

Message from the Director of the VHA Office of Rural Health

The Role of Care and Services in Rural Veterans' Health and Well-Being



Gina Capra, MPA
ORH Director

I recently visited several U.S. Department of Veterans Affairs (VA) rural sites of care in Chillicothe and Portsmouth, Ohio. I was there as part of the VA Secretary's [Veterans Rural Health Advisory Committee](#), which

burden on our rural Veterans and their caregivers. For example, we heard from a Veteran who drove 140 miles to receive care. The Committee discussed the [Veterans Choice Program](#), which is a response to this continual rural health challenge. The program provides more resources and additional locations from which eligible Veterans can choose to receive their health care. I encourage [interested providers](#) to call (866) 606-8198 for more information on how to participate. An update on the program is provided in the **VA Expands Choice Program Eligibility article on page 6.**

Along with provider partnerships, ORH looks into the community to help bring care and services closer to home for rural Veterans. For example:

- ORH funded more than 60 telehealth projects for fiscal year 2015. One of these projects is the stroke telerehabilitation project at the Atlanta VA Medical Center. Through the project, in-home physical rehabilitation is delivered to post-stroke patients in an engaging, yet challenging personalized experience. More information can be found in the **Expanding Stroke Telerehabilitation to Rural Veterans article on page 10.**

spends time in a different rural area each year to get a deeper understanding of how care and services are delivered at a local level. While we saw a variety of health care models in Ohio, such as a tele-intensive care unit, home-based primary care, Community Based Outpatient Clinic, and tele-mental health care, it was the corresponding services like transportation assistance, employment, and onsite benefits claims support that aided rural Veterans well-being. It was clear in listening to Veterans, VA staff and state leaders in Ohio that the seamless integration of care and services is essential to a rural Veteran's wellness (health + well-being).

Input during the Committee meeting also reinforced my belief that building and providing care and services is not enough... we have to also ensure they are accessible and not an undue

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In April, the Secretary's Veterans Rural Health Advisory Committee met in rural Ohio to see local care and services first hand, and listen to Veterans.

- This year, ORH launched the Rural Veteran Coordination Pilot to support rural Veterans and their families as they transition from military to civilian life. The five selected grant recipients coordinate and deliver support services to rural Veterans through locally-tailored approaches. In the first quarter alone, our grantees established more than 100 community partnerships. One grantee, the WestCare Foundation, integrates care and services by taking health and service specialists (e.g., benefits, education, housing) into rural Washington and Oregon communities to Veterans. More information can be found in the **New Pilot Builds Multi-Partner 'Home Base' for Oregon and Washington Rural Veterans** article on page 5.

We must continue to aggressively provide the care and services that our rural Veterans and their families both need and deserve—and can access.

To join our rural Veteran community, please contact [ORH Communications](#). ♦

Get to Know the Office of Rural Health

By **Krista Holyak**, Office of Rural Health Communications

The Office of Rural Health (ORH) team works every day to improve the health and well-being of rural Veterans by increasing access to care and services. These are the passionate people behind the coordination of hundreds of programs that support rural Veterans across the nation.

Anthony Achampong



What drew you to ORH? It's in my personality to be of service to people. Coming to ORH and helping to meet the needs of Veterans has blossomed to a primary goal for me. I get paid for doing something I like to do.

What are your primary responsibilities? Veteran inquiries; Veterans Rural Health Resource Center (VRHRC) metrics; pre- and post-award VRHRC point of contact for fiscal year 2016 request for proposals (RFP)

Which I CARE value represents you best? Advocacy: To be the voice of the Veteran and put myself in their shoes to understand their needs.

Why do rural health care and services matter to you? People dedicated their lives to protect us from harm's way and often return from service with different kinds of conditions. ORH is the conduit to get them the services that they need. We are the mouthpiece of these rural areas.

How do you translate wellness into your personal life? The caregiver must be healthy in order to care for the sick. I apply this adage to my own life and practice healthy living so that I can be healthy to serve Veterans. I apply principles of well-being, such as developing healthy eating habits and staying active.

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ORH Video: Caring for Rural Veterans

The ORH video [Caring for Rural Veterans](#) was filmed in a VA Community Based Outpatient Clinic in Cumberland, Maryland. Take a three-minute trip to Cumberland to learn how VA is helping to meet the needs of rural Veterans across the country.

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Adam Bluth



What drew you to ORH? A former colleague in the VISN 20 (Northwest) mental health program office recommended ORH, which funded his project. I was attracted to idea of working for ORH since I come from a family of Veterans—my grandfather was a Marine Colonel during World War II and was wounded at Iwo Jima, and my father is also a Veteran.

What are your primary responsibilities? Indian health liaison; technology; innovation and sustainment request for proposals support; performance management quality and data; Project Access Received Closer to Home.

Which I CARE value represents you best? Respect: I try to treat others with dignity and respect. I also strive to have and show empathy in understanding others' points of view and motivations.

Why do rural health care and services matter to you? I have relatives and families who live in rural areas and I've spent a lot of time in rural parts of the country, especially in the West. I understand the barriers to care and like the idea of being a part of mitigating those barriers.

How do you translate wellness into your personal life? For mental wellness, I look for opportunities in the workplace that align with my personal interests. For physical wellness, I make time for activities with my kids including coaching a soccer team, serving as a cub-scout leader and engaging in outdoor activities.

Alden Borromeo



What drew you to ORH? I was drawn to the targeted mission of ORH and its work improve the quality of care for rural Veterans. Also, the positive attitudes and high-energy dynamic of the ORH team.

