



Message from the Executive Director of the VA Office of Rural Health

Thomas Klobucar, Ph.D., ORH Executive Director

As I prepared my article for our quarterly newsletter, I realized that my normal approach to highlighting key articles in the issue would not suffice. We are not in a “normal” time with the spread of COVID-19.

While the news is overwhelming, I know the U.S. Department of Veterans Affairs (VA) is executing existing plans and procedures to best serve and protect the health and well-being of our Veterans. From a rural perspective, I’m proud of what VA already has in place to bring care close to home for our Veterans. Keeping many who are at high-risk for the coronavirus at a distance from potential exposure yet close to care.

From teleprimary care and telemental health care to more than 50 different specialties in between, VA’s telehealth care services connect Veterans from home or remote locations directly with clinicians. To set-up a telehealth care appointment, Veterans can connect with providers in a variety of ways:

- [Use Telehealth from Home](#) to meet with VA providers virtually and send important health data from the comfort of your home, using your computer or mobile device. (<https://telehealth.va.gov/type/home>)
- [Use Secure Messaging](#) through My HealtheVet to send a secure message to your provider. (<https://www.myhealth.va.gov/mhv-portal-web/user-login?redirect=/mhv-portal-web/home>)
- [Use the VA appointments tool](#) to schedule a telehealth appointment online. (Available only for some types of health services.) (<https://www.va.gov/health-care/schedule-view-va-appointments>)

VA recommends that any Veteran with symptoms such as fever, cough or shortness of breath should immediately contact their local VA facility. VA urges Veterans to call before visiting – you

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can find contact information for your [closest VA facility](https://www.va.gov/find-locations/). (<https://www.va.gov/find-locations/>).

If you're looking for telecare that supports your ongoing health and well-being, check out the articles in this issue such as:

- **Tele-Mental Health Care on page 2**
- **Creative Art Therapy Via Telehealth on page 6**
- **Tele-Eye Screening on pages 7-8**

Finally for the latest information about COVID-19 at the VA, please visit

<https://www.publichealth.va.gov/n-coronavirus/index.asp>, and remember to wash your hands and don't touch your face. ♦

Telehealth Augments Flexibility in Mental Health Care for Veterans

By **AE Smith, PhD** and **AD Savell, DNP**, Department of Veterans Affairs

Telehealth is changing the way rural Veterans receive mental health care. No longer does a rural Veteran need to drive to an office to see a therapist, nor is distance a possible hindrance to treatment. Telemental health offers a convenience factor that supports continued treatment by overcoming the potential deterrents of time and distance to clinic appointments.

Between the advances in technology and the arrival of increasingly powerful personal devices, telehealth offers rural Veterans flexibility in treatment options. Evidence-based psychotherapies are available via personal smart devices and at convenient locations to accommodate work or travel schedules.

What follows are two examples among the rural Veteran population receiving treatment for post-traumatic stress disorder (PTSD).



Telehealth on the Road

A Vietnam War-era Veteran requested treatment to address sexual trauma that negatively impacted his marriage. After discussing treatment options, this Veteran chose to engage in cognitive processing therapy (CPT). He was eager to begin treatment as soon as possible and CPT proved to be a good fit for his needs.

When he had to leave town for several weeks, he feared that missing sessions would interfere with his progress. He asked to continue his regular visits via the U.S. Department of Veterans Affairs' (VA) VA Video Connect (VVC) option, which is a secure and private technology extending treatment to Veterans beyond clinic walls. By utilizing this patient-focused telehealth technology, he successfully continued his therapy during necessary travel. For his own convenience, he used his smartphone to connect while sitting privately in his car because that venue felt most comfortable to him during his trip. After returning home, he requested an in-clinic appointment be rescheduled as VVC to accommodate additional travel. The flexibility of telehealth technology allowed the Veteran to attend regular sessions while traveling, which supported his goal of significantly reducing PTSD reactions affecting his relationship.

Telehealth from Home

An Operation Enduring Freedom (OEF) Operation Iraqi Freedom (OIF) Veteran had been working with an in-person therapist to reduce PTSD reactions through In Vivo exposure, but hesitated to try the more intense Imaginal Exposure in Prolonged Exposure (PE) therapy. His PTSD Checklist (PCL-5) score continued to show symptoms were interfering with his quality of life.

As this Veteran felt prepared to engage in more trauma-focused treatment, his therapist retired. He was ready, but no longer had a therapist. Further complicating the situation, he was temporarily off work due to medical issues and going to the clinic was physically challenging. When offered the opportunity to try treatment using VVC to his home, he accepted.

