



# The Rural Connection

OFFICE OF RURAL HEALTH • WINTER 2016

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

### Generate and Diffuse Knowledge to Increase Rural Veterans' Access to Care and Services



Gina Capra, MPA  
ORH Director

As the U.S. Department of Veterans Affairs' (VA) lead advocate for rural Veterans, the Office of Rural Health (ORH) works to see that America's Veterans thrive in rural communities. As part of our

advocacy, we strive to "generate and diffuse knowledge regarding rural Veterans health," which is one of ORH's four strategic goals. I believe that the more we know and learn about rural Veterans and their needs, the better we develop targeted enterprise-wide solutions that increase their access to health care.

Recently, the Rural Veterans Coordination Pilot (RVCP) finished its first year of providing support and assistance to rural Veterans and their families as they transition from military service to civilian life. Through RVCP, we are starting to build effective community partnerships as a model under which state and local entities can coordinate benefits and services for rural Veterans and their families. The five RVCP grantees established more than 500 new partnerships and nearly 50 service sites in its first year, and

continue to work toward finding solutions through partnerships. Read more in the **Rural Veterans Coordination Pilot Demonstrates Power of Community Partnerships** article on page 3.

Also, VA continues to make advancements in telehealth, which is especially beneficial for rural Veterans in order to reduce the need to drive long distances. For example, the VA Central Iowa Health Care System in Des Moines, Iowa, established a robust team and protocol that provides rehabilitation services via clinical video telehealth into the comfort of the Veterans' home. Now that they've generated knowledge on the most effective methods to provide physical, occupational and speech therapy via telehealth, they are diffusing that knowledge within the rehabilitation community. Read more in the **Telehealth Brings Physical, Occupational and Speech Therapy into Veterans' Homes** article on page 5.

Similarly, VA care teams in the New England area use telehealth to hold video visits with Amyotrophic Lateral Sclerosis (ALS) patients. Through these video telehealth sessions, the team is able to meet frequently with the Veteran and their caregiver throughout disease progression. Read more in the **Providing Interdisciplinary Health Care via Televideo to Veterans with ALS** article on page 9.

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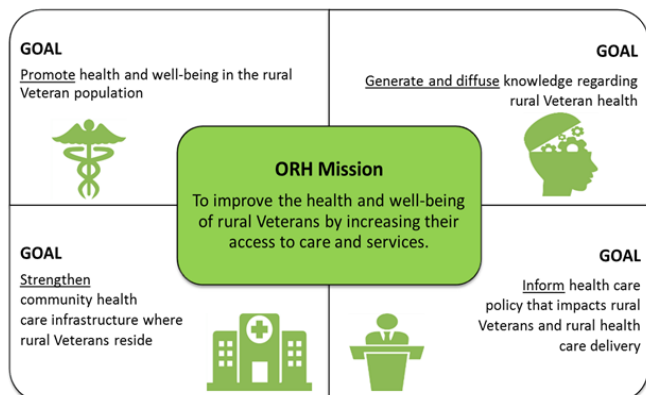
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This issue of "The Rural Connection" is the second in a series of four issues that focus on the U.S. Department of Veterans Affairs' rural health strategic goals. This issue focuses on ways VA and its partners generate and diffuse knowledge regarding rural Veteran health.

Some of the most tangible examples of how we "generate and diffuse knowledge" are our strategic communications efforts. We diffuse rural Veterans health knowledge through products such as our annual report and info sheets. Read more in the **related announcements on page 10**.

Finally, we often disseminate information to our partners. In recognition of women's history month in March, we presented data on rural women Veterans to a variety of groups, such as the White House Council on Women and Girls', women Veterans working group, and VA's Veterans Benefits Administration's 50 new rural coordinators. Women are one of the fastest growing groups of Veterans, and nearly 6 percent of rural Veterans are women. We also participated in a VA-wide "Rural Women Veterans Twitter Town Hall." **Read more on page 12** and learn about **Free Apps Available to VA and Community to Enhance Women Veterans' Care Delivery on page 6**.

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.

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

## Doing More for Veterans Through Strategic Partnerships

By **Lelia Jackson**, Director, Office of Community Engagement, Veterans Health Administration

The U.S. Department of Veterans Affairs (VA) continues to develop non-monetary partnerships with non-governmental organizations (NGOs) to provide health care services to Veterans. A variety of NGOs from across various health disciplines contacted VA soon after hearing VA Secretary Robert McDonald advocate for partnerships during his travels across the country. Secretary McDonald widely promotes the importance of working with community organizations to expand VA benefits and services. Responsible and productive partnerships build capacity and create platforms for sharing resources to better serve Veterans, their families, caregivers, survivors, and beneficiaries.

VA medical centers and outpatient clinics across the country formed thousands of partnerships with community organizations that benefit Veterans and their beneficiaries. Partnership types vary according to the needs of a particular community—some are large-scale and cross multiple facilities, while others are grass-root efforts that provide solutions to local priorities, such as providing access to services and care for rural Veterans.

