NOSORH

National Organization of
State Offices of Rural Health

ADDRESSING THE HEALTH CARE NEEDS OF RURAL VETERANS

A GUIDE FOR STATE OFFICES OF RURAL HEALTH

www.nosorh.org

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INTRODUCTION

This guide was created in January 2014 as an informative tool and "How-To" manual to support State Offices of Rural Health (SORHs) in addressing the health care needs of rural veterans. The guide includes:

- Information about rural health initiatives of the Veterans Health Administration (VHA)
- Information about the VHA Office of Rural Health
- Key Questions for SORHs to ask to identify state-specific challenges for rural veterans related to health issues
- Statistical data/facts about the health care needs of rural veterans
- Recent and relevant published literature related to the health care needs of rural veterans
- Information about the work of individual State Offices of Rural Health related to addressing the health care needs of rural veterans
- Potential partners: organizations engaging in veterans' health issues and a description of their roles
- Potential solutions and best practices for addressing the health care needs of rural veterans
- List of the top ten suggested activities SORHs may engage in to address the health care needs of rural veterans
- List of helpful resources and web links

THE VETERANS HEALTH ADMINISTRATION

About the Veterans Health Administration & VHA Office of Rural Health

The VA health care system is America's largest integrated health care system, with over 1,700 sites of care. To find closet VA facility, click here http://www.va.gov/directory/guide/division_flsh.asp?dnum=1

VA Health Administration

- **Veterans Integrated Service Networks (VISNs)** - Twenty-one VISNs across the US are comprised of VA health care systems, hospitals, clinics, and other health facilities to promote a coordinated system of care.
- **VA Medical Center (VAMC)** – A VA Medical Center is a VA point of service that provides at least two categories of care (inpatient, outpatient, residential or institutional extended care). There are 152 VAMCs in the VA health care system, 25 of these are designated as rural facilities.
- **Community Based Outpatient Clinic (CBOC**) – A CBOC is a VA-operated, VA-funded or VA reimbursed site of care which is separate from a VAMC. There are currently 825 CBOCs, 344 are designated as rural facilities.
    - **Multi-Specialty CBOC** – Offers both primary and mental health care and two or more specialty services physically on site. Access to additional specialty services may be offered by referral or via telehealth.
    - **Primary Care CBOC** – Offers both primary care and mental health care (on site or via telehealth) and may offer support services such as pharmacy, laboratory and x-ray. Access to specialty care is not provided on site, but may be available through referral or telehealth.
    - **Health Care Center** – Offers primary care, mental health care, on site specialty services, and performs ambulatory surgery and/or invasive procedures which may require moderate sedation or general anesthesia.

- **VA Institutional Extended Care –** Care is provided in beds associated with overnight institutional extended care programs. The three subtypes of institutional extended care are: community living center (CLC) short-stay, CLC long-stay, and CLC hospice.

Office of Rural Health (ORH)

Through collaboration with other Veterans Administration (VA) program offices, federal partners, state partners, and rural communities, the VHA Office of Rural Health, located in Washington DC, works to optimize the use of available and emerging technologies, establish new access points to care, and employ strategies to increase health care options for all rural Veterans. **Public Law 109-461 Section 212** mandates that the Director of the VHA Office of Rural Health (ORH) develop a plan to conduct, coordinate, promote, and disseminate research in order to positively impact rural veterans, as well as to develop, refine, and promulgate policies, best practice, lessons learned, and innovative/successful programs to improve care and services for veterans who reside in geographically isolated areas. Visit ORH's website http://www.ruralhealth.va.gov/

Strategic Plan and Projects

Since its inception, the VHA Office of Rural Health has funded over 1,400 projects and programs across the VA health care system. By October 1, 2013, there will be 391 active projects across the US aligned with the goals and objectives of the VHA Office of Rural Health Strategic Plan – all designed to improve access and quality of care for rural and highly rural enrolled veterans.

Project focus areas include the following:

- Rural specialty care (cardiology, audiology, prosthetics, optometry, radiology, dermatology)
- Rural community based outpatient clinics and mobile clinics
- Rural VA health care facilities improvement
- Rural mental health (including posttraumatic stress disorder)
- Rural home based primary care
- Rural outreach activities
- Telehealth/telemedicine (home telemonitoring, store and forward image transmission, and clinical video telehealth)
- Rural primary care/patient aligned care teams (PACT)
- Rural special populations (women veterans, American Indian/Alaska Native Veterans, Asian American/Pacific Islander Veterans)
- Rural Veteran transportation programs
- Rural provider workforce initiatives
- Rural Veteran homelessness
- Health information exchange/Care collaboration

Source: VHA Office of Rural Health Strategic Plan Refresh Fiscal Years 2012-2014

Rural Veteran Health Resource Centers

There are three ORH regional Rural Veteran Health Resource Centers (VRHRCs) that serve as field-based laboratories studying the unique health care needs of rural veterans and developing and implementing new models of care to best serve them. TheVRHRCs, located in Utah, Iowa, Florida, Maine, and Vermont, provide education, conduct outreach, and implement demonstration projects to help rural veterans overcome barriers to access to care and quality. Find VRHRC contact list here - http://www.ruralhealth.va.gov/resource-centers/index.asp

VISN Rural Consultants (VRC)

Each VISN has either a full or part-time rural consultant (VRC) whose main functions are to enhance service delivery to rural veterans, facilitate information exchange and learning within and outside the VA, and support the link between the VHA Office of Rural health and the VISN. The VRCs work closely with internal and external stakeholders in their respective VISNs to introduce, implement and evaluate projects, as well as monitor the budget and report on the effectiveness of each. In addition, VRCs conduct outreach to develop strong relationships within the community, including each state's State Office of Rural Health, local health care providers, advocacy groups, Veterans groups and academic institutions. Further, each VRC is responsible for the development of a rural strategic plan that must incorporate outcomes of periodic needs assessment for their respective VISN. Find VRC contact list here - http://www.ruralhealth.va.gov/rural-consultants.asp

Veterans Rural Health Advisory Committee

The Veterans Rural Health Advisory Committee (VRHAC) consists of 15 members, appointed by the Secretary of the Veterans Administration. The VRHAC is tasked with examining ways to enhance health care services for Veterans in rural areas. The committee members are rural health experts in academia; state and Federal rural health professionals; state-level Department of Veterans Affairs officials; and leaders of Veterans Service Organizations. To learn more about the VRHAC click here - http://www.ruralhealth.va.gov/VRHAC/index.asp

QUESTIONS & CHALLENGES

The following are examples of the pressing questions and most prevalent challenges the fifty State Offices of Rural Health and other key stakeholders face when working to address the health care needs of rural veterans:

Questions

- What unique health concerns are rural veterans likely to face?
- How do veterans in rural areas compare with veterans in urban areas with respect to their unique health needs?
- How effective are current strategies and programs in meeting the unique needs and concerns of rural veterans?

