



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

Thomas Klobucar, Ph.D., ORH Executive Director

It's been a busy start to the year for the U.S. Department of Veterans Affairs (VA) Office of Rural Health (ORH).

This February, VA welcomed the arrival of Secretary [Denis McDonough](#). I had the opportunity to meet with Secretary McDonough recently, and it is clear that he is a strong and committed advocate for our Veterans, rural and urban alike. In early April, the Secretary and I traveled to Montana to make contact on the ground with rural Veterans along with VA providers and those in our Community Care Network.

As coronavirus vaccinations are distributed across the country, our work to increase rural Veterans' access to health care continues. As of April 2, [more than 2.5 million Veterans and VA employees have received at least one vaccine dose](#). While this statistic is encouraging, many rural Veterans face challenges in obtaining COVID-19 vaccinations, such as transportation barriers and long distances to the nearest VA facility. To combat these

challenges, VA is committed to delivering vaccine doses directly to rural Veterans in need.

Read more in VA Nurse Carries Life-Saving Vaccine to Rural Veterans on pages 2-3.

Although surviving family members of Veterans are eligible for several VA benefits, many are unaware that they qualify. To help these families make informed decisions during challenging times, VA offers benefit kits that outline the support available to Veterans, Servicemembers, and their loved ones.

Read more in Planning Your Legacy: The VA Survivors and Burial Benefits Kit on page 4.

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ORH's five Veterans Rural Health Resource Centers (VRHRCs) are satellite offices that serve as hubs of rural health care, research, innovation, and dissemination. The first in a series of VRHRC spotlight articles highlights our Salt Lake City location.

Read more in Office of Rural Health Veterans Rural Health Resource Center (VRHRC) Spotlight: Salt Lake City on pages 5-6.

Stay tuned as we highlight practical, tangible and beneficial ways to increase access to care for rural Veterans and explore the rural connections to VA's top health priorities. To join our rural Veteran community and receive program updates, please contact ORH Communications at ORHcomms@va.gov.

For the latest information about COVID-19 at VA, please visit <https://www.publichealth.va.gov/n-coronavirus/index.asp>. ♦

VA Welcomes Secretary Denis McDonough

This February, the U.S. Senate confirmed the appointment of [Denis McDonough](#), making him the newest Secretary of the U.S. Department of Veterans Affairs (VA).

Secretary McDonough previously served as White House Chief of Staff to President Barack Obama for four years. He also served as Principal Deputy National Security Advisor and Chief of Staff at the National Security Council. Throughout his service at the White House, Secretary McDonough helped lead the administration's work on behalf of military families and Veterans.

A native of Stillwater, Minnesota, Secretary McDonough graduated from St. John's University in Collegeville, Minnesota, and earned his master's degree from Georgetown University.

During his Senate hearing, Secretary McDonough laid out [five main priorities](#) as VA Secretary:

- Getting Veterans through the COVID-19 pandemic
- Helping Veterans build civilian lives of opportunity with the education and jobs worthy of their skills, talents and service
- Making all Veterans feel welcome at VA, including women Veterans, Veterans of color and LGBTQ Veterans
- Working to eliminate Veteran homelessness
- Reducing suicide and keeping faith with families and caregivers



"I had an opportunity to sit down with Secretary McDonough recently, and am optimistic about his vision for VA," said ORH Executive Director Thomas Klobucar. "I am looking forward to working with Secretary McDonough to continue improving the health and well-being of rural Veterans nationwide." ♦

VA Nurse Carries Life-Saving Vaccine to Rural Veterans

By **Matthew Rosine**, Montana VA Health Care System

At 5:37 a.m. Todd Weber walks out of the dark, early morning gloom into the warm airport terminal in Helena, Montana. In his arms, he carries a stout gray medical cooler with a massive white lid.

Shaking off the 15-degree temperature outside, he gently sets down the cooler and carefully slides a white temperature gauge out of his pocket. His piercing gaze focuses on the readout in his hand – the temperature inside the cooler. Then, the Residential Rehabilitation Treatment Program (RRTP) Nurse Manager deftly pulls a power cable from his bag and plugs the bulky cooler into the wall outlet inside the aircraft terminal.

