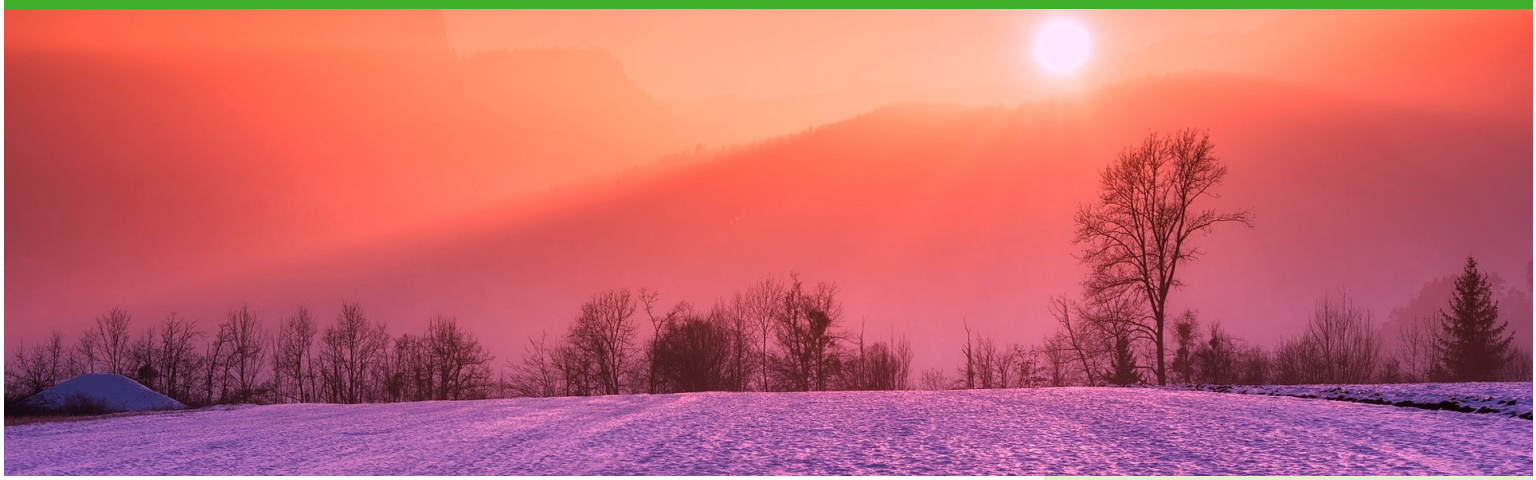
The Rural Connection

OFFICE OF RURAL HEALTH • WINTER 2020



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

Thomas Klobucar, Ph.D., ORH Executive Director

As the U.S. Department of Veterans Affairs' (VA) lead advocate for rural Veterans, the Office of Rural Health (ORH) works to see that America's Veterans thrive in rural communities. This means finding innovative ways to maximize ORH's research and innovation footprint and expand ORH's program reach to bring more health care options to rural Veterans.

To increase access and serve more rural Veterans' health care needs over the next five years, we are excited to announce the finalization of the Office of Rural Health's (ORH) 2020-2024 strategic plan. The plan marks a transition in our maturity as an organization – from start up to operational refinement, and now to external engagement.

As rural health care is collaborative by nature, it was a priority for us to gain input and insights from more than 30 federal and community partners throughout the strategic planning process to inform our plan.

We need to continue to share our extensive data, knowledge, and expertise with rural, Veteran and health care communities alike to bring about greater impact for the rural Veterans we serve—and this plan helps us do that.

Read how ORH is Building the Pathway Forward Through ORH's Strategic Plan 2020-2024 on Page 2

Innovation may sound like a hollow buzzword for departments who look to "innovate" their way into larger budgets and bigger allocations. Though throwing more money and staff at a program doesn't necessarily produce cutting-edge results. Oftentimes, ORH's most impactful initiatives resulted from programs that asked, "how can we do more with what we have?"

Read more in Are We There Yet? Planning the Innovation Road Map on Page 3. ♦

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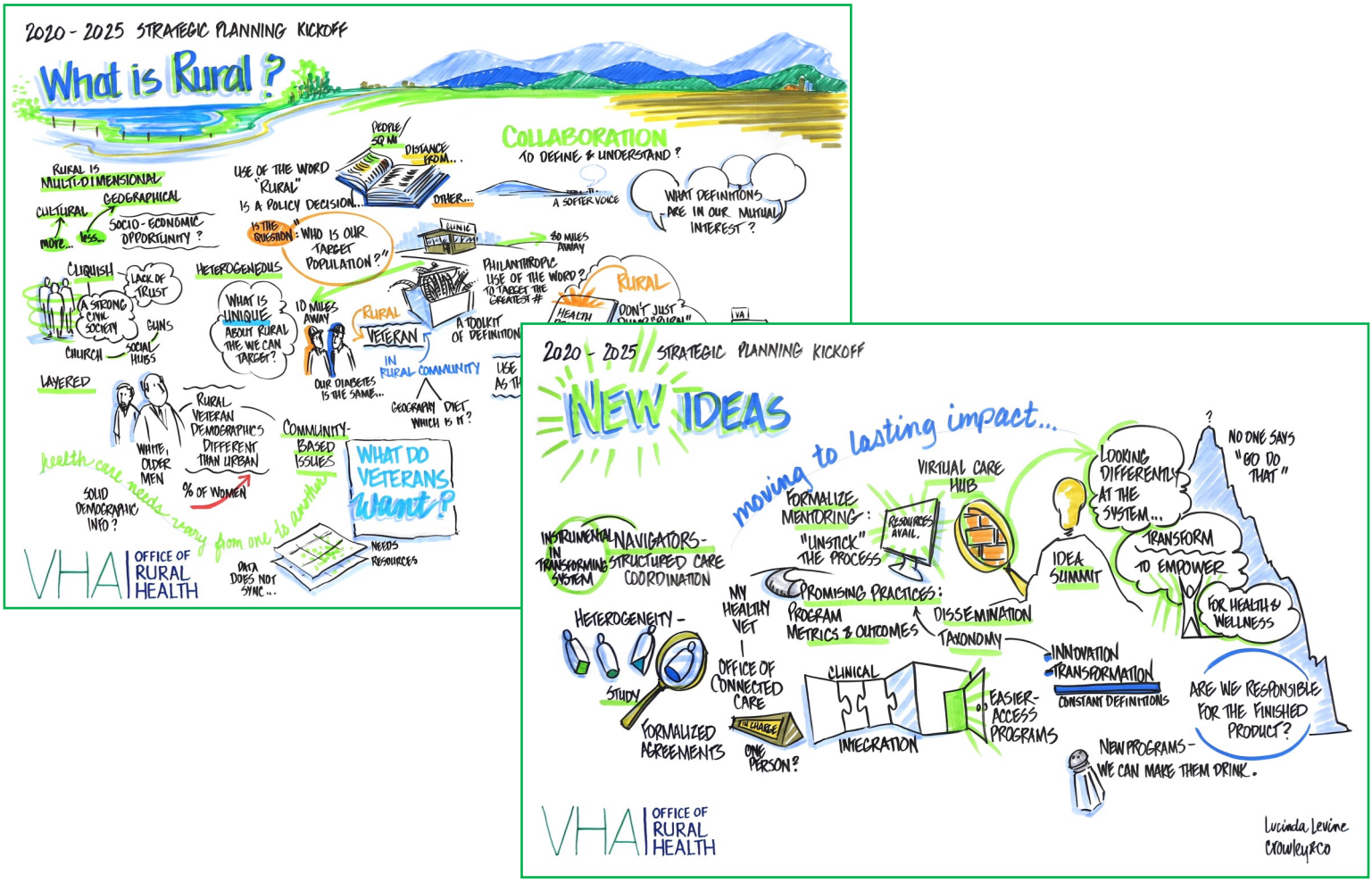
Building the Pathway Forward Through ORH's Strategic Plan 2020-2024