Challenges

- Lack of access to the full and comprehensive spectrum of appropriate, quality health care services for veterans in rural communities
- Veterans rural health needs, especially veterans returning from the conflicts in Afghanistan and Iraq (OIF/OEF veterans), present rural communities, veterans and their families, and the VHA with additional distinctive challenges
- Rural veterans may face disparities in both health status and health services utilization
- Rural veterans have demonstrated lower health-related quality of life scores and a higher prevalence of physical illness
- Rural veterans have more severe mental health disorders as measured by lower health related quality of life scores
- The disease burden among rural veterans appears high, with particular challenges in mental health and long-term care
- Travel distances and financial barriers impede access, undermine coordination, and threaten quality of care for rural veterans
- Women are the fastest growing group within the veteran population. Women veterans residing in rural areas have unique health care needs due to military sexual trauma as well as the need for access to reproductive health services and prenatal and obstetrical care.
- Rural veterans are less likely to access health services for both physical and mental illness
- The five most common diagnoses in rural veterans seen in outpatient settings include: hypertension, diabetes type II, hyperlipidemia, PTSD, and depressive disorder.
- Many veterans will return from combat/service with unique health conditions – such as serious mental illness or amputation

Sources:
http://www.ruralhealth.va.gov/docs/ORH_StrategicPlanRefresh_FY2012-2014.pdf;
http://www.va.gov/TRIBALGOVERNMENT/docs/resources/southern_plains_2012/OKC_Conf-KDuke_ORH_PP.pdf;

STATISTICS & DATA

About the Veteran Community

In order to serve in the military, individuals must meet certain requirements that make Veterans a selective population based on characteristics such as education, physical fitness level, health, and criminal history. When comparing Veterans with non-Veterans, it's important to recognize differences in gender, age, and racial/ethnic composition as a product of historical cohorts, social policies, and selection standards. For example, although the female Veteran population is growing, the current Veteran population is overwhelmingly male in comparison to non-veterans. Additionally, as a group, Veterans are typically much older than non-Veterans.

Rural Veteran Statistics

The Department of Veterans Affairs has identified rural Veterans as a current population of interest. Approximately 30% of the Veteran population resides in rural America, and rural Veterans represent 36% of the total enrolled Veteran population in the VA health care system. Approximately 30% of the enrolled Veterans served in Operation Enduring Freedom (Afghanistan), Operation Iraqi Freedom (Iraq), and Operation New Dawn (Iraq) have returned to rural areas.

In an analysis conducted by the National Center for Veterans Analysis and Statistics in 2010, major statistical differences were noted between ***rural Veterans*** and ***rural non-Veterans*** for variables such as age distribution, age distribution between men and women, race and ethnicity, education, employment status, disability status, and poverty status. In the same analysis, comparisons were made between ***rural Veterans*** and ***urban Veterans***, also with statistically significant differences.

By using these statistics and facts and developing a better understanding of the context of life in rural and urban areas and the differences between rural and urban Veterans, SORHs can identify patterns within their own states that relate to demographics, socioeconomic status, barriers to accessing care, and other characteristics that may affect the health status and health care needs of rural Veterans.

	RURAL VETERANS	RURAL NON-VETERANS	RURAL VETERANS	URBAN VETERANS
NUMBER	6,334,076	50,359,691	6,334,076	15,464,001
AGE DISTRIBUTION	Over 90% living in rural communities over the age of 35	More highly represented in younger age categories	Higher percentage of veterans age 55-74	Higher percentage of young veterans (18-34), and elderly veterans (75+)
	Median age between 55-64	Median age between 35-54	Median age between 55-64	Median age between 55-64
RACE AND ETHNICITY	Higher percentage White		More White	
	Less racially and ethnically diverse		Less racially and ethnically diverse	
PERIOD OF SERVICE			Higher percentage from Vietnam Era	Higher percentage from WWII, Korean War, and Gulf War
EDUCATION	Lower percentage			Higher

	RURAL VETERANS	RURAL NON-VETERANS	RURAL VETERANS	URBAN VETERANS
(FOR 25+)	had less than a high school degree Higher percentage had some college or associate's degree Slightly lower representation than rural non-veterans for bachelor's degree or higher			concentration in higher level education
EMPLOYMENT STATUS	Lower percentage employed Higher percentage employed, and not in labor force		Higher percentage not in labor force	Higher percentage employed, and unemployed
DISABILITY STATUS	Higher percentage reported having at least one disability		Higher percentage reported having at least one disability 15% with at least one service connected disability	
POVERTY STATUS	Fewer living below poverty 6% living below poverty	12% living below poverty	6.2% living below poverty	Higher percentage living below poverty 6.9% living below poverty

Source: 2010 Data from the American Community Survey, July 2012. Prepared by National Center for Veterans Analysis and Statistics. http://www.va.gov/vetdata/docs/SpecialReports/Rural_Veterans_ACS2010_FINAL.pdf

Women Veterans

Looking beyond general rural veteran statistics, women veterans residing in rural areas have unique needs of their own. Women veterans, just as women non-veterans, juggle multiple roles, and experience unique issues and disparities in accessing care, as demonstrated in the table below.

Women Veterans Health Issues		
Barriers to Care	**Prevalent Conditions**	**Unique Diagnoses**
Inconvenient clinic operating hours	Heart disease	Musculoskeletal pain
Lack of transportation	Diabetes	Chronic pain
Childcare issues	Hypertension	PTSD
Lack of access to immunizations/vaccines	High risk pregnancies	Military sexual trauma
	Homelessness	Traumatic brain injury

In a webinar hosted by VA eHealth University in July 2013, educators suggested a comprehensive "toolbox" approach for providing care to rural women veterans. The toolbox would include community collaboration, outreach, and collaboration with partners such as the Women Veteran Program Managers within the VHA. The VHA has significant resources to offer to women veterans living in rural areas today due to program improvements and integrated health care delivery. For example, Patient Aligned Care Teams (PACT), the VHA patient centered medical home model, provide accessible, coordinated, comprehensive, patient-centered care, and are managed by primary care providers with the active involvement of other clinical and non-clinical staff. Telehealth programs provide remote access to specialists and other resources.