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Telehealth Augments Flexibility in Mental Health Care for Veterans (continued from page 2)

After an initial meeting to explore options and therapeutic fit, he felt comfortable with the new psychologist and chose to proceed with PE therapy. Despite reluctance to revisit being the sole survivor of an attack on his unit, he was determined to reduce his PTSD reactions. Soon after starting PE therapy, he began to feel relief and his PCL-5 scores decreased considerably. Prior to his last session, he received clearance to return to work. He requested his VVC appointment be rescheduled so he could meet with his therapist in his car during his lunch break. The flexibility of technology allowed the Veteran to begin treatment at home, complete treatment during his workday, and move forward with his life.

These cases demonstrate the flexibility and convenience that telehealth technology can bring to a Veteran's mental health care, by advancing the VA goal of patient focused care.

Learn more about VA Video connect at:

<https://www.myhealth.va.gov/mhv-portal-web/ss04092018-the-doctor-can-see-you-now> . ♦

VA Office of Rural Health Expands Research Efforts

By **Thomas Klobucar, Ph.D.**, Executive Director, VHA Office of Rural Health



The features that draw Veterans to rural communities often separate them from quality health care. Many of America's nearly five million rural Veterans struggle to access even basic levels of health services due to long drive times, provider shortages or hospital closures.

To help overcome these challenges, the U.S. Department of Veterans Affairs' (VA) Office of Rural Health (ORH) operates field-based offices called Veterans Rural Health Resource Centers (VRHRCs). Through innovative research, VRHRCs identify solutions that bring care to wherever it is needed most to better serve and support rural Veterans.

ORH's VRHRCs are located across the country: Gainesville, Florida; Portland, Oregon; White River Junction, Vermont; Iowa City, Iowa; and Salt Lake City, Utah.

The newest VRHRCs in Gainesville and Portland focus on several issues that affect rural Veterans. These issues include suicide prevention, substance abuse disorder and rural physician recruitment. Their work will support research taking place at other VRHRCs ranging from telehealth to community care coordination.

VRHRCs' work informs many ORH programs. This includes technology, partnerships, and training to address a variety of challenges facing rural health care. From hiring physicians to bringing care to the patient's living room, ORH initiatives are designed to help rural Veterans thrive regardless of where they call home.

You can learn more about the role of ORH's Veterans Rural Health Resource Centers on its website:

<http://www.ruralhealth.va.gov/> or in this [video](https://www.youtube.com/watch?v=3pRyY4IDtI4) (<https://www.youtube.com/watch?v=3pRyY4IDtI4>). ♦

VA, Walmart Open Telehealth Locations to Serve Veterans in Rural Areas

By **Office of Public Relations**, Department of Veterans Affairs

The U.S. Department of Veterans Affairs (VA) and Walmart cut the ribbon in Asheboro, North Carolina, Dec. 10, for a new VA-led [Accessing Telehealth through Local Area Stations \(ATLAS\)](https://connectedcare.va.gov/partners/atlas) (<https://connectedcare.va.gov/partners/atlas>) services pilot location. ATLAS provides convenient locations for Veterans to access VA health care in their communities.

Walmart donated equipment and space at five sites as part of a pilot that enables Veterans to meet with a VA provider in a private room via video technology. VA telehealth clinical services vary by location and may include: primary care, nutrition, mental health, and social work.

“This type of collaboration is the way of the future,” said VA Secretary Robert Wilkie. “Veterans need the expansion of choice, and this partnership is vital to affording them convenient access to VA health care services where they live.”

This new option makes VA care easier to access and eases the burden of long travel times to appointments.

“As both a Veteran of the Air Force and a father whose son and son-in-law are serving, I know firsthand how important support and access is for our military, especially when it comes to health care,” said Chief Growth Officer for Walmart U.S. Health and Wellness, Daryl Risinger. “Walmart is committed to making quality health care affordable and accessible and is working with VA to expand its ability to serve Veterans through technology. This is another way we are helping our communities live better.”

VA leads the nation in telehealth services. Last fiscal year, there were more than 1.3 million video telehealth encounters with more than 490,000 Veterans. Other telehealth pilot sites are in Wisconsin, Michigan and Iowa.

Veterans interested in this program are encouraged to contact their local VA medical centers to determine service availability in their local area. For more information about ATLAS, visit the [ATLAS webpage](https://connectedcare.va.gov/partners/atlas)

(<https://connectedcare.va.gov/partners/atlas>). ♦



More Veterans Gain Access to Commissary, Exchange and MWR Facilities



As of Jan. 1, 2020, the Department of Defense expanded access to military commissaries, exchanges, and morale, welfare and recreation facilities (MWR) for certain Veterans and caregivers. Those eligible for access include all Veterans with service-connected conditions, Purple Heart recipients, former Prisoners of War (POW), and those approved and designated as the primary family caregivers of eligible Veterans. To acquire the in-person privileged access, all eligible Veterans must obtain a Veteran Health Identification Card (VHIC). For more information regarding these privileges and access to military installations, visit <http://www.militaryonesource.mil/expanding-access>. ♦

TeleSleep Tackles COVID-19 via Telehealth

By **Kathleen Sarmiento, MD MPH**, National Lead, VA TeleSleep Program (San Francisco VA Health Care System) and **Jill Reichert**, VA TeleSleep Program, Department of Veterans Affairs

The U.S. Department of Veterans Affairs' (VA) TeleSleep Program is helping to counter the spread of the COVID-19 Coronavirus in Veterans with sleep issues, by using telehealth technology including VA's web application REVAMP (Remote Veteran Apnea Management Platform).

