



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

Thomas Klobucar, Ph.D., ORH Executive Director

2020 has posed unprecedented challenges – for Veterans, their families, and the care providers who serve them. As the U.S. Department of Veterans Affairs (VA) reflects on the past year, we mourn the loss of our fellow Americans and applaud the heroism of first responders and essential workers at medical facilities across the country.

With coronavirus vaccinations [underway](#), there is reason to be optimistic about the coming year. However, challenges still persist – [rural areas continue to be hit hard by COVID-19](#), and the coming winter months will test the resiliency of health care facilities nationwide. Now more than ever, ORH remains steadfast in our mission to ensure that America's Veterans thrive in rural communities.

Despite the challenges ahead, VA has implemented an aggressive public health response to protect and care for Veterans, their families, health care providers, and staff.

In recognition of the 10th Annual National Rural Health Day, ORH highlighted VA resources available to rural communities during the coronavirus pandemic.

Read more in VA Offers COVID-19 Resources for Rural Communities on page 2.

The Veterans Rural Health Advisory Committee (VRHAC) continued their focus on improving health care access for rural Veterans by focusing on the unique health needs of women Veterans at their biannual meeting in October.

Read more in Veterans Rural Health Advisory Committee Discusses Care Access for Women Veterans on pages 3-4.

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In the midst of a difficult year, Veterans and caretakers are still finding ways to celebrate. Learn how one VA Medical Foster Home helped a centenarian Veteran celebrate a major milestone with a special birthday party.

Read more in **VA Medical Foster Home Marks a Milestone for Veteran with 100th Birthday Celebration** on pages 10-11.

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 Offers COVID-19 Resources for Rural Communities

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



In recognition of the [10th Annual National Rural Health Day](#), the U.S. Department of Veterans Affairs (VA) Office of Rural Health (ORH) highlighted VA resources available to rural communities during the coronavirus pandemic.

As COVID-19 reached the United States, experts warned of the potential strain on rural health care systems and communities. Due to the nature of rural areas, residents often face additional barriers to access health care such as hospital closings, fewer medical providers, and long distances to health care facilities.

These access challenges also impact the nearly 5 million of our nation's Veterans who call rural areas home.

VA is committed to providing high-quality health care to rural Veterans and supporting the VHA clinicians who care for them during the pandemic. To help fight COVID-19, VA has also extended its health care services and resources to non-Veterans and community providers.

Learn more about [VA resources available for rural communities](#) during COVID-19. ♦

Home-Based Cardiac Rehabilitation During the COVID-19 Pandemic

By **Kariann R. Drwal, MS, CCRP, RCEP**, Director of ORH Home-Based Cardiac Rehabilitation program, Veterans Rural Health Resource Center-Iowa City

Imagine that you were just discharged from the hospital after suffering a heart attack. You are worried about your health, but you want to get back to golfing, playing with your grandchildren, and your job. Your cardiologist advised you to participate in cardiac rehabilitation. However, the nearest location is over 40 miles away.

This is just one example of the many challenges Veterans face on the road to recovery from heart disease. That's why ORH's Veterans Rural Health Resource Center (VRHRC) in Iowa City, Iowa, started the Home-based Cardiac Rehabilitation (HBCR) Program in 2010.



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Home-Based Cardiac Rehabilitation During the COVID-19 Pandemic (continued from page 2)

Cardiac rehabilitation is a behavioral lifestyle treatment that helps prevent further cardiovascular disease. Despite the benefits of cardiac rehabilitation, not every Veteran can access this treatment. Veterans face many challenges during cardiac rehabilitation, including availability of services, distance to rehab, unreliable transportation, finances, and employment obligations. Within VA, many facilities do not offer on-site cardiac rehabilitation, which is where Home-Based Cardiac Rehabilitation (HBCR) can fill the gap.