The primary goals of the VHA in addressing the health needs of rural women veterans include:

- Improved access and quality of health care delivery
- Optimized use of available and emerging health information technologies
- Improved availability of education and training for VA a providers on women's health issues

VA Programs and Resources

Rural Home Based Primary Care Program (HBPC)

- VHA Office of Rural Health funding supports delivery of primary care in homes of rural veterans through this program
- For veterans who need skilled services, case management, assistance with daily living activities

For more about HBPC, click here:
http://www.va.gov/GERIATRICS/Guide/LongTermCare/Home_Based_Primary_Care.asp

Non-VA Care

- Non-VA care is medical care provided to eligible veterans outside of VA when VA facilities are not available
- All VA medical centers can use this program when needed

For more about non-VA care, click here: http://www.nonvacare.va.gov/

Patient Aligned Care Teams (PACT)

- Modeled after the patient centered medical home – designed to increase access, coordination, communication, and continuity of care
- Managed by primary care providers with active involvement of other clinical and non-clinical staff
- Example for rural veterans: pilot project in North Florida/South Georgia to use PACT to form a hybrid ALS care team + telehealth for rural ALS veterans (http://www.ruralhealth.va.gov/resource-centers/eastern/projects.asp)

For more about PACT, click here: http://www.va.gov/primarycare/pact/

eBenefits – A one stop-shop portal that includes all of VA benefits including health care benefits, education benefits, social security benefits, disability benefits and more. Also includes an online system to enroll in VA health care, a college navigator tool, and employment center and a Veterans Job Bank. To access the e-benefits portal click here https://www.ebenefits.va.gov/ebenefits-portal/ebenefits.portal

eHealth University – The VA *e*Health University offers online medical education to both VA and non-VA providers. The courses are available as Live Virtual Training Broadcasts or on – demand from an extensive library. Learn more here - *http://www.vehu.va.gov/* Find list of on –demand broadcasts on rural Veteran health issues here. *http://www.ruralhealth.va.gov/education/myvehu-training.asp*

Affordable Health Care Act and Veterans Health Care – The health care law does not change VA health benefits or Veterans out of pocket costs. The three things the VA wants all Veterans to know are: 1) VA wants all Veterans to receive health care that improves their health and well-being, 2) If you are enrolled in VA health care, you don't need to take additional steps to meet the health care law coverage standards, The health care law does not change VA health benefits or Veterans' out-of-pocket costs, and 3 If you are not enrolled in VA health care, you can apply at any time. Learn more about VA and the ACA here - *http://www.va.gov/health/aca/*

My HealtheVet – VA's online personal health record. Registered users can access the following from their My HealtheVet account: clinical notes recording during previous appointments or hospital stays, VA immunization records, detailed lab reports, current medical issues and prescriptions, all of which they can share with their non VA provider. Learn more about My HealtheVet and/or to register for the service click here - https://www.myhealth.va.gov/index.html

Veterans Health Library – The Veterans Health Library is a searchable health information library specializing in Veteran topics that is open to the public. Learn more here - *http://www.veteranshealthlibrary.org/*

VA Traumatic Brain Injury Resources – A traumatic brain injury (TBI) may happen when something hits the head with significant force such as shrapnel or a shock wave resulting from an explosion of an improvised explosive device. Individuals who sustain a TBI may experience a variety of effects such as an inability to concentrate, an alteration of the senses, difficulty speaking and emotional and behavioral changes. Learn more about VA TBI treatment, screening, caregiving support and VA polytrauma system of care here - *http://www.polytrauma.va.gov/understanding-tbi/definition-and-background.asp*

VA Homeless Office – The VA is committed to ending Veteran homelessness by the end of 2015. To learn more about VA's programs for Veterans and spreading the work about the resources VA provides to end and prevent homelessness click here - http://www.va.gov/homeless/ Access VA's services for homeless and at risk Veterans, 24/7 by calling 1-(877) 424-3838.

VA Vocational Rehabilitation – VA's Vocational Rehabilitation and Employment Program assists Veterans with service-connected disabilities to prepare for, find and keep suitable jobs. For Veterans with service-connected disabilities so severe that they cannot immediately consider work, this program offers services to improve their ability to live as independently as possible. To learn more click here www.vba.va./bln/vre.

VA Behavioral & Mental Health Resources - Due to the increase in deployment and combat in the past decade, mental health issues have grown increasingly significant for veterans and their families. Post Traumatic Stress Disorder (PTSD), drug and alcohol dependency, and depression are among the most common diagnoses. In 2012, President Barack Obama issued an Executive Order for improving access to mental health services for veterans, service members, and military families. According to the order, priorities include:

- Increased access to suicide prevention resources
- Creation of enhanced partnerships between the VA and community providers
- Expansion of VA mental health services staffing
- Improved research and development, and the creation of a military and veterans mental health interagency task force.

- *Veterans Crisis Line* – Connects Veterans in crisis and their families and friends with qualified, caring VA responders through a 24/7 confidential toll –free hotline: 1-800-273-8255, Press 1. **http://veteranscrisisline.net/**

- *Coaching into Care* – A free and confidential coaching service to help callers discover new ways to talk with their Veteran about their concerns and about treatment options: 1 888-823-7458. **http://www.mirecc.va.gov/coaching/**

- *Make the Connection* – Shared experiences and support for Veterans – Explore topics relevant to your life and experiences at http://maketheconnection.net/

- *Military Sexual Trauma Program and Services* – Military sexual trauma (MST) is the term VA uses to refer to sexual assault or repeated, threatening sexual harassment that occurred while the Veteran was in the military. To learn more about VA's MST programs and services click here http://www.mentalhealth.va.gov/msthome.asp

- *National Center for PTSD* – No matter where you live, PTSD treatment in the VA is available. PTSD services are provided to all Veterans who a) completed active military service in the Army, Navy, Air Force, Marines, or Coast Guard, b) were discharged under other than dishonorable conditions, c) were National Guard or Reservists who have completed a federal deployment to a combat zone. At times, the VA has special agreements to provide care to Active Duty service members and family. To find out where to get help for PSTD, click here http://www.ptsd.va.gov/public/where-to-get-help.asp

- *Substance Use Disorders Program* – To learn more about VA's substance abuse programs and services and where treatment is available, click here http://www.mentalhealth.va.gov/substanceabuse.asp

- *VET Centers* – VET Centers provide readjustment counseling to all individuals who served in a combat zone and received a military campaign ribbon. Family members are eligible to receive counseling services as well. http://www.vetcenter.va.gov

- *VA Caregiver Support Services-* The VA has several programs aimed at supporting Veteran caregivers. To learn more about caregiver support services and/or to contact local caregiver support coordinator, click here http://www.caregiver.va.gov/support/index.asp

For more information on VA's mental health programs and service, click here www.mentalhealth.va.gov

RECENT AND RELEVANT PUBLISHED LITERATURE

Regional differences in prescribing quality among elder veterans and the impact of rural residence. *Spring 2013. Lund BC, Charlton ME, Steinman MA, Kaboli PJ.* **Click here for full article.**

Using a cross-sectional study of 1.5 million older adult veterans with VA primary care, it was found that there was significant regional variation observed in medication safety, inappropriate prescribing practices and differences in healthcare quality. Using variation among adult veterans across a geographic region yielded results ranging from a 13.2 % increase in risk for inappropriate prescribing in the Northeast to 21.2% increase in risk in the South. An association between rural areas and prescribing practices should be considered when analyzing the results.