What are your primary responsibilities? Innovation and sustainment request for proposals process and funding guidance; technology; clinical partnerships (e.g., radiation oncology targeted RFP); Virtual Lifetime Electronic Record (VLER) Rural Health Community Coordinator project; special projects.

Which I CARE value represents you best? Excellence: I appreciate being part of a team, leading projects and accomplishing the rewarding feeling of achieving goals that improve access to care for our Veterans.

Why do rural health care and services matter to you? In a previous role in medicine service at a local VA Medical Center, I saw the impact of central office decisions. Now that I am a member of the ORH national program office, I use this understanding to inform decision making to mutually benefit our rural Veterans and field staff.

How do you translate wellness into your personal life? I believe in a true work-life balance and make family, friends, faith, and practicing an active lifestyle a priority. I enjoy various types of exercise, from strength training, marathons, obstacle course races, snowboarding, yoga, volunteering, and global travel as often as I can.

Judy Bowie



What drew you to ORH? My background is in counseling and psychology. I was interested in working for VA, and knew that my skills could support ORH. I was also excited that ORH would give me the opportunity to work with and support Veterans.

What are your primary responsibilities? Performance management quality and data; SharePoint administration; Contracting Officer Representative (COR); outreach and events.

Which I CARE value represents you best? Excellence: I take accountability for my actions and strive for continuous improvement.

Why do rural health care and services matter to you? Health care and services impact not only the lives of Veterans and their families, but also bring people together, promote growth and build camaraderie. It's a way to give back and make a difference in the lives of people and the communities in which they live.

How do you translate wellness into your personal life? I incorporate the dimensions of wellness (social, spiritual, physical, emotional, environmental, mental, medical financial, occupational and intellectual) into my personal life and I share that information with my family and friends, to try to engage them in similar activities. I think sharing information is impactful.

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Elmer Clark



What drew you to ORH? I came across ORH while browsing employment options online. When speaking with the interview panel, I found out that I grew up in what was considered a rural area. Also, being a Veteran, I found the mission of the office intriguing.

What are your primary responsibilities? Veterans Rural Health Advisory Committee manager; administrative officer (e.g., purchase card, timecards, travel coordination); VA Intranet Quorum and other correspondence.

Which I CARE value represents you best? Integrity: Because to me, it is about doing what is right even when nobody is looking.

Why do rural health care and services matter to you? As a Veteran, it is important to me that my fellow Veterans receive the high-quality care they've earned, no matter where they live—rural or urban.

How do you translate wellness into your personal life? My wellness translates to decompressing from work and how I do that is to spend time with my grandkids.

Janice Garland



What drew you to ORH? My mom, dad and brother all work for VA; I also wanted to learn more about the organization and support Veterans. While spending time in rural North Carolina, I saw first-hand the challenges that many folks who live in rural communities face. The opportunity to work with ORH is an opportunity to be of service to the men, women and families who have served to protect me.

What are your primary responsibilities? Workforce training and education initiatives (e.g., Rural Health Training and Education Initiative, Rural Provider Staff Training Initiatives); external grants, such as the Rural Veterans Coordination Pilot (RVCP).

Which CARE value represents you best? Advocacy: My RVCP work provides an opportunity to identify and elevate Veteran and community provider challenges, issues and successes to ORH and VA leadership. I feel it is my duty to ensure their voices are heard and that we work together to improve rural Veterans care.

Why do rural health care and services matter to you? No matter where people choose to live in the U.S., they should have access to services they need.

How do you translate wellness into your personal life? I love food! I enjoy smoothies and trying out new recipes that repurpose vegetables into comfort foods, such as cauliflower pizza. Also, I eat local to support local farmers and businesses when I travel. I also enjoy being active, hiking, jogging and walking.

Nancy Maher



What drew you to ORH? Both of my grandfathers are World War II Veterans and both live in very rural parts of the Midwest. I was aware of their challenges in accessing health care so I jumped at the opportunity to join ORH and make a difference.

What are your primary responsibilities? Strategic and operational planning; women Veterans, mental health and health equity liaison; promising practices; lead to develop research and studies agenda for rural Veterans.

Which I CARE value represents you best? Respect: I respect Veterans for their sacrifices and putting their lives on the line for our country. This respect inspires me work to understand the root issues that impact rural Veterans' health.

Why do rural health care and services matter to you? Veterans deserve quality service in a timely manner, no matter where they live. Health care and services should not be less just because a Veteran does not live in a metropolitan area.

How do you translate wellness into your personal life? I am conscientious about what I eat and set a consistent exercise schedule. Working in the health care field makes me realize that our personal health status is based on the decisions we make and how we lead our lives.

Michael Privman



What drew you to ORH? As a person who grew up in a town of 8,000 people, health equity for rural areas has always been an important issue to me. Although I may have left small town living, equal access for all remains an important issue to me, and drew me to work at ORH.

What are your primary responsibilities? Financial oversight to the multi-million dollar program budget.

Which I CARE value represents you best? Integrity: I always keep integrity at the forefront as it relates to my position and ensuring proper oversight of rural health funds.

Why do rural health care and services matter to you? As someone who grew up in a small town, it matters to me that families in rural areas will have access to quality care regardless of where they live.

How do you translate wellness into your personal life? Spending quality time with my family, and incorporating physical activity into my daily routine in time-saving ways, such as taking the stairs at work instead of the elevator. ♦

New Pilot Builds Multi-Partner ‘Home Base’ for Oregon and Washington Rural Veterans

By WestCare Team, Rural Veteran Coordination Pilot Grantee

The Pacific Northwest continues to be a hub for military training, deployments and separations. More than 1,000 service members will separate from the military each month through 2017 in Washington state alone, while a same number of the Oregon Guard members return this year from their deployment.

