



Message from the Director of the VHA Office of Rural Health



Dr. Mary Beth Skupien
ORH Director

In this issue of 'The Rural Health Connection', we highlight several Department of Veterans Affairs (VA) Office of Rural Health (ORH) initiatives that are designed to reach out to and connect with Veterans living in rural communities. These ORH-sponsored activities are providing Veterans with information regarding VA

benefits and eligibility requirements, and helping them access the VA health care system. In some cases, these outreach programs assist Veterans in other ways such as providing health information and consultation, and assistance in obtaining housing, clothing, legal services, financial benefits and vocational training. ORH proudly supports outreach activities across the United States and views these events as great opportunities for VA staff to personally tell our Veterans "Thank you for your service!" and to ask "How can I help you?"

After the devastating tornadoes touched down in Tuscaloosa, Alabama, members of the VA Southeast Network's Alabama Veterans Rural Health Initiative (AVRHI) volunteered their time to assist homeless Veterans and their families after their homes were destroyed by the storms. In Virginia, the Rural Health Initiative Program recently hosted outreach events at the McGuire VA Medical Center in Richmond and at the Community-Based Outpatient Clinic in Emporia. In the VA Mid-Atlantic Health Care Network, rural health teams travel to rural areas to help enroll Veterans and to give one-on-one health consultations.

Many ORH-funded outreach initiatives are conducted in partnership with local community, county, and/or state entities that provide services and support to Veterans. In the Sierra Pacific Network, an event called "Vet Connect" gives rural Veterans the opportunity to get connected to community, state and other federal benefits to which they may be entitled. The Veterans Rural Health Resource Center – Western Region (VRHRC-WR) is partnering with Veterans organizations and state and local agencies to inform rural Veterans about available benefits. In the Capitol Health Care Network, the VA is collaborating with the National Association of Community Health Centers to increase VA regional enrollment, improve access to care, and to improve care coordination. In one of ORH's most innovative outreach programs, personnel from the VA's National Chaplain Center trained clergy members in several rural communities about the potential mental health issues of Veterans and how to best connect them with resources available at the nearest VA.

Two common themes you will find throughout the stories of outreach in this edition of 'The Rural Connection' are **teamwork** and **partnership**. No single individual or organization can successfully meet all of a Veteran's needs. Similar to the Patient-Aligned Care Teams that provide medical care, it takes a dedicated, well-informed group with diverse abilities and resources to provide our Veterans with a comprehensive solution.

ORH is committed to being a strong team member and an engaged partner with public and private entities to ensure that all Veterans receive the benefits, services, and support that they deserve. ♦



The Newly Formed White House Rural Council

by Nancy Maher, PhD, Program Analyst, VHA Office of Rural Health

In June 2011, the White House Rural Council (WHRC) was established through an Executive Order signed by President Barack Obama. The WHRC will provide a forum for representatives from 24 plus federal agencies to develop policy recommendations ‘to promote economic prosperity and quality of life in rural America,’ and to increase the effectiveness of Federal engagement with rural stakeholders, such as healthcare providers. According to the White House press release, two of the top 10 priorities include, ‘improving access to quality health care through expansion of health technology systems’ and ‘increasing broadband opportunities in rural America’. In fact, the Obama Administration’s effort to coordinate federal programs for rural America is counting on healthcare technology and broadband Internet to help improve access to care and support economic development for people in rural areas. The VA and ORH will be active participants in the Council and are recognized leaders in the use of telehealth technology and innovative models of care to increase access to primary and specialty care IN rural areas. This will be an exciting opportunity to better coordinate and tap into federal investments so that rural Veterans can benefit from these new efforts. ◆

In the Spotlight: ORH Veteran Rural Health Resource Center - Eastern Region

by Kristen Wing, Communications Specialist, Veterans Rural Health Resource Center - Eastern Region

In 2008, ORH established three different resource centers to serve as field-based laboratories engaging in studies as well as implementation and evaluation of innovative practices to support the unique health care needs of Veterans residing in rural areas. Their missions also include serving as national rural health experts for field-based staff and other stakeholders, as well as facilitating the exchange and dissemination of information geared towards improving access and quality of care for rural Veterans.

In this issue, we are highlighting the work of the Veterans Rural Health Resource Center-Eastern Region (VRHRC-CR), with sites at VA Medical Centers in Gainesville, Florida; White River Junction, Vermont; and Augusta, Maine. Among the Eastern Region's major areas of emphasis are: (1) health care access and quality, (2) telehealth technology for specialty care and rehabilitation, and (3) education and training of rural health care providers.



Dr. Paul Hoffman
Director

The Director of the VRHRC-ER is Paul M. Hoffman, M.D. Dr. Hoffman is a neurologist and during his 33 year career with the Department of Veterans Affairs has held several positions at VA Medical Centers and VA Central Office, including Director of Medical Research Service, Office of Research and Development. Dr. Hoffman led the creation of the Rural Health Mobility Evaluation Clinic at the Lake City VA Medical Center. This clinic serves as a model of care coordination for rural Veterans with mobility deficits and for

implementation of distance technology. As lead physician of the clinic, Dr. Hoffman coordinates primary and neurologic care, neuro-rehabilitation, speech and language pathology and social work for Veterans with spinal cord injury (SCI), multiple sclerosis (MS), and amyotrophic lateral sclerosis (ALS).