The Use of Collaboration Science to Define Consensus Outcome Measures: A Telemental Health Case Study. *April 2013. Matthew C. Mishkind, PhD, Charles R. Doarn, MBA, Jordana Bernard, MBA, and Jay H. Shore, MD, MPH.* **Click here for full article.**

The programmatic impacts observed after selecting outcome measures for telemental health (TMH) were used to provide an overview of the development and processes in the field. It was recommended that there be explicit goals, transparency, and public display of agreement. A workshop was employed to test new methods and upon analysis the new methods, compared with the traditional methods, resulted in the involvement of more people, a more rapid development of processes, increased transparency, and a comparable deliverable. Further recommendations include a shared lexicon of outcomes.

Provider Barriers to Telemental Health: Obstacles Overcome, Obstacles Remaining. *April 2013. Elizabeth Brooks, PhD, Carolyn Turvey, PhD, and Eugene F. Augusterfer, LCSW.* **Click here for full article.**

Skepticisms surrounding telemental health effectiveness among clinicians and providers result in hesitation to provide telemental services and to develop telemental health technologies. Main provider concerns include personal barriers, clinical workflow and technology barriers, and licensure, credentialing, and reimbursement barriers. After further research regarding advancements in technology and development, evidence of reduced obstacles were observed. Improvements include training opportunities, an evidence base supporting positive TMH outcomes, technological innovations, and a growing database for further development and platform expansion. For a supplemental non peer reviewed article discussion this study, **click here.**

A Population Approach to Mitigating the Long-Term Health Effects of Combat Deployments. *September 2012. Heather Schacht Reisinger, PhD; Stephen C. Hunt, MD, MPH; A. Lucile Burgo-Black, MD; Madhulika A. Agarwal, MD, MPH.* **Click here for full article.**

The broad spectrum of potential consequences resulting from combat and deployment for service members has led the VA to develop comprehensive post combat support using population health management principles. The population health management model applies a primary (prevention), secondary (detection) and tertiary (treatment) prevention model to optimize health outcomes. A new and developing implementation of the these principles have led to the VA's using health technology to bring specialized care closed to veterans and for post deployment and combat veterans to receive high quality, interdisciplinary, and integrated healthcare. For commentary in a related article on the above research, **click here.**

Use and Quality of Care at a VA Outreach Clinic in Northern Maine. *July 2012. Lee PW, Markle PS, West AN, Lee RE.* **Click here for full article.**

VA medical records were deconstructed in two part time outreach clinics in Maine. Observations included counts of visits, patient newly enrolled in VA care, patient transfers, patents who saw a local non-VA physician, and

quality of care performance measures. Results showed few new enrollments, an increase in transfers, and some quality care measures diminished. Although convenience was improved, quality of care was weakened due to staffing and equipment. Most patients maintained a non-VA physician.

Alabama Veterans Rural Health Initiative: A Preliminary Evaluation of Unmet Health Care Needs.*2011. Lori L. Davis, Stefan G. Kertesz, Ann F. Mahaney-Price, Michelle Y. Martin, Kroshona D. Tabb, Kristin M. Pettey, Sandre F. McNeal, U. ShanetteGranstaff, Karl Hamner, M. Paige Powell, Michelle M. Hilgeman, A. Lynn Snow, Marietta Stanton, Patricia Parmelee, Mark S. Litaker, and Mary T. Hawn.* **Click here for full article.**

An assessment of veterans residing in rural communities in Alabama who either had not enrolled in VA services or had not used those services within two years showed a large number of rural Alabama veterans were not receiving proper healthcare in their communities. Reports of inability or delay of healthcare were recorded as well as barriers of cost and a need for evaluation and treatment of mental disorders. Recommendations include developing interventions to improve engagement and access as well as overcome fiscal barriers.

The cost-effectiveness of telestroke in the treatment of acute ischemic stroke.*October 2011. R.E. Nelson, PhD; G.M. Saltzman, PhD; E.J. Skalabrin, MD; B.M. Demaerschalk, MD, MSc, FRCP(C); J.J. Majersik, MD, MS.* **Click here for full article.**

Telestroke, a two-way audiovisual technology that links stroke specialists to remote agency department physicians and the patients was tested for cost effectiveness using a decision-analytic model. Results included an incremental cost-effectiveness ratio of $108,363 per quality adjusted life years in a 90 day horizon and $2,449 per quality life years in a lifetime horizon. Following these results it was concluded that telestroke is cost effective in a lifetime perspective and has the potential to eliminate geographical disparities in stroke care.

Improving Access to VA Care.*November 2011. John Fortney, PhD; Peter Kaboli, MD; Seth Eisen, MD, MSc.* **Click here for full article.**

In September 2010, the SOAT conference detailed and discussed five major topics related to improving access to VA care: Defining access and constructs, identifying access issues for special populations, impact of access on utilization, quality, outcomes and satisfaction, impact of policy and organization of care on access, and the adoption and implantation of IT. A systematic review of 16 studies on these various topics concluded that unless organizational and structural interventions were applied to improve access clinical outcomes would remain limited. Recommendations include embracing health technology and improving non-encounter-based encounters between veterans and care teams.

A Re-conceptualization of Access for 21st Century Healthcare.*November 2011. John C. Fortney, PhD; James F. Burgess, Jr., PhD; Hayden B. Bosworth, PhD; Brenda M. Booth, PhD; Peter J. Kaboli, MD.* **Click here for full article.**

Given current innovations in health technologies it is important to examine how to best utilize these new developments and apply the best collaboration of technological care and encounter based care. Through the observation of weakness of traditional conceptualizations of access, the redefining of access, an interaction between access and need, dimensions and consequences of access, digital access, and measuring access, conclusions stating e-health technologies transform the was healthcare is delivered has to be measured against a potential digital divide from people to do not have regular digital connectivity. When considering digital health innovations, measures should be taken to identify and try and develop outreach for veteran populations with poor digital access. For the related presentation, **click here.**

Distance is Relative: Unpacking a Principal Barrier in Rural Healthcare.*November 2011. Colin Buzza, MSc; Sarah S. Ono, PhD; Carolyn Turvey, PhD; Stacy Wittrock, MA; Matt Noble, MPH; Gautam Reddy, MPH; Peter J. Kaboli, MD, MS; Heather Schacht Reisinger, PhD.* **Click here for full article.**

Barriers to access need to be defined within the context of geographical location and patient need. Based on surveys and in depth interviews, data was complied that showed the most important barrier that obstruct access to care for rural veterans is distance. Improved transportation flexible free-based services, better communication technologies, and an integration of community resources we call for to improve access and overall care for veterans.