The ORH HBCR program was implemented to provide rural Veterans with convenient, widespread access to cardiac rehabilitation. Since the program began in Iowa City, it has been implemented at over 30 VA facilities and enrolled over 4,500 Veterans. HBCR is a 12-week program delivered by video and telephone. Patients receive guidance, support, and feedback on exercise and physical activity, nutrition and weight management, tobacco cessation, medication adherence, and stress management.



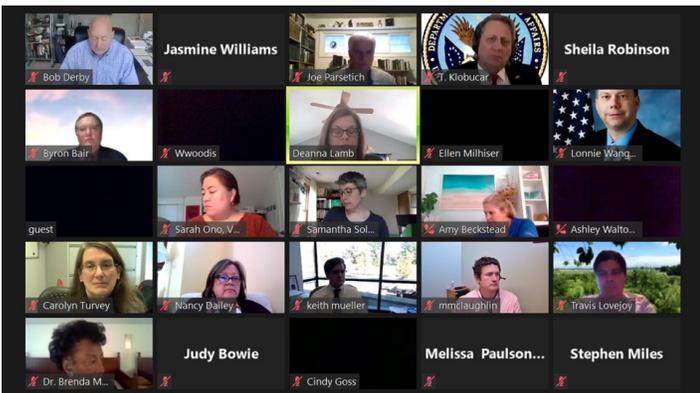
When the coronavirus pandemic hit, many cardiac rehabilitation sites closed. Medical facilities and clinicians were left to consider alternative options to avoid delays and continue to provide cardiac rehabilitation care. Fortunately, HBCR is perfectly suited to fill the gap. The ORH HBCR program has continued serving Veterans during COVID-19 and even expanded to additional facilities to accommodate Veterans who were unable to attend on-site programs due to closure.

This is a crucial time to continue to develop, assess, and standardize HBCR to improve access to care for rural Veterans and other rural populations. The HBCR program has also been able to share experiences and provide training to the University of Iowa in the adoption of a home-based model at their facility. The ORH HBCR program plans to continue to expand, adapt, and share valuable experiences to bring cardiac rehabilitation services to our Veterans.

To read the editorial piece, *Cardiac Rehabilitation During COVID-19 Pandemic: Highlighting the Value of Home-based Programs*, please visit: <https://www.liebertpub.com/doi/10.1089/TMJ.2020.0213>. ♦

Veterans Rural Health Advisory Committee Discusses Care Access for Women Veterans

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



The Veterans Rural Health Advisory Committee (VRHAC) held their biannual meeting this October. For the second year in a row, the event focused on improving health care access for rural women Veterans. Rural women make up nearly 25 percent of the Department of Veterans Affairs' (VA) enrolled women Veterans, a percentage that is expected to increase in years to come. With this trend in mind, the Committee examined several pressing issues facing this group and developed actionable policy recommendations for the Secretary of Veterans Affairs to improve access and quality of care.

Over the course of a three-day virtual meeting, Committee members received presentations from several VA senior leaders on topics such as access to care, rural workforce recruitment, and health equity. They were briefed by Dr. Steven Lieberman, Acting Deputy Under Secretary for Health, who discussed VA's ongoing COVID-19 response efforts to ensure continued care and resources to rural populations and women Veterans.

VRHAC Chair Deanna Lamb briefs virtual meeting attendees

Researchers from the Office of Rural Health's Veterans Rural Health Resource Centers also engaged with Committee members through panel discussions to discuss their innovative projects to support rural women Veterans.

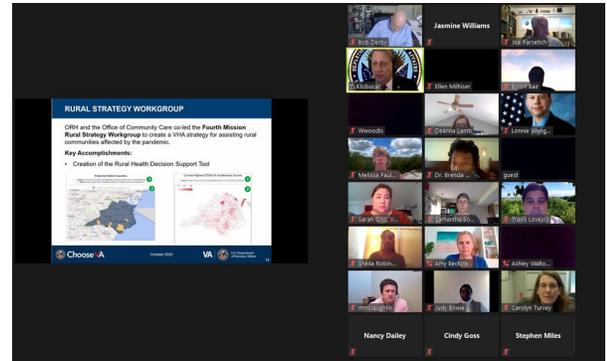
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Home-Based Cardiac Rehabilitation During the COVID-19 Pandemic (continued from page 3)

After hearing from multiple expert panelists, the Committee developed the following list of recommendations:

- Expand the scope of rural transportation funding to serve more rural areas and the Veterans who live there.
- Develop peer and social support groups at the regional and community level across the country.
- Support initiatives to increase enrollment of rural women Veterans into VA benefits and services.

