



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

Thomas Klobucar, Ph.D., ORH Executive Director

It has been my privilege to serve as Acting Executive Director of the Office of Rural Health (ORH) for nearly two years. During that time, we have seen significant changes to the way we do business in ORH and while it has been sometimes challenging, our work has always focused on collaborating with our partners to ensure that our rural Veterans have access to the care and services they earned.

The U.S. Department of Veterans Affairs' (VA) formalized my appointment as permanent Executive Director of the Office of Rural Health on November 26th of this year. I accepted the appointment with enthusiasm, but only because I am certain ORH can count on your support as we step into an exciting future.

VA and ORH face challenging times. We began modernization of our electronic health records and business systems across the board. We face a significant reorganization of VA central office staff and

programs. At headquarters and in the field, we encounter obstacles in hiring providers and staff. And if you are reading this newsletter, I am quite certain I don't have to list the very real barriers that our rural Veterans face every day in accessing care and services at the federal, state, and local levels.

ORH has accomplished some pretty remarkable things since its founding in 2007. We partnered with clinical program offices across VA to significantly increase access to care for the 3 million rural Veterans that rely on VA for health care. These partnerships accomplished great things for rural access. We have home-based primary care in dozens of rural areas where none existed before ORH involvement. Rural Veterans are able to use ORH-funded tablets to access mental health care and rehabilitation services at home. Thousands of VA providers

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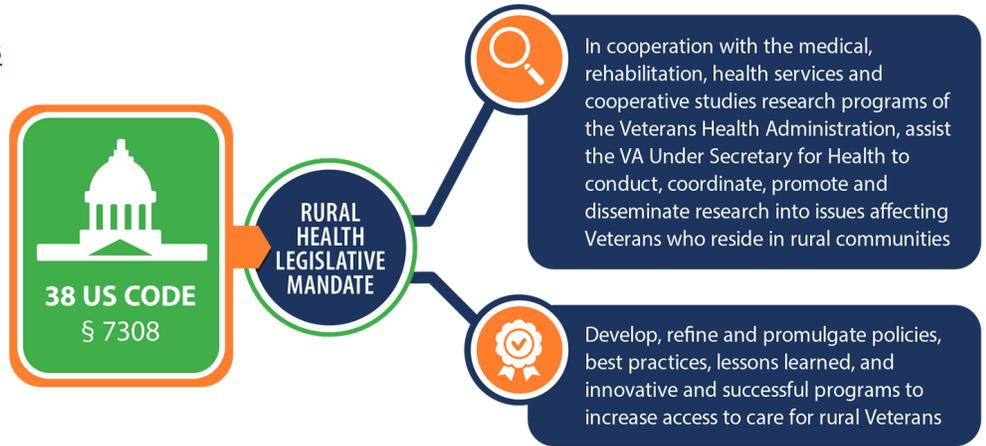
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have accessed ORH-funded geriatrics training in locations across the 50 states and our American territories. Thousands of student physicians, nurses, and allied health professionals experienced rural training thanks to the ORH-funded Rural Health Training Initiative. Hundreds of thousands of rural Veterans received care through ORH telehealth projects. This list could go on and on—these programs and more than 50 others like them provided foundational services to millions of Veterans over the short 10 years ORH has been in existence.

But there is still so much more to do. ORH's legislative mandate [38 USC §7308](https://www.govinfo.gov/app/details/USCODE-2015-title38/USCODE-2015-title38-partV-chap73-subchapl-sec7308) (<https://www.govinfo.gov/app/details/USCODE-2015-title38/USCODE-2015-title38-partV-chap73-subchapl-sec7308>) tells us our office has three functions: research, innovate, and disseminate. And as successful as the rural access programs described above have been in reducing access challenges for our rural Veterans, they represent “top-down” innovation and dissemination—ORH needs to solicit more bottom-up creativity. To do so, ORH must create a permanent, recursive process to integrate insights of staff and leaders at VA Medical Centers, Veterans Integrated Service Networks, and VA central office program offices into our planning processes, and work with our partners to create programs that respond directly and rapidly to those local needs.



