



## Message from the Director of the VHA Office of Rural Health

### The Role of Education in Rural Veterans' Health and Well-Being



Gina Capra, MPA  
ORH Director

At the U.S. Department of Veterans Affairs (VA) Office of Rural Health (ORH), we recognize the importance education—both of the health care provider, and of the Veteran—plays in a

Veterans' health and well-being.

According to the Housing Assistance Council's April 2014 *From Service to Shelter* report, although rural Veterans are typically more educated than the rural population overall, educational attainment among rural Veterans lags behind urban and suburban Veterans. This is important to note as education is often cited as an influence on health outcomes.

A trend that I've seen increase since the passing of the Post 9/11 GI bill is the support from colleges and universities for the Veteran students on their campuses. These learning institutions are often creative in supporting their unique Veteran student population needs. For example, the Western Illinois University's Macomb Campus (WIU) has a dedicated outreach center on campus for their nearly 700 student Veterans and those in the surrounding

community to receive information on VA benefits, health care services, and health information for combat-related conditions. WIU also has secure and private videoconferencing equipment, which enables Veterans to connect with a clinician without having to leave campus. Learn more in the **Providing Care on Campus for Illinois Student Veterans** article on page 5.

However, Veteran-education is just one piece of the puzzle. I believe that maintaining healthy rural communities also depends on proper education and training for the rural health workforce.

ORH sponsors the Rural Provider and Health Care Staff Training and Education Initiative for rural community providers to receive education through interactive means (e.g., Internet, webinars). These rural providers may otherwise face barriers, such as long travel distances, to obtain this education. Learn more in the **There's a Click for That: Long Distance Learning for Rural Community Providers** article on page 8.

Additionally, the ORH-funded Geriatric Scholars Program efforts improve quality of care and access to health care providers who are knowledgeable about geriatric care. Each program scholar initiates a quality improvement

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project at their local Community Based Outpatient Clinic. Learn more in the **Geriatric Scholars Program Uses Education to Integrate Geriatrics into Primary Care** article on page 9.

Finally, the passing of the Veterans Choice Act, which established the [Veterans Choice Program](http://www.va.gov/opa/choiceact/) (<http://www.va.gov/opa/choiceact/>), enables eligible Veterans to receive care in their communities. This means there is a greater need for community providers to understand the unique military culture to best serve Veteran patients. One ORH Rural Veterans Coordination Pilot grantee helps do just this. VetSET Nebraska, a project of the Nebraska Association of Local Health Directors, educates community providers and partners about the experience and language of military service members and their families. Learn more in the

**Veterans Choice Program Legislation Expands Health Care Access for Veterans** article on page 2 (below) and the **New Pilot Readies Communities to Serve Nebraska Rural Veterans** article on page 3.

From my travels throughout the United States, it is clear to me that access to education is key to healthy communities, and ultimately, Veterans. Education elevates opportunities, broadens care and enables new solutions—all of which benefit the entire rural community.

To join our rural Veteran community, please contact ORH Communications at [ORHcomms@va.gov](mailto:ORHcomms@va.gov). ♦

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## Veterans Choice Program Legislation Expands Health Care Access for Veterans

By Policy Analysis Team, Office of Policy and Planning, Veterans Health Administration

From the initial enactment of the [Veterans Access, Choice, and Accountability Act of 2014](http://www.va.gov/opa/choiceact/) (VACAA) ([www.va.gov/opa/choiceact/](http://www.va.gov/opa/choiceact/)), access to health care has increased for all Veterans enrolled to receive care at the U.S. Department of Veteran Affairs (VA). This is particularly good news for the 3.5 million enrolled Veterans who live in rural communities and often face the greatest health care access challenges.

In August 2014, Congress passed VACAA to expand access to health care for Veterans residing 40 miles or more from the Veteran's residence to a VA medical facility, or waiting more than 30 days beyond the desired date, and/or clinically necessary date for a specific VA appointment. The Act also established the Veterans Choice Program, which was designed to improve wait times and health care access nationwide.

In May 2015, Congress modified VACAA to expand the "unusual and excessive burden" definition to include those Veterans with unusual or excessive burdens, such as a medical condition, which sometimes impact Veterans living less than 40 miles to the closest medical facility.