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VA Nurse Carries Life-Saving Vaccine to Rural Veterans (continued from page 2)



Todd Weber, Registered Nurse Manager, VA Montana Health Care System

The precious cargo he carries can't be exposed to the weather outside. Despite the freezing temperatures, it is too warm for the vaccinations to be exposed to outside air. The heat of the cozy terminal is an even bigger threat. Protecting it against the heat, he methodically checks and double-checks that the coronavirus vaccinations he is carrying are safe in their freezing chamber.

He has performed this routine before, and today his goal is to ensure that these doses make it through the flight and to the Veterans living in and around rural Lewistown, Montana.

"You just have to be responsible for (these vaccines) and make sure that they make it safely to the plane and then off to the Veterans," says Weber. "It's really not that much additional pressure. It's just one extra step."

For a former Army medic, Weber says that the extra steps are worth it to serve his fellow Veterans.

"It is exciting for me to get out to these vaccination events," he says. Prior to COVID-19, Weber managed the R RTP at Fort Harrison, Montana. "My unit's been closed since before Thanksgiving. I miss the interaction with the Veterans. This is my chance to interact with them as well as give them a service that is needed."

Weber and the rest of the Lewistown clinic team did just that. They vaccinated more than 200 rural Veterans in a remote area of Montana – all part of VA's pilot program to bring the COVID-19 vaccine to the most at-risk Veterans, no matter where they live. In Montana, there are many places like Lewistown, which was established in 1899 and has a total population just under 6,000 people.

Weber and the entire Lewistown team have worked hundreds of extra hours and traveled thousands of miles across Montana, not for the pay or prestige, but with one simple hope – to add a few pages to these Veterans' life stories.

"My personal favorite part of these clinics is talking with the Veterans and listening to why they want to get this vaccine. Hearing their stories is amazing," said Weber.

"I became a nurse and worked my way up into management because I want to affect as many Veterans as I possibly can and improve their care. I will never miss working in the private sector. I love these Veterans. They are wonderful individuals. Each of them as a unique story."

For more information about COVID-19 vaccinations at VA, please contact your local VA medical center or visit <https://www.va.gov/health-care/covid-19-vaccine/>.

Additionally, the Veterans Health Administration (VHA) Office of Healthcare Transformation has compiled the resources below with more information about COVID-19 vaccine myths:

- [Racial and Ethnic Minority Health: Debunking COVID-19 Vaccine Myths](#)
- [Women's Health: Debunking COVID-19 Vaccine Myths](#)
- [Avoiding COVID-19 Vaccine Scams](#) ♦

Planning Your Legacy: The VA Survivors and Burial Benefits Kit

By **Kenyonna Power**, Program Analyst, Veterans Benefits Administration

Did you know that surviving family members of Veterans may qualify for different types of benefits? After the passing of a loved one who has served this country, many survivors do not know what to do or where to begin to obtain VA assistance.

VA has prepared a kit that is designed to help guide Veterans, Servicemembers, and their families as they prepare for the future, and to ensure that they gain knowledge of what VA has to offer. This kit gives a description of each benefit, instructions on how to apply, and where to go to get assistance.

The [Planning Your Legacy: VA Survivors and Burial Benefits Kit](#) covers:

- Pre-Need Eligibility for National Cemetery Burial or Memorialization
- Memorial or Burial Flags
- Government Headstones or Markers
- Cemetery Medallions
- Presidential Memorial Certificates
- Burial Benefits and Burial Automatic Payments
- Dependency and Indemnity Compensation
- Dependents' Educational Assistance Program
- Marine Gunnery Sergeant John David Fry Scholarship
- Survivors Pension
- Special Monthly Pension Benefits
- The Civilian Health and Medical Program of the Department of Veterans Affairs
- Home Loans
- Veterans Month of Death Benefits
- VA Life Insurance



Other features in this kit include tips on how to fill out applications with examples of completed forms. Providing these tips and examples give applicants a better understanding of how to properly fill out applications.