ORH's Veterans Rural Health Resource Centers in Salt Lake City, Utah; Iowa City, Iowa; and White River Junction, VT, do an excellent job accomplishing our three functions—and they are our research arm, distributors and repositories of information. Their work in research, innovation, and dissemination has yielded hundreds of publications, dozens of innovations, and dissemination through ORH's Rural Promising Practices program. In fact, they have been so successful that Congress suggested in the last budget bill that ORH consider establishing a fourth resource center to capitalize on their great work.

But as successful as they have been in accomplishing our mission, ORH needs to collaborate even more with VA's Veteran Affairs Veteran Health Administration's (VHA) Health Sciences Research and Development to ensure we cast the widest net possible and recruit and retain the best possible rural researchers.



ORH also must place greater emphasis on external partnerships that can improve our rural Veterans' lives. ORH manages two VHA Memoranda of Understanding (MOU): one with the U.S. Department of Health and Human Services' (HHS) Indian Health Service and a second with HHS' Health Resources and Services Administration. Both are in place to advance Veteran access to health care. Under these MOUs, our agencies must continue and strengthen our efforts to work with these and other federal partners to ensure that no matter where our Veterans go for their care, they have access to the highest quality, fully coordinated care.

There are more things we should do: build outreach partnerships with non-governmental organizations that serve rural Veterans; modernize our electronic information systems to allow for rapid, on-demand analysis and reporting on issues affecting rural Veterans; create long-term, predictable funding relationships with our clients to ensure the best possible service to rural Veterans; and craft a multi-level employee development process to secure the future of rural health scholarship and leadership through the next generation.

We stand at the threshold of an exciting new era in rural health, and while some of the changes ahead are still to be formulated into practice, I am confident that what's on the horizon will have long-term, positive impact on our operations and the Veterans we serve.

Thank you for your service to our rural Veterans.

Thomas F. Klobucar, Ph.D.
Executive Director, Office of Rural Health ♦

VA Reacts Quickly to Hurricane Florence

By **Justin Ahern, Lauren Wilson, Eric Litt** (Analysts), and **Diane Cowper Ripley, Ph.D.**, (GeoSpatial Outcomes Division Director), Office of Rural Health, Department of Veterans Affairs



Interactive map created to help track resources.

In the initial meeting, OEM alerted the three groups that they would need assessment, application, and various data layers. The team initiated data collection immediately after the call, as the GIS staff across the three groups worked closely and collaboratively with points of contact at VHA Emergency Management Coordination Cell (EMCC) staff who operate under OEM.

ORH's GSOD team created the dynamic web map application that portrayed VHA health care resources such as VA health care site locations and the volume of VHA enrollees and patients by U.S. county.

The system pulled in live data from external sources such as the Federal Emergency Management Agency (FEMA) and National Oceanic and Atmospheric Administration (NOAA) into the map and compared it with VA data layers, which included: Live weather; Current roadway traffic status information in areas affected by the storm's track, and live images and data fed from Twitter and Waze; Open shelters and their capacities.

Together, this collection of visual information, the ability to drill down into specific regions, and access to additional information about features via pop-ups enabled staff at OEM to examine VA assets (enrollees and health care facilities), and properly plan for post-hurricane response and activities.

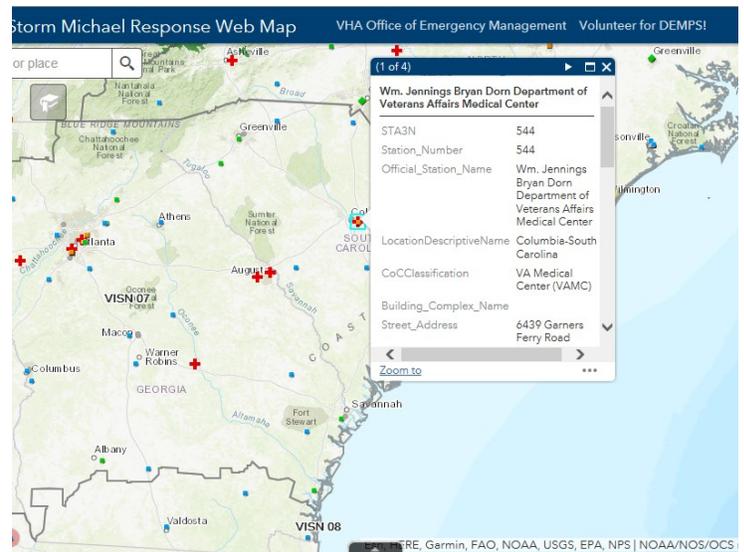
Throughout the storm, the team continually updated the web application and made enhancements to make the map more user-friendly and useful to OEM personnel. By Friday and into the weekend of the storm, the app included additional data such as United States Postal Service (USPS) service interruptions, flood assessment, and daily updated VA facility closures.