A recent agreement with the YMCA is an excellent example of a national partnership that helps Veterans at the local level. The new expanded agreement has a menu of service ideas that makes it easier for Veterans Health Administration (VHA) facilities and Veterans Benefits Administration (VBA) regional offices to work with local YMCAs to ensure that Veterans are connected to needed resources and opportunities in their communities. Also, a recent national partnership with the nonprofit KaBOOM! makes play more accessible to Veterans' children by providing portable play systems in various VA medical center waiting rooms and Fisher Houses across the country. Rural social workers expressed gratitude that KaBOOM! products will be donated to several VA medical centers serving rural Veterans. The YMCA and KaBOOM! partnerships are two examples of emerging or expanded partnerships that increase services to Veterans and their families.

The Office of Community Engagement is a national point of contact for organizations that seek to partner with VHA as it facilitates discussions and explores collaborations with appropriate subject matter experts. For more information on the Office of Community Engagement, or about partnering with VHA, contact [VHACommunityEngagement@va.gov](mailto:VHACommunityEngagement@va.gov). ♦

## Rural Veterans Coordination Pilot Demonstrates Power of Community Partnerships

By **Krista Holyak**, Communications Specialist, Office of Rural Health, Veterans Health Administration

The transition from military service to civilian life brings about many changes, such as finding a job or adjusting to a new pace of life. Further, making this transition in a rural community may prove challenging in a unique way, especially when services are not readily available or close by. In September 2015, the U.S. Department of Veterans Affairs (VA) launched the Rural Veterans Coordination Pilot (RVCP), which offers a community-based approach and provides means to expand programming and conduct outreach activities specifically geared towards rural Veterans and their families as they transition from military service to civilian life.

VA's Office of Rural Health administered \$10 million in grants to five selected sites, each of which were awarded \$2 million for a two-year period. RVCP grantees use the funds to aid Veterans transitioning to civilian life by addressing one or more of the following areas:

- Increase coordination of health care and benefits for Veterans
- Increase availability of high quality medical and mental health services
- Provide assistance to families of transitioning Veterans
- Conduct outreach to Veterans and their families

The RVCP evaluation team recently completed initial research to determine the impact of federal funding on improving services targeted toward Veterans and their families during their transition from military service to civilian life. Findings showed the five grantees had a significant impact on their Veteran communities during the first year of the RVCP program:



Completed intake assessments for more than **700 Veterans and 150 family members** that enabled service providers to coordinate services upon requests for assistance



Established **more than 500 new partnerships** (partnership networks included nearly 80 medical and 60 mental health benefit-providing organizations)



Conducted more than **150 outreach events** (e.g., state fairs, job fair partnerships, sponsored concert partnerships), which reached more than 11,000 Veterans and nearly 6,000 family members



Provided more than **600 referrals** to Veterans and family members across all sites (of which, more than 90 percent were for Veterans, and the remaining for primary and secondary family members)



Established nearly **50 service sites** within communities located in Arkansas, Maine, Nebraska, New Mexico, North Louisiana, Oklahoma, Oregon, Texas and Washington

Upon completion, the results of the pilot will help establish an effective model under which state and local entities can successfully coordinate multi-sector benefits for Veterans and their families who reside in rural or underserved communities.

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### Rural Health Information Available through RHlhub

Visit the [Rural Health Information Hub](https://www.ruralhealthinfo.org/) (RHlhub) (<https://www.ruralhealthinfo.org/>) for information, opportunities and resources on rural health. The RHlhub is a guide to improve rural health care and population health. It provides access to current and reliable resources and tools to help visitors learn about rural health needs and work to address them.



*RHlhub, formerly the Rural Assistance Center, is funded by the U.S. Department of Health and Human Services' Federal Office of Rural Health Policy to be a national clearinghouse on rural health issues. ♦*

## RVCP Grantee Highlights

RVCP grant recipients support local Veterans in ways that are appropriate to the unique challenges faced in these rural areas. Each site has its own area of focus and reported a number of achievements at the completion of the two-year funding period. Read more about the grantees and a sample of their impact to-date below. ♦



### Created more than 1,600 job opportunities for Maine's rural Veterans.

The **Maine Department of Labor** connects Veterans with career counselors who help identify opportunities, arrange training, and translate military skills to civilian jobs for Veterans, particularly the thousands of which returned home from Operation Enduring Freedom and Operation Iraqi Freedom. A portion of the funding also helps Easter Seals of Maine expand their Veteran outreach services.



### Hosted five "No Wrong Door" training sessions for nearly 400 participants to increase military cultural competence.

The **Nebraska Association of Local Health Directors (NALHD)** trains local health departments and community organizations on how to address Veteran-specific needs and provide more comprehensive, patient-centered care to Veterans and their families. NALHD's VetSET program increases military cultural competence among community-based organizations, training them to recognize and address the unique culture, experience, and language of military service members and their families.



### Established more than 120 partnerships, of which 67 percent were with non-medical or non-mental health providers.

The **New Mexico Department of Veteran Services (NMDVS)** provides job counseling, benefits advice, benefits fairs, and free mental health services to transitioning Veterans and their families. NMDVS' Veterans and Family Transition Program established Veteran and family transition centers in four regions of the state to help returning families gain access to four critical needs: health care, education, job placement and housing.