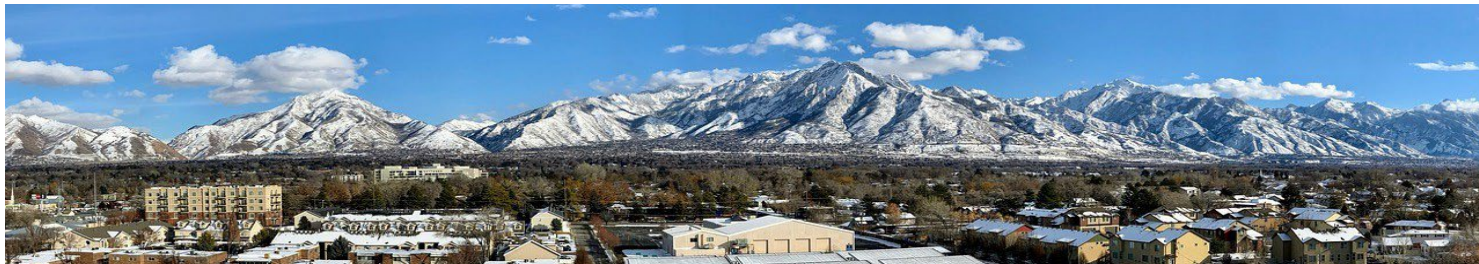
Furthermore, VA encourages Veterans to have discussions about their military service with their dependents. Dependents should know where to locate service medical records, discharge documents, VA disability ratings, and other information. These details will be beneficial to survivors as they prepare to apply for VA benefits. Dependents should keep this kit in storage to ensure it will be available when needed. The kit is available for download [here](#).

More Information

Additional information on survivor benefits is available for download [here](#). Information on survivor and burial benefits can also be found [here](#). ♦

Office of Rural Health Veterans Rural Health Resource Center (VRHRC) Spotlight: Salt Lake City, Utah

This story is the first in a series of articles that will focus on the Office of Rural Health's five [Veterans Rural Health Resource Centers \(VRHRCs\)](#) across the United States. VRHRCs are ORH satellite offices that serve as hubs of rural health care research, innovation, and dissemination.



Veterans Rural Health Resource Centers were established by congressional mandate [38 USC § 7308](#) to support ORH's mission to improve the health and well-being of rural Veterans with a specific mandate to:

- Improve the understanding of the challenges faced by Veterans living in rural areas.
- Identify disparities in the availability of health care to Veterans living in rural areas.
- Formulate practices or programs to enhance the delivery of health care to Veterans living in rural areas.
- Develop special practices and products for the benefit of Veterans living in rural areas.
- Develop special practices and products for the benefit of Veterans living in rural areas and for implementation of such practices and products in the Department system-wide.

VRHRCs are bridges that connect innovative care models and study data with real-world, practical interventions that benefit Veterans living in rural areas. Each of ORH's VRHRCs maintains an annual portfolio of studies, innovative pilots, disseminations and other programmatic initiatives designed to expand rural Veterans' access to health care.

Located at the [George E. Wahlen VA Medical Center](#), the ORH Veterans Rural Health Resource Center (VRHRC) in Salt Lake City, Utah was established in 2006.

With a satellite office in Denver, CO, the Salt Lake City VRHRC maintains a diverse project portfolio with a specific emphasis on Native American/American Indian/Pacific Islanders, older adults, and caregivers of Veterans, often with a focus on outreach and partnership with community organizations. Recent projects address several rural needs such as:



George E. Wahlen VA Medical Center

1. **Helping Rural Native Veterans Navigate VA**

The *Rural Native Veteran Health Care Navigator Program* is a partnership between VA and the Indian Health Service. The program serves as a navigator service integrated within the VA health care system to provide culturally competent support for Native Veterans to obtain appropriate care and services from VA.

2. **Supporting Rural Caregivers via Telehealth**

VA provides many services and benefits for caregivers. However, rural Veterans' caregivers may face challenges when accessing these benefits. The *Adoption of VA Video Connect to Support Rural Caregivers* project partnered with the VHA Caregiver Support Program to implement VA Video Connect, VA's home telehealth service, with more than 500 caregiver support staff.

3. **Promoting Wellness and Community Integration for Rural Veterans**

Discharge from military service can be challenging for some Veterans. Previous programs from the Salt Lake City VRHRC revealed that volunteer work and other opportunities to "give back" can help rural Veterans reintegrate into their communities. The *Rural Veteran Wellness and Community Engagement Initiative* will collaborate with community organizations to implement volunteer activities in rural areas.

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Office of Rural Health Veterans Rural Health Resource Center (VRHRC) Spotlight: Salt Lake City, Utah (continued from page 5)

The Salt Lake City VRHRC is led by Clinical Director Byron Bair, MD and Operations Director Nancy K. Dailey, MSN, RN with eleven administrative staff, project specialists, and population leads who develop, implement, and maintain its annual portfolio. The Salt Lake City VRHRC also collaborates with VA staff, researchers, tribal organizations, and community organizations throughout the U.S. to address the needs of vulnerable Veteran populations in rural areas.