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

For the past two years, the U.S. Department of Veterans Affairs' (VA) Office of Rural Health (ORH) worked with more than 30 VA program office leaders, cross-agency stakeholders, nonprofit partners, and researchers to help inform and develop the ORH 2020-2024 strategic plan.

The group's work built on an effort to understand both rural Veterans' health care needs and the changing health care landscape. The team also examined how ORH needs to respond strategically to best support the 2.7 million Veterans who live in rural communities and rely on VA for health care.



The results of these meetings include:

- An update to ORH's Mission Statement
- Development of three strategic goals
- Selection of the core solutions with associated strategies, objectives and tactics
- New key measures to track and evaluate outcomes of the plan

ORH also created a fiscal year 2020 operational plan to drive the implementation of selected initiatives in the plan—with associated quarterly metrics.

(Continued on page 3)

ORH 2020-2024 STRATEGIC PLAN

MISSION STATEMENT

Improve the health and well-being of rural Veterans through research, innovation, and the dissemination of best practices

PROMOTE FEDERAL AND COMMUNITY CARE SOLUTIONS FOR RURAL VETERANS

OBJECTIVES

- Unite relationships within VA and the federal government to exchange rural-centered information
- Collaborate with non-governmental organization that support rural Veterans' health and well-being
- Expand ORH's partnership and programing reach

REDUCE RURAL HEALTH CARE WORKFORCE DISPARITIES

OBJECTIVES

- Expand understanding of current health care workforce
- Support rural implications of the MISSION Act

ENRICH RURAL VETERAN HEALTH RESEARCH AND INNOVATION

OBJECTIVES

- Increase rural Veteran health research
- Innovate new models of care for Veterans who live in rural communities
- Build recognition of VA's rural research, innovations and outcomes

KEY MEASURES

- The number of Veterans served by ORH-funded programs
- The number of ORH-funded programs
- The number of ORH-funded telehealth programs
- The number of unique VA sites of care that participate in ORH-funded programs

55% enrolled rural Veterans are 65+

7% are enrolled rural women Veterans

55% earn less than $35,000 annually

35% of rural Veterans don't access the internet

19.9 million U.S. Veterans

8.4 million rely on VA for care

4.7 million Veterans are rural

2.7 million rural Veterans, or 32%, are enrolled in VA care

Data is from the VA Survey of Enrollees from fiscal year 2018, the Veterans Health Administration Support Service Center Enrollment Cube from fiscal years 2017 and 2018, and the U.S. Census Bureau American Community Survey. ♦