In response to increased demand for health care services, Congress passed the Surface Transportation and Veterans Health Care Choice Improvement Act of 2015, on July 31, 2015. The law amended the Veterans Choice Program in the following ways:

- Provides critical funding to keep facilities open and continue care in the community
- Ensures funding remains available for Hepatitis C prescription drugs
- Removes the 60-day episode of care to receive hospital care and medical services by a health care provider
- Eliminates the August 1, 2014, enrollment limitation on eligibility in the patient enrollment system (making more than 300,000 additional Veterans eligible to enroll for a Choice Card)
- Ensures availability of a full-time primary care physician at the closest VA medical facility when a Veteran is seeking primary care
- Enables more providers to become eligible to provide health care to enrolled Veterans through meeting VA criteria

With these amendments (all currently in the implementation process at VA), the Veterans Choice Program offers even greater access to health care to all eligible Veterans enrolled in VA. Through continued collaboration with Congress, VA is committed to creating policies that increase access to care and improve the health and well-being of our Veterans. ♦

## New Pilot Readies Communities to Serve Nebraska Rural Veterans

By Kara Gall, Communications Associate, Nebraska Association of Local Health Directors

When you think “rural Veteran,” you probably don’t think of public health. But a public health approach is exactly what drives VetSET Nebraska, a project of the Nebraska Association of Local Health Directors (NALHD).

VetSET was selected as one of five organizations across the nation to receive a Rural Veterans Coordination Pilot grant through the U.S. Department of Veterans Affairs’ Office of Rural Health. VetSET is designed to assist Veterans and their families with the transition from military service to civilian life in rural communities.

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*“How does a nation develop communities of care that maximize resilience and minimize the health risks that military children and their families face? [We must] develop a public health approach that harnesses the strengths of the communities that surround them.”*  
—*Building Communities of Care for Military Children and Families (Kudler and Porter, 2013)*

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Michele Bever, NALHD President and Director of the South Heartland District Health Department, says, “Local public health in Nebraska has a solid reputation for leveraging our tools, processes and partners to harness the resources in our communities. We know from research that the use of community providers by Veterans, service members, and their families has increased dramatically in recent years, and this trend will likely grow. We are uniquely positioned to facilitate that transition.”

NALHD is a non-profit professional association, open to Nebraska’s local public health directors. It works to amplify the impact of local public health departments at the state and local level. Currently, 16 of Nebraska’s 20 local public health departments are members, representing approximately 85 percent of Nebraska counties.



VetSET Nebraska’s Project Director Teri Clark (center) with the Nebraska Association of Local Health Directors team of statewide VetSET coordinators. The coordinators connect with Veterans and their families to identify needs and assist with navigating resources.

Nebraska boasts 145,000 Veterans, nearly 30 percent of them rural, with a military unit presence in 24 cities and towns across the state. Ninety-two of Nebraska’s 93 counties have sent warriors in support of post-9/11 operations. And while military Veterans and their families are very much a part of every community, some rural Veterans get lost in the shuffle, especially when transitioning to civilian life.

“People thanked him for his service,” says one military wife about her community’s reaction when her husband returned home from deployment, “and then I think they assumed the uniform was hung up and our life got back to normal. It didn’t. We’re still trying to figure out this new and confusing normal.”

Teri Clark, Air Force Veteran and VetSET Project Director, says this is an all-too-common challenge for Nebraska’s rural Veterans. “We support the families while the military member is deployed, but when they come home, we too often forget about the family.”

To bring visibility to Veterans and their families, VetSET educates community providers and partners about the unique culture, experience, and language of military service members and their families. In partnership with the multi-disciplinary Veteran’s Brain Injury Task Force, VetSET delivers a day-long training called *No Wrong Door*—a title that envisions Veteran families walking through the door of community providers who have the tools and contacts to ensure Veterans and their families find the right service, at the right time, at the right place. Participants learn from Veterans and their families, as well as experts in the field, about military culture and how military experiences, post-traumatic stress disorder, and brain injury influence emotions and behaviors.

*No Wrong Door* is marketed widely to community professionals including educators, health professionals, county clerks, bankers, small businesses, clergy and law enforcement. “We want to reach people who don’t traditionally think of themselves as working with Veterans,” says Clark.

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New Pilot Readies Communities to Serve Nebraska Rural Veterans (continued from page 3)

A community provider in western Nebraska was surprised at just how relevant the training was. “At first I didn’t think this training was really going to apply to me. I don’t think of myself as working with soldiers. *No Wrong Door* made me realize that I am in constant contact with them. If I don’t ask the right questions, they and their families fall through the cracks.”



In addition to raising awareness and training community providers and partners in military cultural competence, VetSET directly connects Veterans and their families to resources within their communities. Ten VetSET coordinators were hired statewide to make connections with Veteran families to identify their needs and assist with navigating resources.

VetSET got the stamp of approval from Nebraska Lieutenant Governor Mike Foley at the project kick-off event earlier this summer. Foley noted the project bridges the gap between deployment and civilian life, saying, “When our young men and women come home from deployment, VetSET picks up where the military left off.”