Dr. Hoffman also leads the Rural Health Training Program (RHTP), a joint initiative with the University of Florida College of Nursing and the Florida State University College of Medicine.

Deputy Director, Dr. Alan West, leads the Eastern Region’s Evaluation and Analysis Core, which assists in the development and execution of the evaluation component of VRHRC-ER and ORH projects.



Dr. Al West
Deputy Director

Dr. West is also an Adjunct Assistant Professor of Community and Family Medicine and of Psychiatry at Dartmouth Medical School. As a clinical psychologist, he worked for several years on the White River Junction VA Medical Center Post-Traumatic Stress Disorder Clinical Team.

The Eastern Region has its own GeoSpatial Outcomes Division (GSOD) which uses Graphic Information System (GIS) software to generate maps that translate tremendous amounts of data into a “snapshot” that can be more easily interpreted. Led by Dr. Diane Cowper Ripley, GSOD Director, they recently completed geographical needs assessments for all 21 VA Regions. These assessments will help identify potential access gaps in primary, acute, and tertiary care in rural and highly rural areas. ◆

Collaboration and Outreach Impacts Rural Veterans

by Kathryn King, LCSW, Rural Health Coordinator, San Francisco VA Medical Center

Imagine an event where rural Veterans volunteer to help their fellow rural Veterans gain access to VA health care, obtain information about VA benefits, and get assistance in navigating the VA system. These rural Veteran volunteers also insure their fellow rural Veterans get connected to community, state and other federal benefits for which rural Veterans and their families may be eligible.

What started as an idea in January 2011 to reach isolated and homeless rural Veterans quickly became a regular, bi-weekly outreach event for Veterans in rural Lake County, California. Sponsored by the United Veterans Council of Lake County, Lake County Vet Connect brings together rural Veteran volunteers, representatives from community health and human service providers, and representatives from the Clearlake

VA Community-Based Outpatient Clinic and San Francisco VA Medical Center to offer access to care and services, information, and informal support to rural Veterans and their families.

Frank Parker, President of the United Veterans Council of Lake County, believes the collaboration and commitment between the seven Veterans Service Organizations in Lake County contributes to the success of Lake County Vet Connect. "A member from each service organization attends each Vet Connect." The seven Veterans Service Organizations participating in Lake County Vet Connect are American Legion Post 194, American Legion Post 437, Disabled American Veterans Chapter 83, Veterans of Foreign Wars Post 2015, Veterans of Foreign Wars Post 2337, Vietnam Veterans of America Chapter 951, and Voiture 912 40&8.



Vet Connect Veteran Volunteers

From L-to-R: Row 1: Griffie Ratterree, Rocky Hockenhull, Harry Graves, and Frank Parker, Row 2: Elaine Yates (also an American Legion Post 437's Auxiliary volunteer), and Larry L. Mick, Row 3: James Yates, George J. Thompson, Daniel Davie, and Rick Rice. Veteran volunteers not pictured, Kirk Macdonald and Tom Benton. Photo by Ginny Craven.

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The Rural Health Initiative Program (RHIP) at McGuire VA Medical Center

by Gary Pond, RN, MBA, Lead Health Educator, Rural Health Initiative Program, Richmond VA Medical Center

The Rural Health Initiative Program (RHIP) Team at the McGuire VA Medical Center in Richmond, Virginia is committed to improving access and quality of care to enrolled Veterans living in remote areas. RHIP community outreach projects have created opportunities to build personal relationships within the community and to help team members understand the specific health care needs of rural Veterans.

On March 30th-31st, 2011, the McGuire VA Medical Center's RHIP team participated in the Emporia Enrollment Blitz at the Emporia Community-Based Outpatient Clinic (CBOC). This event was designed to assist rural Veterans with VA eligibility

determination, VA registration for healthcare enrollment and other available benefits.



The McGuire VA Medical Center Mobile Unit On-site at the Emporia Enrollment Blitz

The RHIP team, which is comprised of VA staff from several different departments, met with 47 Veterans and their family members over a two-day period. Administrative team members provided information and answered questions about VA healthcare enrollment, eligibility and benefits. Nurses on the team furnished health education materials and discussed topics such as diabetes, controlling blood pressure, weight management, and Post-Traumatic Stress Disorder (PTSD). The RHIP team pharmacist

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Providing Outreach and Assistance to Rural Alabama Veterans: After the Storm

by Kristin Pettey, MSW, VISN Rural Consultant, VA Southeast Network (VA Region 7)

The Alabama Veterans Rural Health Initiative (AVRHI) is a multi-site project, providing innovative outreach and enrollment assistance to the rural veterans of Alabama. The Tuscaloosa and Birmingham VA Medical Centers (TVAMC and BVAMC, respectively) are the primary collaborators for this project, providing enrollment to all VA facilities in Alabama. Lori Davis, MD is the Project Director for the AVRHI, with Stefan Kertesz, MD serving as a collaborator at the BVAMC. The Region 7 Rural Consultant, Kristin Pettey, MSW, covers rural health programs for the VA Southeast Network and has also been instrumental in the development, implementation, and oversight of this program.