“Rural communities want to support the Veterans who reside there, but often do not know who to contact to provide that support,” said Dailey. “We must view rural community leaders as partners in our effort to support rural Veterans and their families.”

Salt Lake City VRHRC projects are led by portfolio partners across the nation, representing and supporting Veterans from dozens of rural clinics and communities in the U.S.



Dr. Byron Bair, MD and Nancy K. Dailey, MSN, RN

“Each of our research projects are designed to provide innovative solutions to important barriers facing rural Veterans by bridging the health care gaps that exist between evidence-based science and what is commonly available for individual rural Veterans.” - Dr. Byron Bair, MD



Each dot on this map represents a city where a VRHRC-SLC Principal Investigator is located.

As with each of ORH’s VRHRCs, the Salt Lake City VRHRC is charged with implementing Rural Promising Practices (RPP). The VRHRCs support the initial development of these initiatives, guide their dissemination to new VA locations, and establish a framework for their long-term sustainment. The Salt Lake City VRHRC currently has several Rural Promising Practices in mentored implementation:

- **Geriatric Scholars** is a workforce development program that strengthens rural VA providers’ skills and competencies to provide geriatric care to Veterans with complex care needs. The program trains primary care providers (e.g., physicians, NPs, PAs), pharmacists, psychologists, rehabilitation therapists, and social workers. The goal is to ensure older Veterans with complex, chronic conditions have access to high-quality care within their own rural Community-Based Outpatient Clinics (CBOC) and Patient Aligned Care Teams (PACT).
- **Community Clergy Training to Support Rural Veterans’ Mental Health** educates rural community clergy on available VA health care resources. This includes training rural clergy to recognize common symptoms of post-traumatic stress disorder, military sexual trauma, and readjustment issues in Veterans returning to rural communities after military service.
- **Geriatric Research Education and Clinical Centers (GRECC) Connect** provides geriatric consultations via telehealth to improve access to interdisciplinary consultative care for older rural Veterans and family caregivers. This program also provides clinical support to rural providers for care of older rural Veterans across VHA, disseminating models of delivering consultative service to rural Veterans and educational support to rural provider teams. ♦

VA Reaches Out to Veterans with Severe Mental Illness in Rural Areas

By **Somaia Mohamed**, Associate Director of the Northeast Program Evaluation Center (NEPEC), Department of Veterans Affairs



Since 2009, ORH has collaborated with the [VA Office of Mental Health and Suicide Prevention](#) to implement a unique national outreach program that has served thousands of Veterans with severe mental illness in rural areas.

Veterans who suffer from the most serious mental illnesses, including schizophrenia and bipolar disorder as well as severe post-traumatic stress disorder (PTSD), often need a wide array of services. This includes both medications and practical help that will allow them to live independently in their communities.

Because of their distance from VA facilities, rural Veterans with severe mental illness are often unable to take advantage of intensive services provided through specialized VA programs in urban areas. The Rural Access Network for Growth Enhancement (RANGE) program and a specialized sub-component for homeless Veterans with these illnesses (E-RANGE) now provides services at more than 100 rural sites.

One of the hallmarks of these programs has been performance monitoring and program evaluation. Program leads work to ensure that providers have appropriate staff and other resources (e.g., vehicles, cell phones, laptops) essential to delivering services in rural areas and that they are achieving significant clinical improvement. In FY 2017, ORH provided additional funding through an Enterprise-Wide Initiative to allow further expansion of these unique national programs.

The RANGE program provides resources and stability to individual Veterans who are suffering. After 18 months of home visits, one Veteran with severe mental health issues was able to develop a trusting relationship with RANGE program staff and began to address physical health issues that the Veteran had been neglecting for years. Through the program, this Veteran was able to better maintain their living environment, improve their physical well-being, and reconcile relationships with loved ones. The story of this Veteran and others like them inspires hope among Veterans and program staff alike, sending a positive message that no problem is too big to overcome.

If you are a Veteran in crisis – or you're concerned about one – free, confidential support is available 24/7. Call the Veterans Crisis Line at **1-800-273-8255** and **Press 1**, send a text message to **838255**, or chat [online](#). ♦

ORH Hosts Listening Sessions with Rural Native Veterans

By **Scott Bledsoe**, Office of Rural Health, Department of Veterans Affairs

America's 145,000 American Indian and Alaska Native (AI/AN) Veterans face unique barriers to health care and have an average life expectancy four years shorter than the general population. AI/AN Veterans are more likely than other minority Veterans to have a lower income, lower education levels and higher unemployment, which can all negatively impact their overall health and well-being.