Are We There Yet? Planning the Innovation Road Map

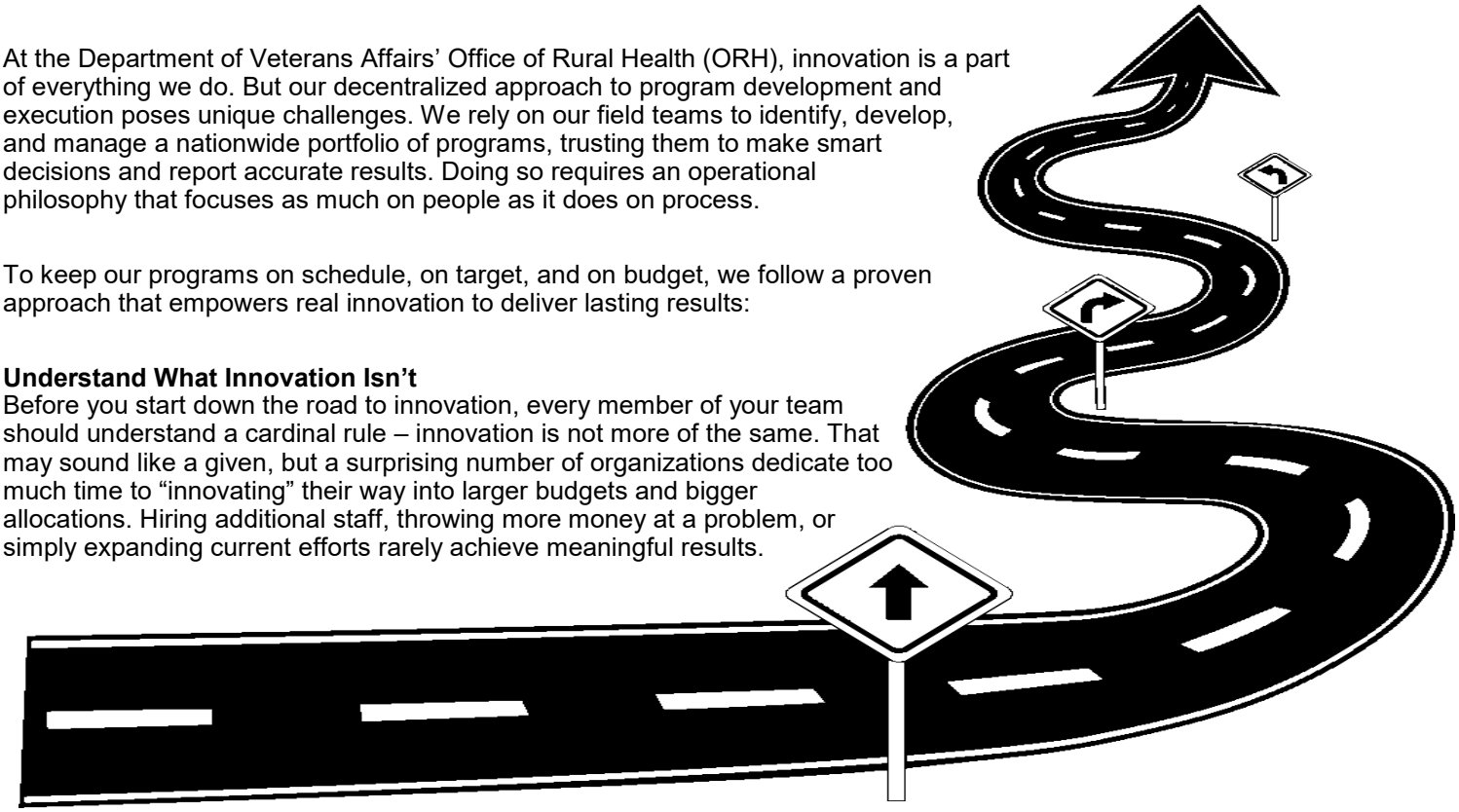
By **Thomas F. Klobucar, PhD**, Executive Director, Office of Rural Health, Department of Veterans Affairs

"We need to innovate." Few phrases cause such equal parts excitement and apprehension. And with good reason. Too often, "innovation" is a hollow buzz word – a concept that is poorly defined, poorly executed, and even more poorly measured. The results are as predictable as they are discouraging: frustrated staff, lackluster results, and wasted resources.

At the Department of Veterans Affairs' Office of Rural Health (ORH), innovation is a part of everything we do. But our decentralized approach to program development and execution poses unique challenges. We rely on our field teams to identify, develop, and manage a nationwide portfolio of programs, trusting them to make smart decisions and report accurate results. Doing so requires an operational philosophy that focuses as much on people as it does on process.

To keep our programs on schedule, on target, and on budget, we follow a proven approach that empowers real innovation to deliver lasting results:

Understand What Innovation Isn't
Before you start down the road to innovation, every member of your team should understand a cardinal rule – innovation is not more of the same. That may sound like a given, but a surprising number of organizations dedicate too much time to "innovating" their way into larger budgets and bigger allocations. Hiring additional staff, throwing more money at a problem, or simply expanding current efforts rarely achieve meaningful results.



Some of ORH's most successful programs began by asking a simple question: how can we do more with the same (resources)? The end results are cost-effective, impactful initiatives that serve as force multipliers – such as training existing clinicians to treat elderly and women rural Veterans.

Set the Tone
Creating a truly innovative environment requires more than a flow chart and a great idea. It requires a culture shift that empowers managers to develop concepts, holds them accountable for performance, and allows them to fail. Under our model, ORH field-based resource center directors are given the responsibility, authority, and judgment needed to develop programs, manage their execution, and offer suggestions for improvement. We set the rules of the game, but we allow them to explore the path to success.

Make the Case
In a world of finite resources, not every challenge is a funding priority. Before we allocate a single dollar to a program, we make sure the scope and scale of the problem is both significant and surmountable. Pursuing initiatives that are backed by evidence-based research helps us reserve our time, money, and effort for solving the biggest – and most feasible – challenges.

Define Success
One of the most critical components of successful innovation is defining performance measures from the outset. Ideally, these metrics need to be measurable, such as an increase in number of Veteran patient encounters or decrease in readmissions and should be a direct reflection of the challenge at hand. We use a standardized paradigm to measure the impact of an innovation based on the following value components:

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Are We There Yet? Planning the Innovation Road Map (continued from page 4)