NALHD’s Executive Director Susan Bockrath says, “We are doing something different here. Instead of asking Veterans and their families to bear the entire burden of navigating services, we’re educating an existing network of community services to be more responsive to the Veterans’ unique experiences and needs. It’s in this convening of community resources where our local public health departments excel.”

Visit the VetSET Nebraska website at <http://nalhd.org/vetset.html> for more information. ♦

## Summer of Service Rallies Volunteers for Veterans across the Nation

By **Sabrina Clark**, Director, Voluntary Service, Veterans Health Administration



VA’s Summer of Service campaign ran from May 26 through September 11 (National Day of Service), and garnered more than 295,000 volunteers. This initiative allowed the U.S. Department of Veterans Affairs (VA) to highlight its continued commitment to serving Veterans. More importantly, it showcased the tremendous community of advocates, donors and volunteers that support our mission of *Honoring Service, Empowering Health* for our Veteran patients each and every day.

As the Director for VA’s Voluntary Service (VAVS) program, I am thrilled to regularly hear the inspirational stories of volunteers motivated to serve, and the Veterans who benefit from their kindness and generosity. Summer of Service provided an opportunity to re-tell those stories, and it was in the re-telling that I was even more excited about the force multiplier that VAVS is, and desires to be for Veterans and VA.

Within rural communities, VAVS seeks to attract volunteers for its Volunteer Caregiver Respite Program and Volunteer Transportation Network. Both of these volunteer assignments promote access to care and support to rural families. Volunteers who work in these areas supplement the services that VA provides to Veterans. Through an amazing network of service-motivated individuals, they are able expand their circle of friends and comrades, as well as put their time and talent to work in impactful ways.

If you or someone you know is interested in being a volunteer, contact us at [www.volunteer.va.gov](http://www.volunteer.va.gov). Each of us possesses the ability to make a difference in the world—especially through being of service to others. Consider volunteering with VA to help us extend Summer of Service throughout the year. ♦

## Providing Care on Campus for Illinois Student Veterans

By Carolyn Turvey, Ph.D., Iowa City VA Health Care System



John Smith, Director, and Marcy Koller, Medical Technician, both of Student Health Services of Western Illinois University (WIU), stand in front of videoconferencing equipment that enables telebehavioral health consultations between the Iowa City VA Health Care System and WIU.

Nearly 700 Veterans are enrolled at Western Illinois University's Macomb Campus (WIU). WIU is a Veteran-friendly campus that strives to do all it can to support and promote the success of its Veteran student body. However, the campus faced a challenge to provide adequate mental health services to these Veterans due to a local shortage of psychiatric services. WIU is located in a highly rural area located approximately two hours from the U.S. Department of Veterans Affairs (VA) medical center responsible for its Veterans, the Iowa City VA Health Care System.

In 2012, WIU Student Health Services, in collaboration with the Iowa City VA Health Care System, established the Center for Military and Academic Transition and Health

(CMATH). The center, initially funded by the VA Office of Rural Health, serves as an outreach center for the Iowa City VA. Veteran students can use CMATH to obtain information about VA benefits, health care services, and health information for combat-related conditions.

Also, secure and private videoconferencing equipment at the CMATH supports telemedicine between the Iowa City VA Mental Health Clinic and student Veterans in the Macomb area. Veterans can easily access state-of-the-art mental health treatment while they pursue their academic goals.

Veterans on campus expressed the need for access to mental health services performed by clinicians with experience working with Veterans, and who were skilled in addressing combat-related conditions such as post-traumatic stress disorder (PTSD). They also expressed the need for lower intensity counseling and support around transitioning between active duty and student life, which, for some, may occur multiple times while pursuing their degree.

Currently, CMATH provides psychiatric evaluation, follow-up, psychological evaluation and ongoing therapy. Veterans are able to receive the most recent evidence-based treatments for PTSD from clinicians who specialize in this condition. The clinic is open two days a week and has about four to six visits each week. Non-student Veterans living in the Macomb area may also use CMATH.

For more information, please contact Marcy Koller at [MJ-Koller@wiu.edu](mailto:MJ-Koller@wiu.edu) or by phone at (309) 298-3697.

*Initial funds to establish CMATH were provided by the VA Office of Rural Health. Currently, the WIU Clinic is led by John Smith, Marcy Koller, and Susan Beck located at WIU, and Carolyn Turvey and Catherine Woodman located at the Iowa City VA Health Care System. ♦*

## Explore.VA.gov: Plan for Your Future with VA Education Benefits

An advertisement for Explore.VA.gov. It features a light blue background. On the left, there is a blurred image of a man in a striped shirt. Overlaid on the image is the text 'Explore VA Education and Training Benefits Plan for just about any career you can imagine' and a red button with the text 'Learn More'. To the right of the image, the text reads 'Learn more at' followed by the URL 'http://explore.va.gov/education-training' in blue.