Veterans can face a myriad of physical and emotional challenges upon return from deployment or separation from the military. This transition can be particularly difficult for Veterans who reside in rural and isolated communities. The U.S. Department of Veterans Affairs (VA) awarded five grants through the Rural Veterans Coordination Pilot (RVCP) to assist Veterans and their families with the transition from military service to civilian life in rural communities. The Pilot, managed by VA’s Office of Rural Health, provides an opportunity for the selected organizations to collaborate with VA, local Veterans and communities to develop local solutions to the challenges faced by Veterans.

The WestCare Foundation is one of the five RVCP grantees. WestCare is supported by the Washington State Department of Veteran Affairs (WDVA) and Oregon’s Lines for Life military helpline for a multi-state project, Home Base. Home Base takes place in five Pacific Northwest rural counties—three in Washington (Benton, Franklin and Lewis) and two in Oregon (Tillamook and Umatilla). The approximate combined Veteran population in these rural counties exceeds 30,000.

Home Base encompasses three main approaches:

- Go to the Veteran
- Cultivate community partnerships
- Focus on Veteran benefit programs

These approaches are implemented through “boots on the ground” navigators, a 24/7 military and Veterans helpline and Web-based support.

The “boots on the ground” navigators are Veterans who live in their rural communities. The 24/7 helpline is staffed by Veterans and/or military family members who understand military culture and common issues related to military service (e.g., employment transition, military sexual trauma, self-medication with alcohol and drugs).

Élan Lambert, Navy Veteran and WestCare Oregon Program Manager, had in mind the old-time country doctors who made house calls when she hired the rural navigators. “Those doctors lived in the rural areas where they cared for their neighbors and friends. They recognized that health includes not only the physical aspects of life, but finances,

Free, real-time, confidential crisis counseling for Veterans and family members.

- Call Home Base 24/7 at (877) 515-7848
- Home Base on the Web: <http://www.homebase.vet/>

social standing and spirituality. They knew the importance of people being treated in their own ‘home base’ area, surrounded by family and friends,” said Lambert. The navigators are similar in that they are committed to providing great service to their local Veterans and family members. As Marine Veteran and Tillamook County navigator Nathan Rogers explained, “I have the unique privilege to serve and help the same people that I shop with, that my kids go to school with... These are not just clients to me—they and their respective families are my friends, and that is precious to me.”

While the navigators are not doctors, they bring personalized resources and support to the Veteran, eliminating the need for the Veteran to come to them. The Home Base project replicates house call model in rural areas—not with medical services, but with vital resources to help the Veteran be successful after the military, such as local and federal programs (e.g., [WDVA’s Veterans Innovation Program](#), [federal supportive housing](#), education benefits). A vital principle of navigator training and priorities is to maximize the access and use of existing Veterans’ benefits, entitlements and programs.

“By mastering the programs I have been able to change the lives and outcomes of Veterans and their family members, many of which had no idea about the benefits or help that they had earned,” said Marine Veteran and Benton/Franklin Counties navigator Edgar Rivera.

In addition to the addition of “boots on the ground” navigators, WestCare works with existing community organizations to form partnerships. In Packwood, the most eastern community in Lewis County, there are few jobs in the community and an older Veteran population with limited transportation. “We are actively working with the DAV (Disabled American Veterans) that is contracted to give rides to Veterans and move the ride schedule from one day a week, to three or more days a week,” said Army Veteran and Lewis County navigator Patrick Zandecki. Through work with local businesses and service providers, and holding town hall meetings, Tillamook County is now a veritable hive of activity

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New Pilot Builds Multi-Partner 'Home Base' for Oregon and Washington Rural Veterans (continued from page 5)

based around Veterans' issues. Rogers explained, "We have forged partnerships across the board for the purposes of everything from food, clothing, and shelter, to medical and mental health, and even recreation. I firmly believe this project has brought about awareness and accountability for Veteran's issues in this small microcosm on the Oregon coast." Rogers continued, "We see Veterans find their voice. Veteran's partners not only get connected to their Veterans but also to each other. The beginning of a county-wide, multi-partner, functional safety net for our Vets is taking shape."

Through the RVCP grant, the Home Base navigators feel things are changing, but also realize that sustaining change does not happen overnight. "I believe that with the continued support of the community, our partnerships and the Veteran's organizations, we are going to see the advent of a new day for our Veterans and their families, and they deserve it," said Rogers.

WestCare is honored to lead this pilot grant project in Oregon and Washington, with the purpose of developing solutions to the barriers faced by our rural Veterans. The practices developed under this project will reflect a shared commitment by a diverse body of local private and public stakeholders, including Veterans. It will provide a successful model with practices that can be repeated in rural communities across the nation.

Visit the [WestCare website](#) or the [Home Base website](#) for more information. ♦

Since inception in December 2014, Home Base:

- Served 90 unduplicated Veterans, 11 primary family members (spouses and children), and five secondary family members (children and widow).
- Completed more than 7,500 outreach contacts (e.g., referral follow-ups, community presentations and meetings, events, social media, website, helpline calls).
- Established more than 150 partnerships.
- Made more than 77 referrals (e.g., family support, housing, mental health, employment).

VA Expands Choice Program Eligibility

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

In March 2015, the Department of Veterans Affairs (VA) announced it will change the calculation used to determine the [40 mile eligibility requirement](#) of the Veterans Choice Program from straight line distance to driving distance from the Veteran's residence and the nearest VA medical facility. This policy change became effective on April 24, 2015. This effort is estimated to double the number of Veterans who are eligible based on distance, and in turn, provide greater access to health care to more than 280,000 additional Veterans, especially those who live in rural areas.



