



Message from the Director of the VHA Office of Rural Health



Dr. Mary Beth Skupien
ORH Director

Native Americans have a proud warrior tradition and they volunteer to serve in the US Armed Forces at a higher rate than any other ethnic or racial group. In Native American culture, the warrior is held in the highest esteem and the children are taught to look up to those who defend their families, their

people, and their communities. In this issue of 'The Rural Connection' we give an overview of a few ORH initiatives designed to address the unique health care needs of Native Veterans (which also include Alaska Natives, Hawaiian Natives and Pacific Island populations) in the communities where they live.

Today, there are nearly 350,000 Native Veterans living in the U.S. and its territories, the majority of which are

American Indians and Alaska Natives (AI/AN). The major health issues affecting Native Veterans include those resulting from combat exposure, such as PTSD, and substance abuse. It is estimated that between 45% and 57% of AI Vietnam Veterans have suffered from PTSD at some point in their life, the highest rate of any ethnic group. Other major health issues affecting Native Veterans include obesity, diabetes, and kidney disease.

Of all the AI/AN Veterans, almost 40 percent live on dispersed reservations or tribal lands, which are often very geographically isolated. As a result, many of these Veterans encounter significant barriers to accessing quality health care. Some challenges arise due to a lack of health care providers in their area or a lack of transportation to health care facilities. Improving access and quality of health care for Native Veterans is an important goal for the VHA Office of Rural Health (ORH). ♦

The 2010 VA-IHS Memorandum of Understanding – Renewal of an important partnership for our Native American Veterans

by Serena Chu, PhD, Program Analyst, VHA Office of Rural Health

The VA and the Indian Health Service (IHS) have signed a new memorandum of understanding (MOU) in order to better serve our nation's American Indian/Alaska Native (AI/AN) Veterans. "This memorandum of understanding is a renewal of the important partnership between the Department of Veterans Affairs and the Indian Health Service. It represents VA's commitment to American Indian and Alaska Native Veterans through associations with the Indian Health Service and tribal facilities throughout the nation," said Eric K. Shinseki, Secretary of Veterans Affairs. "The partnership further expands VA's capability to serve those Veterans within their communities and provides increased access for Veterans in extremely rural areas."



Photo by Ed Swan son, NF/SGVHS

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In the Spotlight: ORH Veteran Rural Health Resource Center - Western Region

by Charlene Durham, Veterans Rural Health Resource Center - Western Region

In 2008, ORH established three resource centers to serve as field-based laboratories to support the unique health care needs of Veterans residing in rural areas. The centers conduct studies as well as implementation and evaluation of innovative practices. Their mission includes serving as National rural health experts for field-based staff and other stakeholders, and facilitating the exchange of information geared toward improving access and quality of care for rural Veterans.



Dr. Byron Bair
Director, VRHRC-WR

In this issue, we are highlighting the work of the Veterans Rural Health Resource Center-Western Region (VRHRC-WR), based in Salt Lake City, Utah. The Western Region Center provides ORH support across the Nation, with particular attention to Veterans from the Great Plains to American Samoa and the Philippines. Director Byron Bair, MD, MBA, also maintains clinical duties as Geriatric Psychiatry Director at the VA Salt Lake City HCS, and academic duties as Professor of Internal Medicine and of Psychiatry at the University of Utah, School of Medicine. He serves as the only Board certified Geriatric Psychiatrist in the state of Utah.

Deputy Director, Nancy Dailey, MSN, RN-BC, is an adjunct clinical faculty at University of Utah College of Nursing, and is also the past Program Director of the VA Nursing Academy and manager of the telehealth programs at the VA Salt Lake City HCS.



Ms. Nancy Dailey
Deputy Director,
VRHRC-WR

Nancy brings a wealth of practical experience in community collaborations and telemedicine and was instrumental in establishing the groundbreaking Elko, Nevada telehealth clinic.

Much of the work of this center focuses on two particular Veteran populations: Native Veterans and Aging Veterans. For example, the Center recently launched the Rural Native Veterans Promising Programs Initiative. This initiative

aims to develop best models of care for the Native Veteran population through piloting and evaluating programs that are responsive to specific cultural and health challenges of rural Native Veterans. One outcome is assisting in establishing new telemental health clinics for rural Native Veterans. Another major effort has been a new Outreach program to build partnerships with community agencies and organizations that currently serve rural communities. These relationships will help to identify, assist and inform rural Veterans about VA benefits they are entitled to. In order to advance the field of rural health, Western Region staff explores various multimedia approaches to help connect the VA with those who deliver health care to rural Veterans. Finally, the Center staff is in Phase three of a study identifying and analyzing changes in health status and access issues over time. The study includes male and female Veterans and, incorporates community and civilian peer comparisons. ♦

Did you know?