## ORH Project Evaluates Impact of Agriculture on Rural Veterans

By Karen Besterman-Dahan, Ph.D., Registered Dietician, Medical Anthropologist, Growing Veterans Project Lead



The Growing Veterans program empowers Veterans to grow food, communities, and each other.

Community reintegration is a U.S. Department of Veterans Affairs (VA) priority for returning Veterans. The long-term effects of multiple deployments and physical and mental health conditions often disrupt work and family life. Additionally, many Veterans experience issues that impede full reintegration into civilian life, including unemployment, homelessness, divorce, decreased community involvement and social isolation. These issues are worse for the estimated 5.3 million rural Veterans, who generally have poorer health outcomes, and are less likely to access medical and mental health services than their urban and suburban counterparts.

A comprehensive approach to reintegration that includes partnership between the government, public, and private sector is necessary to address multiple reintegration barriers and improve health care services and benefits for Veterans

and their families, particularly for rural Veterans. Examples include community agricultural initiatives (CAI). Locally-organized CAI across the U.S. have been started to address the needs of post-deployed Veterans who are transitioning to civilian life.

There are many reported benefits of CAI in civilian populations, including improvements in mental health, emotional issues and physical health; increased vocational skills; and the formation of trusted interpersonal relationships and increased community connectedness. Less is known about the reintegration and rehabilitation benefits of these programs in Veteran populations.

The goal of this project is to assess the impact of CAI on Veterans, their families, and the communities in which they live. We are evaluating Growing Veterans (GV) a Veteran initiated and operated CAI in Western Washington with two main farms and three outposts. During site visits and with surveys and interviews of Veterans, their family members, community stakeholders and non-Veteran CAI members, we ask about community reintegration, the impact of participation in GV, overall satisfaction, and ways to improve VA-CAI partnerships. Surveys include measures of reintegration, health quality of life, and satisfaction.

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*“Bringing things down to scale at the garden is incredibly empowering and incredibly grounding—you can see the product. [You think], I can do this. It’s a plant, I can water it. It makes the world manageable in a way when everything else seems so out of control...you can see the results.”*

*—Veteran, new to agriculture*

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Findings thus far indicate that GV Veterans sought support through connection at the CAI, which acts as a social, communication and resource hub for rural Veterans. While reintegration and health quality of life measures suggest that Veteran GV members have experienced some reintegration difficulties and issues related to mental health, interview and survey results also suggest that Veteran members’ overall psychological, social, and physical wellness has improved since joining GV. Themes from our interviews indicate that CAI participation provides Veterans with a sense of purpose, place of belonging, stability, social camaraderie, peer support, new job skills, an opportunity to use military skills, and an opportunity to be outside and do something life-affirming.

Furthermore, of the Veteran members who responded to surveys:

- 73% report feeling less depressed
- 47% report needing fewer medications
- 30% report improved pain levels
- 78% report getting more exercise

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ORH Project Evaluates Impact of Agriculture on Rural Veterans (continued from page 6)

In other words, CAI are an important vehicle for community reintegration as they provide a place of belonging, social and peer support, new skills, and opportunity to be of service to the community to transitioning rural Veterans and their families. Opportunities exist for the VA to partner with CAI to enhance and improve health care outreach and access to rural Veterans, increasing outreach, access, and service options to rural Veterans at the main GV farm site because it serves as a gathering place and is a preferred place for rural Veterans who experience social, communication, and resource barriers and challenges.

*“Growing Veterans puts money back in the community and keeps [Veterans] interested in doing something. Health is a lot more than medicine and medical care, it’s also about good food and having something positive to do.”*

*—Spouse of Veteran*

For more information on the Growing Veterans program, visit <http://growingveterans.org/overview>. ♦

## Simulation in Health Care Training: the Future of Healing

By **Rosalyn Scott**, Director, Simulation Center and Medical Advisor, VA Virtual Medical Center, Dayton VA Medical Center

The Simulation Learning, Education and Research Network (SimLEARN) is the Veterans Health Administration’s (VHA) program for simulation in health care training. It provides an ever-growing body of curricula and best practices that improve health care for our nation’s Veterans. The use of innovative technologies in a safe learning environment enhances diagnostic, procedural and communication skills to support quality care and the best possible outcomes. One of these innovations is the VA virtual medical center (VMC), which integrates medical consultation, expanded clinical care delivery, patient education and continuing education for staff in a 3-D virtual world.