The U.S. Department of Veterans Affairs recently changed the way the Veterans Choice Program calculates distance.

For example, under the new distance calculation, a Veteran who lives less than 40 miles (straight line distance) from the nearest VA medical facility, but who needs to physically drive more than 40 miles to get there would be eligible for the Veterans Choice Program. Under the previous straight line distance calculation, this Veteran would not be eligible for the Program unless they were waiting for an appointment longer than 30-days from their preferred date or the date determined to be medically necessary by their physician.

Veterans who are enrolled in VA health care and eligible for the Program under the revised mileage calculation will receive a letter from VA. Veterans can find out more information about the Program on VA's website at <http://www.va.gov/opa/choiceact/>. ♦

Veterans Transportation Program Highly Rural Grants Program Resources

The U.S. Department of Veterans Affairs' offers a grant-based program to organizations that help Veterans in highly rural areas travel to VA or VA-authorized health care facilities. Visit the [Highly Rural Transportation Grants \(HRTG\) program](#) website to see if an HRTG grantee is located near you. ♦

Veterans Connect Their Docs Through New Virtual Lifetime Electronic Record Rural Health Community Coordinator Program

By **Jamie Bennett**, Virtual Lifetime Electronic Record (VLER) Health Exchange Program Manager; **Joseph Nelson**, Master of Science (MS), VLER Health Community Engagement Program Manager; **LeAnn Roling**, Registered Nurse, MS, Management Analyst-VLER Health Exchange, Interoperability Office, Office of Informatics and Analytics, Veterans Health Administration



The VLER health program allows rural Veterans and their private sector provider(s) to safely exchange health data.

The coordinator's responsibility is to promote standardized and secure health information exchange (HIE) for rural Veterans by educating VA clinicians, Veterans, and community providers on the HIE process and tools available.

Many Veterans receive care from community health care providers. The VLER health program allows rural Veterans and their private sector provider(s) to safely and effectively exchange health data. The program lets VA health care

The U.S. Department of Veterans Affairs' (VA) Office of Rural Health and Office of Informatics and Analytics' Health Informatics Virtual Lifetime Electronic Record (VLER) health program partnered to promote a joint program to provide a VLER rural health community coordinator at selected VA medical centers (VAMC).

providers access some patient non-VA health information, and vice versa. VA will not share a Veteran's health information without an authorization form. The coordinator is on site at the VAMC to provide rural Veterans a resource to assist them in authorizing the secure release of their protected health information. Sharing health information helps to reduce the need for Veterans to carry records between doctor's visits. It also gives the provider a better picture of the patient's overall health.

The VLER health program is spreading across the country to make sure each Veteran's community health care provider is among the trusted partners with whom VA will share health information. A Veteran's decision to not participate will not affect his or her health benefits or relationship with their doctor.

For more information about the VLER health program and the [VA form to authorize the health information exchange](#), visit the [VLER health website](#) or call the toll-free VLER health information line at 1 (877) 771-VLER (8537), Monday through Friday, 7:00 a.m. to 9:00 p.m. CST. ♦

Expansion Team Brings Health Services Closer to Home for Rural Michigan Veterans

By **Wendy Hamlin**, Registered Nurse, Master of Science in Nursing, Manager, Rural and Community Programs

The integrated rural expansion team at the Battle Creek VA Medical Center (VAMC) works to increase access to care for Veterans in five rural Michigan counties. These Veterans were formerly driving up to 86 miles each way to their closest VA Community Based Outpatient Clinic. The team's development of collaborative relationships with five Veteran Service Organizations (VSO) enabled the Veterans to wave goodbye to long commutes and receive care closer to home.

These rural Michigan Veterans now have access to an interdisciplinary, patient-aligned care team, and access to specialty services such as home-based primary care and post-traumatic stress disorder groups. The expansion also provides the use of clinical video telehealth for teleretinal screening, teledermatology, telespirometry, telewound, and access to a variety of other groups and providers. These VSOs support the Veterans by providing the use of the space at no cost to the Battle Creek VA.

To date, there are more than 300 newly enrolled Veterans accessing this rural outreach team with another 400 Veterans transferring their care from the VA Outpatient

Clinics. During the first six months of fiscal year 2015, the northern rural expansion team has served more than 1,000 unique Veterans. As a result, the team is adding staff to support the increased need and demand from the Veterans in this area. The compliments from the communities in the five counties served regarding this team and the improvements in access to care for the Veterans are the direct result of the staff involved in this unique rural outreach team. The team acknowledges that without the collaboration from the VSOs, the Battle Creek VAMC leadership and the Office of Rural Health, this team in this rural location would not be possible.

The Battle Creek VAMC integrated rural expansion team was funded by the U.S. Department of Veterans Affairs' [Office of Rural Health](#). For questions or more information, call the VA northern rural expansion office at (888) 214-1247, extension 35303. ♦



VA's My HealthVet Makes Health Care High-Tech and High-Touch

By Lauren Winebrenner, Public Affairs Specialist, Martinsburg VA Medical Center



My HealthVet is both high-tech and high-touch. Veteran Lauren Winebrenner talks about the value that this tool provided her with the hope that many other Veterans will join the millions already logged in.

Hello, my name is Lauren Winebrenner and I am a Navy Veteran and Public Affairs Specialist at the Martinsburg VA Medical Center (VAMC). I have been an active user of VA's personal health record, [My HealthVet](#) for almost four years. I love being able to refill my VA prescriptions and view my medical record online, and I personally think the most convenient feature of My HealthVet is [secure messaging](#).