Photo by Ed Swanson, NF/SGVHS

- Native Americans have a proud warrior tradition; they enroll in the armed services at a higher rate than any other ethnic or racial group.
- There are currently over 560 Federally recognized American Indian or Alaska Native tribes, each having their own unique cultural practices and beliefs, many speaking their own language or dialect.
- Approximately 0.9 percent of the US population identify themselves as being fully American Indian or Alaska Native. This is nearly 2.5 million people. Another 1.5 million people identify themselves with some American Indian or Alaska Native heritage.
- Studies demonstrate that Native American Veterans disproportionately suffer the consequences of service, including higher rates of disorders related to combat exposure (e.g., PTSD and substance disorders).

The Native Domain - A National Resource on Health Care for Rural Native Veterans

by Nancy Maher, PhD, Program Analyst, VHA Office of Rural Health



The Native Domain, led by Dr. Jay Shore of ORH's Veterans Rural Health Resource Center-Western Region, serves as a National resource for information about rural Native Veterans' healthcare issues, impacting American Indian, Alaska Native, Native Hawaiian and Pacific Islander

Veteran populations. The mission of the Native Domain is to establish collaborations with other agencies and Native communities, collect and disseminate models of best care for rural Native Veterans, support clinical demonstration projects, and conduct policy analysis.

There are approximately 564 Federally recognized American Indians tribes and Alaska Native Corporations and Villages across 35 states. It is estimated that anywhere from 150 to 250 native languages are spoken in the United States and Canada today. Given the considerable cultural, social and geographic diversity of rural Native Veterans, it is important that the programs and activities of the Native Domain incorporate policy strategies that embrace a national scope, yet maintain a local focus that respects individual differences.

On a national level, the Native Domain staff is actively formulating policy about how to improve the overall health of rural Native Veterans and how to best deliver health care services to them.

Dr. Shore has contributed expert testimony to the US Senate on "VA and Indian Health Service Cooperation" and staff members have produced several publications on topics such as PTSD/TBI Service Utilization, Telehealth, Population Reports, and Traditional Healing. In addition, the Native Domain staff has developed a Native Veteran Services directory (located on the VA Office of Rural Health website) that provides information on programs focused on rural Native Veterans including various traditional healing services such as 'sweat lodges' and 'talking circles' available at some VA facilities around the country.

On a local level, the Native Domain supports and participates in training for the highly successful Tribal Veterans Representative program (TVR) and Tribal Outreach Worker program (TOW).

The TVR program trains community volunteers about VA health care and benefits so they can serve as a community resource on VA issues for Native Veterans, their families and communities. The VA TOW program employs individuals who do outreach on reservations to help locate Native Veterans who want to utilize the VA's telemental health program. To learn more about Native Domain programs and activities visit www.ruralhealth.va.gov. ♦



TVRs Honoring Ceremony Welcoming Home Recent OEF/OIF Veterans

E-RANGE – An ORH initiative to extend mental health services to Hawaii's Veterans, including Native Hawaiian Veterans

by Beth Ananda-Stout, Clinical Nurse Specialist, VA Pacific Islands Healthcare System

The island of Hawaii, Hawaii County, is the most eastern and southern of the islands in the middle of the Pacific Ocean, and is known for its active volcano and 11 climate zones. It is home for a diverse population of 148,677 (year 2000 census), including roughly 10,000 Veterans, many of whom are homeless and reside in tents, on the beach, or in substandard housing. Traveling to the various VA sites is a challenge as it is 2 ½ hours between the two island



A Veteran's "Home" on the beach.

CBOCs and expensive air travel with limited schedules to travel the 250 miles to Honolulu.

The VA Pacific Islands Health Care System, with support from the Office of Rural Health (ORH) and in association with the VA Northeast Program Evaluation Center, implemented the Rural Access Network Growth Enhancement (E-RANGE) program. E-RANGE provides both an array of mental health intensive case management services for those who have complex and severe mental illnesses as well as outreach services to homeless Veterans, including Veterans who served in the Iraq and Afghan conflicts and who have severe PTSD secondary to their combat experiences.

