

Access to Health Care for Rural Veterans: Distance in Context

For rural residents, distance is a way of life, but it can be a barrier to health care. The impact of distance is mediated by patient circumstances (e.g., resources, competing demands) and health care need (e.g., care complexity, care urgency). 'Distance' is not a one-size-fits-all measure, but must be contextualized to understand its effect on specific rural populations.

Highlighted below are three growing groups of rural Veterans, with unique needs and preferences for addressing health care access: 1) the aging, 2) homeless, and 3) women Veterans.¹

1. Aging Rural Veterans

Improving older rural Veterans' care access requires addressing gaps in services and care fragmentation.



- ▶ **Multiple Health Care System Use:** Medicare for primary care and VHA services for mental health and specialty care²
- ▶ **Emergency Departments for Routine Care:** Rural Veterans with poor access to primary care may substitute emergency room visits for routine care²
- ▶ **Higher Mortality:** Compared to urban peers, older rural Veterans have higher mortality³ (Note: For those ages 65-75 with similar socioeconomic characteristics the opposite is true³)

Use of Multiple Health Care Systems

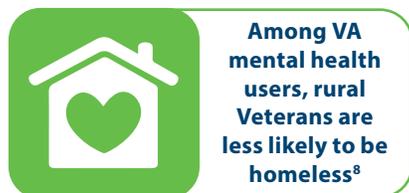
*"Well, I have a family doctor here, and I go to Charleston [VA] for the major things."*⁴ – Rural Veteran

Long-term Care

*"The difference in this state is we don't have any [less intensive options], like in most bigger places, they have assisted living places that you can go. You're not ready to go to a nursing home, but you can't stay at your home anymore."*⁴ – Rural Veteran

2. Homeless Rural Veterans

Substance use, unemployment and mental illness are considered primary causes of rural homelessness.⁵



- ▶ **Homelessness:** Lifetime homelessness is greater among rural Veterans⁶
- ▶ **VA Homeless Services:** Rural Veterans are less likely to use⁶
- ▶ **Retention in Treatment:** Distance to care is a strong predictor of poor retention in treatment of serious mental illness⁷

Self-reliance

*"Rural homeless vets rely on themselves more; they hunt, fish, live in camper trailers without electricity or water."*⁹
– Rural VA CBOC Social Worker

Limited Resources

*"There are no established, local ongoing shelter programs or assistance; and all the people who could answer questions or provide support are at least 50 miles away (too far to walk, purchase fuel or drive in an unreliable vehicle)."*⁹ – Rural Veteran

3. Women Rural Veterans

The number of women Veterans is growing rapidly, requiring more Women's Health Primary Care Providers and nursing staff trained in women's health.



- ▶ **VHA Use:** Rural women Veterans are more likely to use VA health care than urban peers¹⁰
- ▶ **Health Care Decisions:** Affordability and transportation are major factors in rural women Veterans' health care decisions¹⁰
- ▶ **More Options Needed:** Greater local dental, mental health, and gender-specific health care options are needed for rural women Veterans¹¹
- ▶ **Telehealth:** Support for telehealth is mixed¹¹
- ▶ **Attrition:** Longer drive times means greater attrition from VHA for women Veterans¹²
- ▶ **Care Perceptions:** Rural and urban women Veterans' perceptions of VA health care are similar¹³

Competing Demands

"We are very rural and very far away from any [VHA] gynecologist, so if I need something invasive done like say a lady has fibroids and needs a hysterectomy, I have to send her all the way to [the parent VAMC], and if they have small children, a 12-hour trip is a real pain in the butt, because she just can't be gone, or if she's in school, it's very, very difficult."¹⁴ – Rural VA Provider

Preferences

"I drive an extra 500 miles [roundtrip] to get care at the VA. So I take off Friday or Monday and travel after work because I've gotten the best care at that VA. It means a lot to me because I've built a relationship with my doctor. She's the first doctor that's actually listened."¹¹ – Rural Woman Veteran

¹Gale, M. S., John, A., & Heady, H. R. (2013). Rural vets: Their barriers, problems, needs. Health Progress

²Weeks, W. B., Bott, D. M., Lamkin, R. P., & Wright, S. M. (2005). Veterans Health Administration and Medicare outpatient health care utilization by older rural and urban New England veterans. The Journal of Rural Health, 21(2), 167-171.