Since its inception in September 2008, the AVRHI has fully staffed the outreach and data teams, has participated in numerous outreach events, and has provided VA enrollment assistance to over 350 veterans. The AVRHI teams are active participants in community health fairs, 'Welcome Home' events, Yellow Ribbon ceremonies, town hall discussions, and other activities providing information about VA to communities as well as Veterans. Additionally, the team is embarking on a new outreach approach by participating in the outprocessing sessions held at Ft. Rucker, near Enterprise, AL.



After the April 27th tornado, which devastated many areas of Tuscaloosa, the Tuscaloosa VA Medical Center served as a community shelter for those individuals and families who were displaced after the storm. Throughout the initial response, AVRHI team members volunteered to assist Veterans and their families housed in the VA shelter. Team members distributed meals, played with children, monitored shower areas, distributed clothing and/or toiletry items, and brokered services. One Veteran Community Outreach Health Care Worker (VCOHW), Michael Lavender, stated, "Helping people to find some sense of normalcy after this disaster has truly helped me. Seeing people displaced and not knowing what to do or where to go for help has greatly humbled me and to see the community/country rally together for those affected has been wonderful. Those of us who weren't directly affected by the storm are truly blessed and my heart goes out to the victims and their families! God Bless."

In the days following the storm, AVRHI leadership developed a specific outreach plan for rural veterans who were in some way impacted by the tornadoes. Not only Tuscaloosa, but also numerous towns and rural areas were tremendously affected. In a

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Did you know?



Unless otherwise noted, data listed to the right was provided by the VHA Support Service Center (VSSC), extracted from the Rural Health Profile.

- There are 32 rural/highly rural VA Medical Centers, 34 rural/highly rural VA Community Living Centers, 28 rural/highly rural VA domiciliaries, 39 rural/highly rural Vet Centers, and over half of all VA Community Based Outpatient Clinics—404, are considered rural/highly rural. (Source: VA Assistant Deputy Under Secretary for Health (ADUSH) for Policy and Planning, Planning Systems Support Group (PSSG) Office)
- Currently, 3.3 million Veterans enrolled in the VA system reside in rural and highly rural areas (as classified by the U.S. Census).
- From October 1, 2009 to December 31, 2010, approximately 416,132 rural veterans were impacted by ORH projects.
- The number of rural health outpatient mental health visits increased from 3.4 million in Fiscal Year 2009* to 3.9 million in Fiscal Year 2010.†
- The number of women Veterans seeking VA health services has doubled, from 150,000 in 2000 to 300,000 in 2010.
- From Fiscal Year 2010* to Fiscal Year 2011-1st Quarter‡, approximately 57,191 unique patients were seen at ORH-funded rural Community-Based Outpatient Clinics.

*Fiscal Year 2009: 10/1/2008-9/30/2009; †Fiscal Year 2010: 10/1/2009-9/30/2010; ‡Fiscal Year 2011-1st Qtr: 10/1/2010-12/31/2010.

Educating Rural Clergy on How to Reach Out to Veterans in Need

by Chaplain Jeni Cook, VA National Chaplain Service



Chaplain Jeni Cook

Returning Veterans are suffering from PTSD and depression in very large numbers. For those, returning to rural areas, the options for mental health treatment may be limited. In addition, the stigma associated with mental health problems can be significant in small communities, thereby reducing the rural Veteran's incentive to seek care.

For those who do seek care, the literature shows that a significantly larger percentage of individuals consult their clergy rather than a psychiatrist or a primary care physician. In many American rural communities, the local clergy are recognized as leaders that can influence local opinion and behavior. However, they may lack the training and knowledge to understand the impact of combat on the mental health of returning Veterans or how to recognize Veterans and their families who are in need of help. It was thought that if rural clergy could receive training on these issues that they could reduce the local stigma of mental health problems, facilitating the availability of local resources and support to help these individuals re-integrate back into their communities.

Since 2007, VA chaplains have been offering training to community clergy on the readjustment needs of returning Veterans under a program called the Chaplain Service Veterans Community Outreach Initiative (VCOI). VCOI has been supported and encouraged by VA's National Chaplain Center (NCC). In 2009, the NCC obtained support from VA's Office of Rural Health (ORH) to develop and test a national process for a Veteran outreach program in rural clergy settings. With the help of Dr. Alan West of the ORH Eastern Region Resource Center, Dr. Bill Nelson from Dartmouth University and National VA Chaplain Center leadership, the Associate Director for the VA Chaplain Service, Chaplain Jeni Cook and Chaplain Tonia Hatchett (Dallas VAMC), developed a standardized curriculum entitled, "Building Partnerships: Caring for Veterans' Spiritual, Physical and Emotional Needs". Objectives of the training were to 1) identify readjustment challenges Veterans and their families face post-deployment, 2) identify psychological and spiritual effects of war trauma on survivors, 3) consider spiritual and theological issues Veterans and families often encounter and appropriate pastoral care interventions, and 4) brainstorm ideas for a community response.