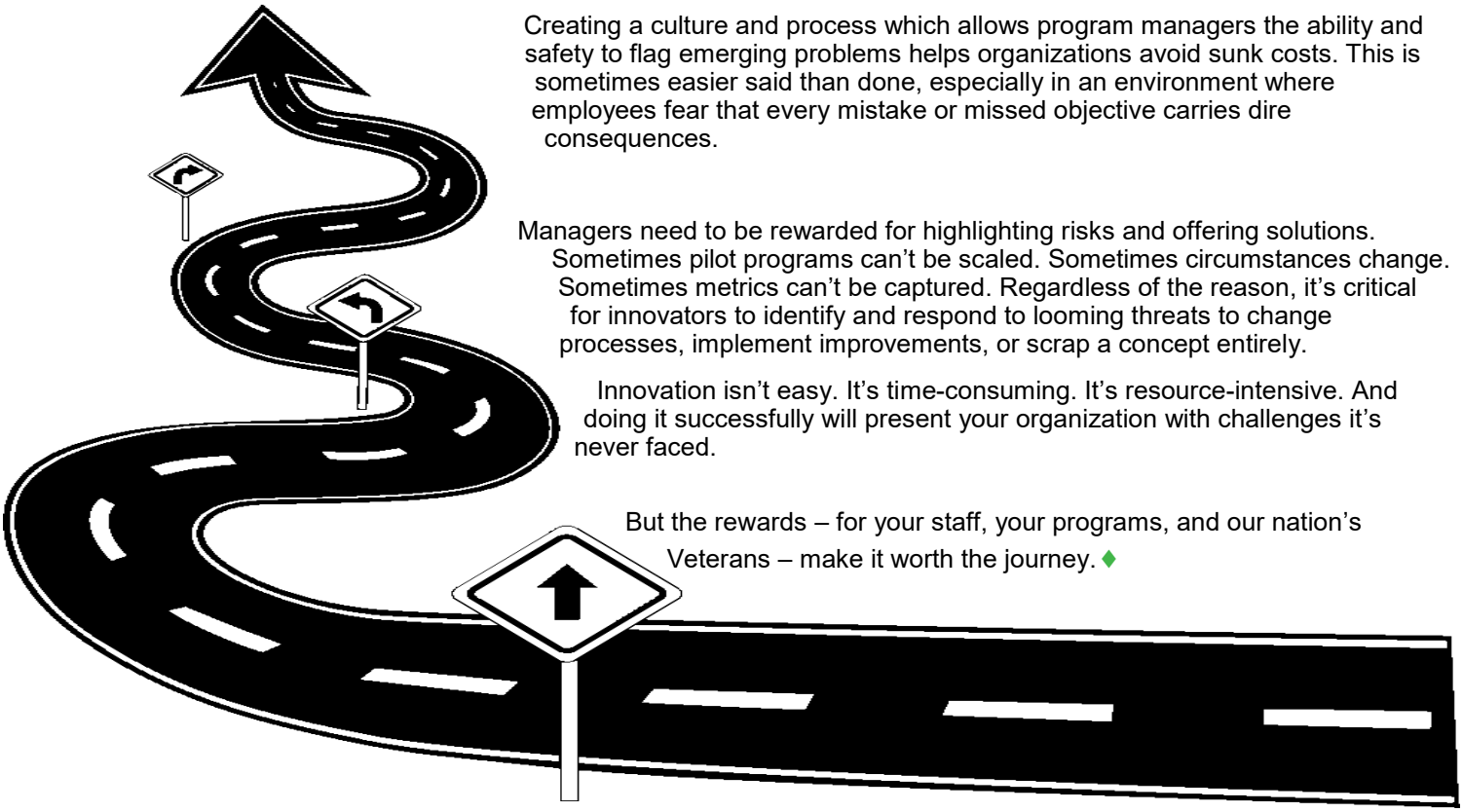
- **Veteran** – expressed as an improvement in satisfaction or customer experience for Veterans (e.g., an innovation that makes receiving care easier for the Veteran such as less travel time, remote care, easier to schedule appointments)
- **Clinical** – expressed as an improvement in health outcomes (e.g., an innovation that accelerates the diagnosis of a condition leading to earlier treatment)
- **Financial** – expressed as a cost savings/avoidance and/or return on investment from innovation initiatives (e.g., an innovation that can promote cost avoidance or savings through decreased hospital readmissions, personalized medicine
- **Operational** – expressed as a measure of increased efficiency or productivity in operational activities (e.g., an innovation that digitizes a manual process allowing a provider to focus on a patient instead of paperwork)

More importantly, everyone involved should be aware of and agree to these expectations from day one – including roles and responsibilities for capturing and communicating outcomes.

But despite smart planning, focused metrics, and solid execution, sometimes even the best ideas need to be tweaked. Some need to be abandoned entirely. Which is why it's important to…

Fail Fast

The waste bins of the world's most successful companies are littered with past failures (Apple Newton, anyone?) The difference between industry titans and spectacular flameouts isn't that the former never make mistakes – it's that they learn from them. Fast.



Creating a culture and process which allows program managers the ability and safety to flag emerging problems helps organizations avoid sunk costs. This is sometimes easier said than done, especially in an environment where employees fear that every mistake or missed objective carries dire consequences.

Managers need to be rewarded for highlighting risks and offering solutions. Sometimes pilot programs can't be scaled. Sometimes circumstances change. Sometimes metrics can't be captured. Regardless of the reason, it's critical for innovators to identify and respond to looming threats to change processes, implement improvements, or scrap a concept entirely.

Innovation isn't easy. It's time-consuming. It's resource-intensive. And doing it successfully will present your organization with challenges it's never faced.

But the rewards – for your staff, your programs, and our nation's Veterans – make it worth the journey. ♦

Expanding Professional Growth Opportunities for Rural Clinicians

By **Jaime Wilson DNP RN PCCN-K**, Nurse Director, Rural Scholars Fellowship, Department of Veterans Affairs

Rural Veterans often face a variety of health care obstacles that keep them from receiving quality medical care. These include travel burdens when seeking care and provider shortages.

In addition, clinicians who serve rural communities may feel professionally isolated and have fewer career development opportunities, leading them to leave rural practice. For rural communities, it is critical to recruit talented clinicians and to find educational growth opportunities to help retain current health care providers. This allows providers to enhance their skills and combat career fatigue.

To address these specific needs at the Department of Veterans Affairs' (VA), the Office of Rural Health (ORH) established the VA Rural Scholars Fellowship program. This two-year educational fellowship provides clinicians the opportunity to continue their rural community practice while gaining skills in healthcare innovation and leadership. The fellowship combats professional isolation by creating a network of rural clinicians with similar interests and career goals in rural health.

The program, which began in 2013, recruits VA physicians, advanced practice nurses and physician assistants who currently practice in rural-serving VA Community-Based Outpatient Clinics (CBOCs) and who are committed to careers as leaders and innovators in VA rural health care delivery.

The long-term goals of the fellowship are to:

- Develop a cadre of rural VA clinicians with the skills, knowledge and professional networks necessary to become leaders and innovators in rural health care delivery
- Promote provider retention by creating opportunities for career growth and professional networking for VA clinicians who remain in a rural practice

During the two years, clinicians devote 50 percent of their time to clinical practice in their rural home site and the remainder to fellowship activities. Clinician participation is enabled by partial coverage of their panels by local gap providers or ORH-supported telehealth hubs. Fellowship activities focus in three areas:

- Participation in a weekly, virtual curriculum in health care improvement and innovation, in collaboration with the VA Quality Scholars program
- Mentored completion of an improvement / delivery innovation project in each fellow's rural practice setting
- Leadership training with a focus on VHA settings

"The fellowship allows these practitioners to become innovators while they remain in a rural community. In the long-run, this supports the recruitment and retention of talented VA providers in rural settings. Most importantly, this improves access to high-quality care for rural Veterans."