SimLEARN is the Veterans Health Administration’s national program for advancing clinical simulation training, education and research across VHA.

This summer, the Dayton VA Medical Center in Dayton, Ohio, opened its own VMC as part of a new simulation center. The Dayton VMC, developed by the VA Employee Education System, is designed to enhance clinical outcomes, promote collaborative health care, provide care in its virtual clinics and employ tele-health technologies. Separate “cybraries” provide patients and health care team members with electronic resources and searchable medical content, serious medical games, e-learning platforms, and conference venues. This avatar-rich environment complements existing care models, decreases repetitive staff activities, and increases dissemination of and participation in educational interventions.

In addition to the VMC, Dayton’s simulation center also includes labs, the only mobile simulation van in VA, a partnership with Wright State University using a “virtual classroom/campus” to help returning Veterans to integrate into college, and telehealth capabilities.

The VMC is just one of SimLEARN’s many simulation innovations. The SimLEARN Portal provides the VHA medical simulation community of practice with a centralized, Web-based presence focusing on medical modeling, simulation training and education.

Learn more at <http://www.simlearn.va.gov/>. ♦

## Veterans Could be Eligible for In-State Tuition

Starting July 1, resident-rate tuition and fees (section 702) are offered to “covered individuals” in qualifying states and territories. Currently, 34 states and three territories comply with the law.

Learn more at: <http://www.blogs.va.gov/VAntage/21212/veterans-could-be-eligible-for-in-state-tuition/>.

## There's a Click for That: Long Distance Learning for Rural Community Providers

By **Kathleen Hoenig**, Master of Science, Health Educator, Rural Provider and Health Care Staff Training and Education Initiative, Salt Lake City VA Medical Center



Onsite consultants aid the filming of the Montreal Cognitive Assessment test administration.

In Salt Lake City, Utah, the Rural Provider and Health Care Staff Training and Education Initiative (RPSTI) program is housed within the Geriatric Research Education and Clinical Center (GRECC). The Salt Lake RPSTI is titled *Patient Centered Education for Rural Community Based Outpatient Clinic (CBOC) Providers* and offers access to distance learning about geriatrics and musculoskeletal conditions. Providers receive periodic personalized panel reviews with information about their management of patients with common geriatric and musculoskeletal conditions. Additional educational content is available on an internal website. Speakers present live, interactive webinars for rural CBOC providers. Presentations offer continuing education credit

and they are archived—just a click away—along with a suite of additional resources.

An important project resource is the educational *A Brief Assessment of Cognition* video, which helps VA providers administer, interpret and score the Montreal Cognitive Assessment. The video was made in collaboration with the Salt Lake City Employee Education System and the Salt Lake City VA GRECC Proactive Telehealth Enhanced Collaborative Geriatric Care project. Please contact the points of contact listed below if you are a VA provider interested in accessing this video.

RPSTI produces quality educational products to enhance knowledge and skill base of providers and staff in rural CBOCs.

For more information about RPSTI, contact Jacqueline Teleonidis at [Jacqueline.Telonidis@va.gov](mailto:Jacqueline.Telonidis@va.gov), or Kathleen Hoenig at [Kathleen.Hoenig@va.gov](mailto:Kathleen.Hoenig@va.gov).

*RPSTI (Directed by Jorie Butler, Ph.D.) is a VISN 19 effort of the Salt Lake City GRECC (Director Mark Supiano, MD) and Office of Specialty Care Services-funded Musculoskeletal Center of Excellence (Director Grant Cannon, MD). ♦*

### Innovative Education Model Spotlight: VHA TRAIN

The U.S. Department of Veterans Affairs (VA) is an affiliate of the Public Health Foundation TrainingFinder Real-time Affiliate-Integrated Network (TRAIN), and established Veterans Health Administration (VHA) TRAIN. VHA TRAIN is an external learning management system to provide valuable, Veteran-focused, accredited, continuing education at no cost to community health care providers.

TRAIN provides a robust clearinghouse of on-site training and distance learning opportunities available in local, state, and national jurisdictions. It features a centralized, searchable database of courses relevant to health care, public health, safety and emergency preparedness. TRAIN operates through a network of state and federal agencies, local and national organizations, and educational institutions to provide Web-based and on-site learning, and webinars/webcasts.

TRAIN is comprised of 28 affiliate sites, which include 25 states and three national organizations: the Medical Reserve Corps, the Centers for Disease Control and Prevention, and VHA.