The primary recommendation to reduce the risk of COVID-19 transmission is social distancing and meticulous hygiene. While Veterans with obstructive sleep apnea are not inherently at an increased risk for this viral infection, they are generally not acutely ill and should avoid crowded medical facilities when possible, particularly if they have other risk factors such as advanced age.

Telehealth, including the virtual care web-application REVAMP, have become strategic assets in this time of clinic closures, restricted travel, and growing concerns over COVID-19. Given the TeleSleep program's experience with telehealth (1,642 clinicians have been trained in the TeleSleep program FY18-20, including 505 clinicians added to REVAMP), many Sleep program staff are trained and experienced in using VA Video Connect (VVC), REVAMP, remote Positive Airway Pressure (PAP) set-ups, remote sleep testing (screening, mailout, instruction), and long-term PAP monitoring (data review and device settings changes.) A few of the ways the TeleSleep program helps reduce Veterans' potential exposure are:

- Conversion to mail out home sleep apnea testing when patients have symptoms and cannot attend group classes or individual in-person appointments.
- Enrollment in REVAMP, a web-application that uniquely offers a patient-facing portal to collect questionnaire data (initial and follow up), enables viewing of PAP data by the patient and provider, and enables secure messaging for supply requests and inquiries.
- REVAMP can be used to supplement initial, follow up, or as stand-alone visits with sleep apnea patients.
- Sleep Cognitive Behavioral Therapy for Insomnia (CBT-I) services at the San Francisco VA Medical Center have now been converted to all VVC visits.
- Continuous positive airway pressure (CPAP) clinics and Sleep clinics at many sites have converted to phone or VVC visits supplemented by REVAMP and/or review of remote PAP data.



Now 62 sleep programs use REVAMP, which offers both a patient-facing portal and provider portal. Tips from sleep center staff at the Corporal Michael J. Crescenz VA Medical Center in Philadelphia show how to incorporate REVAMP into the workflow for CPAP follow-up clinics with new COVID-19 precautions:

- Sleep center staff proactively contact Veterans with obstructive sleep apnea who are scheduled for in-person PAP follow-up appointment to offer a telephone visit instead.
- Veterans with the premium My Health eVet username and password or other secure access are being enrolled in REVAMP where they then complete the follow-up questionnaires to share progress and updates. During the telephone visit, the sleep therapist reviews this information as well as the Veteran's wireless PAP data.

By using REVAMP, Veterans with obstructive sleep apnea receive their care remotely and reduce their risk of exposure to the virus. The program's ability to offer and implement an immediate pivot to telehealth to reduce patient exposure at medical facilities and to enable social distancing has been quick and effective.

The VA Office of Rural Health (ORH) helps to fund the TeleSleep program to expand sleep services to rural Veterans. For more information on the TeleSleep program, please contact the TeleSleep team at TeleSleep@va.gov. ♦

Rural Veterans Connect to Creative Art Therapy Via Telehealth

By **Vicki Brienza**, Office of Rural Health, Department of Veterans Affairs

Rural Veterans living with a traumatic brain injury, post-traumatic stress disorder (PTSD) or other neurological and behavioral health issues will soon have access to a variety of creative arts therapies through a telehealth program from three more U.S. Department of Veterans Affairs (VA) hospitals.

The VA Office of Rural Health (ORH) and the National Endowment for the Arts (NEA) partnership announced their intent to expand the telehealth component of Creative Forces® – NEA Military Healing Arts Network – to VA hospitals in Indianapolis, Cleveland and Jackson, Mississippi.



“Our partnership with the National Endowment for the Arts adds an entirely new dimension of care to our Rural Veterans TeleRehabilitation Initiative (RVTRI), allowing us to treat the whole Veteran regardless of where they live.” Thomas Klobucar, executive director of the VA Office of Rural Health, shared.

This telehealth program is designed to provide rural Veterans with new rehabilitation treatment options through a variety of creative arts such as art, music, dance and creative writing.