-- Dr. Michael Ohl, Director of the Rural Scholars Fellowship

The fellowship currently has four fellows in rural-serving CBOCs in Iowa, Illinois, and Western Nebraska.

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Expanding Professional Growth Opportunities for Rural Clinicians (continued from page 6)

Meet the 2018 and 2019 Rural Scholar Fellows

VA selected two clinicians for the 2018 Rural Scholars Fellowship program, Dr. Sherry Brewer and nurse practitioner Jennifer Eickstaedt. Dr. Ashley Stillwell from North Platte, NE and nurse practitioner Kelly Mixon from Galesburg, IL are the 2019 fellows.

Dr. Sherry Brewer, MD is a board-certified physician with a specialty in functional and integrative medicine. She is currently a primary care physician at the Quad Cities Outpatient Clinic in Davenport. Her interests are Quality Improvement (QI) methods, primary care, continuity of care, VA Video Connect and using lifestyle to reverse disease and improve health. Brewer is working on using LEAN/Six Sigma Methods to improve the rate of VA Video Connect visits provided to rural Veterans, who experience decreased access to care. Dr. Brewer is interested in leadership roles and leading QI projects to improve care provided to rural Veterans.

Jennifer Eickstaedt, advanced registered nurse practitioner (ARNP), Nurse Practitioner-Certified (NP-C) is a primary care nurse practitioner at the Quad Cities Outpatient Clinic in Davenport. Her interests are in rural health and medication reconciliation. Eickstaedt is working on a virtual brown bag/ pre-visit summary project with Carolyn Turvey, PhD, clinical director of ORH's Veterans Rural Health Resource Center in Iowa City, Iowa. The project aims to decrease medication discrepancies. Eickstaedt is interested in participating in projects to improve rural Veteran access to care and telehealth.

Kelly Mixon, Nurse Practitioner (NP) is a primary care nurse practitioner at the Lane A. Evans VA Community Based Outpatient Clinic in Galesburg, Illinois. Her interests are in clinical resource hub gap provider coverage, continuity of care and communication with community care providers. Kelly is interested in VA leadership opportunities

Dr. Ashely Stillwell, DO is dually-trained in family medicine and psychiatry. She is a primary care physician at the North Platte VA Clinic in Nebraska. Her interests are in women's health and rural health care delivery, and its dynamics across the spectrum of patients who do not often seek or receive the care they need due to location, gender or mental health diagnosis. Dr. Stillwell is interested in VA leadership in rural-serving health care systems.

Lessons Learned and the Future

Early experience demonstrates that it is possible for rural clinicians to engage in a virtual fellowship while networking with other clinicians interested in rural health care delivery innovation in other rural sites. Fellows highlighted their rural impact when they presented their health care improvement projects at the Veterans Health Administration (VHA) Summer Institute for Quality and Safety in Houston in August 2019. Evaluation of the fellowship is ongoing, but fellows have universally agreed that the program is reducing their sense of professional isolation and provides them with skills to improve health care delivery in their local, rural communities.

One of the lessons learned from the program is that providing 50 percent coverage for clinicians serving in rural CBOCs is challenging. To ensure success, this requires early, effective collaboration from a team of local VA leaders in the healthcare systems where fellows practice.

The vision for the fellowship is to expand and include clinicians in rural-serving CBOCs across the United States and to demonstrate the fellowship's impacts through completion of rural health care innovation projects and improved job satisfaction among rural clinicians. ♦

Rural Caregivers Receive Help

By **Jennifer Martindale-Adams, Ed.D. and Linda O. Nichols, Ph.D**., Co-Directors, Caregiver Center, Caregiver Support Program and Memphis VA Medical Center, Department of Veterans Affairs

Caregiving can be a challenge, especially for rural Veteran caregivers who may not have access to available resources to help them take care of their loved ones or themselves. When faced with managing their loved one's daily care, many caregivers may neglect their own needs. In addition, their physical and emotional health may suffer.

In 2016, the Department of Veterans Affairs' (VA) Office of Rural Health (ORH) funded the VA National Caregiver Center at the Memphis VA Medical Center, which is part of VA's national Caregiver Support Program (CSP), to work directly with rural caregivers. Through the REACH VA Caregiver Program, a program coach works directly with each caregiver over the phone to deliver the award-winning program, based on 25 years of research and practice.

The caregiver and a trained program coach work together during four core sessions with the option for more. A coaching manual provides clinicians with scripts and activities for each of the sessions. What makes the REACH program work is that it targets the specific needs of each caregiver and Veteran. For example, while all caregivers learn general problem solving, each coach and caregiver discuss individual challenges. For example, one caregiver may be working on asking for help; another on lifting and moving.

Any caregiver of a Veteran or any Veteran who is a caregiver can participate. Though most caregivers in the program provide care for a Veteran with post-traumatic stress disorder or dementia.

Program materials include a Caregiver Notebook with practical strategies. There are materials available for:

- Dementia
- Post-traumatic stress disorder
- Spinal cord injury/disorder
- Amyotrophic lateral sclerosis
- Multiple sclerosis
- Any Veteran, any era
- Spouses of post-9/11 Veterans

Caregiver Benefits
While caregiving can be lonely, REACH VA caregivers indicated they feel supported. They say they have learned coping skills and the importance of self-care. Caregivers also say learning these abilities helps them take better care of their loved ones. REACH VA caregivers report:

- Improved mood
- Decreased anxiety
- Less burden
- Fewer caregiving frustrations
- Fewer troubling behaviors from loved ones or concerns
- caregivers must address
- Safer environment for the Veteran

The Future
The partnership with ORH serves caregivers of Veterans from 49 states, American Samoa and Guam. Based on REACH VA's success in improving access to care and caregiver/ Veteran outcomes, VA's national Caregiver Support Program (CSP) now funds the REACH VA Caregiver Program.

What Caregivers Like

"*Just the fact that someone calls to see how I am doing because no one else does. My family tip toes around.*"

"The emotional support. Being able to express how I'm feeling without being judged."

"[The Coach] *made me feel like I was important. … And, she told me it was okay to take care of myself.*"

"The stress technique was a lifesaver."

For more information, https://www.caregiver.va.gov/REACH_VA_Program.asp .

