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

PETER KABOLI, M.D., M.S., ACTING ORH EXECUTIVE DIRECTOR

As many of you know, May is Mental Health Awareness Month – a time dedicated to reducing the stigma around mental illness and mental health conditions. This is an opportunity to highlight the range of mental health resources available to rural Veterans and a time to look inward and focus on our own mental health.

Annie, a VA messaging service, supports Veteran caregivers through text messages. Read more in Annie Text Messages Are a Bright Spot for Veteran Caregivers on page 2.

A new Biden-Harris Administration policy works to address health disparities among Native American and Alaska Native Veterans by waiving health care and urgent care copayments. Read more in VA Waives Copayments for U.S. Native American and Alaska Native Veterans on page 3.

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Annie Text Messages Are a Bright Spot for Veteran Caregivers

BY TREVA LUTES, COMMUNICATIONS LEAD, VA OFFICE OF CONNECTED CARE

Being a Veteran’s caregiver can take a toll on your physical and mental health. One way that VA can support you is through Annie text messages.

Annie is a VA messaging service that was designed with caregivers in mind. The texts can help reduce stress, take care of loved ones, feel cared for, and less alone.

The messages include tips and activities to help you reduce stress in a healthy way. These include breathing exercises and relaxation techniques. Annie also sends motivational messages, so caregivers feel supported.

“Messages remind me to breathe.”

More than 11,000 people are subscribed to Annie for caregivers. Below are thoughts from surveyed caregivers:

- “I so look forward to Annie. It is a bright spot in my day and helps tremendously.”
- “The messages always come at the times when I need to know I am not alone.”
- “I don’t always know what to do when I’m stressed. Messages calm me down.”

- “These tips and quotes are perfect, help my sanity, and remind me to breathe.”
- “I used breathing exercises, those were great. They helped me take time for myself to calm down and breathe, then rethink the situation.”
- “These texts for me were great reminders to take better care of myself and not be too hard on myself. Thank you!”

Being a caregiver can be overwhelming at times, but Annie can help. Caregiver Support Teams are available at each VA medical center to help you find the right support for your needs.

Contact caregiver support to sign up for Annie

If you are a caregiver and want to sign up for Annie, find and contact your local Caregiver Support Team.

Annie text messages are automated, and responses are not regularly checked by VA staff. Caregiver Support Team members cannot exchange text messages with you through Annie.

Many Annie text message subscriptions are designed to help Veterans too. Visit the Annie webpage to learn how the service can help Veterans take charge of their health, one text at a time.

For more resources for caregivers, visit the VA Caregiver Support Program website.

The Gerofit program uses a Whole Health approach to help rural Veterans combat loneliness, isolation, and lack of connection.

Read more in Gerofit Benefits Rural Veterans Through a Whole Health Approach on pages 3 - 4.
VA Waives Copayments for U.S. American Indian and Alaska Native Veterans

BY MARY ELDER, OFFICE OF RURAL HEALTH

American Indian and Alaska Native (AI/AN) Veterans experience more health challenges than many of their fellow Veterans. Not to mention, AI/AN Veterans have a life expectancy that is five and a half years shorter than other races.

A new Biden-Harris Administration policy aims to address this health disparity by waiving health care and urgent care payments for AI/AN Veterans. The new policy will help ensure ~25,000 AI/AN Veterans receive the care they deserve.

The policy outlines:

- Veterans can submit documentation to qualify
- VA will reimburse copayments paid on or after January 5, 2022
- Future copayments will be waived for eligible Veterans
- Eligible Veterans include any Veteran who meets the definitions of “Indian” or “urban Indian” under the Indian Health Care Improvement Act

Read more about the policy here.

Gerofit: It’s Good to See You, It’s Good to Be Seen

BY KATHERINE HALL, PHD, DIRECTOR, GEROFIT NATIONAL COORDINATING CENTER

The United States Surgeon General, Dr. Vivek Murthy, released a new Surgeon General Advisory calling attention to the public health crisis of loneliness, isolation, and lack of connection. In his address, Dr. Murthy called for innovative, scalable programs that bring people together.