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Bringing Care Closer to Home in Wagner, South Dakota

by Shirley Redmond, Public Affairs Officer, Sioux Falls VAMC

Less than a year ago, Veterans in southern and central South Dakota spent a full day traveling over 120 miles to Sioux Falls for their health care. That changed in April 2010 when a VA Community Based Outpatient Clinic (CBOC), funded by the VA Office of Rural Health, opened in Wagner.



The Medicine Wheel Monument that stands near the health care facility of the Indian Health Service (IHS) and the Wagner VA CBOC

On that day, the partnerships that had grown over the past ten years were also celebrated. For years, area Veterans, county and tribal service officers, Veterans Service Organizations, community and tribal leaders dreamed of bringing VA's quality health care closer to Veterans' homes while the clinic remained part of a long-range VA strategic plan. Wagner and the surrounding county residents were excited but skeptical that a clinic would actually be built. Keith Schroeder, a World War II Veteran, stated that he thought he would die before it was opened. Once the clinic was open, he noted, "This will save a lot of lives. This will make care a lot more available to Veterans."

VA staff also welcomed opportunities to partner with existing health care agencies such as the Indian Health Service. The

Wagner clinic is located on land provided through an agreement with the Yankton Sioux Tribe and Aberdeen Area Indian Health Service. It is the first VA CBOC built on tribal land for the sole purpose of providing VA primary and mental health care.

Besides the quality primary care and mental health services, the clinic provides jobs and has improved the local economy of Wagner and surrounding counties. "Patients come for blood work or an appointment and stay for shopping or to eat at a restaurant," said Sharon Haar, Mayor of Wagner and volunteer at the clinic. Marylou Morrow, RN and Head Nurse for the clinic, and Darcy Kaburna, Nurse Practitioner, were able to return to Wagner, their hometown, to practice after many years working in Sioux Falls and Fargo (North Dakota) VA medical centers. The staff of five has 75 years of cumulative service to Veterans.

The real benefit of the clinic is for the local Veterans. Veterans comment on the easy-to-reach location and welcoming attitude of the staff. "Being here shows the VA concern for Veterans," said Basil Heth, a Vietnam Veteran and elected official on the Yankton Sioux tribal council. Jed Fatke, U.S. Army Veteran 2003-2008, commented, "We wouldn't travel for routine things. Here we will get care for things we might otherwise ignore." Wendell Flyinghawk, another Vietnam Veteran whose "family was here before the reservation was made," appreciates that more convenient care is here "for First Nation Veterans as well as other Veterans from South Dakota and Nebraska who come here for care." ♦



*Native American Veteran
Wendell Flyinghawk*



VA HEALTH CARE | Defining **EXCELLENCE** in the 21st Century

Veterans Health Administration (VHA) Mission Statement

Honor America's Veterans by providing exceptional health care that improves their health and well-being.

Veterans Health Administration (VHA) Vision Statement VHA will continue to be the benchmark of excellence and value in health care and benefits by providing exemplary services that are both patient-centered and evidence-based. This care will be delivered by engaged, collaborative teams in an integrated environment that supports learning, discovery and continuous improvement. It will emphasize prevention and population health and contribute to the Nation's well-being through education, research and service in national emergencies.

The 2010 VA-IHS Memorandum of Understanding *(continued from page 1)*

A number of areas are addressed in the MOU, including improving the delivery of care by sharing programs, increasing access to services and benefits, improving coordination of care, and increasing efficiency through sharing contracts and purchasing agreements. The MOU also focuses on the joint development of applications and technologies, as well as the implementation of new technologies such as tele-health.

Additionally, this agreement focuses on increasing the quality of care through training and workforce development, attention to cultural competency, joint credentialing of staff, and sharing of contingency planning and preparedness efforts for emergencies and disasters.



Implementation Work Groups will be established to address each of the main goals outlined in the MOU. A leader will be

designated from both the VA and IHS for each of the Work Groups. "Our work begins now and it is important that we always keep the American Indian and Alaska Native Veterans in mind as we move forward to addressing the important objectives of the MOU. It is a true honor and privilege to serve our nation's Veterans," said Dr. Mary Beth Skupien, Director of the VHA Office of Rural Health.