During the spring 2021 session, the Committee will study and generate solutions to the unique challenges faced by minority Veterans in rural communities across the country. ♦



ORH Executive Director Dr. Thomas Klobucar presents on 2020 program work

Home Modification Services for Veterans with Disabilities: A Snapshot of Overall and Rural Users

By **Luz M. Semeah, PhD, MPA**, Health Science Specialist, Veterans Rural Health Resource Center—Gainesville

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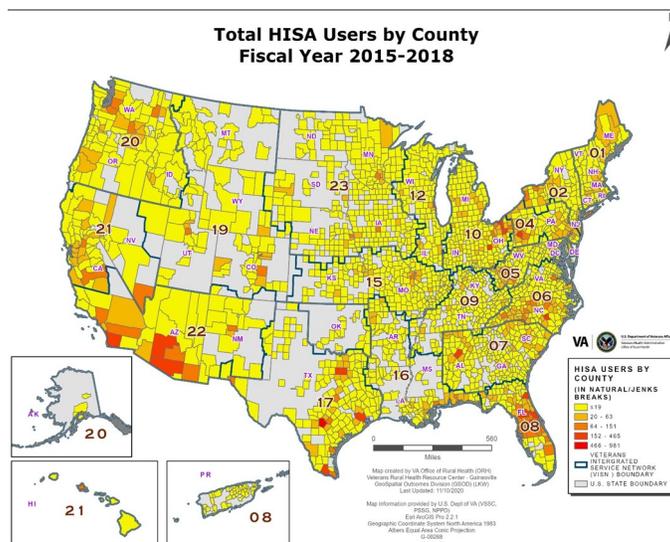
Lauren K. Wilson, BS, Health Science Specialist and GIS Analyst, Veterans Rural Health Resource Center—Gainesville

Huangang Jia, PhD, MPH, Health Research Consultant, North Florida/South Georgia Veteran Health System

The Veterans Health Administration (VHA) provides home modification services through the Home Improvements and Structural Alterations (HISA) grant program, which provides funding to Veterans with disabilities for structural home modifications. The HISA program enables accessibility to the living environment making it possible for Veterans to receive health services at home and in the community setting. Between fiscal years 2015 and 2018, there were 30,763 HISA users, of which 10,810 (35.1 percent) lived in rural areas across the United States.

The information that follows is a snapshot of total HISA utilization throughout the U.S. and of rural HISA users between 2015 and 2018:

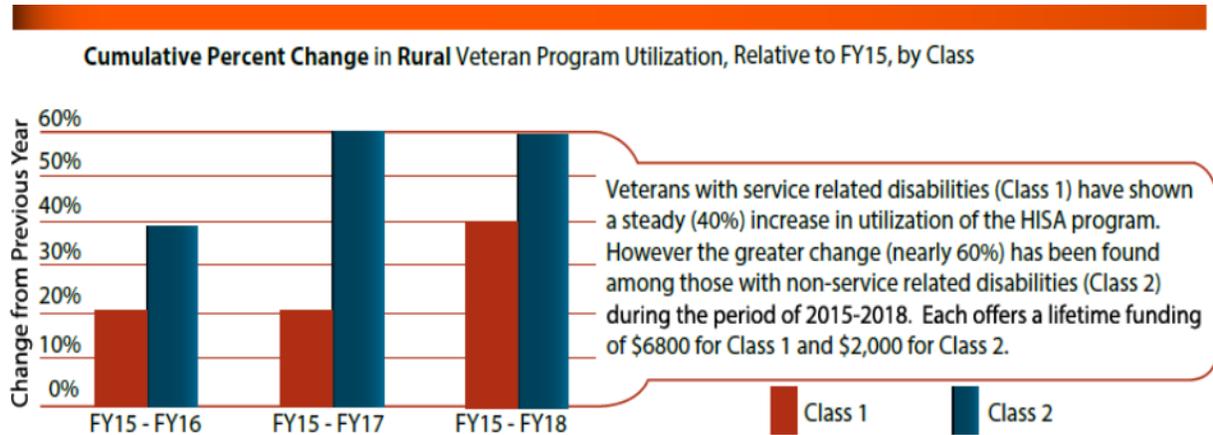
- *Figure 1* (map) shows the total number of HISA users by county