“This Creative Forces expansion is an important part of the National Endowment for the Arts’ efforts to increase access to the arts for all Americans, especially to our Veterans and those in rural communities,” Mary Anne Carter, chairman of the National Endowment for the Arts, said in a [press release](https://www.arts.gov/news/2019/national-endowment-arts-announces-expansion-creative-forces-healing-arts-network). (<https://www.arts.gov/news/2019/national-endowment-arts-announces-expansion-creative-forces-healing-arts-network>)

ORH’s RVTRI program launched in 2009 to help connect rural Veterans with their rehabilitation therapists via a smartphone, laptop, desktop or tablet. In 2014, in partnership with the University of Florida’s Center for Arts and Medicine Program, the program expanded to include creative arts therapy via telehealth. Then in 2017, the RVTRI program partnered with NEA’s Creative Forces to include music therapy as an option for treatments.

“Telehealth improves access to care, particularly for participants who experience health disparities due to distance or disability,” is an outcome revealed from a [February 2019](https://www.sciencedirect.com/science/article/abs/pii/S0197455618301345?via%3Dihub) study (<https://www.sciencedirect.com/science/article/abs/pii/S0197455618301345?via%3Dihub>), co-published by Dr. Chuck Levy, Chief of the Physical Medicine and Rehabilitation Service at the North Florida/South Georgia Veterans Health System and RVTRI’s program’s director.

For rural Veterans, they welcome the therapists virtually into their homes. For example, one 75-year-old Veteran with Parkinson’s disease uses live streaming video to participate in weekly dance/movement therapy sessions. With the direction of a board-certified dance/movement therapist at the Malcom Randall VA Medical Center, the Veteran and his wife dance together again, cheek to cheek. They sing the praises of the RVTRI in general.



This photo is from the University of Florida, Center for Arts in Medicine, and features the Dance for Life, Movement Program for People with Parkinson’s disease.

“At 75 years old, you might assume there would be some resistance to using telehealth technology, but it’s just the opposite,” says the therapist. She adds, “People are surprised to hear that dance/movement therapy for Veterans works. It works for both genders, it works for all ages and it works using Telehealth technology.” ♦

Research Improves Tele-Eye Screening for Veterans

By Erica Sprey, VA Research Communications, Department of Veterans Affairs

Imagine that you are a retired military Veteran who lives in a remote section of Montana. The air is pristine, the hunting is great, and you know most of the residents in your small town by first name.

You count yourself lucky to have access to the U.S. Department of Veterans Affairs (VA) community-based outpatient clinic in nearby Kalispell. But if you need specialized medical services, like eye care, it is a four-hour drive to the nearest VA medical center in Ft. Harrison, Montana. One way.

This hypothetical scenario is not unusual. Nearly five million rural Veterans in the U.S. live in rural communities. That's why VA became a leader in the development of telehealth, tele-mental health, and tele-eye services.

In 2015, VA launched the Technology-based Eye Care Services program—otherwise known as TECS. The tele-eye screening program now serves Veterans through 22 VA health care facilities across the country.

The purpose is to bring remote eye screening services to rural or underserved Veterans who might not be able to access a screening eye exam or get new glasses. It is not intended to replace an in-person eye exam and is one of several options that Veterans can choose for their eye care.

"Vision is an important part of a person's life," notes Dr. April Maa, a researcher at the Atlanta VA Medical Center who studied TECS. "There are some very good studies that show if you can't see well or are blind, you are much more likely to fall or end up in a nursing home. You have a poorer quality of life and you are more likely to get depressed and become socially isolated."

Improving the TECS protocol

The TECS tele-eye program accurately detects the four most common eye conditions that cause visual impairment in an aging population—diabetic retinopathy, glaucoma, macular degeneration, and cataracts. Previous studies established that the baseline TECS protocol is highly accurate when compared to an in-person eye exam by an ophthalmologist.

Maa and her co-authors recently published a [study](https://www.ncbi.nlm.nih.gov/pubmed/31522900) (https://www.ncbi.nlm.nih.gov/pubmed/31522900) that tested the impact of adding of a special imaging test called optical coherence tomography (OCT) to the TECS screening exam. They [found](https://www.ncbi.nlm.nih.gov/pubmed/31791664) (https://www.ncbi.nlm.nih.gov/pubmed/31791664) that adding OCT *did not* improve remote eye providers' accuracy in detecting glaucoma or retinal disease, and in some cases worsened agreement with the in-person exam. OCT is an imaging technique that can show very small, sub-micrometer structures within the eye. It is commonly used in the treatment of retinal diseases. It is like an ultrasound of the eye, but it uses light instead of sound waves to create an image.

The researchers suggested that further study was necessary and speculated that the OCT results might change if the readers were glaucoma or retinal specialists who were well-versed in reading OCT images.

Bringing eye care to Veterans' backyards

Maa is the clinical director for regional telehealth services, a VISN 7 resource based at the Atlanta VA Medical Center, and section chief for the TECS program. She is a comprehensive ophthalmologist who divides her time between treating eye disease and performing surgery, helping Veterans preserve their vision, and training ophthalmology residents. TECS is her brainchild.