To refer a caregiver of a Veteran receiving VA care, email VHAMEMCaregiverReferral@va.gov . ♦

Secretary's Rural Health Advisory Committee Discusses Women Veterans' Health

By **Casey Hutchison**, Office of Rural Health, Department of Veterans Affairs

As the rural women Veteran population continues to grow, new data shows that nearly 25 percent of the Department of Veterans Affairs' (VA) enrolled women Veterans live in rural or highly rural areas. Moreover, rural women Veterans are more likely to use VA health care compared to their urban peers. While VA offers many programs to support women's health, barriers to accessing care remain, particularly in rural areas.

With these data points in mind, in late September, the Veterans Rural Health Advisory Committee focused their discussions on rural women Veteran's health at the biannual meeting of the Secretary of Veterans Affairs' Veterans Rural Health Advisory Committee (VRHAC) meeting in Washington, D.C.

To learn more about women Veterans' experiences accessing care, the Committee invited two panels to discuss health care from both the program and patient perspectives.

The first panel featured women's health experts from across the federal government who discussed key programs at their agencies and upcoming opportunities for collaboration. Major themes included challenges in conducting research, mental health care and military sexual trauma. The panel also discussed sub-populations of women Veterans such as American Indian and Alaska Native, LGBT and women Veterans color.

A panel of federal women's health care experts discussed their programs. From left to right: Dale Gibbs, Outgoing Chairperson, VRHAC; Deanna Lamb, Incoming Chairperson, VRHAC; Sabrina Matoff-Stepp, Director, Office of Women's Health, Health Resources and Services Administration, U.S. Department of Health and Human Services; Janine Austin Clayton, Associate Director for Research on Women's Health and Director of the Office of Research on Women's Health, National Institutes of Health; Kate McGraw, Deputy Division Chief, Defense Health Agency's Psychological Health Center of Excellence; Cicely Burrows-McElwain, Military and Veterans Affairs Liaison, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services; Major Alea Nadeem, Air Force Barrier Analysis Group, Women's Initiative Team Lead, U.S. Department of Air Force Headquarters Air Force; Aimee Sanders, Physician Educator, Women's Health Education, Women's Health Service, U.S. Department of Veterans Affairs; Michelle Mengeling, Research Investigator, Iowa Veterans Affairs Medical Center; and Tom Klobucar, Executive Director, Office of Rural Health, U.S. Department of Veterans Affairs.

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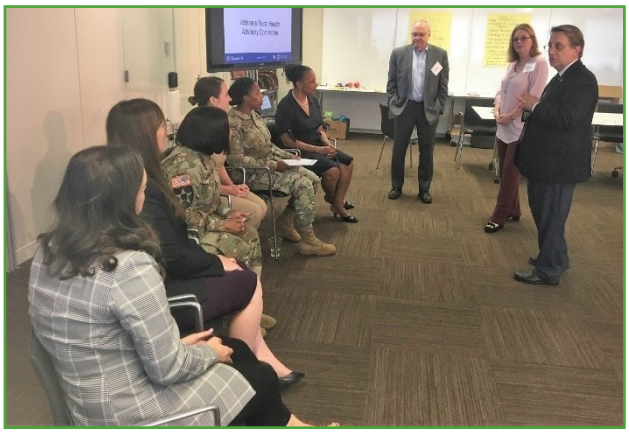
Secretary's Rural Health Advisory Committee Discusses Women Veterans' Health continued from page 9)



Dale Gibbs, Outgoing VRHAC Chair; Deanna Lamb, Incoming VRHAC Chair; and Tom Klobucar, Office of Rural Health Executive Director, talk with the panel of women Servicemembers.

During the second panel, six women Servicemembers and Veterans shared their stories and expressed their concerns about accessing VA care, and the health care challenges they face as women in uniform. They highlighted mental health stigma, women's centered care needs, underreporting of health issues, and problems with the transition between military and VA care.

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Other presenters at the two-day meeting included VA Deputy Chief of Staff Christopher Syrek, VA Office of Rural Health (ORH) Executive Director Tom Klobucar, the directors of the ORH Veterans Rural Health Resource Centers and a representative from the VA Office of Veterans Access to Care.

The Veterans Rural Health Advisory Committee with ORH Executive Director Tom Klobucar (3rd from left), ORH Deputy Director Sheila Robinson (2nd from left), incoming Chairperson Deanna Lamb (6th from left), outgoing Chairperson Dale Gibbs (7th from left), and VA Deputy Chief of Staff Christopher Syrek (8th from left)

The committee will take the knowledge gained at this meeting into the field for their spring meeting in Albuquerque, New Mexico. Once each year, the committee makes a site visit to meet local VA leadership, tour health care facilities and see how policy is put into practice on the ground.

Meeting notes are on the Office of Rural Health website at: https://www.ruralhealth.va.gov/aboutus/vrhac.asp. ♦

Meet Annie, VA's Text Messaging Program for Caregiver Self-Care

By **Jennifer Martindale-Adams, Ed.D. and Linda O. Nichols, Ph.D**., Co-Directors, Caregiver Center, Caregiver Support Program and Memphis VA Medical Center, Department of Veterans Affairs

The Caregiver Support Program is now using text messaging to reach more Veteran caregivers. In a partnership with the Department of Veterans Affairs' (VA) Office of Connected Care, VA's Annie App, a Short Message Service (SMS) text messaging system will be expanded to promote self-care for caregivers in addition to Veterans.

Both caregivers of Veterans and Veterans caring for another person are eligible if they meet minimum requirements:

- Currently receive services from VA
- Have a phone that can receive text messages
- Understand the information and disclosure policy
- Have a VA chart

How the Program Works

The Annie App works with a cellphone or other mobile device that can receive text messages. Annie sends motivational messages, tips and tools directly to a caregiver's device. The service is available to all registered caregivers.

Caregivers enrolled in Annie are assigned the Caregiver Stress Protocol to help manage stress and support self-care. Enrolled caregivers will:

- Receive text messages three times each week for a year, with the option for an annual renewal
- Be able to pause or stop at any time
- Receive messages that are educational, motivational, and activities to manage stress

Caregiver Benefits
Caregivers already enrolled in Annie report:

"The fact that it's a Caregiver Program makes a difference. To know I'm not alone and that you're thinking of us. Caregiving is very lonely, so a phone call or text saying, 'Hey, how are you today? I'm thinking about you,' makes a big difference."