VHA TRAIN is supported by the VHA Employee Education System, an internal VA education and training program office. Get started today at <https://vha.train.org>.

### ORH in the News

- ♦ [Rural Veterans In Need Of Care Face Uncertainty, Isolation](#)  
*Task and Purpose* (<http://taskandpurpose.com/rural-veterans-in-need-of-care-face-uncertainty-isolation>)
- ♦ [Volunteers of America Outreach Goes Mobile, High-Tech](#)  
*Minden Press-Herald* (<http://press-herald.com/volunteers-of-america-outreach-goes-mobile-high-tech/>)
- ♦ [Local Veterans Voice Health Care Concerns](#)  
*Sault Ste. Marie Evening News* (<http://www.sooeveningnews.com/article/20150902/NEWS/150909801>)

## Geriatric Scholars Program Uses Education to Integrate Geriatrics into Primary Care

By **Luis Melendez**, Master of Public Administration, Master of Science, Program Administrator, Geriatric Scholars Program, VA Greater Los Angeles Healthcare System (VAGLAHS); **B. Josea Kramer**, Ph.D., Director, Geriatric Scholars Program, Associate Director for Education, Geriatric Research Education and Clinical Center, VAGLAHS; and **Joseph Douglas**, Project Manager, Geriatric Scholars Program, VAGLAHS

The Geriatric Scholars Program uses education to integrate geriatrics into primary care practices in rural U.S. Department of Veterans Affairs (VA) Community Based Outpatient Clinics (CBOC). The program tailors inter-professional (e.g., physicians, nurse practitioners, physician assistants, pharmacists, social workers, psychologists) educational experiences to each clinician-learner to further professional development. The program includes educational courses, clinical training experiences, coaching and mentoring opportunities, and choices of self-directed learning activities. Each clinician-learner initiates a quality improvement project in his or her clinic to demonstrate how new knowledge is applied to improving care for older Veterans.



The Geriatric Scholars Program core curriculum requires learners to apply new knowledge to improve health care for older Veterans.

Ten Geriatrics Research, Education and Clinical Centers (GRECC) collaborate to provide the clinical and educational expertise to make the program successful. Participating GRECCs are Bronx, Durham, Greater Los Angeles, Little Rock, Madison, New England, Palo Alto, Puget Sound, San Antonio and Tennessee Valley. Partnerships with the VA National Quality Scholars Program, the VA Employee Education System, university affiliates, and the VA Office of Geriatrics and Extended Care contribute further expertise.

*“I have had a great experience in the VA! This Geriatric Scholar Program is but a small fraction of the valuable educational programs offered to VA staff that not only keeps the knowledge process flowing, but also keeps staff engaged”*

—Chief of Pharmacy at a VA medical center

The Geriatric Scholars Program has built on successes since it launched as a VA Office of Rural Health pilot project in 2008. The program continues to develop and expand a successful educational program based on principles of adult learning and the model for continuous professional development. One consistent theme of the surveyed scholars is an appreciation for the continuing education benefit that allows them to provide optimal health care to Veterans.

**Value to Patient Care:** 56 percent of rural Veterans are age 65 and older. Typically, the proportion of older Veterans is even higher in patient panels of clinicians who participate in the Geriatric Scholars Program with an average of 70 percent of the panel over age 65. The program serves these Veterans through its efforts to improve quality of care and improve access to health care providers who are knowledgeable about geriatric care.

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**I'm a Veteran.**  
*I know what it's like.*

*Hear my story.*

**MAKE THE CONNECTION**  
[www.MakeTheConnection.net](http://www.MakeTheConnection.net)

U.S. Department of Veterans Affairs

VA's [Make the Connection](http://maketheconnection.net/) (<http://maketheconnection.net/>) connects Veterans and their families, friends, and supporters with information, resources, and solutions for overcoming many of life's challenges. The site features videos of hundreds of Veterans from every service era and background telling their stories of recovery. These stories highlight experiences that other Veterans can relate to and often motivate them to seek the support they have earned, engage in treatment, and achieve successful outcomes. In addition to the website, the campaign has a Facebook page with more than 2.8 million fans: [www.facebook.com/VeteransMTC](https://www.facebook.com/VeteransMTC).

Geriatric Scholars Program Uses Education to Integrate Geriatrics into Primary Care (continued from page 9)

**Quality Improvement and Change:** Each scholar conducts a quality improvement project at his or her CBOC to demonstrate application of the new knowledge in geriatrics. Each scholar may impact more Veterans than those in an individual's panel through the projects that have already been implemented. Experiences such as these support the mandatory quality improvement component in this program.