Defining Core Issues in Utilizing Information Technology to Improve Access: Evaluation and Research Agenda.*November 2011. George L. Jackson, PhD, MHA; Sarah L. Krein, PhD, RN; Dale C. Alverson, MD; Adam W. Darkins, MD, MPH; William Gunnar, MD, JD; Nancy D. Harada, PhD, PT; Christian D. Helfrich, PhD, MPH; Thomas K. Houston, MD, MPH; Thomas F. Klobucar, PhD; Kim M. Nazi, PhD; Ronald K. Poropatich, MD; James D. Ralston, MD, MPH; Hayden B. Bosworth, PhD.* **Click here for full article.**

There are four key issues that should be addressed when discussing the potential of IT to enhance healthcare access. An understanding the broader needs and perceptions of the veteran population and their caregivers regarding the use of IT to access healthcare services and information, understanding individual, provider, clinical needs and perceptions regarding the use of IT for patient access, and system and organizational issues within the VA and communication with non-VA entities. Through the development of different IT innovations and the potential to recognize the impact on access improvements in redefining metrics, anticipating consequences, patient and provider support, and new scientific implementation methods will aid in successful and effective programs for veterans and the VA.

Promoting Access Through Complementary eHealth Technologies: Recommendations for VA's Home Telehealth and Personal Health Record Programs.*November 2011. Timothy P. Hogan, PhD; Bonnie Wakefield, PhD, RN; Kim M. Nazi, MA; Thomas K. Houston, MD, MPH; Frances M. Weaver, PhD.* **Click here for full article.**

Based on an analysis of the VA's current Care Coordination Home Telehealth (CCHT) program and the My HealtheVet (MHV) personal health record portal, these programs serve as a vision of how patient oriented healthcare models can be used together to enhance access for veterans. Experience with bother programs offer examples that the VA's new patient centric healthcare model gives the potential to practice increase in access to care and to ensure the development of such technologies for the benefit and preferences of patients. Recommendations include a re-envisioning and integration of CCHT and MHV into the new model of care, support healthcare teams to incorporate CCHT and MHV into clinical practice, tailor the use of CCHT and MHV to reflect personal preferences and circumstances, and examine how disparities may encumber the use of CCHT and MHV and intervene accordingly.

VA Community Mental Health Service Providers' Utilization of and Attitudes TowardTelemental Health Care: The Gatekeeper's Perspective.*Winter 2011. John Paul Jameson; PhD; Mary Sue Farmer; PhD; Katharine J. Head; MA; John Fortney; PhD; Cayla R. Teal; PhD.* **Click here for full article.**

Provider's perception of telemental health systems were examined in community based outpatient clinics. Through various methods including interviews and surveys it was found that the utilization of TMH services varied widely and were affected by limited education and training, and the shortage of dedicated space for TMH encounters. Although general attitudes towards TMH were positive, the expansion of education and use of TMH is needed.

Partnering With Communities to Address the Mental Health Needs of Rural Veterans. *Winter 2011. JoAnn E. Kirchner, MD; Mary Sue Farmer, MS, PhDc; Valorie M. Shue, BA; Dean Blevins, PhD; Greer Sullivan, MD.* **Click here for full article.**

Many veterans who live with mental illness have limited access to the healthcare they need. Community stakeholders were surveyed regarding their interaction with returning veterans and were given formal training workshops to help develop and implement a program to improve engagement in and access to mental health care for veterans in rural communities. The program is in its early stages yet it has promising potential for evaluation, expansion and analysis. For the VA ORH Fact Sheet referencing this article, **click here.** For a related systematic review fact sheet referencing this article, **click here.**

Rural Residence Is Associated With Delayed Care Entry and Increased Mortality Among Veterans With Human Immunodeficiency Virus Infection.*December 2010, Michael Ohl, MD, MSPH; Janet Tate, MPH; Mona Duggal, MD, MHS; Melissa Skanderson, MSW; Matthew Scotch, PhD, MPH; Peter Kaboli, MD, MS; Mary Vaughan-Sarrazin, PhD; Amy Justice, MD, PhD.* **Click here for full article.**

A cohort study was established to determine the association between rural residence and HIV outcomes. Through this study it was determined that rural persons were less likely that urban persons to have drug problems but had more advanced HIV infections. Due to later entry into care there is an increase in mortality for rural veterans with HIV. Recommendations for further study include exploring person, care system, and community level determinants of later care entry for rural persons with HIV, and an enhanced understanding of those factors to inform intervention and support HIV care in rural areas.

Reaching Out to Older Veterans in Need: The Elko Clinic Demonstration Project.*Fall 2010. Meghan Juretic, MS; ,Robert Hill, PhD, ABPP; Marilyn Luptak, PhD, MSW; Randall Rupper, MD; Byron Bair, MD; James Floyd, ACHE; Brian Westfield,NP-C; Nancy K. Dailey, MSN, RN-BC.* **Click here for full article.**

The Elko Telehealth Clinic was chosen as a demonstration project to explore the challenges of providing meaningful healthcare services to veterans living in rural areas. In implementing the community-as-partner model for coordinating VA resources, the clinic was able to help a number of veterans, and found support for providing an expanded model to guide new processes and developments for outreach clinics in rural settings. For a summary of the project (VHA ORH, and University of Utah Division of Geriatrics), **click here.**

Impact of Rural Residence on Survival of Male Veterans Affairs Patients After Age 65. *Fall 2010. Todd A. MacKenzie, PhD; Amy E. Wallace, MD, MPH; William B. Weeks, MD, MBA.* **Click here for full article.**

Rural veterans face different barriers to healthcare than their urban counterparts. Issues such as access, distance, and frequency of outreach clinics are varied and inconsistence among rural communities. Through linking and cross referencing patient data and geographical location it was determined that mortality for male veterans after the age of 65 is higher in rural areas versus urban areas.

