For rural residents, distance is a way of life, but it can be a barrier to health care. The impact of distance is mediated by patient circumstances (e.g., resources, competing demands) and healthcare need (e.g., care complexity, care urgency). ‘Distance’ is not a one-size-fits-all measure, but must be contextualized to understand its effect on specific rural populations.

Highlighted below are three growing groups of rural Veterans, with unique needs and preferences for addressing health care access: 1) the aging, 2) homeless, and 3) women Veterans.

1. Aging Rural Veterans

Improving older rural Veterans’ care access requires addressing gaps in services and care fragmentation.

- **Multiple Health Care System Use:** Medicare for primary care and VHA services for mental health and specialty care
- **Emergency Departments for Routine Care:** Rural Veterans with poor access to primary care may substitute emergency room visits for routine care
- **Higher Mortality:** Compared to urban peers, older rural Veterans have higher mortality (Note: For those ages 65-75 with similar socioeconomic characteristics the opposite is true)

2. Homeless Rural Veterans

Substance use, unemployment and mental illness are considered primary causes of rural homelessness.

- **Homelessness:** Lifetime homelessness is greater among rural Veterans
- **VA Homeless Services:** Rural Veterans are less likely to use
- **Retention in Treatment:** Distance to care is a strong predictor of poor retention in treatment of serious mental illness

**Self-reliance**

“Rural homeless vets rely on themselves more; they hunt, fish, live in camper trailers without electricity or water.”

— Rural VA CBOC Social Worker

**Limited Resources**

“There are no established, local ongoing shelter programs or assistance; and all the people who could answer questions or provide support are at least 50 miles away (too far to walk, purchase fuel or drive in an unreliable vehicle).”

— Rural Veteran
3. Women Rural Veterans

The number of women Veterans is growing rapidly, requiring more Women’s Health Primary Care Providers and nursing staff trained in women’s health.

- **VHA Use:** Rural women Veterans are more likely to use VA health care than urban peers.
- **Health Care Decisions:** Affordability and transportation are major factors in rural women Veterans’ health care decisions.
- **More Options Needed:** Greater local dental, mental health, and gender-specific health care options are needed for rural women Veterans.
- **Telehealth:** Support for telehealth is mixed.
- **Attrition:** Longer drive times means greater attrition from VHA for women Veterans.
- **Care Perceptions:** Rural and urban women Veterans’ perceptions of VA health care are similar.

### Competing Demands

"We are very rural and very far away from any [VHA] gynecologist, so if I need something invasive done like say a lady has fibroids and needs a hysterectomy, I have to send her all the way to [the parent VAMC], and if they have small children, a 12-hour trip is a real pain in the butt, because she just can’t be gone, or if she’s in school, it’s very, very difficult." – Rural VA Provider

### Preferences

"I drive an extra 500 miles [roundtrip] to get care at the VA. So I take off Friday or Monday and travel after work because I’ve gotten the best care at that VA. It means a lot to me because I’ve built a relationship with my doctor. She’s the first doctor that’s actually listened." – Rural Woman Veteran

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