p.m. EST on December 15, 2016. Please submit nominations to the VA Office of Rural Health by email at VRHAC@va.gov or via U.S. Postal Service to VA Office of Rural Health, 810 Vermont Ave., Mail Code 10P1R, Washington, DC 20420.

The type-written nomination package should include: (1) A letter of nomination that states the nominee name and affiliation, basis for nomination (i.e., specific attributes which qualify the nominee for service in this capacity), and a statement indicating willingness to serve as a Committee member; (2) nominee's contact information, including name, mailing address, telephone numbers, and email address; (3) nominee's curriculum vitae or resume, and (4) summary of the nominee's experience and qualification relative to the professional qualifications criteria listed above. Self-nominations are welcome. Third-party nominations must indicate that the nominee has been contacted and is willing to serve. For more information about VRHAC, the nomination process, or to view current membership, visit www.ruralhealth.va.gov/aboutus/vrhac.asp. ♦

ORH
VHA Office of Rural Health

www.ruralhealth.va.gov

VA Office of Rural Health

"The Rural Connection" is a quarterly publication of the U.S. Department of Veterans Affairs' (VA) Office of Rural Health (ORH). As VA's lead advocate for rural Veterans, ORH works to see that America's Veterans thrive in rural communities. To accomplish this, ORH leverages its resources to study, innovate and spread enterprise-wide initiatives through partnerships.

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Questions? Comments? Please fell free to email us at: ORHcomms@va.gov