Older Veterans in rural communities with transportation barriers and health challenges are at the greatest risk of social isolation. Specialty care is in short supply for the nearly 2.5 million rural Veterans who are over the age of 65, as are opportunities for meaningful social connections. The health care needs of older rural Veterans require a Whole Health approach, which addresses physical and psychosocial care needs.

The Veterans Health Administration (VHA) Gerofit program is an exercise program that promotes health and wellness for Veterans. Participants are able to stay active through strength and aerobic exercises. There is also an option to take group classes such as Tai Chi, dancing, walking, and balance.

Gerofit has demonstrated physical and functional health benefits in older Veterans with three or more medical comorbidities and mental health conditions. Veterans enrolled in the program have seen improvements in overall strength, balance, and cardiorespiratory endurance. They’ve also noted that they’ve felt a deep sense of comradery while enrolled in Gerofit. We see this in action every day in our clinics: Veterans coming in and fist-bumping each other, checking in on each other’s families, inquiring after someone who missed sessions, and joking with each other and staff.

Gerofit provides Veterans with the freedom to foster social connections through in-person or online programs, with a recurring cohort of patients and providers. Giving Veterans an opportunity to improve their overall health and well-being in a routine group setting is a cornerstone of the Gerofit program.

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Gerofit: It’s Good to See You, It’s Good to Be Seen (continued from page 3)

The expansion of group exercise to virtual platforms has allowed Gerofit to reach more Veterans, particularly those who live in rural areas. Gerofit providers are leading the way by piloting new, effective strategies for making these virtual sessions clinically impactful and enriching. While other activity programs for older adults struggle to keep people active over the long-term, retention in Gerofit is exceptional. Many patients form bonds that thrive over years of participation.

“Gerofit changed my life. I have lost weight, I feel so good about myself, and I have a community. We have so much fun together!”
-Rural Veteran in Madison, WI Gerofit Program

“The staff make the whole atmosphere fun. Gerofit is like a little club we have. People of all sizes and shapes go to class and they turn into your friends.”
-Veteran in Murfreesboro, TN Gerofit Program

Gerofit is committed to serving and connecting older Veterans with the Whole Health care they deserve. For more information about this program, including locations and points of contact, please visit the Gerofit website.

Veterans Rural Health Advisory Committee Travels to Alaska

BY NATALIE GAYNOR, OFFICE OF RURAL HEALTH

In April, the Secretary’s Veterans Rural Health Advisory Committee (VRHAC) and Office of Rural Health (ORH) staff traveled to Anchorage, Alaska for their first in-person committee meeting since 2019. Committee members listened to presentations from more than fifteen speakers about the health care challenges facing American Indian and Alaska Native (AI/AN) Veterans across the state of Alaska. Speakers included leadership from Alaska's State Office of Veterans Affairs, VA's Office of Tribal Health and Office of Rural Engagement, and local health care organizations including the Alaska Native Health Board and Southcentral Foundation. Presentations focused on the barriers to care that AI/AN Veterans living in rural Alaska face, including:

- travel and transportation
- broadband
- and access to specialty care services

Representatives from several VA program offices, including the Office of Rural Health, spoke to the ways that VA leverages rural health initiatives to alleviate care challenges.

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Veterans Rural Health Advisory Committee Travels to Alaska (continued from page 4)

The Committee also had the privilege of hearing from AI/AN Veterans over the course of two panel discussions. These Veterans provided meaningful insight into the challenges that impact the large population of Veterans who call Alaska home. Mr. Verdie Bowen, the Director of the State of Alaska Office of Veterans Affairs noted that Alaska has the highest number of Veterans per capita of any state in the country. Col. Thomas Steinbrunner, Executive Director of the Alaska VA Healthcare System spoke to the partnerships that VA has with tribal health facilities across the state.

Over the past 6 years, these presenters were the most informative, interesting, and beneficial to our Committee.