### Established new, fully-functional, operating mobile clinic in partnership with Overton Brooks VA Medical Center and a Veteran health information exchange with VA.

The **Volunteers of America of North Louisiana** organizes telemedicine care and works to prevent homelessness among rural Veterans and their families in parts of Arkansas, Louisiana, Oklahoma, and Texas. The site also coordinates transportation for rural Veterans and uses telehealth technology to increase access to health providers. Its Rural Veterans Health Outreach program uses telehealth technology to connect rural Veterans and their families to physical and mental health services.



### Completed more than 300 intakes for Veterans and their families.

The **WestCare Washington Foundation** provides health services, benefits advice, and phone counseling to Veterans and their families in Washington and Oregon. WestCare's "navigators," many of whom served in the military themselves, conduct personalized outreach to Veterans in their rural communities. The foundation's "Home Base" program uses Community Navigators to help Veterans access food, housing, 24/7 military helpline referrals, crisis intervention and other resources.



## Telehealth Brings Physical, Occupational and Speech Therapy into Veterans' Homes

By **Donald Hayes**, Physical Therapist, VA Central Iowa Health Care System (VACIHCS), **Kristen Ganfield**, Occupational Therapist, VACIHCS, and **Whitney Welp**, Speech Language Pathologist, VACIHCS

Clinical video telehealth (CVT) is an innovative way to deliver therapy services into a Veteran's home. The Veteran is able to see and hear the therapist in real time, just as they would during a traditional medical visit. The VA Central Iowa Health Care System (VACIHCS) interdisciplinary rehabilitation team of physical therapists (PT), occupational therapists (OT), speech language pathologists (SLP) and telehealth coordinators use CVT to increase access to care for rural Veterans in central Iowa. At VACIHCS, the decision to use telehealth technologies for rehabilitation services is determined on a case-by-case basis with selections based on multiple variables, such as practitioner's clinical judgement, professional's standards of care and ethics, Veterans consent, and available technologies and resources. Typically, each rehabilitation session is supported by a telehealth clinical technician (TCT) to train the Veteran or their caregiver on how to safely use the appropriate telehealth technology. The TCT is generally present with the Veteran during the initial exam and select follow-up visits to ensure safety during the tests.



The Donald Hayes, Kristen Ganfield and Whitney Welp are part of a team at the VACIHCS that helps bring therapy services to Veterans through telehealth technology.

Physical therapy is performed by replacing the PT's hands with various assistive devices for the Veteran to self-treat pain and range of motion limitations in muscles and joints. The PT is also able to address balance issues with the Veteran through specific tests that do not require a PT to be physically present with the patient.

Once the source of the balance issue is discovered, the PT develops a treatment plan specific to each Veteran, as would be with an in-person home visit. The Veteran is provided and instructed in an individualized home exercise program to improve and maintain gains during their time in therapy and after.

Occupational therapy visits performed through CVT allow for the OT to get a real-time visual on the Veteran's home environment. The OT observes the Veteran complete normal daily living tasks within their home. The OT then develops informed recommendations and treatment plans based on the assessment, also as would be with an in-person OT home visit. The TCTs are also present to assist with measuring items such as doorway and wheelchair widths to better determine the Veteran's needs within their home environment. The TCTs also are able to take free standing photos for the OT to use to make Home Improvement and Structural Alterations (HISA) grant requests for home modifications. This step eliminates the burden for the Veteran to obtain the photos themselves, as photos are required as part of the grant program's process.

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*Using CVT to process HISA grants significantly accelerated the time line to process each grant from four months to less than one month for each Veteran.*

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CVT into the home also opened doors for Veterans to receive a variety of speech therapy services through telehealth including: swallowing, cognitive and voice therapy. Also, the speech team at the VACIHCS provides a voice therapy treatment, called the Lee Silverman Voice Treatment (LSVT) Loud, specifically for Parkinson's disease. Research shows that LSVT Loud supports improvements for individuals with Parkinson's disease in vocal loudness, intonation, and voice quality, with improvements maintained up to two years after treatment. This intense voice treatment, with more than sixteen treatment sessions that span four weeks, would be challenging to do with typical, face-to-face therapy. However, with CVT, the treatment is possible in the comfort of the Veteran's own home.

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## Telehealth Brings Physical, Occupational and Speech Therapy into Veterans' Homes (continued from page 5)

At the Des Moines, Iowa, VA Medical Center (VAMC) the rehabilitation team (i.e., PT, OT, SLP and telehealth coordinator) worked together to improve coordination, care and outcomes for rural Veterans. Initial outcomes of the project at the conclusion of fiscal year 2015 included:

- Telehealth visits saved an average of 57 miles per visit, which represents nearly 30,000 miles saved in drive time for clinicians
- 55% increase in telehealth visits in the last two quarters of fiscal year 2015
- Assisted in facility goal to reduce "bed days" for patients by 88%
- Assisted in completion of 70 home safety evaluations that would have previously needed community care

Now that the Des Moines, Iowa, VAMC established a robust team and protocol to provide rehabilitation services via CVT into the Veterans' home, the next step is to share lessons learned and success stories with the rehabilitation community. Contact [Donald.Hayes2@va.gov](mailto:Donald.Hayes2@va.gov), [Kristen.Ganfield@va.gov](mailto:Kristen.Ganfield@va.gov) and [Whitney.Welp@va.gov](mailto:Whitney.Welp@va.gov) for more information or to attend an upcoming webinar on the topic.