**Personal and Professional Development:** The program offers scholars and alumni the opportunities to participate in life-long educational training. Alumni opportunities include elective options and opportunities to attend an intensive course every two years.

*"I enjoy these refresher courses and feel every time I attend I become a better practitioner to help our geriatric population in the VA system and private sector. I always encourage future students with an interest for geriatric care and looking to do any type of post graduate education to look into what the GRECC has to offer."*

*—Staff Pharmacist at a VA medical center*

The Geriatric Scholars Program has developed a rich learning community to supplement and reinforce the knowledge and skills gained at the intensive geriatrics and quality improvement courses. With an increasing understanding of how to deliver high-value geriatrics training to primary care providers and ancillary staff using adult learning principles, VA continues to fulfill the promise of providing the best health care possible to our aging Veterans.

The Geriatric Scholars Program started in 2008 by the VA Office of Rural Health and the Offices of Patient Care Services and Strategic Integration. For more information, please contact Luis Melendez, program administrator at (818) 891-7711 ext. 36094 or via email: [luis.melendez2@va.gov](mailto:luis.melendez2@va.gov).

## Educational Tools for Rural Professionals Who Serve Veterans and Caregivers

By Andrew B. Crocker and Rachel Brauner, Texas A&M AgriLife Extension Service, eXtension Military Families Learning Network



Alongside service members and Veterans who return from deployment with a significant injury is a cadre of military caregivers, numbering more than 5.5 million (Ramchand, et al., 2014). These "hidden heroes," who provide care for returning service members and Veterans, require information and resources that support the caregiving journey. Families of wounded service members and Veterans are often accustomed to frequent relocations (National Center for Veterans Analysis and Statistics, 2012); yet, a permanent move after an injury often leads to a more significant impact on the family because it isolates them from their once-familiar military community (Schumann, et al., 2014). As a result, they may not have ready access to a support system that connects them with evidence-based resources.

Connect with the Military Families Learning Network via Facebook, Twitter, LinkedIn or YouTube.

Additionally, rural communities may not have easy access to infrastructure such as public transportation, health care, government agencies (National Center for Veterans Analysis and Statistics,

2012) and other resources to support these Veterans, returning service members and caregivers. Further, an American Psychological Association taskforce report from 2007 found that civilian professionals provide a significant amount of care for persons with conditions related to deployment.

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Educational Tools for Rural Professionals Who Serve Veterans and Caregivers (continued from page 10)

To help address the professional development challenges rural service providers may face, Texas A&M AgriLife Extension Service (AgriLife Extension) and the eXtension Military Families Learning Network (MFLN) conduct educational outreach. AgriLife Extension and MFLN focus on educational development using the following methods:

- **Examine** issues related to Veterans, service members and their caregivers living in rural areas,
- **Identify** ways professionals in rural communities can obtain professional development related to supporting Veterans, service members and their caregivers, and
- **Discuss** how innovative technologies and partnerships can support the work of professionals, service members and caregivers.

AgriLife Extension and MFLN’s educational development uses creative and innovative outreach:

- **Professional development webinars** transfer content into interactive resources for users and offer continuing education through the National Association of Social Workers. For a list of upcoming or recorded webinars, visit [MFLN Webinars](http://www.extension.org/pages/62581) (<http://www.extension.org/pages/62581>).
- **Online video series** highlights military professionals from various service branches and specialties on topics and information useful to working with families of wounded warriors. The videos provide expert opinion on issues and topics relating to military families and wounded warrior’s specific medication conditions, financial concerns, and employment, among others. The [Professionals Helping Professionals](http://tinyurl.com/pnzwx78) (<http://tinyurl.com/pnzwx78>) video series can be found online.
- **Social media** platforms (e.g., Facebook, Twitter, YouTube, blogging) are a creative way to provide educational resources and information geared towards professionals working with Veterans, service members and caregivers.

To learn more about returning service members, Veterans and caregivers visit [MFLN Military Caregiving](http://www.extension.org/pages/60576) (<http://www.extension.org/pages/60576>).

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## Texas Vet Center Van Provides Veterans the Information They Deserve

By **Janice Casillas**, Rural Veterans Career Advisor, Texas Veterans Commission and Member, Veterans Rural Health Advisory Committee



VA Vet Center vans reach rural Veterans in their communities. In August, one of these vans departed from San Antonio, Texas, to reach Veterans in Uvalde, Del Rio, Eagle Pass, Crystal City and Carrizo Springs.

Although Veterans attend employment workshops and programs geared toward transition assistance prior to separation from service, many benefit from further education on how to use their Veterans benefits. The U.S. Department of Veterans Affairs (VA) brings education, employment and benefits information to rural Veterans through its’ Vet Center van initiative, which launched for its fifth year in August.