As part of its efforts to increase access to quality care for AI/AN Veterans, the Office of Rural Health manages a collaborative partnership between the Veterans Health Administration (VHA) and the Indian Health Service (IHS) – called the VHA-IHS Memorandum of Understanding (MOU). This MOU establishes a set of mutual goals and objectives to improve health care access for this vulnerable population. Implementation and oversight of the MOU is managed by a leadership team comprised of senior leaders from VHA and IHS.



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ORH Hosts Listening Sessions with Rural Native Veterans (continued from page 7)

The VHA-IHS MOU has evolved over nearly two decades and remains an active, successful partnership that has resulted in accomplishments such as:

- The establishment of reimbursement agreements between VA and IHS which allow VA to easily reimburse IHS and Tribal Health Program (THP) facilities for health care delivered to VA-enrolled AI/AN Veterans.
- The launch of several successful programs, including the Rural Native Health Care Navigator Program. Through this program, Health Care Patient Navigators serve as an educational resource to help Rural Native Veterans successfully navigate patient care across VA and IHS clinical facilities.

The MOU was revised in 2020, resulting in a more flexible framework that allows both VHA and IHS to maximize the impact of their collaborative efforts. This resulted in four mutual goals focused in the following areas:

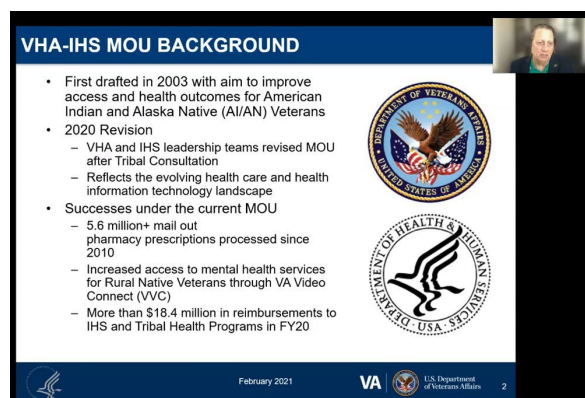
- **Access:** Increase access and improve quality of health care and services.
- **Patients:** Facilitate enrollment and seamless navigation for eligible AI/AN Veterans.
- **Information Technology:** Facilitate integration of electronic health records and other IT systems.
- **Resource Sharing:** Improve care access through resource sharing in areas such as technology, providers, and facilities.

VHA and IHS launch a tribal consultation period whenever the MOU undergoes significant revision. During this time, members of the VHA-IHS MOU leadership team hold a series of informational and listening sessions to engage tribal leaders, members, and other key stakeholders to solicit feedback on proposed MOU revisions.

In FY 2021, the leadership team held a series of four virtual sessions, averaging more than 100 attendees each. Session participants engaged the leadership team in thought-provoking discussions and raised important issues, such as:

- The importance of incorporating cultural competency into training for clinical staff treating AI/AN Veterans.
- The need to address long travel times many AI/AN Veterans face to their nearest clinical facility.
- The need to address issues around AI/AN Veteran suicide to better inform mental health care and outreach efforts.

The VHA-IHS MOU leadership team will examine all session feedback and update the draft MOU as necessary to reflect input received. These efforts will result in an even stronger MOU partnership that will continue to ensure AI/AN Veterans receive the quality care they have earned. ♦



Thomas Klobucar discusses the history and background of the VHA-IHS MOU during a Listening Session.

Telehospitalist Programs Serve Rural Hospitals

By **Kelby Rewerts**, Biological Science Aid, Iowa City VA Medical Center & **Jeydith Gutierrez, MD, MPH**, Physician, Iowa City VA Medical Center