Studies showed that rural Veterans are less likely to seek vision care if they live far from their health care providers or have travel barriers. Older rural Veterans are also at greater risk of experiencing a blinding condition than their urban counterparts. Compounding that problem, is the delay in eye screening for diseases like glaucoma, that are more difficult to treat at later stages, can also put Veterans at greater risk for losing their vision.



(Photo by Lisa Pessin)

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Research Improves Tele-Eye Screening for Veterans (continued from page 7)



(Photo by Lisa Pessin)

Maa and her colleagues saw a need for tele-eye services within the VISN 7 catchment area, which includes many rural communities in Alabama and Georgia. They anticipated that tele-eye care could help provide specialized eye care at VA facilities that did not have eye clinics or an on-staff eye provider. They hoped that it could also improve wait times for patients. Prior to TECS implementation, Maa said Veterans at the Atlanta VA had long waits to see an eye doctor.

"My entire team is passionate about health care disparities. Just because you live in [rural] Blairsville, Georgia, doesn't mean you should get less care than other people," said Maa. "Those system-based barriers are reduced with telemedicine. We can bring the patient a huge amount of subspecialty care that they might not otherwise have access to."

Eye care is well-suited to telehealth

Vision care is well-suited to telehealth, says Maa. Similar to radiologists who often work remotely, eye providers do not need to be present when examining photographs of patients' eyes.

In the TECS program, a trained ophthalmology technician sees patients at their primary care clinic. They gather a medical history, take vision measurements, and conduct a manifest refraction test—the process to measure the degree of nearsightedness, farsightedness, and astigmatism for glasses. The technician also measures eye pressure and takes photographs of the patients' retina, a thin membrane that lies along the inner surface of the back of the eye.

Once the technician visit is complete, the patient's data and photographs are shared with a remote eye specialist who will review the results, make referrals, and prescribe eyeglasses or medication, if necessary. If patients require a follow-up visit, they will receive a call from the provider. If no follow-up visit is necessary, the patient will receive a notice from the provider informing them of their results. Maa says that the TECS screening should be alternated with regular in-person eye exams.

TECS is a program that Maa says both rural Veterans and their health care providers value.

"The patients love it and the primary care providers appreciate having eye services at the primary care clinic. We have been able to pick up a lot of very serious eye disease in our Veterans to prevent blindness and get them timely access to care." ♦

Talking About Rural Workforce Shortages



There's a nationwide shortage of rural medical clinicians. With 22% of the population living in rural areas and only 9% of clinical providers who choose to practice there, finding ways to attract and retain medical providers is critical.

Thomas Klobucar, Ph.D., executive director for the U.S. Department of Veterans Affairs' (VA) Office of Rural Health recently talked with Federal News Network's Tom Temin about the provider shortages and how it impacts rural Veterans, as well as shared a few of the programs VA provides to help address the rural clinician workforce shortages.

Listen to Dr. Klobucar's podcast interview with Tom Temin via Federal Drive (February 13), titled "Veterans Affairs on the hunt for ways to attract doctors to rural areas" at: <https://www.podcastone.com/episode/Veterans-Affairs-on-the-hunt-for-ways-to-attract-doctors-to-rural-areas> . ♦

Veterans Receive Help Through Clergy Training Program

By **Adam Stump**, Digital Media Engagement team, Department of Veterans Affairs

Veterans—especially those in rural areas—receive added support through a U.S. Department of Veterans Affairs' (VA) program focused on training clergy and other groups interested in helping Veterans.

More than two dozen trainees met Jan. 30 in Medora, North Dakota, for the Community Clergy Training Program to Support Rural Veterans' Mental Health.

VA chaplains use four modules to teach trainees the best methods to help Veterans, explained VA Chaplain and Army Veteran Joe White.

The program is open to community clergy and anyone interested in helping Veterans, such as local members of Veteran Service Organizations, caregivers, and community-based mental health providers. "Religious leaders are often the first people Veterans turn to for help, especially in rural areas," said White.



Community Clergy Trainers during the Jan. 30 meeting in Medora, North Dakota

Practical example

The state chaplains for North Dakota and the American Legion were among those who attended the event. One person traveled nearly 400 miles for the training.

Army Col. Darcie Handt is executive director for [ND Cares](https://www.ndcares.nd.gov/) (<https://www.ndcares.nd.gov/>), a North Dakota coalition that brings together more than 40 groups. The organization works to improve collaboration and coordination on behavior health services for Servicemembers, Veterans, families, and survivors.

Handt said the tools attendees learned will help because of North Dakota's sparse population. Veterans often travel great distances for any type of care. He said because of this, community partners play a large role in helping Veterans.