Last year, during my second pregnancy, I wrote a [blog](#) about my experience navigating the VA system as a pregnant female Veteran. I was amazed at the level of care and attention I received from the VA health care system, even when I was getting outside midwifery care. What made this process easier was the convenience of My HealthVet.

When I was having pregnancy symptoms, I immediately sent a secure message to my primary care provider asking if I could have a blood test done to confirm my pregnancy. When it was confirmed, my health care provider sent me a congratulatory secure message and outlined how the Non-VA Care Coordination program would work.

Throughout my pregnancy, I refilled my prenatal vitamins and sent appointment requests to the chiropractor, all through My HealthVet. I was also surprised to find that the [Veterans health library](#) had information on pregnancy, labor and postpartum care.

Once my newborn bundle of joy arrived, everything became a blur. Needless to say, the first few weeks at home with a newborn can be very difficult and exhausting. It can be hard to even find a minute of time to take care of yourself. I am glad that My HealthVet was also there for me postpartum. I sent several secure messages (sometimes in the early hours of the morning) regarding breastfeeding, birth control options and follow up appointments. It was easy because it only took me a moment, didn't require any noise that would wake my baby up and I could send a secure messages whenever it was convenient for me.

My HealthVet is a unique feature that has been available to our nation's Veterans for more than 10 years. It will only continue to grow to become an everyday part of Veterans' health care. Every Veteran should take advantage of this service! Sign up at www.myhealth.va.gov. For questions, please contact the My HealthVet coordinator at your local VAMC. ♦

Health Applications of Interest in the VA App Store



The Office of Public Health has released a new app, [Exposure Ed](#), to improve VA's ability to address questions about the health effects of military exposures and available exposure-related benefits and services. The app is available for free download from the Apple iTunes store for use on the iPhone, iPad and iPod Touch devices. The app will be available for Android devices later this year.

Exposure Ed allows providers to quickly identify a list of potential exposures and associated health effects that can be discussed during a Veteran's regular medical appointment, an exposure assessment or an environmental registry evaluation. Not only can information be searched by location or service dates, it can be pasted into a note that can be emailed or printed for the Veteran.



The [Mobile Blue Button App](#) helps both Veteran patients and caregivers better manage health care needs and communicate with health care teams.

Through the Mobile Blue Button app, users can access, print, download and store information from their VA electronic health record in a secure, reliable and simple way.

Learn more about these and other apps on the [VA app store page!](#) ♦

Clinicians Enabled to Support Rural Vermont Veterans with PTSD Through Education and Training

By Nancy Bernardy, PhD, Project Head, Improving the Delivery of Services for Veterans with Post-Traumatic Stress Disorder



Members of the White River Junction VA Medical Center worked to fill a void to support rural Veterans with post-traumatic stress disorder. From left to right: Aaron Jenkyn, Administrator; Traci Dutton, PharmD, Mental Health Clinical Pharmacist; Nancy Bernardy, PhD, Project Head; Kathleen Sherrieb, DrPH, Project Evaluator

There is a significant lack of mental health professionals across the mental health industry, including the U.S. Department of Veterans Affairs (VA) health system.

Like many rural VA facilities, the White River Junction VA Medical Center (WRJ VAMC), struggles with psychiatric support for its rural clinics. This void particularly impacts mental health patients in the WRJ VA system, as approximately 34 percent have a diagnosis of post-traumatic stress disorder (PTSD). To continue to deliver quality care, the National Center for Posttraumatic Stress Disorder in White River Junction, Vermont, started a project to help Veterans, especially in rural areas, receive the most effective PTSD treatments. The project supports clinicians through education and training, and offers in-person and telehealth clinical expertise on effective treatment practices for patients with PTSD.

This project uses an academic detailing model to help clinicians improve the quality of care delivered to Veterans with PTSD at the WRJ VAMC and associated Community Based Outpatient Clinics (CBOC). Through the model, a mental health clinical pharmacist promotes evidence-based psychotherapy and safer medication choices for treating patients with PTSD and co-occurring disorders, and decreases in inappropriate medication use. The pharmacist offers outreach visits that provide customized education related to prescribing practices, barrier resolution strategies for clinicians and patients, and telehealth and in-person consultation of case reviews with clinicians in the WRJ VAMC. These interventions are augmented with project-developed educational tools to help the Veteran and the clinician decide on a course of treatment together.

Although this project specifically targets VAMC and CBOC mental health and primary care clinicians and their trainees, implementation of the [Veterans Choice Act](#) expands the project to include community clinicians who partnered with VA and may be treating Veterans. Thus, education, training and consultations are offered to clinicians treating PTSD in Veterans in CBOCs in Vermont, New Hampshire, Maine, and Florida.

The ultimate goal is to reduce morbidity and mortality related to inappropriate use of mental health medications in Veterans with PTSD in the WRJ VAMC. A long-term goal is to implement this model in additional rural VAMCs.

This project is funded by VA's [Office of Rural Health](#) through the [Rural Provider and Health Care Staff Training and Education Initiative](#). ♦

Mental Health Resources for Clinicians:

- The VA [Community Provider Toolkit](#) features key tools to support mental health providers who treat Veterans in our communities.
- The [Military Culture: Core Competencies for Healthcare Professionals](#) is a Web-based curriculum designed to help health care professionals more effectively work with service members and Veterans. The course offers a total of eight free continuing education credits.
- The [PTSD Consultation Program](#) is available to any provider who treats Veterans. Experts from the National Center for PTSD answer questions and provide consultation at no charge. For more information, contact PTSDconsult@va.gov or call (866) 948-7880.