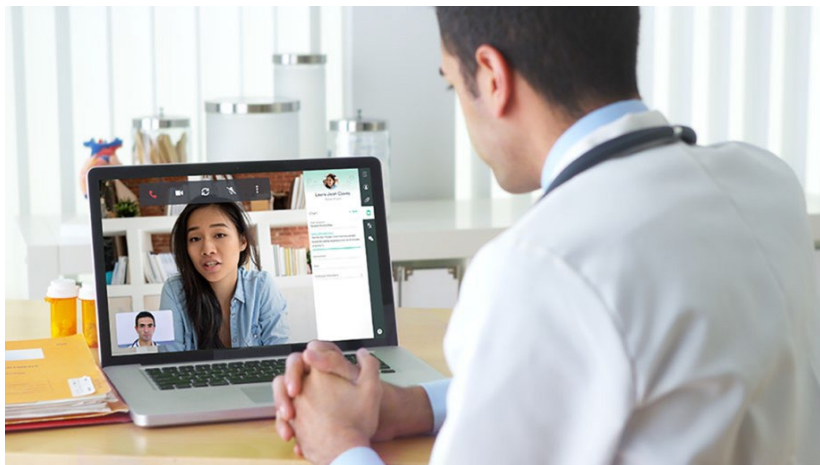
The Veterans Health Administration (VHA) hospitals in Iowa City, Iowa and Tomah, Wisconsin share something in common - hospitalists. Hospitalists, physicians whose primary focus is the care of hospitalized patients, are now providing care through a VA program focused on video telemedicine. This first-of-its-kind program was started to meet the needs of smaller, rural VA hospitals that experience hospitalist staffing shortages. With funding from the Office of Rural Health (ORH), the program is now in its second full year of implementation and has provided thousands of direct patient care visits, filling a critical need.

A telehospitalist program is another form of telemedicine, utilized in an inpatient setting. Patients admitted to hospital wards are cared for by a team that includes a local provider (usually a physician assistant or nurse practitioner) and a telehospitalist located at a different site who connects with the patient and local provider via video. The local provider assists with the physical examination, urgent patient care issues and care coordination. The local provider then collaborates with the telehospitalist who specializes in the management of complex acute medical issues. The telehospitalist participates in daily rounds, documentation and establishing the plan of care just as they would in-person. This program allows patients to receive high quality and timely care in rural settings.

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Telehospitalist Programs Serve Rural Veterans (continued from page 8)

Because many rural hospitals struggle with physician shortages, work overload, and provider burnout, telehospitalists can help address these concerns in a cost-effective manner. When facilities experience staffing shortages, a common solution is to hire intermittent providers. However, temporary physicians might not be as familiar with the resources and the populations they serve and hiring them can be a financial burden to small hospitals. Conversely, telehospitalist programs address staffing shortages while also providing high-quality, cost-effective care to patients. Telehospitalist programs also foster relationships with and provide educational opportunities for local providers. In addition to providing direct patient care in collaboration with an on-site non-physician provider, telehospitalists can serve rural facilities in a variety of ways. This can include taking a consultative role, assisting with overnight admissions, and cross-coverage duties. Furthermore, the telehospitalist service can facilitate dissemination of best practices across hospitals and training opportunities for local providers.



In recent surveys, different sized medical centers perceived implementing telehospitalist programs in different ways. Smaller hospitals need the program to assume a primary staffing role, while larger hospitals were more interested in a consulting and supportive role to onsite physicians.

Overall, telehospitalists have helped improve patient care and efficiency (decreasing length of stay), while improving patient satisfaction and helping streamline workflow for daytime staff. After some initial hesitancy, rural providers and staff welcomed the telehospitalist services, and prefer it to hiring intermittent providers.

Further research is needed to validate the expansion of telehospitalist programs, understand additional outcomes, and assess patient and provider satisfaction with telehospitalists services more broadly. For more information contact the program director Dr. Jeydith Gutierrez jeydith-gutierrezperez@uiowa.edu or Dr. Peter Kaboli peter-kaboli@va.gov at the Iowa City VAMC. ♦

Together With Veterans Program Expands to Rural Nevada

The men and women who have served in the U.S. Armed Forces are at a higher risk for suicide. According to reports from the U.S. Department of Veterans Affairs (VA), the overall national suicide rate is 18.4 people per 100,000. But for former military members, that number jumps to a startling 32 per 100,000. In Nevada, the Veteran suicide rate is even higher, at 41.6 per 100,000.

[Together With Veterans \(TWV\)](#) is a community-based suicide prevention program for rural Veterans funded by the Office of Rural Health (ORH). TWV partners with rural Veterans and their communities to implement community-based suicide prevention.

TWV currently has 19 active sites across the United States and is rapidly expanding, with new sites being added every month. The Nevada site, located in the town of Pahrump in Nye County, was launched in March 2021.

To read more about TWV's expansion into rural Nevada, [click here](#). ♦



www.ruralhealth.va.gov

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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