Father Brian Gross was one of the attendees. He is the pastor of Epiphany Catholic Church in Watford City, North Dakota. The town of 10,000 draws a large Veteran population because of the oil field work nearby. "This training helps to identify and recognize what's going on in the heart and mind of a soldier that's coming back," he said. Gross shared that the information helps build awareness so when he meets with a Veteran, he will know how to help the person better reintegrate.

Another pastor from a town near Minot Air Force Base said the training will help as she counsels Veterans transitioning.

"I know that I don't have all the answers, but have a list of resources," said Pastor SueLynn White from Oak Valley Lutheran Church in Oak Valley, North Dakota. "This will help me walk with them and the (mental health) professional to give another layer of help."

The program

The training program currently has four modules:

1. **Military Culture and Wounds of War** - In this session, trainees learn about military culture and the injuries Veterans may have, such as post-traumatic stress disorder, traumatic brain injury or military sexual trauma. Trainees also learn how to assist military personnel and their families with a healthy adjustment to a civilian culture, along with ethical and moral injuries unique to combat Veterans.
2. **Pastoral Care to Veterans and Their Families** - This training discusses the spiritual side of caring for Veterans.
3. **Mental Health and Referrals** - Trainees learn the best ways to support Veterans' mental health and how to make referrals, so Veterans receive follow-up care.
4. **Building Community Partnerships** - Since a Veteran may need assistance in multiple areas, trainees learn how to work with partners to establish a network to help.

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Veterans Receive Help Through Clergy Training Program (continued from page 9)

The program started in 2010 and now covers all 50 states, with 17 trainers splitting up geographic areas. Most of these trainers are Veterans themselves.

Army Veteran Barry Main, senior chaplain for Messages of Faith Ministry in Nevada, attended the two days of training, which he said helped build networks and partnerships.

“It’s going to give those of us who want to help Veterans more tools to use,” the Vietnam Veteran said. “Handling Veterans is a little different. This program went a long way in helping us help others.”



Chaplain Ryan Creelman, who also attended the training with Main, said the program is spurring development of a Veteran care committee to serve Veterans.

Engaging rural communities

Funded by the VA [Office of Rural Health](https://www.ruralhealth.va.gov/) (<https://www.ruralhealth.va.gov/>), the program tries to reach the nearly five million Veterans who reside in rural communities. Veterans choose rural communities for a variety of reasons: closer proximity to family, friends and community, open space for recreation, more privacy, lower cost of living, or less crowded towns and schools. While Veterans may enjoy the benefits of rural living, they may also experience rural health care challenges that are intensified by combat-related injuries and illnesses.

In rural areas, basic levels of health care or preventative care may not be available to support residents’ long-term health and well-being. Compared to urban areas, rural communities tend to have higher poverty rates, more elderly residents, residents with poorer health, and fewer physician practices, hospitals and other health delivery resources.

Just like any rural resident, it may be difficult for rural Veterans and their caregivers to access health care and other services due to rural delivery challenges, including:

- Hospital closings due to financial instability
- Fewer housing, education, employment and transportation options
- Greater geographic and distance barriers
- Limited broadband internet
- Higher uninsured rates
- Difficulty of safely aging in place in rural America

To find upcoming events, see the National VA Chaplain Center page at: <https://www.eventbrite.com/o/the-national-va-chaplain-center-16550545479>.

For more information visit:

- [Community Clergy Training Program](https://www.patientcare.va.gov/chaplain/clergytraining/docs/CCTP_Overview_Detailed.PDF) (CCTP) (https://www.patientcare.va.gov/chaplain/clergytraining/docs/CCTP_Overview_Detailed.PDF)
- [Rural Community Clergy Training one-page overview](https://www.ruralhealth.va.gov/docs/promise/ORH_RuralPromisingPractice_RuralClergy_Overview_FINAL-508.pdf) (https://www.ruralhealth.va.gov/docs/promise/ORH_RuralPromisingPractice_RuralClergy_Overview_FINAL-508.pdf)
- [Rural Community Clergy Training implementation issue brief](https://www.ruralhealth.va.gov/docs/promise/ORH_Promising_Practice_Clergy_Nov2016_508.pdf) (https://www.ruralhealth.va.gov/docs/promise/ORH_Promising_Practice_Clergy_Nov2016_508.pdf). ♦