Upcoming Event

National Rural Health Association's (NRHA) interactive and innovative Rural Quality and Clinical Conference

Learn to advance rural health from theory to practice at the NRHA's interactive and innovative **Rural Quality and Clinical Conference**, scheduled for **July 15-17** in Minneapolis, Minnesota. The conference is open to everyone. [Register](#) today! ♦

Expanding Stroke Telerehabilitation to Rural Veterans

By **David Wu**, Bachelor of Science, Atlanta VA Medical Center (VAMC); **Kimberly Richards**, Doctor of Physical Therapy, Orthopedic Clinical Specialist, Atlanta VAMC

Veterans who reside in rural areas often have limited access to rehabilitation services after sustaining a stroke. The VA Office of Rural Health stroke telerehabilitation project's goal is to deliver in-home physical rehabilitation in an engaging, yet challenging personalized experience while increasing health care access to Veterans, especially those in under-served rural areas.

Dr. Andrew Butler, research scientist at the Center for Visual and Neurocognitive Rehabilitation at the Atlanta VA Medical Center (VAMC) and professor of physical therapy at Georgia State University, along with clinicians at the Trink Davis Veteran Village, Blairsville Community Based Outpatient Clinic (CBOC), and Birmingham VAMC are investigating a new way to rehabilitate the limbs of stroke patients using a specially designed robotic exoskeleton. The exoskeleton strengthens arm muscles and improves brain connections as part of the rehabilitation.

The robotic rehabilitation uses telemedicine to provide clinician supported, results driven, in-home physical therapy intervention for Veterans post-stroke. Rural Veterans in Georgia and Alabama successfully used this device to improve functional outcomes and eliminate the transit burden to centralized therapy services. It also has been shown to increase the number of Veterans receiving physical rehabilitation by 116 percent.

To use this device, the Veteran operates either a hand or foot peripheral component (Hand Mentor and Foot Mentor, respectively) that connects to the central computer as a controller to play video games onscreen. The Veteran can move the hand or foot up and down to play games such as play ping-pong or navigate a balloon through obstacles. The device records information such as the range of motion achieved while playing the games, time spent using the device and scores on each game.

A therapist trained in robotic therapy receives referrals from partnering physicians or nurse practitioners who have screened Veterans in their clinics. The therapist then arranges an in-home setup, and trains the Veteran and his or her caregiver on how to use the device and access the games.

The Veteran keeps the device for three months and is instructed to engage in up to two one-hour sessions of daily therapy. The therapist remotely monitors the Veteran's device use and progress toward achieving greater wrist or ankle range of motion angles via a secure database, and calls the Veteran weekly to discuss use and progress, provide encouragement, and address any issues or questions. The therapist can also instruct the Veteran to



Veterans recovering from a stroke can strap on the Hand Mentor Pro device for their daily physical therapy in a fun way, such as shooting down asteroids from a space ship or dodging incoming obstacles while piloting a hot air balloon.

make adjustments to the programs if needed. The monitoring therapist regularly advises the referring clinician of the Veteran's progress.

Thus far, Veterans who consistently used the device daily demonstrated improved ability to perform functional tasks and increased independence in activities of daily living, as well as reported improved quality of life. Veterans enjoyed the ability to participate in therapeutic interventions when convenient for them without having to travel to clinics. This intervention has improved access to care for individuals who otherwise might not be able to participate in therapy or would experience a significant burden to do so.

Voluntary hand movement is often affected by stroke, and the neurons in the brain that control the hand may be able to remap, taking the place of the damaged hand motor neurons through a process called neuroplasticity. Although neurons cannot regenerate in the brain, existing neurons can reorganize based upon the stimulus received.

"The brain is capable of massive reorganization subsequent to stroke. When people lose the neurons representing portions of the hand, neighboring areas 'invade' brain areas that were formerly occupied by the hand. We believe by using the robot to do therapy at home, neurons can be 'remapped,' allowing stroke survivors to move their arms better," says Butler.

This project is funded by the U.S. Department of Veterans Affairs' [Office of Rural Health](http://www.ruralhealth.va.gov). ♦

Rural Women Veterans' Needs Assessed

By **Rebecca Stallworth**, Social Worker, Women Health Program, Sacramento VA Medical Center (VAMC); **Tracee Watts-Briggs**, Rural Health Needs Assessment Specialist, Women Health Program, Sacramento VAMC

Rural women Veterans struggle daily with a myriad of issues that include homelessness, lack of vocational resources, domestic violence, lack of knowledge about U.S. Department of Veterans Affairs (VA) disability benefits and substance abuse. Rural women Veterans also face different challenges to access VA services and community resources than non-rural women Veterans.

The VA Northern California Healthcare System (NCHCS), which has a substantial rural women Veteran population, is undergoing a rural health women's needs assessment to learn more about these challenges. The assessment, which started in October 2013, will show a better understanding of the unique needs of rural women Veterans. The assessment will better inform NCHCS to improve access to health and wellness services for rural women Veterans.

Rural Women Veterans' Needs Assessment Goals for fiscal years 2015-2016:

- Assess the unique health needs of rural women Veterans.
- Explore the reasons why some rural women Veterans do not use VA.
- Form partnerships with rural community service providers to close service gaps in order to provide better services for rural women Veterans.
- Establish rural area resource directory to help all Veterans access local resources.
- Identify the specific needs of rural women Veterans who are lesbian/bisexual/transgender, pregnant and/or who have a history of military sexual trauma.

The assessment has had many successes to date, including:

- Creating and fostering new relationships with community service providers at the state, federal and local levels
- More than 140 providers attended one of three Connecting the Bridge Conferences, which connected VA providers and community service providers to access information regarding available VA and community resources.