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Home Modification Services for Veterans with Disabilities: A Snapshot of Overall and Rural Users (continued from page 4)

- Figure 2 shows that there has been a steady increase in the general utilization of the HISA program



- Table 1 compares characteristics of HISA users overall to rural HISA users

Characteristics	Overall (N = 30,763)	Rural (n = 10,810)
Age, mean yr. (SD)	71.1 (12.0)	70.9 (11.6)
Gender, n (%)		
Male	29,368 (95.4%)	10,428 (96.5%)
Female	1,412 (4.6%)	382 (3.5%)
Race, n (%)		
Black	5,522 (17.9%)	1,146 (10.6%)
White	21,570 (70.1%)	8,596 (79.5%)
Others	876 (2.9%)	221 (2.0%)
Unknown	2,812 (9.1%)	847 (7.8%)
Marital status, n (%)		
Married	22,368 (72.7%)	8,033 (74.3%)
Unmarried	8,209 (26.7%)	2,714 (25.1%)
Unknown	186 (0.6%)	63 (0.6%)
Primary medical diagnosis		
Musculoskeletal	6,000 (19.5%)	2,061 (19.1%)
Neurologic	4,020 (13.1%)	1,353 (12.5%)
Cardiovascular	1,432 (4.7%)	588 (5.4%)
Sensory (Vision & Hearing)	395 (1.3%)	131 (1.2%)
Home Modification Type		
Bathroom	24,384 (79.3%)	8,904 (82.4%)
Railing	1,767 (5.7%)	384 (3.6%)
Doorway	1,500 (4.9%)	530 (4.9%)

The HISA program is currently accepting applications. For more information about the program and instructions on how to apply, visit <https://www.prosthetics.va.gov/psas/hisa2.asp>. ♦

Re-Establishing Veterans Transportation Services in Central Louisiana

By **Shanika O'neal**, Mobility Manager, Alexandria VA Medical Center

The Alexandria VA Health Care System (AVAHCS) sits in the heart of Central Louisiana (CENLA) in Rapides Parish. Nestled in the Kisatchie Forest, between Buhlow Lake (the fastest lake in the world for boat racing), Red River and Rigolette Bayou, most of the area is rich in agriculture and aides in giving Louisiana the title of "Sportsman's Paradise". Throughout CENLA, residents and visitors enjoy festivals, Cajun cooking, and parades year-round. Local tourists can visit historic civil war battlefields, the zoo, museums, and nature hiking trails.



Alexandria, Louisiana

Central Louisiana also has a strong and proud military culture.

- Alexandria, LA was home to England Air Force Base from 1942 until its closure in 1992.
- Leesville, LA is home to Fort Polk, a U.S. Army Joint Readiness Training Center.
- Leesville, LA is home to the National Guard's Camp Beauregard, which has a long history of training and supporting U.S. military personnel dating back to World War I.
- AVAHCS just celebrated its 90th anniversary, making it a historic site. The building has been preserved with its original foundational architecture and huge oak trees.

The medical center serves Veterans throughout the catchment area with five Community-Based Outpatient Clinics (CBOCs) located in Lake Charles, Lafayette, Jennings, Leesville, and Natchitoches, LA.