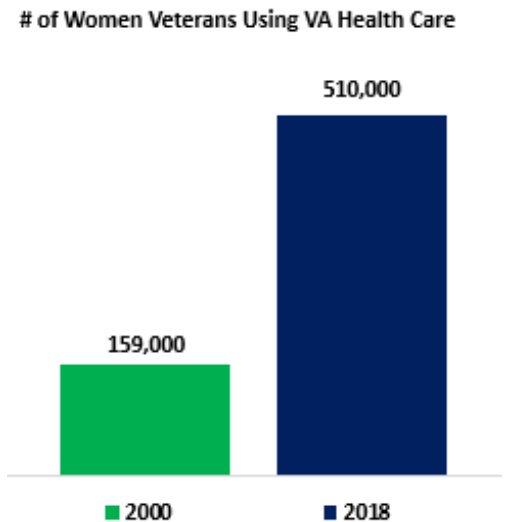
Connecting Rural Women Veterans to Comprehensive Primary Care Services

By **Aimee Sanders, MD MPH**, Physician Educator, Women’s Health Services

As the number of women Veterans continues to increase rapidly, so, too, does the number of women Veterans who receive health care from the U.S. Department of Veterans Affairs (VA). In fact, the number of women Veterans using VA health care has more than tripled in less than two decades, growing from more than 159,000 in 2000 to over 510,000 in 2018. Considering that as of May 2017, 26% of enrolled women Veterans lived in rural areas, the demand for comprehensive primary care services for women Veterans is also growing in rural areas. These are areas that have ongoing needs for more trained primary care providers designated as Women’s Health Primary Care Providers (WH-PCP) and nursing staff trained in women’s health.

To better support women Veterans’ long-term health and well-being, including those in rural communities, VA continues to invest in a novel training program to increase providers’ and nurses’ knowledge of and skills related to women’s health. VA’s Women’s Health Services (WHS) and Office of Rural Health (ORH) continue to collaborate in a multi-year initiative to design and deliver a mini-residency training program to rural primary care teams nationwide.

Modeled after an existing WHS core training program, which is a three-day training offered twice a year in central Florida, this program – the Women’s Health Mini-Residency for Primary Care Rural Providers and Nurses – attends to the unique training considerations for rural primary care teams. For example, rural clinics, with fewer staff, face challenges sending teams off-site for training that may not only disrupt normal clinic operations, but also impact Veterans seeking care at those facilities. To meet the training needs of rural staff and minimize the impact on patients and clinic functions, WHS found it beneficial to bring a blended learning training program directly to rural clinic sites. In this blended Women’s Health Mini-Residency for Primary Care Rural Providers and Nurses, participating staff benefit from:



Online Courses Completed Independently

Covering 11-12 women’s health topics such as:
Abnormal Bleeding, Contraception, Breast Issues, Intimate Partner Violence, etc.



Onsite, Interactive 1-Day Training

Includes case discussions, hands-on simulation equipment, gynecologic items demonstration, live female models for history-taking and breast/pelvic exam instruction, etc.

In all, each provider and nurse receive more than 18 hours of accredited training, which qualified them for the designation as WH-PCPs and Women’s Health Patient Aligned Care Teams (WH-PACT) in VA.

Since 2008, this program has made significant progress training primary care teams from Hawaii to New York and many rural VA sites in between. Inclusive of two pilots and from program launch in June 2018 through December 2019, this program has trained 198 primary care providers and 350 nurses during 62 separate training events in 24 VA Health Care Systems across the United States. Up to 40 future trainings per year are planned, if funding remains available.

(Continued on page 12)

Connecting Rural Women Veterans to VA Comprehensive Primary Care Services (continued from page 11)

• The Women’s Health Mini-Residency for Primary Care Rural Providers and Nurses demonstrated effectiveness in improving comfort, knowledge and skills related to women’s health care that is maintained more than six months post-training. Feedback from participating providers and nurses, 95% of whom would recommend the training to their colleagues, includes positive comments such as:

- “This course was a great learning opportunity. The instructors did very well. I gained confidence to screen and provide care for women Veterans.”
- “This learning activity helped broaden my knowledge in regard to women’s health. I was able to take new skills to better assist as a nurse caring for women Veterans.”
- “I want to say that this was the best interactive course I have participated with the VA in my 29 years of services at the VA.”



Nurse Instructor shows VA nurses at Murfreesboro (Tennessee) VA Medical Center various contraceptive options available to women Veterans (photo courtesy of Carolyn Smith)

ORH works closely with WHS to support this training initiative, to ensure all women Veterans receive the best care anywhere.

For questions about the Women’s Health Mini-Residency for Rural Providers and Nurses, contact whrmrteam@va.gov.

For more information about care for women Veterans, visit www.womenshealth.va.gov. ♦

Together With Veterans Toolkit

Rural Veterans face a 20% increased risk of dying by suicide, compared with urban Veterans. Yet interventions for preventing suicide among rural Veterans have been limited.

The Together With Veterans (TWV) initiative is working to change that. TWV is a community-based suicide prevention program for rural Veterans. TWV partners with rural Veterans and their communities to implement community-based suicide prevention programs.