- A questionnaire was designed and sent to VA and community service providers to help rural service providers identify Veterans and refer them to VA health care programs. As a result, 12 surveys were completed by VA service providers and 58 surveys completed by community service providers.
- The Women's Health Program formed a partnership with the California Department of Veteran Affairs (Cal Vet) to locate women Veterans who are not currently enrolled in VA in order to gain information on why VA services are not used, and how to improve women's health services in rural communities.
- Outreach events for rural women Veterans and rural service providers

VA and community service providers attend outreach events alongside rural women Veterans, including:

- Honoring Rural Women Veteran event in Yuba City held September 2014.
- Redding Women Veteran New Year Celebration held January 2015.
- Yreka Resource and Rejuvenation Spring Fling held April 2015.

Two additional outreach events are planned for spring 2015, which expect 60 to 200 rural women Veteran participants

Contact with the significant number of rural women Veterans and service providers:

- 1,250 questionnaires mailed to rural women Veterans between 2014-2015, with a 34 percent response rate.
- 115 questionnaires mailed to women Veterans who are not using VA health care services with assistance from Cal Vet.
- 200+ state, federal and community service providers sent a questionnaire regarding their feedback about the needs of rural women Veterans with assistance from Cal Vet.

This project is funded by the VA [Office of Rural Health](#). ♦

VA Journal of Rehabilitation Research and Development

Read the official journal of the VA Office of Research and Development, the [Journal of Rehabilitation Research and Development](#) (JRRD).

JRRD accepts original manuscripts from U.S. and international researchers in more than 30 different topic areas. It synthesizes therapeutic physical, behavioral, technical, and pharmaceutical agents aimed at providing state-of-the-art research to assist Veterans and all adults with chronic illness and disabilities.

JRRD content is medically relevant to scientists, physicians, clinicians, therapists and the lay person. ♦



Rattlesnakes, Radiators, Well Pumps and Collision Avoidance: A Week in the Life of a Dementia Caregiver in Rural America

By **Nancy L. Oliva** PhD, Registered Nurse, Project Co-Lead, Rural Veteran Heart Failure Self-Care Technology Project/Consultant, Rural Veteran Heart Failure Telehealth/SCAN-ECHO Project, VA Palo Alto Health Care System, Medicine Service-Cardiology Section



This geomap represents the range of rural communities in which Veterans and family caregivers served by the VA Palo Alto Health Care System inhabit.

“Watch out for that snake Gramma!” That’s the first thing Lillian heard as she eased herself out of her grandson’s car parked in the driveway of her rural Sierra foothills home. Lillian*, aged 85, and her spouse Gil* aged 87 and a Korean War Veteran, had just returned from an outing with her visiting adult grandson. Lillian recognized the shape and color of a young rattlesnake, coiled at the base of a nearby tree. “They’re more dangerous than adult snakes,” she said matter-of-factly. “They inject more venom than older snakes.” Fortunately, her grandson dealt with the rattlesnake; on any other day, it would have been Lillian’s problem to solve.

While Lillian’s encounters with snakes are rare, a growing number of caregiving chores and home maintenance crises are not. She sighs as she recounts the events of the week after her grandson’s visit. “The well-pump broke; we had to replace over \$1,000 of old pipe. The radiator on the car started leaking and had to be replaced. A week before that, we had to pay \$500 for a valve job.” Lillian says that dealing with tradespeople “used to be Gil’s job.” She now brings Gil with her to the auto repair shop so that they

don’t take advantage of her inexperience. Gil doesn’t say much at these times because he is affected by Alzheimer’s dementia, the symptoms of which have noticeably worsened in the last year. He has become chronically irritable and quiet, while at times angry and hypercritical of Lillian, all atypical behavior in a man she describes as a “born salesman who loved to talk to people.” Lillian and Gil have no local family available to help them daily—their closest family members live 100 miles away, and are themselves impacted by chronic illness. She says wistfully that she never thought that she would be caregiving “every waking moment” in her golden years. “You just have to get used to it. ...”

Fortunately, Lillian and Gil received support to live independently in their rural home through a U.S. Department of Veterans Affairs’ Office Rural Health-funded project that offers care coordination, education and caregiver support for older Veterans’ with dementia(s). The fiscal year 2014 community resources assessment and dementia resource care team project was successfully piloted in the VA Palo Alto Healthcare System Geriatric Research, Education and Clinical Center. In the referral-based project coordinated by advance practice registered nurses, chronically ill and often frail Veterans and their family caregivers were supported in collaboration with their local Community Based Outpatient Clinic providers. Behavioral management strategies for dementia were a common focus of care planning, as were functional capacity assessment, chronic disease management, caregiver burden interventions and self-care education. The average age of Veterans and caregivers served in the project was 84; the oldest caregiver was 92, caring for a 90 year old partner 24/7. Several other caregivers were 89 and 90 years old, underscoring the fact that many of the oldest older adult Veterans and caregivers live with admirable effort and significant isolation in rural communities. ♦

*Names changed for confidentiality

Vets to Feds Career Development Program

The Vets to Feds (V2F) career development program encourages agencies to identify key occupations to target Veterans to help meet their staffing needs as appropriate.

V2F offers Veterans the opportunity to gain valuable on-the-job training and experiences related to mission-critical fields while they develop skills and pursue education. The V2F program not only provides career development opportunities for Veterans, but also assists agencies to meet mission-critical positions with long-term solutions. The calendar year 2015 V2F program focuses on careers in the Science, Technology, Engineering, and Mathematics (STEM) fields. Agencies are strongly encouraged to participate and offer opportunities for Veterans in the STEM occupations.