VA partners with all 26 community tribal health organizations in the state through Alaska VA Native health care sharing agreements. This partnership supports more than 120 health care facilities – serving Veterans living with service-connected disabilities in rural communities across the state. These agreements allow native and non-native Veterans to receive care at community tribal health facilities, reducing the need to drive long distances to receive care at VA operated facilities.

During the meeting, Committee members toured the Joint Base Elmendorf Richardson (JBER) Hospital and visited the Alaska Native Medical Center (ANMC). Both visits allowed Committee members to witness the ways that VA and community health organizations support rural Veterans and the AI/AN community every day. Located in Anchorage, ANMC is a 182-bed hospital managed by the Alaska Native Tribal Health Consortium and Southcentral Foundation. ANMC served more than 205,000 individuals and logged nearly 50,000 total inpatient days in 2021 alone.

During their visit, the Committee heard about the importance of utilizing telehealth technology to connect with highly rural and remote communities around Alaska. ANMC supports several video telehealth modalities including clinic to clinic, direct to patient, and provider to provider consultations.

Committee members watched a live telehealth demonstration, a testament to the ways modern telehealth technologies can provide primary and specialty care services to AI/AN communities, even in the most remote villages.

Biden-Harris Administration Executive Order Improves Access to Home-Based Care for Veterans

BY MARY ELDER, VA OFFICE OF RURAL HEALTH

A Biden-Harris Executive Order directs the U.S. Department of Veterans Affairs (VA) to improve access to home-based care for Veterans. The Executive Order helps Veterans who require support with daily activities such as bathing and dressing, and gives them autonomy over when they receive care and by whom.

Also under consideration is a self-directed care pilot program to more than five sites that provides Veterans with a budget for personal care assistance while also reducing administrative burdens related to managing care.

Furthermore, VA was directed to consider expanding the Veteran Directed Care program in all 172 medical centers by the end of fiscal year 2024. VA is also considering serving an additional 5,600 Veterans in their homes by adding 75 new interdisciplinary teams to its Home-Based Primary Care programs.
Rural Emergency Preparedness and Response Toolkit Helps Rural Communities Plan, Respond, and Recover from Disasters and Public Health Emergencies

BY MARY ELDER, VA OFFICE OF RURAL HEALTH

The Rural Health Information Hub (RHIhub) released a new toolkit focusing on rural emergency preparedness and responses. The toolkit compiles evidence-based models and resources to support organizations as they implement emergency planning, response, and recovery efforts in rural communities across the country.

Emergency planning, response, and recovery has never been more important to rural communities, healthcare providers, and other stakeholders. The six modules and additional case studies within the toolkit describe unique considerations and issues rural areas face when responding to disasters and public health emergencies, as well as the assets they can leverage to support emergency preparedness efforts.

Module 1, Introduction to Rural Emergency Preparedness and Response – Overview of emergency preparedness and response in rural communities and unique considerations these communities face.

Module 2, Rural Community Planning, Response, and Recovery – Frameworks, information, and approaches rural communities can use to guide programs for emergency planning, response, and recovery.

Module 3, Cross-Cutting Issues for Rural Emergency Preparedness and Response – Important issues to consider and address related to emergency planning, response, and recovery in rural communities.

Module 4, Types of Public Health Emergencies and Disasters – Overview of the types of public health emergencies and disasters that can affect rural communities.

Module 5, Post-Emergency Assessment and Lessons Learned – Information and tools that can help assess the impact of an emergency in rural communities.

Module 6, Funding, Resources, and Support for Rural Emergency Preparedness and Response – Resources to help with planning for rural emergency preparedness, response, and recovery.

Case Studies – Case studies from rural communities and organizations describing their experiences related to emergency preparedness and response.

The toolkit also links to issue-specific toolkits for more in-depth information that cover topics ranging from care coordination, health literacy, mental health, and much more.

Access the Rural Emergency Preparedness and Response Toolkit today to learn more about supporting rural communities in the face of an emergency.