The new VA-IHS MOU expands the partnership initially established in 2003 between the VA and the Indian Health Service that improved communication between the agencies and tribal governments, and developed strategies for sharing information, services, and information technology. Compared to the previous MOU, the 2010 MOU focuses more on joint development of providers and provider training, and emphasizes the importance of patient-centered care, and consultation with tribes regarding the local adaptation of programs and policies developed through implementation of the MOU. ♦

E-RANGE – An ORH Initiative *(continued from page 3)*

The multidisciplinary E-RANGE team includes a prescribing APRN/psychotherapist, and two licensed clinical social workers. The program serves an area across the entire east side of the island, 2,000 square miles of rough terrain, lava fields, rainforests, mountains, and substandard roads/infrastructure. Though based in the Hilo CBOC, the team is more often "on the road", engaging Veterans who are in various stages of their process in healing/recovery, attempting to engage Veterans who are so disenfranchised or homeless that they had never enjoyed the quality services the VA has to offer here, or partnering with community members to facilitate offering services.

The response of Veterans, Veterans Service Organizations, local community nonprofits, local hospital and service providers to E-RANGE has been overwhelmingly positive. This was exemplified recently when a member of the local VSO requested that the team provide outreach services for a Veteran who was unwilling and unable to get treatment for serious medical and psychiatric issues, and was living in a shack without running water and limited food. The E-RANGE social worker was able to engage

the Veteran, who was then subsequently hospitalized for his medical condition. Slowly, he began to address his living arrangements and other issues related to his isolation from severe PTSD. The VSO member stated that "it is so good to see VA people out in the community; now we feel that we have a connection with the VA and know how to refer someone for services, especially for the many Veterans out in the forest."

Notably, word of mouth, which is known in Hawaii as the "coconut wireless" has been active as many Veterans contact E-RANGE staff to find out about VA services, whether for mental health care, general health care, homeless resources, or simply to "talk story." This program demonstrates one means by which we can, in a creative way, provide quality care to those who have served and sacrificed so much for our nation. ♦



Coconut palms planted by Veterans

Veterans and Consumers Health Informatics, My Health eVet and Blue Button Initiative



My Health, My Care: 24/7 ^{Online} Access to VA

My Health eVet (www.myhealth.va.gov) is VA's Personal Health Record that offers Veterans anywhere, anytime Internet access to VA health care. Launched nationwide in 2003, My Health eVet is the gateway to web-based tools that empower Veterans to become better partners in their health care. With My Health eVet, America's Veterans access trusted, secure, and informed health and benefits information, at their convenience. There are robust medical libraries, tracking tools, activity journals and much more.

VA patients can order their VA refill medications, view their VA Wellness Reminders (example: reminders for flu shots, colonoscopy and other health procedures) – and SO much more. Veterans who are VA patients are encouraged to get an upgraded account simply by completing a one-time In-Person Authentication (IPA) process. Once IPA is complete, Veterans can see their medication names when refilling their prescriptions, view their VA Wellness Reminders, participate in Secure Messaging (a two-way communication tool) with their health care teams, if available (NOTE: Secure Messaging is being rolled out at VA Medical Centers, in phases, throughout the country throughout 2011), and more as features are implemented .

Visit My Health eVet today at [http://www.myhealth.va.gov!](http://www.myhealth.va.gov)

Upcoming Rural Health Events and Conferences

NRHA's Rural Health Policy Institute

January 24, 2011 - January 26, 2011

Washington, D.C.

<http://www.ruralhealthweb.org/pi>

The Patient Protection and Affordable Care Act, the most significant piece of legislation in decades, now signed into law, will dramatically change the delivery of health care in rural America. Learn how you and your facility will be impacted by the first stages of the new law, how you can take charge and ensure the health care reform works for rural patients and providers.

11th Annual Rural Health Clinic Forum and Critical Access Hospital Workshop

February 01, 2011 - February 03, 2011

Bloomington, MN

<http://www.wipfli.com/>

[EventDetail_HC_RHCCAHWorkshop2011.aspx](http://www.wipfli.com/EventDetail_HC_RHCCAHWorkshop2011.aspx)

Concurrent sessions are structured for all levels of rural health clinic (RHC) and critical access hospital (CAH) professionals, including Administrators, CFOs, CEOs, Directors of Finance, Reimbursement Analysts, Office Managers, and Patient Accounts professionals.

Dakota Conference on Rural and Public Health, New Horizons in Health Care

March 23, 2011 - March 25, 2011

Mandan, North Dakota

<http://ruralhealth.und.edu/dakotaconference/>



www.ruralhealth.va.gov

VHA Office of Rural Health

"Using Innovation and Technology to Improve Access and Quality"

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