Contact [Andree Sutton](#) at the Veteran Employment Service Office Chief at (347) 749-1414 for more information. ♦

“MOVE!” Weight Management and Health Education Class Offered to Rural Virginia Veterans

By **Steve Goetsch**, Public Affairs Specialist, McGuire VA Medical Center



McGuire nurse Clarissa Sweeney leads the Tappahannock MOVE! class in a stretching exercise. Sweeney says the rural health team now offers the class in the remote central Virginia city because of the high rates of obesity and number of registered Veterans in the area. (Photo credit: VA photo by Steve Goetsch)

A small rural community’s municipal building in central Virginia might be the last place you would think Veterans are receiving health care. However, this is the location of the McGuire VA Medical Center’s (VAMC) Rural Health Initiative (RHI) team’s Managing Overweight and/or Obesity for Veterans Everywhere (MOVE!) weight management and health education class, which serves patients near Tappahannock, Virginia.

MOVE! is designed to assist Veterans to lose weight and keep it off through education and support to live a healthier lifestyle. It uses behavioral, nutrition, and physical activity components and changes the focus each week to keep students engaged.

McGuire VAMC has almost 52,000 Veterans assigned to a primary care provider. Of those, almost 16,000 are diagnosed with obesity. One of the goals of the RHI is to provide health promotion, disease prevention and wellness education for rural Veterans residing in McGuire VAMC service areas. RHI chose Tappahannock based on direct Veteran feedback which requested requesting weight management classes.

“I registered in MOVE! because I have been fighting diabetes for about 10 years,” said Navy Veteran David Stanbridge. “I had the opportunity to go to the MOVE! class at McGuire, but if they didn’t offer it here, I couldn’t drive that every week.”

In addition to exercise recommendations, the physical activity component includes stretching and relaxation breathing exercises. Students are also provided pedometers to help track activity levels and provide inputs for individual goal plans. Together, MOVE!, mobile medical unit services and health education classes offered by McGuire are all part of an effort to reach the almost 17,000 Veterans enrolled at McGuire that live in rural or highly rural areas like Tappahannock.

World War II Veteran Luther Derby, who knew he had to lose weight, likes the class because it makes him conscious about different health factors. “It covers all phases of your health; exercise, diet, nutrition and immune systems,” said Derby. “If you put the information you get to work, you will be much healthier.”

Derby admits prior to class he just never paid attention to those factors but has put theory into practice by losing 10 pounds in three short sessions.

Learn more about how MOVE! improves Veterans’ health through education at the [VA MOVE! website](#). ♦



MOVE!® Coach is a weight loss app for Veterans, service members, their families and others who want to lose weight. This 19-week program guides the participants to achieve success with weight loss through education and use of tools, in an easy and convenient way. Participants can monitor, track, and receive feedback regarding their progress with weight, diet, and exercise goals.

Veterans Give the Orders with Veteran-Directed Care

By Sheri Reder, PhD, Master of Science in Public Health, Investigator, Puget Sound Geriatric Research, Education and Clinical Center



The shared decision-making worksheet helps Veterans explore options for long-term services and supports that will align with their needs. This worksheet, along with the caregiver self-assessment, is available on the [VA geriatrics website](#).

Veterans continue to live at home or in their community.

As part of this program, Veterans and their caregivers have more access, choice and control over their long-term care. For example, Veterans can:

- Decide what mix of services and supports best meet their needs.
- Hire their own personal care aides (which might include a family member or neighbor).
- Buy items to help them live independently in the community.

The U.S. Department of Veterans Affairs' (VA) Veteran-Directed Home and Community Based Services (VD-HCBS) program offers qualifying, chronically ill or disabled Veterans of all ages the services they need, on their own terms.

Through the program, Veterans are given a flexible budget, which is managed by the Veteran or family caregiver.

These funds often help

VD-HCBS is available for Veterans who qualify based on clinical need and require services including:

- Skilled care services (such as visits by a nurse or physical therapist)
- Case management
- Help with activities of daily living such as bathing and getting dressed, or instrumental activities of daily living such as fixing meals and taking medicines

This type of care is expanding across the country, including remote communities. "Veteran-directed care has been an unqualified success in rural areas. It helps Veterans in all locations take control of their care," according to Daniel Schoeps, Director, VA Purchased Long-Term Services and Supports.

VD-HCBS is just one of the many home and community-based services that help chronically ill or disabled Veterans of any age remain in their homes. The program is not yet available everywhere, but continues to expand. Check with your local VA medical center or clinic to see if the program is available in your area.

Visit the [VA Geriatrics website](#) to learn more about Veteran-directed care and other home and community-based services. ♦

And the Oscar goes to... VA!

The documentary "[Crisis Hotline: Veterans Press 1](#)" took home a 2015 Oscar. The film showcases VA employees who support Veterans and their loved ones through the suicide prevention hotline, and coordinate with first responders. Veterans in crisis need to know that there is hope and asking for help makes them stronger.

The [Veterans Crisis Line](#) connects Veterans in crisis and their families and friends with qualified, caring VA responders through a confidential, toll-free hotline, online chat, and text-messaging service. Veterans and their families and friends can call, chat online, or send a text message to 838255 to receive confidential support 24 hours a day, 7 days a week, 365 days a year. ♦



www.ruralhealth.va.gov

VHA Office of Rural Health

"The Rural Connection" is a quarterly publication of the U.S. Department of Veterans Affairs' (VA) Office of Rural Health (ORH). As the VA's lead proponent for rural health, ORH works to see that America's Veterans thrive in rural communities. Through its programs and collaborations, ORH improves the health and well-being of rural Veterans by increasing access to care and services.

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