³Mackenzie TA, Wallace AE, Weeks WB (2010) Impact of rural residence on survival of male veterans affairs patients after age 65. J Rural Health 26(4):318-324

⁴Goins, R. T., Williams, K. A., Carter, M. W., Spencer, S. M., & Solovieva, T. (2005). Perceived barriers to health care access among rural older adults: a qualitative study. The Journal of Rural Health, 21(3), 206-213.

⁵Gordon, A. J., Haas, G. L., Luther, J. F., Hilton, M. T., & Goldstein, G. (2010). Personal, medical, and healthcare utilization among homeless veterans served by metropolitan and nonmetropolitan veteran facilities. Psychological Services, 7(2), 65.

⁶Tsai, J., Link, B., Rosenheck, R. A., & Pietrzak, R. H. (2016). Homelessness among a nationally representative sample of US veterans: prevalence, service utilization, and correlates. Social psychiatry and psychiatric epidemiology, 51(6), 907-916. R. (2013).

⁷McCarthy, J. F., Blow, F. C., Valenstein, M., Fischer, E. P., Owen, R. R., Barry, K. L., ... & Ignacio, R. V. (2007). Veterans Affairs Health System and mental health treatment retention among patients with serious mental illness: evaluating accessibility and availability barriers. Health services research, 42(3p1), 1042-1060.

⁸Edens, E. L., Kaspro, W., Tsai, J., & Rosenheck, R. A. (2011). Association of substance use and VA service-connected disability benefits with risk of homelessness among veterans. The American Journal on Addictions, 20(5), 412-419.

⁹Adler, G., Pritchett, L. R., Kauth, M. R., & Mott, J. (2015). Staff perceptions of homeless veterans' needs and available services at community-based outpatient clinics. Journal of Rural Mental Health, 39(1), 46. adults: a qualitative study. The Journal of Rural Health, 21 (3), 206-213.

¹⁰Cordasco, K. M., Mengeling, M. A., Yano, E. M., & Washington, D. L. (2016). Health and health care access of rural women veterans: findings from the National Survey of Women Veterans. The Journal of Rural Health, 32(4), 397-406.

¹¹Brooks, E., Dailey, N. K., Bair, B. D., & Shore, J. H. (2016). Listening to the patient: women Veterans' insights about health care needs, access, and quality in rural areas. Military Medicine, 181(9), 976-981

¹²Friedman, S. A., Frayne, S. M., Berg, E., Hamilton, A. B., Washington, D. L., Saechao, F., Maisel, N.C., Lin, J.Y., Hoggatt, K. J., & Phibbs, C. S. (2015). Travel time and attrition from VHA care among women veterans: how far is too far? Medical care, 53(4 0 1), S15

¹³Mengeling, M. A., Sadler, A. G., Torner, J. C., & Booth, B. M. (2011). Evolving comprehensive VA women's health care: patient characteristics, needs, and preferences. Women's Health Issues, 21-45, S120-S129

¹⁴Buzza, C., Ono, S. S., Turvey, C., Wittrock, S., Noble, M., Reddy, G., ... & Reisinger, H. S. (2011). Distance is relative: unpacking a principal barrier in rural healthcare. Journal of general internal medicine, 26(2), 648.

Office of Rural Health

Congress established the Veterans Health Administration Office of Rural Health (ORH) in 2006 (38 USC § 7308) to conduct research, innovate new health care solutions, and disseminate best practices system-wide to benefit the nearly five million Veterans who reside in rural communities. The mandate also requires ORH to develop, refine and promulgate policies, best practices, lessons learned, and innovative and successful programs. Learn more at www.ruralhealth.va.gov.