The team created a separate, more focused flood assessment web map application to display potential areas affected or those at-risk for major flooding. Major flood gauges, flood inundation, storm surges, flood zones and more data were included for use in the analysis of enrollee/patient data and facilities' statuses. They added an interactive tool for quick evaluation of how many enrollee/patients and facilities, plus their statuses, were within up to 100 miles of major flooding. PSSG and ORH's GSOD also provided ad hoc static maps and data for OEM/EMCC presentations and reporting in their storyboards for awareness and their briefings to leadership.

Officials and EMCC staff applauded the interactive and static GIS products, especially the maps' ability to quickly provide accessible, data-rich situational awareness in an impactful way. It was a great example of a quick and collaborative response across offices within VHA and shows how VA employees unite in times of emergency to focus on the most important things of all: the health, safety and well-being of the Nation's Veterans. ♦

As Hurricane Florence spun towards the Carolina shores to unleash its fury in early September, the U.S. Department of Veterans Affairs (VA) Office of Emergency Management (OEM) called upon the expertise of three Veterans Health Administration (VHA) groups to build a specialized mapping tool to give responders and authorities real-time visual data to make critical response decisions accordingly.

Three offices came together and worked hard to build this vital tool: Office of Rural Health's (ORH) GeoSpatial Outcomes Division (GSOD), the Planning Systems Support Group (PSSG), and the Office of Reporting, Analytics, Performance, Improvement and Deployment (RAPID). These groups used their expertise to apply geospatial solutions and develop Geographic Information Systems (GIS) map products to respond quickly to Hurricane Florence response efforts.



Interactive map that shows available in-depth information.

Bringing Rural Veterans and Agritherapy Together Through the VA FARMS Program

By **Janice Garland, MPH** and **Karyn Johnstone, MPH**, Program Analysts, Office of Rural Health, Department of Veterans Affairs



Through the Consolidated Appropriations Act [Omnibus], 2018 Congress directed the Veterans Health Administration (VHA) Office of Rural Health (ORH) to create a pilot program to provide Veterans with the combination of agricultural vocation training and behavioral health care services and treatments from licensed providers. In response, ORH collaborated with VHA's Nutrition and Food Services as well as the Offices of Care Management and Social Work, Mental Health and Suicide Prevention's Therapeutic and Supported Employment Service section, and Community Engagement to develop the U.S. Department of Veterans Affairs' (VA) Farming and Recovery Mental Health Services (VA FARMS) pilot program.

To generate nationwide interest in the program, ORH launched a targeted Request for Applications. ORH opened applications to VHA facilities and encouraged

each to partner with an existing community organization engaged in agricultural training. Representatives from each partner office reviewed the applications for feasibility, probability of success and compliance with the Congressional mandate.

In July 2018, ORH awarded funding to 10 VHA sites of care to implement their proposed pilot programs. The selected sites are:

- Canandaigua VA Medical Center
- VA Maryland Health Care System
- Huntington VA Medical Center
- VA Puget Sound Health Care System
- VA Caribbean Health Care System
- William S. Middleton Memorial Veterans Hospital
- VA Hudson Valley Health Care System
- VA Butler Health Care System
- VA Portland Health Care System
- VA New Jersey Health Care System



Each pilot site is responsible for regular reporting on Veteran participants, program activities and mental health referrals. To meet legislative requirements, ORH provides national oversight of the pilot program and evaluates outcomes, efficacy, and lessons learned to determine the agritherapy's ability to enhance outcomes in Veterans with post-traumatic stress disorder (PTSD).