Defining "Rural" for Veterans' Health Care Planning. *Fall 2010. Alan N. West, PhD; Richard E. Lee, MPH; Michael D. Shambaugh-Miller, PhD; Byron D. Bair, MD; Keith J. Mueller, PhD; Ryan S. Lilly, MPA; Peter J. Kaboli, MD; Kara Hawthorne, MSW.* **Click here for full article.**

In order to understand policy implications of the VA used an algorithm comparing management and budget, commuting area, and geographical location in order to classify veterans in urban, rural or highly rural categories. The highly rural and urban categories were much smaller than rural category. Because this category is widely dispersed and the distances between access to care points are great an alternative delivery system should be implemented and technology utilized. For a related presentation on definitions of rurality, **click here.**

STATE OFFICES OF RURAL HEALTH: VETERANS HEALTH ACTIVITIES

The following is a snapshot of the level of engagement of some SORHs with regard to their work in improving the health and other health related services to veterans in rural areas.

State Office of Rural Health	Leads – convenes partners	Supports partnership	Provides technical assistance	Planning work	Provides funding
Alabama Office of Rural Healthhttp://adph.org/ruralhealth/ **Survey Contact**chuck.lail@adph.state.al.us					
Alaska State Office of Rural Healthhttp://dhss.alaska.gov/dph/HealthPlanning/Pages/ruralhealth/default.aspx **Survey Contact**patricia.carr@alaska.govshellie.smith@alska.gov					
California Primary & Rural Health Divisionhttp://www.dhcs.ca.gov/services/rural/Pages/StateOfficeofRuralHealth.aspx **Survey Contact**corinne.chavez@dhcs.ca.gov					
Delaware Office of Primary Care & Rural Healthhttp://www.dhss.delaware.gov/dhss/dph/chca/rural.html					
Illinois Center for Rural Health http://www.idph.state.il.us/about/rural_health/rural_home.htm					
IndianaState Office of Rural Health and Primary Carehttp://www.in.gov/isdh/24432.htm **Survey Contact**bknick@isdh.in.gov					
IowaBureau of Oral and Health Care Delivery Systemshttp://www.idph.state.ia.us/ohds/Default.aspx **Survey Contact**gloria.vermie@idph.iowa.gov					
KansasDepartment of Health and Environmenthttp://www.kdheks.gov/olrh/ **Survey Contact**sroberts@kdheks.gov					
LouisianaOffice of Rural Healthhttp://www.dhh.louisiana.gov/index.cfm/subhome/25/n/247 **Survey Contact**tracie.ingram@la.gov					
MaineOffice of Rural Health and Primary Carehttp://www.maine.gov/dhhs/boh/orhpc/ **Survey Contact**matthew.chandler@maine.gov					
MissouriOffice of Primary Care and Rural Healthhttp://health.mo.gov/living/families/ruralhealth/index.php **Survey Contact**Marie.Ballew@health.mo.govmelissa.vandyne@health.mo.gov					
NebraskaOffice of Rural Healthhttp://dhhs.ne.gov/publichealth/Pages/hew_orh.aspx **Survey Contact**david.palm@nebraska.gov					
NevadaOffice of Rural Health http://www.medicine.nevada.edu/orh/ **Survey Contact**gackerman@medicine.nevada.edu					

State Office of Rural Health	Leads – convenes partners	Supports partnership	Provides technical assistance	Planning work	Provides funding
New Hampshire Rural Health & Primary Care http://www.dhhs.nh.gov/dphs/bchs/rhpc/index.htm **Survey Contact**adruzba@dhhs.state.nh.us					
PennsylvaniaOffice of Rural Healthhttp://porh.psu.edu/ **Survey Contact**lad3@psu.edu					
South Carolina Office of Rural Healthhttp://www.scorh.net/ **Survey Contact**markg@scorh.netStacey@scorh.net					
Virginia Office of Minority Health and Health Equityhttp://www.vdh.virginia.gov/ohpp/ **Survey Contact**karen.reed@vdh.virginia.gov					
Wisconsin Office of Rural Healthhttp://www.worh.org/ **Survey Contact**kmjacobson2@wisc.edu					
WyomingOffice of Rural Healthhttp://www.health.wyo.gov/rfhd/rural/ **Survey Contact**sharla.allen@wyo.gov					

**For more information regarding how SORHs are working on rural veteran health needs, please see the results of the NOSORH veterans health technical assistance capacity survey.*

PARTNERS

Veteran-Specific and Related Organizations

State Offices of Veterans Affairs – There is a State Veterans Affairs Office in each of the 50 states, DC, American Samoa, Guam Northern Mariana Islands, Puerto Rico and the Virgin Islands. Nationally they are the second largest providers of services to Veterans. Find the Directory to all State Veterans Affairs Offices here – http://www.va.gov/statedva.htm

US Chamber of Commerce – Hiring our Heroes Program – This program was launched by the US Chamber of Commerce as a nationwide initiative to help Veterans transitioning service members and military spouses find meaningful employment. Hiring our Heroes has hosted more than 650 hiring fairs in all 50 states, Puerto Rico and DC. Find out about local job fairs for Veterans here http://www.hiringourheroes.org/

National Resource Directory – The Departments of Defense, Labor and Veterans Affairs partnered to create this website that connects Wounded Warriors, Service members, Veterans and their families with those that support them. The objective of the website is to provide access to services at the National, state and local levels to support recovery, rehabilitation, community integration, training, education and homeless assistance. Find out more here www.nrd.gov

VSO's

Building Rural Communities – Housing Assistance Council

Official Wounded Warrior Programs

POTENTIAL SOLUTIONS AND BEST PRACTICES

According to the VA Office of Rural Health…

> "…most prevalent barriers to care across all studies – transportation to VA facilities, distance to VA facilities, a lack of telehealth services in rural VA facilities, a lack of specialty care and urgent care at rural VA facilities, inadequate knowledge of VA eligibility, benefits and services, and difficulties in recruitment and retention of health care providers."

Broadly speaking, SORHs can focus on improving the health status of highly rural veterans by:

- Improving access and quality of care
- Optimizing the use of available and emerging technologies to enhance services
- Maximizing the use of available and emerging studies and analyses to impact care
- Improving the availability of education and training for VA and non-VA providers
- Enhancing existing and implementing new strategies to improve collaboration to increase service options
- Developing innovative methods to identify, recruit, and retain medical professionals and requisite expertise

Suggested Activities for SORHs

→ Contact potential partners – ask where there is opportunity for them to assist you, or for your SORH to assist them.

→ Identify your VRHRC region and VISN. Contact VRHRC staff and VISN Rural Consultant

→ Find your local CBOC locations – call and ask how your SORH can help, or how they can help your SORH get started on rural veterans health activities.

→ Gather materials about rural health resources, family planning services, local public health agencies, and other helpful rural health related materials and place them in VA service locations.

→ Contact the Center for Minority Veterans (CMV) and ask for materials, brochures, pamphlets, or other resources you can take and place in your local public health agencies, family planning clinics, and other VA related offices in your area.