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Rural Community Collaboration and Veteran Outreach Project

by Bret Hicken, PhD, MPH, Health Science Specialist, Veterans Rural Health Resource Center—Western Region

Many Veterans are not aware of the resources available to them through the Department of Veterans Affairs (VA). In rural areas where access to healthcare and other services is limited by distance, helping Veterans access their benefits meets a crucial need. Since the VA does not have a permanent presence in many communities, several Office of Rural Health (ORH) outreach initiatives have been aimed at connecting with non-VA community programs and services in rural areas. These groups have substantial expertise and an existing infrastructure to identify and assist rural Veterans. By engaging these groups through outreach, the VA can develop a broader resource network of advocates for rural Veterans and a pool of potential partners for addressing Veterans' needs.

In 2010, the Veterans Rural Health Resource Center-Western Region (VRHRC-WR) began a Rural Veterans Outreach program to target community agencies working in rural communities.

The project has four aims:

- Increase community partners' understanding of VA benefits and the process for application,
- Increase collaboration between VA and community partners to facilitate future access for rural Veterans,
- Outreach to rural Veterans through existing community agencies,
- Increase Veteran enrollment in rural and highly rural areas.



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The VA Mid-Atlantic Health Care Network Rural Health Teams Hit the Road

by Sheila Zeto, M.S., Acting Rural Health Coordinator/Rural Health Integrator, Beckley VA Medical Center

Rural Health Teams all across the VA Mid-Atlantic Health Care Network (VA Region 6) have been hitting the road to rural areas in search of Veterans who are eligible for health care through the VA. VA Region 6 stretches across all of North Carolina and Virginia, and includes 11 counties in West Virginia and two counties in South Carolina. This encompasses more than 88,000 square miles, most of which is classified as rural or

highly rural. The Rural

Health Teams have two main goals: 1) to improve access to quality health care (primary care and mental health) to Veterans living in rural and highly rural areas; and

2) to provide Veterans with health education for their chronic health conditions. Improving access to VA health care encompasses many forms, including finding Veterans that currently do not use the VA for their healthcare and helping them to get enrolled in the VA health care system. Improving access also includes providing information about the nearest VA facility where the Veteran can receive care, usually a VA Medical Center, but for many rural Veterans it can be a local Community-Based Outpatient Clinic (CBOC).



The Rural Health Teams typically include a program coordinator/integrator, eligibility and benefits specialist, registered nurses, and public affairs specialist. Some teams include social workers, pharmacists, dietitians, and program support assistants. Every team member has a very distinct role in assisting the Veterans, which can include providing help to complete a VA enrollment application, discussing how to file disability claims,

reviewing and discussing health issues and medications, as well as just allowing the Veterans to discuss any issues they may have with the VA health care system. All eight Rural

Health Integrators report that they always receive more compliments than complaints. However, when complaints are received, the Veteran's name and contact information are collected so when the team gets back to their home station they can follow up on the issue and report back to the Veteran. During one callback, a Veteran shared that he had never had any-one follow-up with him the way the Rural Health Team did. He said it renewed his faith in the VA and the care that he receives.

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Vet Connect—Collaboration and Outreach Impacts Rural Veterans *(continued from page 3)*

Mr. Parker also praises providers from the community organizations at Lake County Vet Connect for assisting Veterans with employment programs, financial benefits, food and clothing, housing, legal services, and linkage to Lake County Mental Health Department. He said, "We couldn't do what we do without the help from the other providers and VA."

Veteran volunteer Rocky Hockenull is one of the first people Veterans meet at Lake County Vet Connect. Mr. Hockenull is past Commander of the California Veterans of Foreign Wars (VFW) and a member of VFW Post 2015. He offers friendly greetings to Veterans and their family members and directs those seeking help to Veteran volunteers who connect them with providers. Mr. Hockenull says, "I think Vet Connect is a great way for Veterans to get help. And I've seen a lot of programs for Veterans to try to get help."

Lake County Vet Connect has served 85 Veterans since starting in mid March 2011 many of whom enrolled in VA for the first time. Lake County Vet Connect meets every second and third Wednesday of the month for 3 hours. Mr. Parker acknowledges the quick implementation of Lake County Vet Connect due to the teamwork and unity of all groups involved. He also credits Sonoma County Vet Connect, a program in Sonoma County, CA in providing materials and guidance which helped launch Lake County Vet Connect.

The collaboration between the Veterans Service Organizations, community agencies, and VA, ensures that rural Veterans in Lake County get the help they are looking for. "Vet Connect is a hand up, not a hand out," says Veteran volunteer Tom Benton. Veterans at Lake County Vet Connect get back on track due to the dedication and teamwork of a group of Veterans who reach out to make a positive difference in the lives of their fellow Veterans. ♦

VA Pacific Islands Health Care System Reaches Out: Restoring Hope, Reminding Veterans They Are Not Forgotten

by Patricia Matthews, Public Affairs Officer, VA Pacific Islands Health Care System

Molokai, the most Hawaiian of the Hawaiian Islands, has a population of approximately 8,000; 40 percent of which are of native Hawaiian descent. The people of Molokai have fought to preserve their lifestyle and as a result it has no malls, no elevators, no building taller than a palm tree, no traffic lights, but also no nursing homes and high unemployment.