For more information on VA FARMS, contact ORH at rural.health.inquiry@va.gov or 202-632-8615. ♦

Making VA Health Care Easier Than Ever

Online video conferencing? ✓

Online appointment scheduling? ✓

Mobile apps tailored to Veteran needs? ✓

Smartphones, tablets and computers make accessing VA health care easier than ever. Learn more by viewing the recent Facebook Live video featuring Dr. Neil Evans, Chief Officer of VHA's Office of Connected Care. Here is a [link to the video](https://www.facebook.com/TeamRWB/videos/2322186537854742/) (<https://www.facebook.com/TeamRWB/videos/2322186537854742/>). Visit <http://www.explore.va.gov> to learn about the benefits and services that VA provides, and how to apply. ♦

VA Leaders Discuss Office of Rural Health Strategic Plan

By Casey Hutchison, Office of Rural Health, Department of Veterans Affairs

As part of the Office of Rural Health's (ORH) development of its 2020-2025 strategic plan, more than 20 VA program office leaders, cross-agency stakeholders, researchers and staff gathered on October 31 and November 1 in the first session of the Strategic Planning Council. Participants, selected for their vast knowledge of Veterans, health care, and rural communities, collaborated on the future of rural health care delivery.

Previously as part of the 2020-2025 strategic planning process, ORH drafted three futures reports and hosted three webinars focused on workforce (e.g., recruitment, training and retention) and two webinars on the development and dissemination of rural medical innovations. Participants at the Strategic Planning Advisory Group built on this work to establish a common understanding of the heterogeneous nature of rural Veterans, develop a conceptual framework around innovation, and clarify rural health care delivery challenges and opportunities.

The meeting provided participants with new strategic planning approaches – from a focus on creativity to the application of the scientific method. Participants' used this knowledge to conceptualize new ORH initiatives.

Additional strategy sessions in development for 2019 include the Strategic Planning Advisory Group and key customer segment groups such as rural Veterans, caregivers and VA medical center leadership. ♦



Elizabeth Olmo (in red) Director, VA Strategic Planning Service, engages with federal leaders on future rural solutions.



VA Video Connect Delivers Care to Veterans on the Go

By **Treva Lutes**, Communications Specialist, Office of Connected Care, Veterans Health Administration, Department of Veterans Affairs

Veterans can meet with a U.S. Department of Veterans Affairs' (VA) health care provider from the comfort of their homes or while they're on the go thanks to VA Video Connect. With VA Video Connect's face-to-face video capability, users can discuss diagnoses, treatments and next steps as they would in an actual doctor's office.



Air Force Veteran Chris Williams on the job in rural Texas

Chris Williams, a retired Air Force Veteran based in Kansas, is a traveling power generation technician who spends a lot of time in his truck. He drives around the country to supply customers with backup electrical systems, making in-person VA appointments nearly impossible.

"I'm out of state every week," Williams explained. "In the beginning, it was hard to keep in contact with VA. But now, with VA Video Connect, I could be anywhere and can take care of business."

Williams' VA health provider. "He's deployed across the nation, wherever he's needed. Whether he's in Texas or on a dirt road somewhere, he's going to get the best care."

Because VA Video Connect is like apps that deployed Servicemembers use to keep in touch with friends and family members at home, many Veterans already understand how it works.

"I use VA Video Connect with the camera on my smart phone, which connects to the Bluetooth in my car, and it plays over the speaker," Williams explained. With wireless internet access built into his truck, he has comfortable and private appointments with his provider on a regular basis.

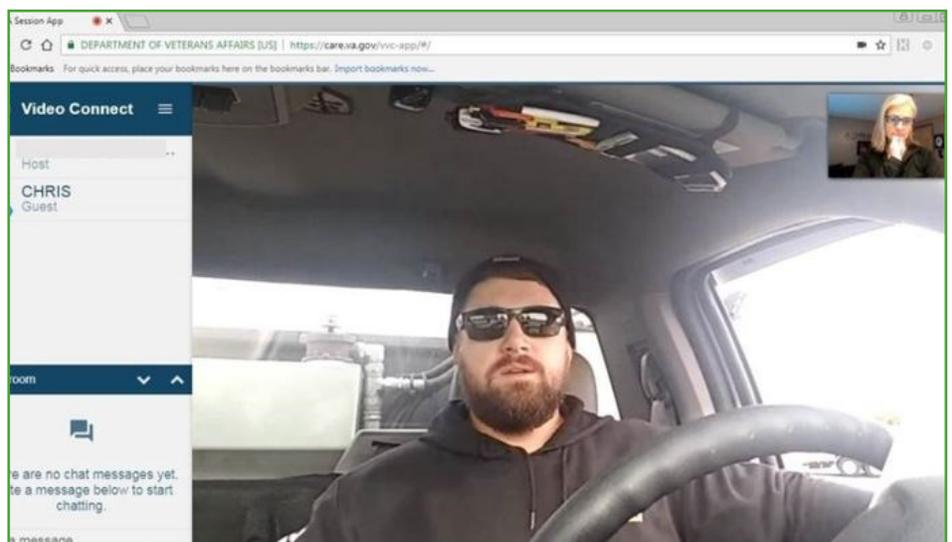
"It's really nice to be on video. I like being able to feel like I'm in the presence of somebody else when I'm talking to them. And I've pretty much got service anywhere I go."