Being centrally located in Louisiana has its challenges, with 60 percent of the catchment area being rural. It can be difficult for Veterans to obtain transportation to their health care appointments. Transportation is an important social determinant of health in rural communities. Many patients live in remote locations where public transportation is very limited, or not feasible for long-distance travel. This causes an increase in Veterans missing their scheduled appointments. These factors can make it challenging for rural patients to satisfy their health care needs.

ORH provides funds and grants to help minimize some of the hardship Veterans face to meet their health care needs. AVAHCS receives funding to provide Home Based Primary Care, Telehealth Care, and Veteran Transportation Services



Kisatchie National Forest in Central Louisiana



A Veterans Transportation Service (VTS) Vehicle Transports a Veteran to a medical appointment

Through ORH funding, AVAHCS was able to re-establish the Veteran Transportation Service (VTS) program in May 2020. VTS allows AVAHCS to provide reliable transportation options to Veterans. Drivers are strategically located throughout the CENLA catchment area to provide Veterans with safe, timely and efficient transportation to and from medical appointments. The program streamlines scheduling and dispatching efforts, reduces patient travel times on the road, assists patients with special needs transport, and reduces no-shows in clinics. AVAHCS also partners with social workers, mental health providers, clinical providers, nursing homes, and community providers to deliver these transportation services.

Earlier this year, many Veterans lost their homes and means of transportation after the CENLA area was hit hard by devastating hurricanes. VTS was instrumental in evacuating patients to safe locations outside of storm paths. Patients often call to express their gratitude for VA transportation services, and AVAHCS is proud to support the men and women who served our great nation. ♦

Understanding the Complexities of Care Coordination for Rural Veterans

When Julie Parson and her husband, Army Veteran Woodrow “Woody” Young, go to his medical appointments, she always brings a folder full of his medical records – just in case.

“If they need to reference something, I can pull out the records and they are always appreciative that I have it,” she said.

Young says that he is in “pretty good shape” for a 60-year-old. But keeping track of his medical records – from VA and from other care facilities – can still be challenging.

“It’s like a part time job on its own,” he added. But being prepared is an important part of being her husband’s care advocate, Parsons says. It’s a labor of love.

Young, who has granted his wife power of attorney to help him manage his care, is grateful for the effort.

“She loves me, and I love her. She’s always helped with my care and makes it so easy for me. I admire her for it. Who knows if I would still be living if I didn’t have her?”

In her role as a caregiver, Parson says that one of her favorite tools is [My HealtheVet](#), VA’s online patient records platform. Parson helps Young use My HealtheVet to access and print the VA records that she brings to his appointments, among many other things.

“We refill prescriptions, access the portals to print his lab work, keep track of his cholesterol and contact providers on Secure Messaging,” she said.

Young, who served in Germany from 1982 to 1986, started using VA for his care about 15 years ago. “VA was right down the street from our home in Des Moines, and their service was great,” he said. “VA care has been great for me.”

After one of his first appointments at the [VA Central Iowa Health Care System](#), Young got a brochure about My HealtheVet. Young acknowledged that he is not very tech savvy, so Parson helped him set up his account.

“Now, we use all aspects of it, and it just makes things very easy,” she added. “My HealtheVet has been awesome.”

In addition to the health tools on My HealtheVet, Parson said she gets valuable information from reading the [My HealtheVet newsletter](#). And Parson said she appreciates the measures that VA has in place to keep Young’s health information secure.

“VA is very serious about who they give information to on behalf of the Vet,” she added. “It’s been nice on my end, knowing that his information is being protected.”

After a pair of recent moves – from Iowa to South Carolina and then to Georgia – Parson and Young are settling into a new home. They also have a new facility for Young’s care: the [Carl Vinson VA Medical Center](#) in Dublin, Georgia.

Parson’s caregiving responsibilities have continued during the moves. Along with keeping track of Young’s medical records, Parson has been in contact with VA travel staff to keep his VA care as seamless as possible.