*The CVT efforts at the VACIHCS are part of the Environmental and Physical Assessment and Assistive Technology Rehabilitation Collaboration project. The Rehabilitation and Prosthetic Services Office manages this project, which was funded in fiscal year 2015 by the U.S. Department of Veterans Affairs' Office of Rural Health. ♦*

## Free Apps Available to VA and Community to Enhance Women Veterans' Care Delivery

Did you know that women are the fastest growing Veteran population group, and represent 6 percent of enrolled rural Veterans? The U.S. Department of Veterans Affairs (VA) recently released two women's health mobile apps targeted to VA and community providers, or anyone interested in women's health. Both apps provide important guidance in caring for and counseling women Veterans.



The free [Preconception Care](https://mobile.va.gov/training/preconception-care) app (<https://mobile.va.gov/training/preconception-care>) provides VA and community care team members with information to support the integration of preconception care into comprehensive primary care, thereby optimizing the health of women Veterans of reproductive age. The app provides a single, easy access point for provider-centered resources that address a variety of factors, including birth control usage, reproductive history, health status, family and genetic history and risks, vaccinations received, and lifestyle factors.



The free [Caring4Women Veterans](https://mobile.va.gov/training/caring-4-women-veterans) app (<https://mobile.va.gov/training/caring-4-women-veterans>) is designed to increase VA and community care team members' awareness of, and access to, current information to help address the unique physical and mental health issues that affect women Veterans. Women Veterans may have health care needs that differ from both male Veterans and the general female population. Because many women Veterans seek health care outside of the VA network, it is important that both their VA and community providers have the resources necessary to provide informed and comprehensive care; the Caring4Women Veterans App provides this.

Find the direct download links for the apps in the Apple and Android App Stores. Explore and access additional apps developed by VA Mobile, free for both care team members and patients at the [VA App Store](https://mobile.va.gov/appstore) (<https://mobile.va.gov/appstore>).

For more information about the VHA Office of Women's Health Services and to view additional resources available for care team members working with women Veteran patients, visit [www.womenshealth.va.gov/](http://www.womenshealth.va.gov/). ♦

## Easy as 1-2-3: Lower Your Risk for Diabetes

By **Brady Bautch**, Public Affairs Specialist, Patient Care Services, Population Health Services, Veterans Health Administration

About one out of 11 people in the United States have diabetes, according to the Centers for Disease Control and Prevention (CDC). Many of these people—about one in four—don't even know they have the disease. In addition, CDC estimates at least one out of every three Americans will develop the disease within his or her lifetime. Additionally, Type 2 diabetes is one of the top five most common outpatient diagnoses among rural Veterans.

Now is the time to make three simple lifestyle changes that can protect you from diabetes—and other major medical complications, including heart disease, stroke and obesity.

### 1) Keep a healthy weight, or lose weight if you're overweight

- Burn as many calories as you consume in order to maintain your weight
- Burn more calories than you consume in order to lose weight

### 2) Get a daily dose of physical activity

- Strive for 30 minutes per day of moderate-intensity activities, such as brisk walking; everyone is different but this step is a good start for most people
- Complete physical activity to add the benefit of burning calories, which can help maintain a healthy weight, or lose weight

### 3) Eat healthy

- Choose moderate portion sizes that are relatively low in calories, but high in nutrition, so they can help you maintain a healthy weight while providing a good dose of vitamins, minerals, protein and fiber
- Decrease your daily intake of added sugars to lower calorie consumption without compromising nutrient intake
- Avoid the empty calories in alcohol

If you make a commitment to eat healthy foods in smaller portions regularly, engage in physical activity for 30 minutes or more every day, and maintain a healthy weight, you can make a difference in your overall health while reducing your risk for Type 2 diabetes.

Sometimes the most important part of making lifestyle changes is a new attitude. So, choose health and wellness every day. Please check with your doctor to develop a personalized plan. ♦

## Veterans Health Library Serves as Patient Education Tool



The [Veterans Health Library](http://www.veteranshealthlibrary.org) ([www.veteranshealthlibrary.org](http://www.veteranshealthlibrary.org)) is a one-stop source for reliable health information reviewed by U.S. Department of Veterans Affairs' clinical experts. The Library covers a wide variety of health topics for Veterans, their families, and caregivers, including post-traumatic stress disorder, spinal cord injury, combat-related traumatic brain injury, military exposures to environmental hazards, and military sexual trauma. The Library presents information in both English and Spanish in several engaging and innovative formats, including:

- More than 1,500 health information sheets and online guides that can be printed for easy reference
- More than 150 videos that teach patients about common conditions, tests and procedures
- Go-to-guides that incorporate audio, video and interactive quizzes

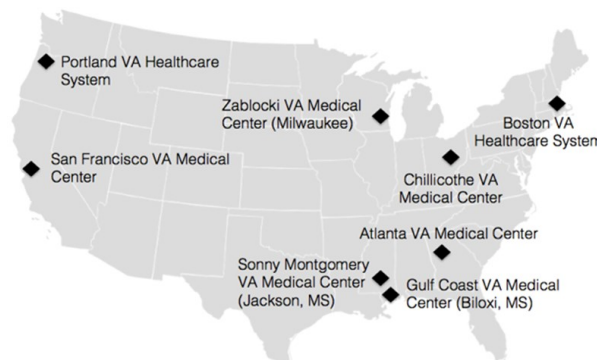
*The Library was developed under the guidance of National Center of Health Promotion and Disease Prevention's Veterans Health Education and Information Program. ♦*

## VA's Innovators Network Aims to Improve the Way VA Serves Veterans

By **Andrea Ippolito**, VA Innovators Network Lead, VA Central Office

The U.S. Department of Veterans Affairs (VA) created notable innovations while providing health care to generations of Veterans. The health care industry adopted many of these innovations to better treat patients. VA medical professionals pioneered breakthrough innovations such as:

- The implantable cardiac pacemaker
- The first successful liver transplant
- The nicotine patch to help smokers quit
- Artificial limbs that move naturally when stimulated by electrical brain impulses



VA currently pilots the Innovators Network at eight VA medical centers.

VA continues to encourage innovation to increase its ability to rapidly respond to Veterans' needs and deliver the best possible experience for Veterans. The [VA's Innovators Network](http://www.innovation.va.gov/innovatorsnetwork/) (<http://www.innovation.va.gov/innovatorsnetwork/>) is a community of VA employees who are actively engaged in work that moves the agency forward. This community facilitates collaboration, and enables colleagues—no matter the distance—to share ideas, challenges, and opportunities, and test and validate potential best practices. It offers an interactive environment for VA employees to test new ideas, and join forces with stakeholders across the Veteran community to improve the way VA serves Veterans.

The Innovators Network leans heavily on a human-centered design (HCD) approach, which helps organizations produce designed products, services, and processes focused on the needs of those who use and benefit from them. Simply put, people are better served when their needs are aligned with the application and purpose of the products and services they use. Innovators use HCD to build a strong understanding of VA's customers, generate ideas for new products and services, test concepts with real people, and ultimately deliver easy-to-use, consistent products that create positive customer experiences. HCD is at the front-end of innovation and is a discipline in which the needs, behaviors, and experiences of an organization's customers (or users) drive product, service, or technology design processes.

VA currently pilots the Innovators Network at eight VA medical centers. At each of these sites, VA develops forums that allow ideas to be developed, refined and tested to best serve Veterans. In addition, VA invests in teaching and training programs to equip employees with innovation-related competencies. An Innovation Specialist at each site helps create a culture of innovation.



The VA Innovators Network team ran a program called the VA Innovation Creation Series ([www.innovation.va.gov/challenge/](http://www.innovation.va.gov/challenge/)). Last year, more than 450 people from across the U.S. participated in this program, which focused on crowdsourcing open-source solutions to health care challenges identified by Veterans.

Through the program, Veterans like retired Army Sergeant Lisa Marie Wiley collaborated with engineers and designers across the U.S. to prototype solutions to help make everyday life easier for Veterans like herself. After stepping on an improvised explosive device while serving in Afghanistan in 2011, Lisa uses a variety of prosthetics for different purposes such as running, walking and wearing heels. Changing a prosthetic is a time consuming process, and on average takes 20 minutes. Lisa's team designed a coupling device designed to make it easier and more convenient for lower limb amputees like Lisa to change their prosthetics.

Visit VA's Innovators Network at [www.innovation.va.gov/innovatorsnetwork/](http://www.innovation.va.gov/innovatorsnetwork/) to learn more about the Innovators Network and VA's Center for Innovation. ♦



## Providing Interdisciplinary Health Care via Televideo to Veterans with ALS

By **Caroline (Jane) Coffee**, Licensed Clinical Social Worker, Certified Case Manager, VA Connecticut Healthcare System

Amyotrophic Lateral Sclerosis (ALS), otherwise known as Lou Gehrig's disease, is a rapidly progressive, usually fatal, neurodegenerative disease with variable symptoms that cause severe functional debility. It is estimated that 30,000 Americans currently live with ALS and more than 5,600 people are diagnosed with the disease every year. The average life expectancy of a person living with ALS is two to five years.

*In 2005-2006 multiple studies reviewed by the Institute of Medicine concluded that Veterans of all eras and branches are up to two times more likely to be diagnosed with ALS as compared to the general U.S. population.*

Due to the association of military service and ALS, the Secretary of the U.S. Department of Veterans Affairs (VA) and the U.S. Congress designated ALS as a presumptive 100 percent service connected disability in 2008 (a service connected disability rating provides monthly monetary compensation and priority health care benefits to Veterans).