Williams sees how telehealth technologies can ease the challenges some Veterans face while they reacclimate after deployment.

"Some guys don't want to be out in public, not at this stage of their life. Now things like VA Video Connect have taken away the source of a lot of excuses for people to not get help."

As of October 2018, just a little over a year and a half after VA Video Connect's launch, there are more than 158,000 successful encounters, and more than 10,400 VA providers across the country who are set up to use the system.

To learn more about VA Video Connect, visit the VA App Store at mobile.va.gov/appstore. ♦



Williams and Boos chat during a VA Video Connect appointment

Nurse Practitioners: Meeting the Needs of Rural Veterans

By VA Careers, Department of Veterans Affairs



The U.S. Department of Veterans Affairs' (VA) strives to deliver high-quality, compassionate health care to Veterans across America. VA concentrates its efforts to deliver a range of care options to best meet the health care needs of patients who live in rural areas. Due to VA's recent "scope of practice" laws—which grant advanced practice registered nurses (APRNs) full practice authority—certified nurse practitioners are stepping in to provide primary care to patients in rural areas.

Currently, nurse practitioners account for 1 in 4 medical providers in rural practices—a [43.2% increase](https://www.healthaffairs.org/doi/abs/10.1377/hlthaff.2017.1158) (https://www.healthaffairs.org/doi/abs/10.1377/hlthaff.2017.1158) from 2008 to 2016. Their advanced training and ability to diagnose and prescribe medicine enables more efficient, cost-effective health care delivery. Joyce Knestrick, president of the American Association of Nurse Practitioners (AANP), says "NPs are one of the most significant factors in expanding patient

access to primary, acute and specialty care, especially at a time when demand is high and physicians remain concentrated in more urban and affluent areas."

More and more, nurse practitioners take on a more significant role in the health care of Veterans in rural areas. The growing presence of nurse practitioners demonstrates the wealth of experience, growth and impact available to nurses interested in the opportunity to advance their careers.

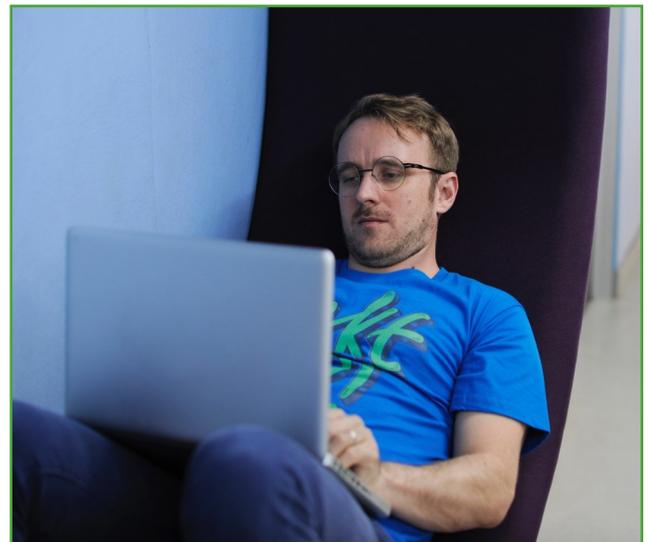
Are you a nurse interested in working for VA? Bring your nursing expertise to VA and discover a career in which your capabilities are utilized fully—and consider a future serving our honorable Veterans living in rural areas. You'll enjoy a satisfying quality of life unmatched by metropolitan areas, with all the same [comprehensive benefits](https://www.vacareers.va.gov/why-choose-va/benefits/) (https://www.vacareers.va.gov/why-choose-va/benefits/) offered across the VA system. To get started, [explore open positions near you and apply](https://www.vacareers.va.gov/careers/nurses/search-results.asp?search=search&q=0610%20nurse%20practitioner&cat=Nursing) (https://www.vacareers.va.gov/careers/nurses/search-results.asp?search=search&q=0610%20nurse%20practitioner&cat=Nursing). ♦

Best Practices in Videoconferencing-Based Telemental Health Techniques

By Office of Rural Health, Department of Veterans Affairs

Telemental health is a very effective and critical tool to deliver mental health care, especially to rural Veterans who may experience challenges accessing nearby care. In some instances, telemental health has proved to be a more effective medium than treatment delivered in-person.