She also helped Young set up his first video telehealth appointment through [VA Video Connect](#). “It went perfectly. If you’re not going to do a physical exam, virtual is the way to go,” she said.

And when Parson and Young go for their first appointment at the Carl Vinson VAMC, Parson will be sure to bring her folder of records and test results printed from My HealtheVet.

To learn more and create an account, visit [My HealtheVet](#). ♦



Julie Parson and her husband, Army Veteran Woodrow “Woody” Young



Expanding Advanced Care Planning for Veterans in Home-Based Primary Care

By **Maureen Jerrett**, Communications Contractor, VA Geriatric Scholars Program

VA Geriatric Scholar Elke Baker, NP-C, APRN, and her Tampa Home-Based Primary Care team achieved a 97 percent completion rate of Life-Sustaining Treatment Orders, empowering older Veterans to communicate their authentic wishes for care at the end of life.

“It is important to have these conversations during non-crisis times when patients have decision-making capacity,” said Baker.

One of Baker’s patients, Navy Veteran Don Begg, age 90, completed a Life Sustaining Treatment Order. His wife, Beatrice Begg, participated. “We did it together. We talked about it—he was adamant about no resuscitation,” said Beatrice Begg. “He says he has lived a good, long life, and he doesn’t want to be kept alive by artificial means.”

“Initiating goals of care conversations with patients, caregivers, and family provides the basis for shared decisions about treatment planning,” explained Baker.

“It’s informative, and it puts you in a good mood because you can understand what’s wrong with you,” shared Don Begg, a Veteran of the Korean War.

His daughter, Molly Houssian, said knowing her father’s preferences has provided peace of mind for family members.

“He’s very aware of his situation and he feels good about the life he’s led,” said Houssian. “It’s been a good experience for him because he’s been able to make decisions instead of his family scrambling to figure out what he wants as opposed to what he doesn’t want. And I think it gives us all a lot of peace of mind knowing he’s made that decision for himself.”

“The reactions of the Veterans and the caregivers was overwhelmingly positive,” said Baker. “Many discussions turned into meaningful and loving conversations. I heard statements such as, ‘I’m so glad we discussed this, dad. I never knew you did not want that.’ And ‘I’m so glad you talked about this with my dad before he became so ill, because now I know what he wants me to do.’ Or ‘I couldn’t talk about this with dad. I’m glad that you did.’”

Baker stressed how COVID-19 has heightened the need for conversations about end-of-life treatment plans.

“It has never been more important to have goals-of-care conversations with our patients during this pandemic. We need to talk about potential complications from COVID due to advanced age and underlying health conditions, and how this might cut the potential success rate of treatment options like ventilator support, for example.”



Navy Veteran Don Begg and his wife Beatrice



VA Geriatric Scholar Elke Baker on the phone with a Veteran

The VA Geriatric Scholars Program website shares evidence-based practices in palliative and end-of-life care.

VHA offers advanced care planning resources for Veterans and families. Visit the VA Geriatrics and Extended Care website.

Baker is a 2019 alumna of the [VA Geriatric Scholars Program](#), a national workforce development program that trains primary care providers in geriatric medicine. Scholars complete an intensive didactics course that addresses common geriatric syndromes and health care concerns. They are also trained to lead a local quality improvement project based on the [Institute for Healthcare Improvement](#) Model for Improvement and the Plan, Do, Study, Act (PDSA) framework, which guides teams through iterative cycles of improvement.

Baker credits her colleagues for the snowball effect of her project in 2020. The team included Care Manager Imelda Singer, RN, and June Leland, MD, Medical Director of the Home-Based Primary Care (HBPC) Program in Tampa, Florida. “All our HBPC clinics are doing outstanding with mostly 100 percent completion rates,” said Ms. Baker. She began a leadership role as a support coach to HBPC teams nationally, helping her peers increase the completion of Life Sustaining Treatment Orders among older Veterans. ♦

Diabetic Eye, Foot, Nursing Care Pilot Delivers Care to Our Veterans

By **Korey Jaben, MD**, Physician, Atlanta VA Medical Center

The Regional Telehealth Services (Technology-Based Eye Care Services [TECS] division), podiatry, and nursing teams at the Atlanta VA Clinic have been hard at work implementing a successful “one-stop shop” multidisciplinary clinic. The pilot program began service in early August and provides timely and convenient care to diabetic Veterans.