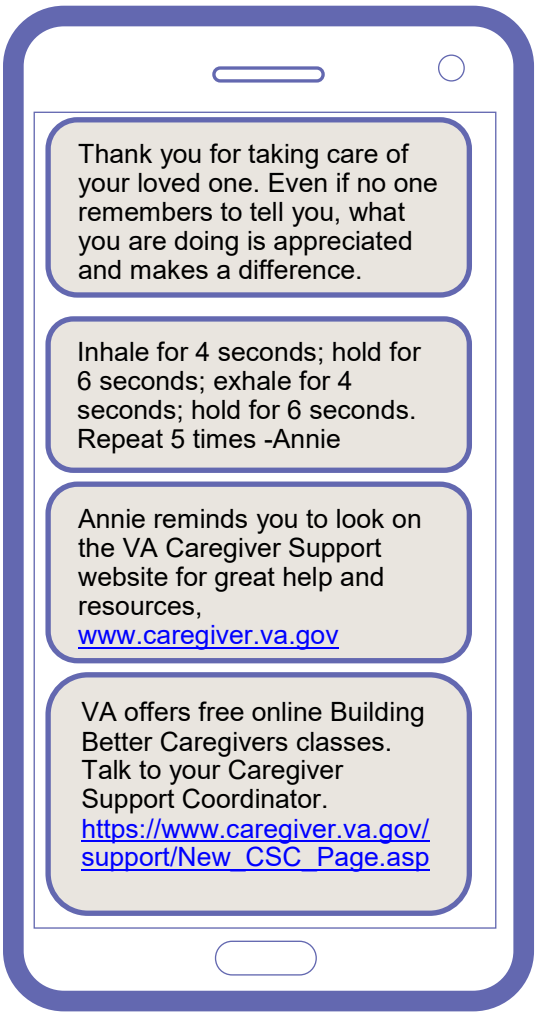
"Used breathing exercises - those were great. Take time for myself to calm down and breathe, then rethink the situation."

"I don't always know what to do when I'm stressed. Reading the messages calms me down."

The Future
Although stress management is the first available program, the Caregiver Support Program will continue to partner with the Office of Connected Care to develop additional caregiver protocols.

How to Enroll
Signing up is easy.

- Contact a Caregiver Support Coordinator. Caregivers can find their Caregiver Support Coordinator at https://www.caregiver.va.gov/support/New_CSC_Page.asp
- Answer a few questions from your Caregiver Support Coordinator. ♦



For more information about the Caregiver Support Program visit:

https://www.caregiver.va.gov

or call
the Caregiver Support Line at

855-260-3274

Social Workers in Patient Aligned Care Teams Staffing Initiative Increases Access to Care for Rural and Highly Rural Veterans

By **Jennifer Silva, LCSW-S,** Project Lead and **Jaime Halaszynski, LCSW**, Project Assistant, ORH SW in PACT, National Social Work Office, Department of Veterans Affairs

The Social Work in Patient Aligned Care Teams (PACT) Staffing Initiative, implemented in May 2016, focuses on increasing access to social work case management interventions and quality care coordination for Veterans living in rural and highly rural areas. Social workers are uniquely qualified to address social determinants of health and to provide proactive interventions for social conditions that contribute to poor health outcomes. This initiative is the result of a partnership between the Department of Veterans Affairs' (VA) Office of Rural Health (ORH) and the National Social Work program office.

PACT social workers are often the first providers a Veteran meets in the Veterans Health Administration (VHA). By increasing the number of social workers in primary care teams, specifically in diverse geographic settings, PACT Staffing Initiative increases access to VA care and services for rural Veterans. When social workers are embedded in rural Community Based Outpatient Clinics (CBOCs) at adequate staffing levels, the focus shifts from reactive, crisis intervention to proactive outreach and case management services, which promotes Veteran stability and wellness.

By using the comprehensive psychosocial assessment as part of the PACT Social Work Practice Model, PACT social workers identify Veterans who are at risk in multiple domains, including access to care, economics, housing, psychological status, functional status and social support. Veterans' risk for suicide is initially identified by PACT social workers, providing vital access to services for Veterans who may not independently seek mental health services.

A recent publication in the Journal of General Internal Medicine[1] speaks to the vital role of social workers in the identification of social determinants of health as these factors relate to suicide prevention and treatment. The publication identifies social workers as integral members of the health care and integrated team. The key finding is that social workers provide interventions for Veterans who face challenges such as housing, procuring food, transportation, avoiding or escaping violence and developing social supports. These include:

- Social workers make a difference in reducing suicidal ideation
- Social workers prevent suicide attempts

Expansion Plans

In fiscal year (FY) 2016, five VA medical facilities implemented the ORH Social Work in PACT Staffing Initiative with a budget of $1.6 million. In FY 2020, 51 social workers at eighteen facilities will receive training and support with a budget of nearly $6 million.

In FY 2020, the ORH Social Work in PACT Staffing Initiative will collaborate with the VHA Office of Patient Centered Care and Cultural Transformation to incorporate Whole Health practices into the PACT social work workflow. The goal is to improve health outcomes and to align with VA's priority of improving customer service. The funding support provided by ORH for the Social Work PACT Staffing Initiative significantly increased access to services for rural and highly rural Veterans. Further, it supports Veteran wellness. The National Social Work program appreciates the continued partnership with the Office of Rural Health.

[1] (Blosnich J, Montgomery A, Dichter M, Gordon A, Kavalieratos D, Taylor L, Ketterer B, Bossarte R. Social Determinants and Military Veterans' Suicide Ideation and Attempt: a Cross-sectional Analysis of Electronic Health Record Data. J GEN INTERN MED 2019 https://doi.org/10.1007/s11606-019-05447-z). ♦

ORH Testifies on Capitol Hill on Native Americans' Access to Health Care at VA

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

The Congressional Committee on Veterans' Affairs, Subcommittee on Health recently held a hearing called "Native Veterans' Access to Healthcare." This oversight hearing on Wednesday, October 30, 2019 examined the unique barriers American Indian and Alaska Native Veterans continue to face when seeking access to quality, culturally competent care from the U.S. Department of Veterans Affairs (VA) and tribal health systems.