However, it is the home of some 600 Veterans, many of whom have no other health care except for the VA. So, when the Office of Rural Health, in conjunction with the Office of Geriatrics and Extended Care, provided funding for new Home-Based Primary Care (HBPC) Programs there, the Veterans of Molokai were grateful. The nearest Community-Based Outpatient Clinic (CBOC) is located on another island, separated by an expanse of ocean and requiring a trip by airplane or ferry to access. Until then, the only VA presence on Molokai was an Outreach Clinic, where VA Pacific Islands Health Care System (VA PIHCS) operated out of the Molokai General Hospital two afternoons a week

with periodic visits from VA mental health providers. In-home services were not available or provided by VA staff, yet Veterans needed those services.



One of these Veterans was John, a 73-year old 100% native Hawaiian, who had sustained leg and ankle injuries during his service in the Air Force. Following his return home to Molokai, he was injured on the job when a bus he was working on rolled over his already injured leg. He then had two serious strokes and became wheelchair bound.

When referred to the Home-Based Primary Care Program, his lipids and blood pressure were not controlled. With closer

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Lights! Camera! Rural Health in Action!

by Kristen Wing, Communications Specialist, VHA Office of Rural Health



The combination of moving pictures and sound can convey information and emotion in a way that other forms of communication cannot. The Office of Rural Health (ORH) has supported the creation of two videos that really “tell the story” about how the VA is reaching out to Veterans to provide services and compassionate care.

The ORH “Impact and Outcomes Series” video highlights the great outreach work conducted by staff from the G.V. (Sonny) Montgomery VA Medical Center in Jackson, Mississippi. VA Staff and the ORH-funded VA Mobile Clinic were on

hand at the “Grilling on the River” event in Columbus, Mississippi to share information about VA services, enroll rural Veterans and to provide health care exams. Jaqueline Shinall, a VA Health Technician, summed up the day’s mission, “It is good for the Veterans because we can reach out to the ones who can’t make it to the VA. We come to them.” Watch this video at:

<http://www.ruralhealth.va.gov/media/mcoutreach/mcoutreach.html>.



Scene from the Impact and Outcomes Series Video



Scene from Jim Cooper’s Legacy: A Veteran’s Story

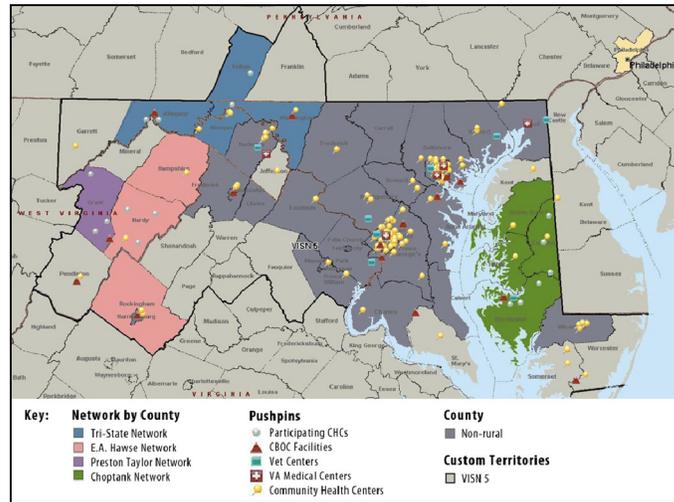
The documentary “Jim Cooper’s Legacy: A Veterans Story” is co-production of the Palo Alto VA Medical Center and the Stanford University School of Medicine. This video tells the real life story of Mr. Jim Ray Cooper, a Navy Frogman in the Korean War. In 2005, Mr. Cooper, suffering from advanced lung disease, was given less than six months to live. This video gives viewers a peek into Mr. Cooper’s military past and the path that led him to Dr. VJ Periyakoil and the Palliative Care Clinic at the Palo Alto VA Medical Center. Mr. Cooper was committed to increasing public awareness about palliative care and his story is used to teach patients, their families and health care personnel about the process of serious illness and the benefits of palliative care. Watch this video at: http://ecampus.stanford.edu/cooper_legacy/index.html. ♦

VA Collaboration with Rural Community Health Centers

by Allen Berkowitz, Ph.D., Strategic Planning Officer, and Veronica Jackson, M.H.S.A., Atlas Research, Susan Walters, Asst. Dir of Resource Development & Regulatory Policy, NACHC

The *Collaboration with Rural Community Health Centers* project is a joint initiative of the Department of Veterans Affairs (VA) Capitol Health Care Network (VA Region 5) and the National Association of Community Health Centers to increase coordination and collaboration between VA's Community-Based Outpatient Clinics (CBOCs) and Community Health Centers (CHCs). This project was funded by the Office of Rural Health (ORH).