Patients can now receive diabetic eye, foot, and nursing/lab care services during the same visit, rather than scheduling multiple appointments. By reducing the number of patients in a facility at the same time, this program enables a safer and easier visit for patients during the COVID-19 pandemic.

The Atlanta VA Clinic plans to explore opportunities to expand this program to provide care to even more diabetic Veterans. ♦



AgrAbility PA: Assisting Veterans in Agriculture with a Disability or Health Condition

By **Kendra Martin**, Digital Media & Outreach Coordinator, AgrAbility PA

Cathie Dilbert served her country in the Army Military Intelligence Corps. Upon returning to western Pennsylvania after her military service, she became a registered nurse.

But after suffering from a heart attack at age 35, Cathie knew she could not continue with such a demanding career. She needed something that would allow her to have a flexible schedule, exercise, and plenty of rest. Around this same time, her husband Rodney acquired a 68-acre family farm.

So, Cathie started farming and [Green"er" Acres Farm](#) was born.

“We had five beef cattle, a few run-down outbuildings, and a small amount of ground that might be productive,” Cathie said.

Cathie wanted to get the farm moving in a productive direction that she could manage. She reached out to a few organizations, including AgrAbility for Pennsylvanians (AgrAbility PA), a non-profit project that assists farmers and agricultural workers with a disability or long-term health condition. The project intentionally seeks to connect with Veterans that are interested in or are already working in agriculture.



Army Veteran Cathie Dilbert works on her Pennsylvania farm

AgrAbility PA worked with Cathie in a few ways:

- Conducted an on-site assessment of the farm and property.
- Facilitated a visit by an occupational therapist to evaluate farm work.
- Identified adaptations, modifications, and assistive technology to facilitate her farming.
- Assisted her with research on financial support and funding sources.

AgrAbility PA linked Cathie with the state’s Office of Vocational Rehabilitation (OVR), which assists individuals with disabilities in securing and maintaining employment. Cathie was eligible to receive OVR funding to acquire a utility terrain vehicle so that she could access different areas of the farm while reducing physical strain, especially on her heart.

“Truthfully, I wouldn’t be able to do what I do without the help of AgrAbility PA and OVR,” Cathie said.

(Continued on page 10)

AgrAbility PA: Assisting Veterans in Agriculture with a Disability or Health Condition (continued from page 9)

Cathie also received assistance from several AgrAbility PA partner organizations that serve Veterans in agriculture, including:

- [Farmer Veteran Coalition \(FVC\)](#)
- [PA Veteran Farming Project / Troops to Tractors](#)
- [Natural Resources Conservation Service \(NRCS\)](#)
- [PA Dept. of Agriculture / Homegrown by Heroes](#)

For more information on how AgrAbility PA works with Veterans, contact agrability@psu.edu or (814) 867-5288. Learn more at agrabilitypa.org or follow AgrAbility PA on social media.

Not a Pennsylvania resident? Contact the National AgrAbility Project at agrability.org or (800) 825-4264. ♦

VA Medical Foster Home Marks a Milestone for Veteran with 100th Birthday Celebration

By Leah Haverhals, PhD, Health Research Scientist & Nelly Solorzano, Research Assistant, Department of Veterans Affairs



Army Veteran Fred Willis celebrates his 100th birthday

Celebrating birthdays during the COVID-19 pandemic can be anti-climactic.

However, that did not stop one Department of Veterans Affairs (VA) Medical Foster Home (MFH) program from marking a major milestone for a centenarian Veteran.