VA medical centers then began operating ALS clinics throughout the country in an attempt to provide the multi-faceted and interdisciplinary care required for Veterans living with ALS. Because the ALS course of illness is unpredictable, rapid, and complex, multiple specialists are required to coordinate individualized care for the Veteran and their support system.

The primary focus of every VA ALS clinic is to improve Veterans' quality of life as they live with ALS. ALS

interdisciplinary teams at some VA medical centers include a neurologist, palliative care specialist, physical therapist, occupational therapist, speech language pathologist, registered dietitian, health psychologist, licensed clinical social worker, and nurse case manager. Veteran patients are encouraged to attend the VA ALS clinic every three months, per American Academy of Neurology guidelines. For rural Veterans with ALS, these face-to-face clinic visits can be burdensome and fatiguing to the Veteran and caregiver.



The ALS team at the VA Connecticut Healthcare System uses clinical video telehealth equipment to improve access to comprehensive care for Veterans living with ALS.

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### In Memoriam: Remembering Jeff Lowe



As you read about the impact telehealth has on rural Veterans, it is only fitting to honor Jeff Lowe, a friend and colleague in the VA telehealth community, who passed away unexpectedly in February 2016. Jeff championed the development of real-time telehealth technologies and the programs required to support telehealth operations. Jeff was dedicated to providing Veterans with access to VA health care, placing the need of the patient before the technology.

His Veterans Integrated Service Network 19 colleagues shared many memories about Jeff: "Jeff Lowe was a passionate advocate for using technology to bring VA care to rural Veterans. He would simply light up talking about his vision for a more accessible and connected VA, and was always willing to discuss the potential "what ifs" of devising a health care technology structure that would revolutionize how VA delivers care. His courage, vision, and willingness to just try something and work out the kinks with dedication, patience, and optimism created clinical programs that change how VA sees patients in rural communities. Jeff's contribution to rural health via telehealth cannot be quantified, but the quality of the programs he fostered stand as a strong testimony to his success."

We ask that you keep Jeff's family and friends in your thoughts during this difficult time.

## Providing Interdisciplinary Health Care via Televideo to Veterans with ALS (continued from page 9)

### VA interdisciplinary ALS clinics use televideo to remotely discuss multiple ALS needs with Veterans including:

- Physical and neurological assessments, which incorporate home safety and equipment need reviews
- Mental health sessions with a palliative care psychologist; couples counseling and caregiver support is the paramount focus, if indicated
- Palliative care assessment and discussion related to one's end of life preferences, including clarification of a Veteran's living will choices
- Social work services, including VA benefits education, referrals to caregiver support programs, and community resource connection to organizations such as the ALS Association
- Interdisciplinary team assessments, which include all members of the ALS clinical team, each providing their own brief assessment of the Veteran and his caregiver

Since 2013, three VA medical centers in the New England area partnered with the VA Office of Rural Health to provide televideo health appointments to both rural and non-rural Veterans living with ALS. In an effort to improve the Veteran's quality of life and reduce caregiver fatigue, Veteran patients enroll in video telehealth programs facilitated by their VA ALS clinic. Three VA medical center sites participated in the televideo project: White River Junction VAMC in White River Junction, Vermont; Providence VAMC, in Providence, Rhode Island; and the VA Connecticut Healthcare System in West Haven, Connecticut. After establishing a trusting therapeutic relationship with the Veteran during the face-to-face clinic visit,

televideo visits allow the clinical staff, Veteran and caregiver to delve deeper into challenging decisions about care and coping, such as end-of-life preferences. Televideo visits are indispensable for Veterans with ALS who live at home and are on 24-hour ventilator support.

The use of video telehealth with the Veteran ALS population is successful in rural and urban areas of New England. The video visits spaced in between face-to-face clinic visits reassure the Veteran and their caregiver of the ALS clinical team's wholehearted support throughout the disease progression.

*Specifically, within this ALS televideo project, Veterans and spouses reported more than a 98 percent satisfaction rate.*

For more information on providing interdisciplinary health care via televideo to Veterans with ALS, contact Jane Coffee at [Caroline.Coffee@va.gov](mailto:Caroline.Coffee@va.gov). ♦

## ORH Products Diffuse Information on Rural Veterans



The U.S. Department of Veterans Affairs (VA) Office of Rural Health (ORH) recently released its annual report, "Thrive 2015." The report provides current data on rural Veterans and the progress made in 2015 to improve rural Veterans' health and well-being, and increase their access to care. The report is available via the [ORH website](http://www.ruralhealth.va.gov/docs/ORH_Annual_Report_2015_FINAL.pdf) ([www.ruralhealth.va.gov/docs/ORH\\_Annual\\_Report\\_2015\\_FINAL.pdf](http://www.ruralhealth.va.gov/docs/ORH_Annual_Report_2015_FINAL.pdf)).