In October, the U.S. Department of Veterans Affairs' (VA) Office of Rural Health's Jay H. Shore, MD, MPH, (Veterans Rural Health Resource Center, Salt Lake City, Utah) and Carolyn Turvey, Ph.D. (Veterans Rural Health Resource Center, Iowa City, Iowa), along with a group of others, published best practices in videoconferencing-based telemental health care techniques and guidance. These guidelines are significant because they are the first joint guidelines between the American Telemedicine Association (ATA) and the American Psychiatric Association (APA), the national professional organization for psychiatry. They update previous guidance developed by the American Telemedicine Association (ATA) but provide significantly greater detail than prior APA guidelines in recommending specific clinical, technical and administrative best practices to promote high quality telehealth in the treatment of mental disorders.



To read the updated guidance and full study, please visit:

https://www.liebertpub.com/doi/abs/10.1089/tmj.2018.0237#utm_source=ETOC&utm_medium=email&utm_campaign=tmj ♦

For Tackling Tobacco, Help for Veterans Is a Text or Call Away

By **Kim Hamlett-Berry, Ph.D.**, National Program Director for Tobacco & Health: Policy and Programs in VHA's Office of Mental Health and Suicide Prevention, Department of Veterans Affairs

The use of tobacco—including smokeless products such as chew, snuff, and dip—continues to pose a serious health risk for all Americans. In fact, according to a 2016 study published in *Health & Place*¹, the percentage of adults who use smokeless tobacco is up to twice as high in rural areas as in urban areas.

While the harmful effects associated with chew, snuff or dip vary from those of smoking, they are serious and can include increased risk of heart disease and stroke, tooth decay, receding gums, and cancers of the mouth. And, the levels of nicotine are higher in smokeless tobacco than in cigarettes, which leads to a stronger addiction that makes it harder for users to quit. Check out this video about the [unique challenges of quitting smokeless tobacco](https://www.youtube.com/watch?v=FICQCH_h90I&list=PL3AQ_JVoBEyxgnvIw6S49-rQijhsAo1Bs&index=10). (https://www.youtube.com/watch?v=FICQCH_h90I&list=PL3AQ_JVoBEyxgnvIw6S49-rQijhsAo1Bs&index=10)

Still, quitting smokeless tobacco is not impossible. Far from it. What many people don't realize is that our best efforts to make a change (especially a difficult one) often fall short not because we lack discipline or willpower, but rather because we lack knowledge of effective strategies and tools that significantly increase the chances for success. That's why the U.S. Department of Veterans Affairs (VA) wants you to know that quitting is possible and that we have proven strategies and tools to help you quit dip, chew or snuff for good.

Each day will be different when you choose #BetterStartsToday and embark on your tobacco-free journey. Some will be easier and some more challenging, but the resources outlined below have helped hundreds of thousands of Veterans quit. Why not join them? Pick the VA resource that's right for you. Your "better" really can start today and stay that way for the rest of your tobacco-free life.