Fred Willis is a World War II Veteran who was in the Army Air Corps for four years. He has been a resident of the Bonham, Texas MFH program for five years, and he turned 100 on April 16th, 2020. MFH's allow Veterans needing long-term care to live in a caregiver's home. The caregiver provides the Veteran with around-the-clock care, and up to three Veterans can live in one MFH.

Dorothy Jackson is Will's caregiver. To make sure he had a memorable birthday, Dorothy worked with Ninfa Araiza, the Bonham VA MFH coordinator, as well as Kara Hodges, the Bonham VA recreational therapist, to bring the birthday celebration to life. Despite the coronavirus pandemic, the party was a huge success.

"We were supposed to have his birthday party at our local VA facility, but when the COVID-19 pandemic came about,

we were not able to do it. So, Araiza and I purchased 100 birthday cards to have Veterans and caregivers from other MFHs sign," Jackson said. "He's such a good guy so he deserved it! He read all 100 cards."

In addition to receiving 100 birthday cards, birthday party highlights included a car parade for Willis with nearly 100 people driving by his MFH. This included local police and fire departments, who Araiza had reached out to about his birthday.

"They [the police and fire departments] were so excited. Everyone was on board. When they came down the street they lit it up! Everyone came out of their houses. He was so surprised!" Araiza said.

Jackson, who worked as a hospice caregiver for 20 years before becoming an MFH caregiver, shared her pleasure in carrying out the party for Fred.

"Taking care of these guys is a joy! They give me just as much as I give them. It's a two-way relationship. If your heart isn't in it, it's not for you. I plan to do this 'til the lord takes me. I love it!" Jackson noted.

Araiza and Jackson noted that there are two other MFH programs in the Bonham area, and they all work together.

(Continued on page 11)

VA Medical Foster Home Marks a Milestone for Veteran with 100th Birthday Celebration (continued from page 10)

“It doesn’t matter which patient or which house, we are in it together because we love them all the same. Makes it easy,” Jackson said.

Araiza added, “We work together as one big program. We don’t work in silos. We work as a team. Reaching out across programs has been more beneficial to our Veterans. And everyone knows Mr. Fred!”

Asked about how he felt about turning 100, Wills said, “I had a good party! It was nice to celebrate my birthday.” He added, “Make sure to send me a birthday present!” ♦

VHA IE Wins Prestigious Gears of Government President’s Award

By **Veterans Health Administration (VHA)**, Department of Veterans Affairs

The [Veterans Health Administration Innovation Ecosystem](#) (VHA IE), which is funded in part by ORH, was recognized this year as one of the most impactful organizations in the government. VHA IE was awarded one of six [Gears of Government Presidential Awards](#) given by the General Services Administration and the Office of Management and Budget. This respected award acknowledges the contributions of individuals and teams across the federal workforce who make a profound difference in the lives of the American people.

Five key members of the VHA IE leadership team – Blake Henderson, Allison Amrhein, Brynn Cole, Joshua Patterson, and Dr. Thomas Osborne -- [were recognized](#) with this award “for curating, funding, and expanding in-house innovations, which include practices to de-prescribe unnecessary medicine to Veterans, prevent hospital-acquired pneumonia, and reduce opioid overdose deaths at VA campuses.” However, this work is not done by leadership alone. In fact, innovation at VA and the impact that VHA IE has on Veterans comes directly from frontline employees, making innovation a ground-up endeavor. This mission-driven, employee-led work has improved care for over 1 million Veterans, lowered cost for taxpayers by \$40 million, and, most importantly, saved Veteran lives.

“VHA IE truly empowers frontline employees to take charge in helping improve services for Veterans by providing staff with proper resources to develop their ideas, while simultaneously investing in the infrastructure necessary to adopt and accelerate cutting edge solutions in collaboration with academic and industry partners,” said VA Secretary Robert Wilkie. ♦



- More than **1M Veterans** impacted
- 25K employees** involved in innovation competency training and implementation
- 150+ facilities** engaged in identifying and scaling innovation
- \$40M cost avoidance** for VHA



VHA OFFICE OF RURAL HEALTH

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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