The goals of the project are to increase enrollment in VA Veterans Integrated Service Networks (VISNs), improve access to care, and improve care coordination for Veterans who received health care from both the VHA and CHCs.



VISN 5 CHC Pilot Project Sites, VA and CHC Facilities

The project team analyzed CHC and VHA data, and using an assessment tool, ranked CHCs based on the volume of Veterans seen in CHC clinics and their willingness to participate in a four-month pilot project. The project included (1) site visits to the four CHC systems selected for participation in the project; (2) telephone surveys with over 200 Veteran patients; (3) interviews with

CHC staff to review the Veteran patient intake processes; and (4) a series of face-to-face focus groups.

Each of the four CHC systems, composed of 17 service delivery sites, implemented an additional outreach and educational program for Veteran patients. CHC intake personnel distributed VHA enrollment and information packets to Veteran patients and two VISN (Region) 5 Rural Health Outreach Coordinators, and engaged in strategic efforts to 1) establish relationships with CHC staff, 2) increase enrollment among rural Veterans, 3) provide informational services and guidance through the enrollment process, and 4) provide limited case management support for rural CHC Veteran patients.

According to the Health Resources and Services Administration (HRSA), the CHCs within VISN 5 served approximately 6,500 Veterans in 2009 and the four selected CHC systems served at least 2,250 Veterans.

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RHIP at McGuire VA Medical Center (continued from page 3)

was available to answer medication questions and to offer smoking cessation classes, and the team social worker served as a resource contact in securing community resources for Veterans and their families and addressed psycho-social issues. The RHIP team was joined at the event by the local Vet Center and the U.S. Army Wounded Warrior Program, partners who also provide services to Veterans.

The Emporia Enrollment Blitz was well received and proved instrumental in the enrollment of 23 Veterans. These Veterans were assigned a primary care provider and scheduled for their first appointment. Many Veterans were not aware that they could see a primary care doctor at the Emporia CBOC and were glad to know they could obtain VA health care services close to home.

Mrs. Lynne Gardner, spouse of Veteran, shared the following remarks:

In a very short time, I was contacted by [the nursing staff].... I was so pleased that.... nurses [were available].... Making the trip to the VA in Richmond would be very exhausting for my husband....

In conversations both via phone and during the home visits, I, as my husband's caregiver, continue to be impressed with the services received and the clear goal conveyed to me that the VA is committed to make his remaining life as comfortable, safe and of the highest quality available. I am forever grateful for this valuable support.

Members of the RHIP team from the McGuire VA Medical Center considered it a privilege to offer care that truly met rural Veterans' health care needs and view their outreach work and providing assistance as a way of honoring our Veterans. ♦

Rural Alabama Veterans: After the Storm *(continued from page 4)*

number of cases, towns were almost completely destroyed. The AVRHI team contacted and visited shelters, local churches, community centers, and other sites located throughout the affected areas. The goal of this post-storm outreach was to provide enrollment assistance to Veterans who were not currently in the VA health care system and help with appointment scheduling for those Veterans already receiving VA healthcare services. The AVRHI also disseminated information regarding points of contact with the Veterans Benefits Administration (VBA) to address VA benefits payments, address changes, and loan guaranty assistance.

Collectively, Veterans who have received assistance from the AVRHI team have been most impressed with the project staff

and services rendered. One Veteran shared, "The Selma Clinic has been doing a good job for me, and I want to thank you for finding me." Appreciation for the AVRHI was also expressed by a Veteran's daughter, "I just lost my mom a few months ago and have been trying my best to assist my father in getting the services he needs. It's been the most overwhelming experience... I am so thankful you were able to come out."

The AVRHI team is eager to continue reaching out and making a difference in the lives of Alabama's rural Veterans and gives credit for their successes to the strong support they have received from the Tuscaloosa and Birmingham VA Medical Centers' Leadership, VA Southeast Network Leadership, and the VHA Office of Rural Health. ♦

Rural Clergy Training Program *(continued from page 5)*

The pilot program lasted one year in which the curriculum was developed and administered to 224 clergy at four VA medical centers located in regions with large rural catchment areas. Pre and Post training survey results indicated that the curriculum was successful in achieving its goal to better inform rural clergy about the potential mental health issues of Veterans in their communities, as well as how to best connect them with resources available at the VA to treat their conditions. As no formal follow-up has been conducted at this time, only anecdotal infor-

mation is available to evaluate how effective the program has been in reaching out to rural Veterans. According to the project report, VA chaplains in the four training sites all reported increased contacts with rural Veterans. Although this pilot project has ended, the training process and curriculum are available for use at any Chaplain Service VCOI event in any VA medical Center or any community training site. If you would like to learn more about rural clergy training please contact Chaplain Jeni Cook at jeni.cook@va.gov or 757-728-3180. ♦

VAPIHCS Restoring Hope *(continued from page 7)*

monitoring by the HBPC team and enrollment in the Care Coordination Home Telehealth (CCHT) program, John's medical condition stabilized. A visit by the HBPC Occupational Therapist (OT) led to home improvements and proper equipment including a hospital bed, shower chair, safety bar and raised toilet seat, which increased his ability to have his personal needs met and enhanced his safety in the home.