ORH also released the first four in a series of new info sheets on rural Veterans health initiatives. The topics include:

- [ORH Overview](http://www.ruralhealth.va.gov/docs/ORH_InfoSheet_2016_FINAL508.pdf) ([www.ruralhealth.va.gov/docs/ORH\\_InfoSheet\\_2016\\_FINAL508.pdf](http://www.ruralhealth.va.gov/docs/ORH_InfoSheet_2016_FINAL508.pdf))
- [Rural Promising Practices](http://www.ruralhealth.va.gov/docs/InfoSheet_Promising_Practices_2016_FINAL508.pdf) ([www.ruralhealth.va.gov/docs/InfoSheet\\_Promising\\_Practices\\_2016\\_FINAL508.pdf](http://www.ruralhealth.va.gov/docs/InfoSheet_Promising_Practices_2016_FINAL508.pdf))
- [Rural Veterans Coordination Pilot](http://www.ruralhealth.va.gov/docs/ORH_RVCP_Infosheet_2016_FINAL508.pdf) ([www.ruralhealth.va.gov/docs/ORH\\_RVCP\\_Infosheet\\_2016\\_FINAL508.pdf](http://www.ruralhealth.va.gov/docs/ORH_RVCP_Infosheet_2016_FINAL508.pdf))
- [Veterans Rural Health Advisory Committee](http://www.ruralhealth.va.gov/docs/VRHAC_Infosheet_infosheet_FINAL508.pdf) ([www.ruralhealth.va.gov/docs/VRHAC\\_Infosheet\\_infosheet\\_FINAL508.pdf](http://www.ruralhealth.va.gov/docs/VRHAC_Infosheet_infosheet_FINAL508.pdf)) ♦

## VA Reaches Indian Health Service and Tribal Health Programs with Rural Interdisciplinary Team Training Program

By **B. Josea Kramer**, PhD, Director, VA Geriatric Scholars Program and Associate Director for Education and Evaluation, Greater Los Angeles Healthcare System Geriatric Research Education and Clinical Centers (GRECC); and **Judith L. Howe**, PhD, Deputy Director and Associate Director for Education and Evaluation, Veterans Integrated Service Network 3 GRECC at James J. Peters VA Medical Center



The VA Rural Interdisciplinary Team Training (RITT) Program is geared to strengthen team-based care for aging Veterans at rural outpatient clinics. Recently, RITT expanded its training outside of VA to include the Indian Health Service and Tribal Health Programs. *Photo credit: Judith L. Howe, PhD, RITT Program Director*

The U.S. Department of Veterans Affairs continues to build expertise in geriatrics and gerontology through its network of Geriatric Research Education and Clinical Centers (GRECC). Now, VA expanded its related training to include the Indian Health Service (IHS) and Tribal Health Programs through the Geriatric Scholars Program and its Rural Interdisciplinary Team Training (RITT) program.

The Geriatric Scholars Program is a collaboration of 10 GRECCs to integrate geriatrics into primary care practices. The RITT component includes the entire primary care and administrative support team to promote collaborative, team-based care to address the complex needs of older patients and their families.

Recently, the S'Klallam Tribal Health Program invited the RITT team to its facility in Port Gamble, Washington. One provider noted that the training highlighted "the importance of humility when interacting with the elderly." Another staff member commented that the training was an "excellent use of teaching methods and aids [with] excellent role playing to drive the point home." The RITT training, in addition to bringing geriatrics knowledge and skills to the clinic staff, also "brought [clinic] departments together."

The IHS elder health consultant commented, "The VA RITT training offers IHS and tribal programs a highly efficient, effective way to improve the quality of care they provide to the elders they serve. The training focuses on building specific capabilities to meet needs identified by the facility and community and it does that by training the whole care team. This approach is perfectly designed for our smaller, rural facilities."

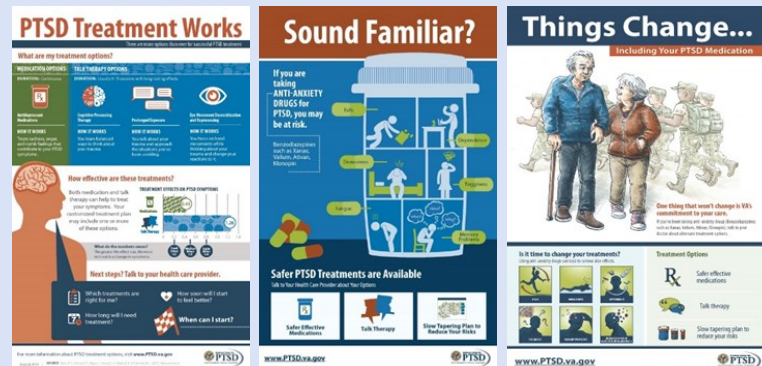
Dr. Josea Kramer, Geriatric Scholars Program Director, noted that the opportunity to share educational experiences is an important outcome of the Memorandum of Understanding between VA and IHS that emphasizes active sharing of resources.

This year, the Geriatric Scholars Program plans to offer up to 10 programs to IHS and Tribal Health Program clinics, as well as 20 VA rural Community Based Outpatient Clinics. For more information about the RITT program for IHS and Tribal Health Programs, please contact Annette Atanous, Program Coordinator, at [Annette.Atanous@va.gov](mailto:Annette.Atanous@va.gov).