One of these vans recently departed from San Antonio, Texas, to travel 294 miles through six rural Texas counties to provide education, employment and benefits information to nearly 300 Veterans. VA Office of Rural Health researchers teamed up with the van to help answer Veteran questions. Since the project began, organizations including the Texas Veterans Commission; Middle Rio Grande Workforce Centers; County Veteran Service Officers; counselors from the Laredo, Texas, area; and several Veteran Service Organizations joined forces with VA to help staff the vans. Their assistance took a variety of forms, from providing counsel to helping Veterans file their claims.

For more information about the Vet Center vans, visit [www.vetcenter.va.gov](http://www.vetcenter.va.gov). ♦

## Traumatic Brain Injury Recovery Support Program Serves Veterans and Caregivers

By **Mary Ellen Knuti**, Outreach Specialist, Defense and Veterans Brain Injury Center

The Defense and Veterans Brain Injury Center's (DVBIC) [Traumatic Brain Injury \(TBI\) Recovery Support Program](http://dvbic.dcoe.mil/tbi-recovery-support-program) (<http://dvbic.dcoe.mil/tbi-recovery-support-program>) connects its clients who have sustained a TBI to appropriate services and resources as they progress through the continuum of care to recovery. The program's recovery support specialists empower their clients—Veterans, service members, National Guard and reservists, family members and caregivers—with knowledge that advances their care and understanding of TBI.

“One special feature of our program is that we enroll family members or caregivers as clients,” said U.S. Public Health Service Capt. Cynthia Spells, program chief. “They often have their own challenges managing their lives, in addition to caring for someone with a TBI. We serve as a ‘listening ear’ and resource to them as well.”

Recovery support specialists complement and augment the services of other military and Veteran care coordination systems, providing TBI knowledge and resource expertise to their professional colleagues. Located at VA hospitals and military treatment facilities nationwide, they bring extensive knowledge of national, state and local programs to the regions they serve.

“Knowledge of and connection to local resources is key to serving our clients,” said Spells. “With 5.3 million Veterans living in rural areas, TBI recovery support specialists address the challenge of identifying services and programs that are accessible to their clients.”

TBI recovery support specialists establish ongoing relationships with clients, which include regular check-in calls to provide support and track TBI symptoms and recovery for 24 months or longer, if necessary. They also assist in finding and accessing TBI and psychological clinical care, non-medical resources and information as the client enters the rehabilitation stage of care, returns to duty, or transitions to civilian life.

The individual seeking support, a military or Veterans treatment program, case manager or health care provider, family, caregiver, friend, or community organization may make a referral to the program by email to [mrmc.dcoe.TBIrecoverysupport@mail.mil](mailto:mrmc.dcoe.TBIrecoverysupport@mail.mil) or by phone directly to a recovery support specialist by state at [DVBIC locations](http://dvbic.dcoe.mil/locations) (<http://dvbic.dcoe.mil/locations>). The TBI recovery support program also may customize a referral process with clinics and facilities and other entities serving wounded warriors.

The program fact sheet and client brochure may be downloaded from DVBIC's [TBI Recovery Support Program Web page](http://dvbic.dcoe.mil/tbi-recovery-support-program) (<http://dvbic.dcoe.mil/tbi-recovery-support-program>). DVBIC also provides TBI [educational materials](http://dvbic.dcoe.mil/resources/browse) (<http://dvbic.dcoe.mil/resources/browse>) for providers and clients, as well as [webinars](http://dvbic.dcoe.mil/online-education) (<http://dvbic.dcoe.mil/online-education>) that offer continuing education credit for providers. For additional information, contact Mary Ellen Knuti at [maryellen.knuti.ctr@mail.mil](mailto:maryellen.knuti.ctr@mail.mil), or by phone at (301) 295-7433.

*Congress established DVBIC in 1992 after the first Gulf War in response to the need to treat service members with TBI. DVBIC's staff serves as the Defense Department's primary TBI subject matter experts. DVBIC is part of the U.S. Military Health System and is the TBI operational component of the Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury (DCoE). Learn more about DVBIC at [dvbic.dcoe.mil](http://dvbic.dcoe.mil). ♦*



Defense and Veterans Brain Injury Center specialists provide support and track TBI symptoms and recovery.



[www.ruralhealth.va.gov](http://www.ruralhealth.va.gov)

### VHA 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 the VA’s lead proponent for rural health, ORH works to see that America’s Veterans thrive in rural communities. Through its programs and collaborations, ORH improves the health and well-being of rural Veterans by increasing access to care and services.

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