John was started on an exercise program by the Physical Therapist (PT), which increased his strength and prevented contractures, which were already starting. The HBPC Social Worker obtained Homemaker/Home Health Aide services to assist his wife and provided her with some respite. According to John, the best thing that happened was that the team helped him to obtain a motorized power chair. He loves to venture outdoors and enjoy his beautiful Molokai Island home; another example of how VA PIHCS strives to achieve patient-centered care.

John is only one many Veterans serviced by the HBPC program who have expressed high satisfaction with the outreach they received. John's wife sums up the sentiments of the Veterans best with her remark, "We thought the Veterans on Molokai were forgotten, but now we know they are not."

According to Charlotte Kuwanoe, VA PIHCS HBPC Program Director, Veterans are offered dignity and decision-making by having the option to remain on their home island, rather than being displaced to a neighbor island skilled nursing facility, during their end of life. "We want our Veterans to be comfortable, especially during this time," said Kuwanoe. "We look for ways to reach out, restore hope and remind our Veterans that we honor them, respect their preferences and strive to provide Veteran-centered care," she said. ♦

Rural Community Collaboration and Veteran Outreach Project *(continued from page 5)*

Three rural areas are serving as pilot sites:

- Lyon County, Western/Central Nevada,
- Tri-County Area, West Texas (Brewster, Presidio, and Jeff Davis counties),
- Grant County, Central Washington.

The VRHRC-WR outreach in each area begins by bringing the nearest VA medical center together with Veterans Benefits Administration (VBA) and state and local agencies to plan a training event for community groups that already encounter Veterans as part of their ongoing scope of work. Attendees at these meetings

have included representatives from state, county, and city governments, Veterans organizations, social service agencies, religious groups, civic organizations, educational institutions, judicial and law enforcement groups, healthcare providers, and business organizations.



At each training event, representatives from the local VA Medical Center, VA Regional Offices, State Offices of Veterans Affairs, State Offices of Rural Health, Veteran Services Organizations (VSOs), and local agencies talk about federal and state benefits available to Veterans. Attendees also receive contact informa-

tion for the local VA Medical Center and a copy of "Federal Benefits for Veterans, Dependents and Survivors".

One important aim of the meeting is to help foster a relationship between the VA and the community. Attendees have multiple opportunities to ask questions and provide feedback about the



training and about challenges in meeting Veterans' needs. Several sessions focus on community collaboration and the meeting ends with the group brainstorming about a future outreach event that targets Veterans. From this meeting, a coalition of VA and community groups is formed to carry out the

outreach plans. The first of these outreach events occurred in Lyon County in May 2011.

Despite the geographic distances and budgetary constraints affecting all of these communities, each training event has been well attended. Feedback has been positive—the prevailing sentiments being appreciation for the information and optimism about working with VA to help Veterans in these communities. The turnout indicates a sincere interest among these agencies to assist Veterans in these areas as well as an important opportunity for VA to develop partnerships with these willing community groups to reach out to Veterans living in rural communities. ♦

Outreach to Returning Servicemembers, Connecting With Our Newest Veterans

by Karen T. Malebranche, RN, MSN, CNS, Acting Chief Officer, VHA Office of Interagency Health Affairs

The Veterans Health Administration (VHA) is a strong outreach partner with the National Guard and Department of Defense (DoD) as they conduct Military Services Demobilization and Post-Deployment Health Reassessments (PDHRA). These events provide an excellent opportunity to make contact with new Veterans and to educate them about available benefits, assist with the enrollment process, and to share local VA Points-of-Contact information. For those at these events who receive a referral for clinical services or who request a VHA appointment, onsite local VA staff is able to schedule appointments for them at their VA Medical Center.

From October 1, 2009 through September 30, 2010:

- the VHA supported over 1,300 Military Services Demobilization events and over 300 DoD PDHRA events,
- over 44,000 Veterans and over 1,300 family members attended Demobilization events,
- nearly 74,000 Service members attended PDHRAs, and almost 70,000 of those were registered or enrolled in VHA Health care.

Rural Health Teams Hit the Road *(continued from page 6)*

Rural Health Team members work with Veterans either in formal group sessions or one-on-one to teach Veterans how to better manage their chronic conditions such as diabetes, weight management, pain management, cardiovascular disease, chronic obstructive pulmonary disease (COPD), and many others. The eligibility and benefits specialists provide information about who qualifies for healthcare and how to file claims for potential disability compensation.

Mischelle Pack and Patty Lester, both Registered Nurses with the Beckley, West Virginia team, stated that the Veterans love the educational sessions and request that they are offered more frequently. The bulk of the educational sessions are held in conjunction with sessions offered by the local Vet Center. Mischelle and Patty conduct the health and disease education classes about every 8 weeks and always receive a warm welcome and offers from Veterans to help them set up for class so not one minute of the session is lost.