→ Contact the Center for Women Veterans (CWV) and ask for materials, brochures, pamphlets, or other resources you can take and place in your local public health agencies, family planning clinics, and other VA related offices in your area.

→ Identify and address rural provider workforce issues: Assess the rural health provider needs of the VHA in your state's VA Outreach and CBOC clinics in rural areas as well as other programs or facilities that provide direct services to Veterans. Find the impact of such needs on the Health Professional Shortage Areas (HSPA) designations for primary care and mental health in your state's rural areas.

→ Host town hall meetings, listening sessions, outreach events, and round table discussions with veterans – increase awareness about the VA Office of Rural Health and understanding of veteran needs and issues. Work with the VRHRCs to conduct outreach and awareness events.

→ Using information from the National Center for Veterans Analysis and Statistics, access rural veteran enrollee and utilization data for your state.

→ Use distance learning technologies and other modalities for rural education program delivery to provide targeted training to address specific needs of rural providers.

The table below provides a crosswalk of some issues specific to rural veteran health care and potential solutions/best practices:

BARRIER	POSSIBLE SOLUTION/BEST PRACTICE
Financial burden associated with accessing health services	Travel assistance programs – financial assistance
Burden of travel required to access health services	Mobile vans to travel between rural areas and health care facilities
	Remove the need to travel entirely through use of telehealth or increased awareness of local health care services
Emotional stress due to traveling/not traveling for health services	Telehealth empowers those unable to travel to engage in their care continuously, helps those disabled or too elderly to travel to stay in the comfort of their own communities/homes while still receiving the care they need
Access to information	Improve health literacy by providing educational resources in local public health agencies, VA and non-VA facilities, rural health clinics, etc.
Understanding about general health information	Improve health literacy across the population of rural veterans
Outdated health information resources	Develop new or modify existing resources in places rural veterans would expect to find materials
Lack of understanding about specific health issues	Create educational programs to target and improve individual health literacy skills
From the provider perspective, lack of awareness of health care issues for rural veterans	Research and knowledge sharing, workforce training and capacity building with formal education packages, seminars, and resources
Provision of behavioral health care	Telehealth initiatives
Care coordination	Use of IT/telehealth – remotely monitor veteran condition, timely identification of and attention to changes in condition, reduces risk of complications and improves self-management through continuous reassurance and support
Women veterans health issues	Educate family planning agencies and local public health about issues

	specific to women veterans – including military sexual trauma, immunizations, and high risk pregnancies
Lack of attention on rural veteran health care	Focus on broad principles – veteran centered care, driven by information, use of telehealth to monitor, connectivity across the community, support partnerships that enhance and integrate continuity of care

TOP TEN ACTIVITIES FOR SORHS

Unlike the previous general list of *Suggested Activities for SORHs* or the table of best practices and solutions, the following list includes the top ten broad reaching activities SORHs with adequate capacity (staff, expertise, existing relationships, and financial resources) could may consider accomplishing. Many of the tasks and suggestions listed previously in this guide can be combined to successfully engage in the following activities.

1. ***Implement a telehealth initiative***
2. ***Conduct a VA-FQHC or RHC collaboration pilot***
3. ***Increase the health literacy of the veteran population***
4. ***Provide transportation programs for rural veterans***
5. ***Search for funding opportunities***
6. ***Collaborate with community providers***
7. ***Partner with rural residency programs***
8. ***Provide assistance to women veterans living in rural areas***
9. ***Improve access to behavioral health services for veterans***
10. ***Conduct an environmental scan***

1. Implement a telehealth initiative

→ Telehealth and health information technology can enhance access and improve the quality of physical and mental health services, and all other services provided to veterans residing in rural areas. Telehealth programs also help to improve care coordination for veterans seen by VA and non-VA providers. To explore implementing telehealth programs, consult with your state hospital association, rural hospitals, providers of behavioral health services, and other community stakeholders to begin a conversation about the provision of services and the development of program activities. This recommendation was developed from current telehealth grant programs across the country, and from *Funding opportunity to enhance mental health services offered to veterans in rural areas that served in operation iraqi freedom and operation enduring freedom; HRSA, ORHP, Office for advancement of telehealth HRSA-13-246 (April/May 2013)*

2. Conduct a VA-FQHC or RHC collaboration pilot

→ As SORHs are aware, FQHCs and RHCs provide outpatient primary care in underserved (often rural) areas and many are located where significant numbers of rural veterans live, and are currently used by veterans. FQHCs and/or RHCs may be candidates for VA collaboration because they meet certain requirements that include providing specific types of services, maintaining records, and meeting quality standards. The SORH, in partnership with the PCO and/or PCA may pilot test different payment mechanisms to reimburse FQHCs and RHCs for services provided to veterans, or explore the feasibility of making VA electronic health records interoperable with FQHC/RHC EHR systems and develop shared metrics for veterans who access VA facilities and FQHCs/RHCs. Other options include developing telehealth linkages between FQHCs/RHCs and the VA for behavioral health services for veterans, implementing strategies to increase FQHC/RHC provider education and awareness of the VA patient population. Your SORH might consider facilitating contracting with FQHCs/RHCs to serve as Community Based Outpatient Clinics (CBOC) in areas where the veteran population is too small to sustain a VA operated facility. For more details about how to test this type of collaboration, see *Health Care for Rural Veterans: Example of Federally Qualified Health Centers. Heisler, Panangala, Bagalman. April 3, 2013. Congressional Research Service.*

3. Increase the health literacy of the veteran population

→ Low levels of health literacy (poor level of knowledge and understanding about an individual's own condition) result in:

- Lower the likelihood of an individual to attend appointments
- Lower adherence to medication regimens and positive health behaviors
- Higher risk of medication errors
- Decreased performance at self-care activities

SORHs can help to improve health literacy by:

- Developing new, or modifying existing, information materials for rural veterans and maintaining these materials in key public areas
- Creating educational support programs that improve individual health literacy skills
- Partnering with other organizations to target the health service organizations rather than the veterans themselves
- Workforce training and capacity building with formal education resources to raise health literacy issues

4. *Provider transportation programs for rural veterans*

→ One of the greatest barriers for rural veterans is not only a lack of transportation, but the financial burden of transportation to VA or non-VA health facilities. One option for addressing transportation barriers is to eliminate the need to be transported at all through telehealth initiatives. Another option is to provide a transportation subsidy, to reduce the financial burden of traveling. Lastly, actual direct transportation services may be arranged through the implementation of a mobile traveling van service that travels between rural areas and VA and non-VA health care facilities.