Recently, TWV developed a toolkit as a set of practical, useful, and effective resources to support rural communities in reducing suicide risk among Veterans.

Find out more information about TWV or download the Together With Veterans Toolkit at:

<https://www.mirecc.va.gov/vish19/togetherwithveterans/>. ♦



Military Sexual Trauma (MST) Program Provides Support and Mental Health Benefits to Women Veterans

By **Marylene Cloitre**, Program Director of EWI Military Sexual Trauma Web, Department of Veterans Affairs

On behalf of the U.S. Department of Veterans Affairs (VA), the Office of Rural Health (ORH) established a new program to draw women Veterans into care—particularly those who experienced military sexual trauma.

The program, known as webSTAIR, provides a blended care model that integrates a web-based program along with coaching sessions to provide psychological and social services requested by rural women Veterans.

Surveys over the past 10 years indicate rural women Veterans experience greater feelings of isolation and disengagement compared to male Veterans. This is particularly true of women Veterans who experienced military sexual trauma (MST). MST is strongly associated with post-traumatic stress disorder (PTSD) and depression, which often leads to social isolation. Social isolation in turn can lead to exacerbation of symptoms of PTSD and depression, leading to a vicious cycle of increasing symptoms and greater social isolation.

The MST web-based program breaks this cycle. It focuses on developing a Veteran's skills to manage distressing emotions and provides strategies to help improve relationships and day-to-day functioning. Coaches provide guidance and encouragement in practicing the skills. They also tailor the skills to the specific needs and goals of the individual Veteran. The program, webSTAIR, is based on an empirically supported program successfully used in primary care called Skills Training in Affective and Interpersonal Regulation (STAIR).

The program is a huge success both in terms of meeting treatment goals and satisfaction among women Veterans who have participated. Evaluation of the program shows a substantial reduction in PTSD and depression for Veterans. Equally important are the benefits of day-to-day living where women Veterans report a substantial improvement in relationships, greater engagement in their local community and improvement in home, work, and social functioning. In addition, the women also learn skills in effective parenting, which has been in high demand among returning military.

Women Veterans report how the program has made a difference in their lives:

- “It's improved my relationship with my daughter, my husband and anyone else that I talk to.”
- “It's saved relationship with [my partner] ... That means everything to me.”
- “It actually helped me a lot. I just got out of a bad relationship and it helped me focus on myself. Helped me with dealing with my ex and my kids. Helped me operate with a clear head. Take a deep breath and deal with things better.”
- “It helped me through a hard time. My husband passed away in June, holidays were hard, and I would get sad/depressed. I would go through the [program] and work through it.”



More than 500 Veterans participated in the program so far. The webSTAIR coaches, trained to deliver the program, are located in 12 health care facilities and provide services to Veterans in over 60 locations. ♦

Tending to Rural Veterans' Mental Health Needs

By **Jasmine Williams**, Office of Rural Health, Department of Veterans Affairs



Mental health challenges affect populations everywhere, but for rural Veterans the provider shortages, social isolation and reduced employment opportunities often present in rural areas can make it specially difficult for them to receive the help they need. These challenges often have tragic consequences: the suicide rate for rural Veterans is 20% higher than their urban counterparts'.¹

These unique obstacles require equally innovative solutions. In fiscal year 2018, Congress directed the U.S. Department of Veterans Affairs (VA) to create a pilot program that provides Veterans with agricultural skills training and mental health care services from licensed providers.

As the lead advocate for rural Veterans, VA's [Office of Rural Health \(ORH\)](https://www.ruralhealth.va.gov/) (<https://www.ruralhealth.va.gov/>) partnered with several VA program offices to establish the [VA Farming and Recovery Mental Health Services \(VA FARMS\) program](https://www.ruralhealth.va.gov/docs/factsheets/VA_FARMS_Fact_Sheet-2019_FINAL-508.pdf) (https://www.ruralhealth.va.gov/docs/factsheets/VA_FARMS_Fact_Sheet-2019_FINAL-508.pdf) at nine designated VA medical centers.

VA FARMS incorporates mental health care and services with agricultural training to support Veterans' behavioral and mental health needs. Veterans receive mental health care from licensed clinicians while agricultural training is provided by a variety of partners, including non-profits, academic organizations and state governments. This approach addresses several of the factors that impact rural Veterans' overall well-being.

You can learn more about the VA FARMS program by watching this video:

<https://youtu.be/4slkacvnh10>. ♦

¹ McCarthy, J.F., Blow, F.C., Ignacio, R.V., Ilgen, M.A., Austin, K.L., & Valenstein, M. (2012). Suicide among patients in the Veterans Affairs health system: Rural-urban differences in rates, risks, and methods. *American Journal of Public Health*, 102(S1), S111-S117. doi: 10.2105/AJPH.2011.300463



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VA Office of Rural Health

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

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