Kevin Amick, Rural Health Integrator in Hampton, Virginia, said his team “frequently talks with folks who served in the military who just don’t know what they qualify for when it comes to VA health care benefits.” Integrators at other medical centers hear the same comments. According to Joyce Hawkins, Rural Health Integrator for the Fayetteville, NC team, “we call our program Rural Health Integration because we attempt to integrate a broad range of services that the VA Medical Center has to offer, such as enrollment, education, disease prevention and management classes, telehealth, medication reconciliation, My HealtheVet, and social service interventions.”

Now that the Region 6 Rural Health Teams have been hitting the road for a little over a year, members have begun to identify “best practices” for conducting outreach.

Each of the teams is undergoing a design review to ensure that

they have the most appropriate staffing to meet the needs of the Veterans and to refine processes to achieve the highest level of efficiency and effectiveness. “We are working diligently to continue our education sessions and enrollment with a new emphasis on getting the new enrollees vested,” said Sheila Zeto, VISN (Region) 6 Rural Consultant.

The Beckley VA Medical Center, the smallest of the eight medical centers in Region 6, has held education sessions with nearly 1,000 unique Veterans and more than 2,200 Veterans have participated in the various sessions. Since June 2010, the eight Rural Health teams have interacted with a combined total of over 10,000 Veterans, enrolled nearly 2,000 new enrollees into the VA, and held educational sessions with nearly 16,000 Veterans. Future plans include continuing the educational sessions, and adding new topics, since the Veterans have shown a lot of enthusiasm for the sessions and keep coming back for more. ♦



Rural Health Integration Program Manager Ms. Edwina Gray-Wright speaks with a Veteran at an outreach event.

VA Collaboration with Rural Community Health Centers *(continued from page 8)*

The project found that most (64%) Veterans served by the rural CHCs are not enrolled in VHA, and a majority (78%), have never tried to enroll. The top reasons cited by Veterans for not pursuing VA enrollment were: a) they have other health insurance; b) they believe or were told they do not meet VHA’s income eligibility or length of service requirements; c) they forgot, or never got around to applying; and d) they feel VHA services are too far away and/or they have financial or logistical challenges to get to a VHA facility.

An added benefit of the project found that the majority (87%) of Veterans not enrolled for VHA services requested to be contacted to learn more about their potential eligibility. Of the total number of non-enrolled Veterans contacted through this project

(200), the Rural Health Outreach Coordinators succeeded in enrolling 8% so far. Outreach Coordinators also established ongoing communications channels which will enable them to continue to enroll Veterans at project sites into the future.

The final report for this project describes project findings; articulates lessons learned from the implementation process; and concludes with project recommendations in the areas of increasing enrollment, improving data collection, improving outreach and education, establishing communication channels, and developing a framework for clinical collaboration between Veterans Health Administration (VHA) and CHCs. This project is highly replicable in other Networks and with other CHCs within the VA Capitol Health Care Network. ♦

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Veterans who receive health care services from the VA can use the **VA Blue Button** to view, print, or download their health data that is currently in their My HealthVet account. They can share this information with their family, caregiver or other health care providers. It puts **the Veteran** in control of **their** information stored in My HealthVet. To see a sample of the simple, text version of a Blue Button extract, visit: http://www4.va.gov/BLUEBUTTON/docs/sample_file.txt.

My HealthVet also has nine ways for patients and caregivers to monitor health measures such as blood pressure, blood sugar, heart rate, cholesterol, body weight, and pain level. Each measure can be viewed as a table or displayed as a graph. MHV visitors can also access the Activity Journal and Food Journal, which is very helpful for people following a special diet or watching their weight. A great benefit of this feature is that a caregiver or Veteran patient can access their information from anywhere with an Internet connection, making it easy to share with a health care provider. To use the Self Enter Info (SEI) feature, log in to My HealthVet at www.myhealth.va.gov, click on the **TRACK HEALTH** tab and then click the **VITALS + READINGS** tab. ♦

COMING SOON TO MY HEALTHeVET: Chemistry and Hematology Lab Results

Upcoming Rural Health Events and Conferences

National Rural Health Association Events



The National Rural Health Association (NRHA) is a national nonprofit membership organization with more than 20,000 members. The association's mission is to provide leadership on rural health issues. NRHA membership consists of a diverse collection of individuals and organizations, all of whom share the common bond of an interest in rural health.

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| • July 20-22, 2011 | Quality and Clinical Conference | Rapid City, South Dakota |
| • August 2-3, 2011 | Arizona Rural Health Conference | Litchfield Park, Arizona |
| • August 11-12, 2011 | Colorado Rural Health Conference | Denver, Colorado |
| • September 21-22, 2011 | Nebraska Rural Health Conference | Kearney, Nebraska |
| • September 21-23, 2011 | Oregon Rural Health Conference | Bend, Oregon |
| • September 27-28, 2011 | Rural Health Clinic Conference | Kansas City, Missouri |
| • September 28-30, 2011 | Critical Access Hospital Conference | Kansas City, Missouri |
| • November 3-4, 2011 | Maryland Rural Health Conference | Ocean City, MD |
| • December 7-8, 2011 | Rural Multiracial and Multicultural Health Conference | Daytona Beach, Florida |

For more information about these NRHA events, please visit <http://www.ruralhealthweb.org/annual>.



www.ruralhealth.va.gov

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