5. *Search for funding opportunities*

→ Many of the SORHs that responded to the NOSORH capacity survey indicated that if they were not engaged in work to address veterans health issues the reason was predominantly due to a lack of funding Some states have received veteran-specific grant funding, such as telehealth grants for services offered to veterans in rural areas.

Previous funding opportunities include the Office of Rural Health Policy's Coordination Pilot program: http://www.ruralhealth.va.gov/coordination-pilot/

To search for HRSA funding opportunities: http://www.hrsa.gov/ruralhealth/grants/
To search for private foundation grants: http://foundationcenter.org/findfunders/

6. *Collaborate with community providers*

→ SORHs can collaborate with community-based providers in alignment with the VHA National Dual Care Policy by helping to develop a "…system wide approach to coordination and provision of medical care that optimizes appropriateness, safety, and efficacy of care, medications, prosthetics, and supplies provided to eligible Veterans seen by both the VA and community providers." To engage in these activities, SORHs can model the Eastern Region VRHRC by utilizing the toolkit "Care Collaboration and Orientation to VHA for Rural non-VA providers and Health Care Organizations." SORHs can conduct presentations to local community providers in rural areas to begin a conversation about a coordinated system of care for rural veterans with key stakeholders.

7. *Partner with rural residency programs*

→ SORHs may support the creation of graduate medical education in rural settings, in partnership with academic health centers. Evidence shows that physicians who grow up in rural areas, and/or receive training in rural facilities are more likely to locate in rural communities. Recruiting and retaining the rural health workforce is a major challenge in serving veterans residing in rural and frontier areas. Consider researching a program such as the VALOR (VA Learning Opportunities Residency) program. This program is increasingly being used in rural areas, and can help with awareness and recruitment for VA employment opportunities, and is administered by the VHA.

8. *Provide assistance to women veterans living in rural areas*

→ Assess the percentage of women veterans in rural communities in your state. The female veteran population is typically racially diverse. The number one barrier for rural women veterans is access to health care facilities and services. Often clinic hours do not accommodate family caregiver schedules.

Childcare issues may manifest in the inability to make health care appointments, maintain employment if there are no local childcare services. Another critical health care issue for women veterans living in rural areas is the lack of prenatal and/or obstetrical care. Issues include a higher likelihood of receiving delayed or no prenatal care, higher infant mortality rates, higher maternal smoking rates in rural areas, and a shortage of providers willing or able to deliver babies. In addition, there are difficulties finding specialists if there are complicated risk factors (often requiring distance travel).

SORHs can advocate for extending the CBOC clinic hours in rural areas and may consider supporting or conducting assessments of childcare availability to assess what systemic issues exist. SORHs may encourage existing veterans' health pilot programs in the state to include rural women veterans. Lastly, SORHs can help to promote the Women Veterans Call Center phone number 1-855-VA-WOMEN. All major VHA facilities have a Women Veterans Program Manager. Start a conversation with your local family planning agencies to find out about the challenges they experience with women veterans, how they can increase their outreach and awareness, and how these barriers can be overcome using resources, tools, and the other recommendations included in this guide.

9. Improve access to behavioral health services for veterans

→ Rural veterans with mental illness experience increased barriers in obtaining access and continuity of care - and are more likely to incur greater health care costs than urban veterans with the same conditions. Studies have shown that higher percentages of returning soldiers need mental health care today - with problems ranging from interpersonal relationship conflicts, alcohol dependency, depression, post-traumatic stress disorder (PTSD), and military sexual trauma. In rural areas, there are also sometimes stigmatized perceptions and a lack of privacy when rural veterans attempt to access mental or behavioral health services. One option is using the telehealth services (telemental health). Consider researching the National Institute of Mental Health for ideas for how to integrate and improve mental health access for rural veterans. SORHs may also engage a student to conduct a comparative study to evaluate how mental health delivery models within the local VA facilities function as compared to non-VA rural settings - and provide suggestions to their constituents for improving service delivery.

10. Conduct an environmental scan

→ In partnership with the VHA, NOSORH has developed an environmental scanning tool, designed to help SORHs identify address their state's specific needs, determine the existing resources and partnerships within the state, highlight potential opportunities, and develop next steps and tools to improve the health care services for veterans residing in rural areas

RESOURCES & SOURCES

US Department of Veterans Affairs: http://www.va.gov

VHA Office of Rural Health: http://www.ruralhealth.va.gov

National Organization of State Offices of Rural Health (NOSORH): http://www.nosorh.org

Nevada Interagency Council on Veterans Affairs, Environmental Scan: http://www.veterans.nv.gov/cmsdocuments/GZI_Environmental_Scan.pdf

The Colorado Trust's Access to Health & Health Equity, Environmental Scan: http://www.coloradotrust.org/attachments/0002/0034/CT_EnviScanReport_vF-3.pdf

Health Care for Rural Veterans: The Example of FQHCs http://www.himss.org/files/HIMSSorg/Content/files/20130418-CRS-RptHealthCareRuralVeterans.pdf

VHA Office of Rural Health, Native Domain Legislation: http://www.ruralhealth.va.gov/native/legislation/

National Center for Veterans Analysis and Statistics: http://www.va.gov/vetdata/

Website for returning activity duty, national guard, and reserve service members of OEF/OIF: www.seamlesstransition.va.org

Transition assistance: www.dodtransportal.dod.mil/dav/lsnmedia/lsn/dodtransportal

Suicide prevention lifeline: 1-800-273-TALK (8255)

CBOC locations http://www.va.gov/directory/guide/division_flsh.asp?dnum=1

Reaching out to rural veterans: http://www.blogs.va.gov/VAntage/2101/increasing-access-reaching-out-to-rural-veterans/

Emergency Care in Non-VA Facilities Brochure: http://www.nonvacare.va.gov/brochures/EmergencyBrochure3-panel.pdf

Rural Veteran Outreach Kit - http://www.ruralhealth.va.gov/resource-centers/western/outreach-toolkit.asp

Co-Managed Care Toolkit - http://www.ruralhealth.va.gov/resource-centers/central/comanagement-toolkit.asp

VA Mental Health Homepage: http://www.mentalhealth.va.gov/msthome.asp

VA Public Health Homepage: http://www.publichealth.va.gov/index.asp

Non-VA and VA Provider Training - http://www.ruralhealth.va.gov/rhpi/index.asp

Press Release: VA Expands Women's Health Practitioner Training: http://www.va.gov/opa/pressrel/pressrelease.cfm?id=2375

MyHealtheVet - VA's online personal health record; designed for veterans, active duty service members, dependents, caregivers. https://www.myhealth.va.gov/index.html

Particular struggles of rural women - http://www.theatlantic.com/sexes/archive/2013/06/the-particular-struggles-of-rural-women/276803/