Tom Klobucar, PhD, the Executive Director of the VA Office of Rural Health (ORH)

During the second of the panel discussions, Tom Klobucar, Ph.D., the Executive Director of the VA Office of Rural Health (ORH) with Kameron Matthews, M.D, J.D., FAAFP, the Deputy Under Secretary for Health for Community Care; Stephanie Birdwell, the VA Director of Office of Tribal Government Relations; and Benjamin Smith, the Deputy Director for Intergovernmental Affairs, Indian Health Service (IHS) fielded questions from the Congressional committee panel.

The discussion centered on the current VA-IHS Memorandum of Understanding (MOU), including the:

- In-progress plans to update the MOU
- Importance of inclusion of urban Native Veterans in the MOU
- How VA and IHS will ensure Tribal Leaders will be included in MOU discussions
- Referral/reimbursement processes between VA and community providers

To listen to the full testimony, go to https://www.youtube.com/houseveteransaffairs and click on the video entitled "2019-10-30 Subcommittee on Health Oversight Hearing: Native Veterans' Access to Healthcare." The second panel starts at timecode 1:41:00. or visit https://youtu.be/_rGyB4WHTOQ?t=1h40m51s directly.

In a related hearing on November 20, 2019, the Honorable Robert Wilkie, Secretary of Veteran Affairs, accompanied by Dr. Richard Stone, Executive in Charge of the Veterans Health Administration (VHA), answered questions for the Senate Committee on Indian Affairs. The Secretary and Dr. Stone explained how VA currently provides services to Native Veterans and works with tribal leadership. The pair also provided information on how VA's partnership with IHS impacts Native Veterans. Topics of specific interest included:

The Honorable Robert Wilkie, Secretary of Veteran Affairs

- Suicide prevention for Native Veterans
- The need for broadband expansion for telemedicine to rural areas
- Inclusion of health care services for the 53 percent of urban Native Veterans through VA's MOU with IHS
- The need for better data collection and sharing between agencies
- Better connecting Native Veterans to VA health care services through programs such as ORH's Rural Veteran Navigator Program

To listen to the full testimony, go to https://www.indian.senate.gov/hearing/oversight-hearing-recognizing-sacrifice-honoring-nation-s-promise-native-veterans and click on the video at the top of the page. The testimony starts at timecode 00:22:30. To read the opening statement given by the Honorable Robert Wilkie, Secretary of Veteran Affairs, go to:
https://www.indian.senate.gov/sites/default/files/Wilkie%20Testimony%20SCIA%20VA%2011.20.2019%20FINAL.pdf . ♦

VA and Indian Health Service Collaborate for Veteran Care

By **Casey Hutchison**, Office of Rural Health, Department of Veterans Affairs

VA and IHS staff meet in D.C. to discuss ongoing collaboration. From left: Sheila Robinson, VA; Karyn Johnstone, VA; Wilbur Woodis, IHS; Tom Klobucar, VA; Ben Smith, IHS; Corina Kaaialii, VA; Gordon Drake, VA; Rose Weahkee, IHS; David Fisher, VA; Rich Huang, VA

The Department of Veterans Affairs (VA) and the Indian Health Service (IHS) work together to support access to care for American Indian and Alaska Native (AI/AN) Veterans. The partnership, supported by a formal Memorandum of Understanding (MOU) initially signed in 2010, aims to foster an environment that brings together the strengths and expertise of each organization to actively improve the care and services provided by both.

As part of the MOU, leaders from both agencies meet quarterly to oversee ongoing interagency activities. Their most recent December meeting focused on ongoing revisions to the MOU, recent congressional testimony on AI/AN Veterans' health (page 13) and future development of cultural competency training. ♦

Flu Season is Here; Are You Ready? No-Cost Flu Vaccinations for Veterans at Walgreens

Veterans who use VA for health care can visit their local Walgreens pharmacy for a no-cost flu vaccination. Through March 31, 2020, Veterans can walk into any of the 9,600 Walgreens locations nationally (or Duane Reade in NYC) with their Veteran Identification Card and a photo ID to receive a flu vaccination at no cost.

Veterans can call 800-WALGREENS (800-925-4733) to find the location closest to them or visit www.walgreens.com. Vaccinations are also still available at VA facilities.

Learn more about the VA program partnership at https://www.blogs.va.gov/VAntage/66403/free-flu-shots-for-veterans-at-your-local-walgreens/. ♦

Building a Powerful Rural Provider Workforce

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

National Rural Health Day (https://www.powerofrural.org/about-nrhd/) brought together federal and state offices in a celebration and focus on the clinicians who serve America's rural Veterans. During the event on November 21, the Department of Veterans Affairs' (VA) Office of Rural Health (ORH) (http://www.ruralhealth.va.gov/) joined the National Organization of State Offices of Rural Health in honor of rural health.

ORH highlighted a variety of VA programs designed to recruit and retain rural clinicians. These initiatives, which include ORH -managed programs such as Geriatric Scholars and SimLEARN, offer a range of incentives for clinicians from professional development opportunities to financial reimbursement.

Nearly a quarter of America's Veterans choose to call rural communities home for a variety of reasons, Including greater privacy, less crowded towns and the lower cost of living.

But those benefits often carry hidden costs. With just one physician for every 2,500 patients, Veterans in rural communities often struggle to get the care they need.[1] Minimizing the challenges to health care access for rural Veterans starts with a strong provider workforce. Fortunately, practicing medicine in a rural setting offers many of the same benefits which Veteran residents enjoy. The results of a 2019 study were unexpected, indicating that a rural practice location has a positive effect on physician well-being, which could encourage physicians to pursue rural practice.[2]

Learn more about National Rural Health Day and the benefits available to rural providers here:

https://www.blogs.va.gov/VAntage/67990/va-tackling-rural-clinician-shortage/

[1] National Rural Health Association: https://www.ruralhealthweb.org/about-nrha/about-rural-health-care

[2] Family Physician Burnout Rates in Rural versus Metropolitan Areas: A Pilot Study: https://www.ncbi.nlm.nih.gov/pubmed/31461585. ♦

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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.

Thomas Klobucar, Ph.D., ORH Executive Director

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