U.S. Department of Veterans Affairs
Veterans Health Administration
Office of Rural Health
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ORH PROJECT OVERVIEW

Rural Native Veteran Navigator Program Development

Background

Native American Veterans serve in the military at one of the highest rates. They face more medical and psychological problems from their service than other groups.[1] They often live in very rural areas, which makes it hard to get health care. They have to use different health care systems like the Department of Veterans Affairs (VA) Veterans Health Administration (VHA), Indian Health Service (IHS), and Tribal Health care systems, which can be confusing and hard to navigate.[2-3]

Over the past ten years, patient navigation has helped improve access to health care, patient outcomes, and their overall experience[4-5] including in the VHA[6]. "A patient navigator is a member of the healthcare team who helps patients "navigate" the healthcare system and …coordinate patient care, connect patients with resources, and help patients understand the healthcare system."[7] This role usually focuses on one chronic disease like cancer, diabetes, or heart disease. Patient navigation has become a key part of many health care systems, including VA programs for specific issues like cancer and homelessness. These models, especially those using a method called motivational interviewing[8], can help reduce health care problems for Rural Native Veterans (RNVs).

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Goals and Objectives

The goal of the VHA Office of Rural Health , Veterans Rural Health Resource Center-Salt Lake City project is to help Rural Native Veterans (RNVs) get better access to health care and resources and improve their health outcomes. We will do this by providing a program that helps RNVs navigate the VA healthcare system. This program will connect RNVs to better healthcare options available through the MISSION Act, VA, VHA, and the Veterans Community Care Program. The program will use VHA's communication technologies and create strong partnerships with IHS and Tribal organizations.

- Developed implementation plan that takes into consideration of resources, partnerships, geography and, and available services for successful implementation at sites.
- Tailored implementation to specific VA medical centers and associated primary care clinics with different tribal membership, geographic and clinic resources
- Worked with HR and local hiring infrastructure to help facilitate Position Description and hiring.

- Developed tools for the field to facilitate the program such as a real time navigator dashboard, drawing information from the VA EHR for client tracking which includes information on patient location (miles traveled), diagnoses, VA contacts, medication, and appointments.
- Iteratively evaluation for ongoing program development and improvement

Methodology

This is a multi-year project now in Phase III, having finished earlier stages.

- **Phase I**: Understand key partners' perspectives and models of navigation.
- **Phase II**: Develop an initial Navigator Program model that is flexible to meet different clinic needs.
- **Phase III**: Pilot the program in two steps: pre-implementation and service initiation.

A navigator talking to a veteran at a rural outreach event.

Pre-implementation: This includes discussions with project champions and VAMC leadership, and an environmental scan of VAMC and Tribal partnerships.

Site Preparation: This step prepares for the program implementation. Tasks include confirming site champions, setting up communications, conducting needs assessments, creating implementation plans, supporting local hiring, and training the navigator.

Navigator Training: Navigators receive training in health care navigation, health coaching skills, motivational interviewing, local Tribal culture, and VHA systems and processes. Training is provided through a combination of lectures, mentorship, and hands-on experiences both virtually and in-person.

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Impact on Rural Veteran Health

The Rural Native Veteran Health Care Navigator Program (RNV-HCNP) works with VA, VHA, IHS, tribes, local communities, and other agencies to improve access to healthcare for RNVs. By bridging and strengthening care processes, we help RNVs get the healthcare they earned through their service. The program connects RNVs to better healthcare options available through the MISSION Act, VA, VHA, and the Veterans Community Care Program.

- Pilots in Northern AZ VA Health Care System and San Francisco VA Health Care System.
- Navigators have helped over 223 veterans get their healthcare needs met.
- Attended over 40 community events to educate about veteran health benefits.
- Helped over 20 Native Veterans get or re-establish VA care at three sites.
- Used knowledge of VA and local resources to assist Native Veterans with transportation, in-home care reimbursement, co-pay waivers, and IHS and VA care coordination.

A healthcare navigator met with a Veteran who had not seen his VA provider in over 9 years. The navigator help this Veteran find a clinic and provider close enough to his home on Tribal lands. The Veteran was diagnosed with unmanaged Type 2 diabetes and would need regular injections, monitoring, and a change in diet. The navigator worked with IHS to find nutrition programs oriented toward the Veteran's Tribal dietary practices. She also worked with Tribal public health services to help the Veteran learn how to give himself injections and remotely monitor his blood sugar.

Salt Lake City Resource Center project team with a health navigator at an outreach event.

A healthcare navigator worked with Veterans to complete home improvement grants to outfit their homes to accommodate disabilities. The grant process involves many complicated steps, involving coordination among VA, other federal programs, and community organizations to assist these Veterans. A primary difficulty for Native Veterans is proof of homeownership. Most local Veterans own their homes, but live on trust property, which means they do not have a standard deed to prove ownership. The health navigator was able to educate program administrators, and they worked together to adapt the program for Native Veterans.

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Key Takeaways

To achieve program goals, strong collaboration with key partners is essential. To date, this includes planning with VA Program Offices, VA medical centers, and Tribal organizations. These partners have helped develop plans for the design, dissemination, and sustainment of the program.

Significant pre-work for each site is needed to assess the placement of the navigator and educate the clinic to allow successful integration of the program. Each clinic determines which supervisory line best serves the program and how the navigator will be integrated into clinic workflows. The characteristics of each rural area, such as geography, local resources and services are assessed and used in planning for the navigator's outreach work. Flexibility is key for the framework to establish effective outcomes for the local community and clinic.

RNV Healthcare navigators have significant impacts on Native Veterans' experience with VA healthcare. Response to the program has been positive. Some Veterans have reported that the Navigator has been the first person from VHA to reach out and help coordinate their return to VA care. We look forward to assisting more Veterans on their journey to excellent VA care.

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