*The VA Employee Education System accredited the RITT for Continuing Medication Education and Continuing Education Units for non-physicians; and the VA Office of Rural Health provided funding for RITT faculty travel and educational materials. ♦*



## New Educational Materials Aim to Improve Service Delivery for Veterans with PTSD



These three infographic posters visually provide information about evidence-based post-traumatic stress disorder (PTSD) treatments and the risk associated with chronic benzodiazepine use in all Veterans, but specifically in older Veterans. The products can be displayed in waiting rooms to provide visual information, stimulate self-assessment and encourage Veterans to initiate a conversation about these topics with their provider. To receive a set of the posters, please contact [Kathleen.Sherrieb@va.gov](mailto:Kathleen.Sherrieb@va.gov) and provide your name and mailing address.

These materials were developed through the Rural Provider Staff Training Initiative project at the National Center for PTSD and funded by the VA Office of Rural Health to improve the delivery of services to Veterans with PTSD, especially those living in rural areas. ♦

## ORH Participates in Rural #WomenVets Twitter Town Hall



**Veterans Benefits** @VAVetBenefits · 6h

We're live! Our subject matter experts on hand to discuss VA benefits for rural #WomenVets!



ORH recently participated in the women Veterans Twitter town hall to respond immediately to women Veterans' questions, and share information on VA benefits and services.

If you missed the event, please visit <https://storify.com/VAVetBenefits/rural-women vets-twitter-town-hall> to view the linked information and Q&A.

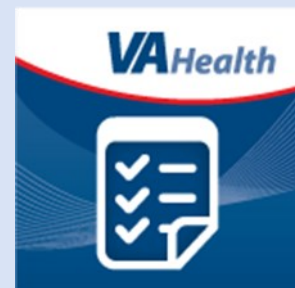
Join in the conversation with #WomenVets. ♦

## Airborne Hazards and Open Burn Pit Registry

Veterans or Servicemembers who served in the Southwest Asia theater of operations after August 2, 1990, or in Djibouti, Africa or Afghanistan after September 11, 2001 are eligible to participate in the Airborne Hazards and Open Burn Pit Registry. Participation in the registry is voluntary.

The registry is a tool to help Veterans and Servicemembers become more aware of their own health. It also helps the U.S. Department of Veterans Affairs identify health conditions possibly related to burn pit exposure or other airborne hazards during military service.

Learn more and download the app at <https://mobile.va.gov/app/burn-pit-registry>. ♦

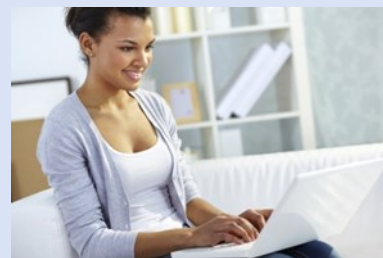




## VA and LinkedIn Partnership Expands to Offer Veterans Free Courses

Rural Veterans who face employment or education challenges should take note of the recent U.S. Department of Veterans Affairs (VA) and LinkedIn partnership expansion to offer Veterans courses at no cost.

Veterans can access the Lynda.com professional development site for one year at no cost. This online learning company offers thousands of on-demand courses for users to build their business, software, technology, creative and other skills for achieving personal and professional goals.



In partnership with VA, LinkedIn also offers Veterans job-search resources and a one-year premium job seeker account at no cost.

To learn more and take advantage of all LinkedIn's resources for Veterans, visit <https://veterans.linkedin.com>.

Read more on VA's blog at: <http://www.blogs.va.gov/VAntage/25484/va-and-linkedin-partnership-expands-to-offer-no-cost-courses>. ♦

## Driving and Dementia: Hanging up the Keys



Cognitive disorders gradually affect a person's ability to take care of him or herself, first with instrumental activities of daily living such as shopping, maintaining finances, and driving; and later with activities of daily living such as grooming and feeding. Providing care for people with dementia can be intellectually and emotionally demanding. As the abilities of individuals with dementia change, so do their needs and the needs of their caregivers.

As a part of PACERS (Program for Advancing Cognitive Disorders Education for Rural Staff), with funding from the U.S. Department of Veterans Affairs' (VA) Office of Rural Health and in collaboration with the VA Employee Education System, Drs. Geri Adler and Ali Asghar-Ali developed a training video to help providers, Veterans, and their caregivers address driving for those with dementia. The decision to hang up the keys can greatly change a Veterans life.

The video, "Driving with Dementia: Hanging up the Keys," helps providers identify and address driving, and can also be used to educate families and Veterans and provide strategies about stopping driving.

To view the video, visit <http://bcove.me/91wkd5dy>.

To learn more about PACERS, or to request a copy of the DVD, please email the project directors at [Geri.Adler@va.gov](mailto:Geri.Adler@va.gov) and [Ali.Asghar-Ali@va.gov](mailto:Ali.Asghar-Ali@va.gov). ♦



[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 advocate 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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