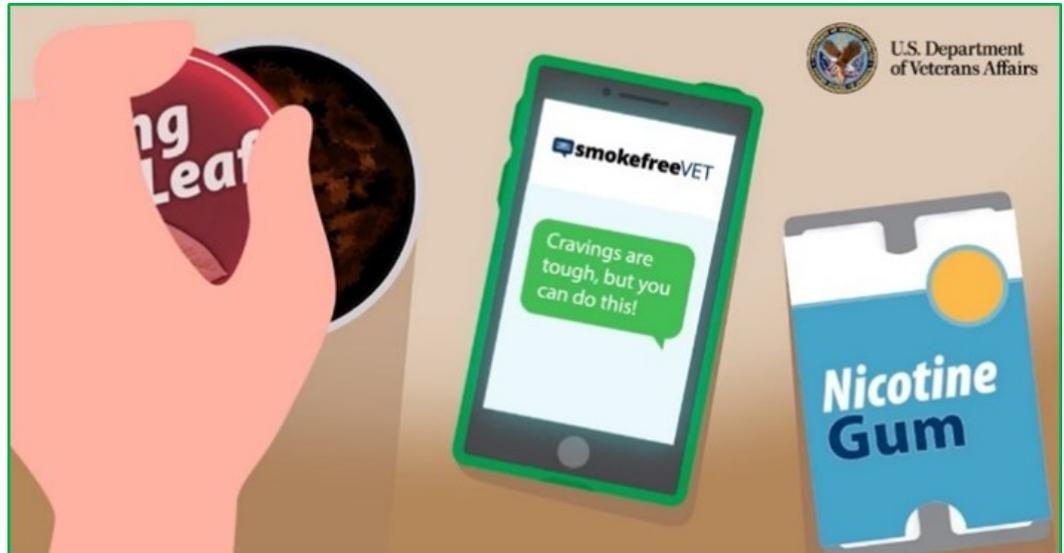
Quit VET: Quitting is not easy, but tobacco quit-lines can double your chances for success. If you want to begin a tobacco-free life, VA's quit-line can help. Veterans enrolled in VA health care can speak with a supportive, encouraging and trained tobacco cessation counselor who will help you craft a quit plan. Don't wait! Find a reason to commit to #BetterStartsToday and call 1-855-QUIT-VET (1-855-784-8838). Counselors are available Monday through Friday, 9 a.m. to 9 p.m. ET.

SmokefreeVET: SmokefreeVET is an interactive tool that sends three to five supportive text messages a day to help you clear the hurdles along the path of quitting. Each day while you are enrolled in the program, you will receive messages with tips and encouragement. And, if you find yourself struggling, you can text back to SmokefreeVET keywords such as "crave" or "mood" to get more specific support. So, for example, if you have a setback and send a message to SmokefreeVET that says "DIPPED," the tool responds with "You slipped up and dipped." That doesn't mean you have to start from the beginning. Get the extra encouragement to keep going." It may seem simple, but this program works. Text "VET" to 47848 or visit smokefree.gov/VET (<https://smokefree.gov/tools-tips/text-programs/quit-for-good/smokefreevet>) learn more.

Website: Veterans can visit VA's [Tobacco and Health](https://www.mentalhealth.va.gov/quit-tobacco/index.asp) (<https://www.mentalhealth.va.gov/quit-tobacco/index.asp>) website to learn about the benefits of quitting and find tobacco cessation resources, including information about why you should quit, how to quit, and who to ask for help (your VA primary care provider is a tremendous asset).

Better can start today. Tobacco-free living is within your grasp, so take advantage of the powerful resources, support systems, and tools VA offers to join other Veterans on this exciting journey. ♦

*Source: 1 - Roberts, M. E., Doogan, N. J., Kurti, A. N., Redner, R., Gaalema, D. E., Stanton, C. A., White, T. J., Higgins, S. T. (2016). Rural tobacco use across the United States: How rural and urban areas differ, broken down by census regions and divisions. *Health & Place*, 39, 153–9.



Celebrating National Rural Health Day

By **Taylor Starkman**, Office of Rural Health, Department of Veterans Affairs

The [National Organization of State Offices of Rural Health](https://nosorh.org/about-national-rural-health-day/) (NOSORH) (<https://nosorh.org/about-national-rural-health-day/>) sets aside the third Thursday of every November for National Rural Health Day to celebrate the more than 60 million people who call rural America home. The Veterans Health Administration (VHA) [Office of Rural Health](https://www.youtube.com/watch?v=IRPWnszuX4Q) (ORH) (<https://www.youtube.com/watch?v=IRPWnszuX4Q>) joined in that celebration on November 15.

Almost a quarter of all Veterans return from active military careers to reside in rural communities. Although Veterans often enjoy the benefits of these regions, their health care challenges are often complicated by other difficulties common in rural areas, such as primary and specialty care provider shortages and greater geographic barriers.

For all these reasons, rural Veterans may face access challenges that threaten their long-term health and well-being. VA provides a host of solutions – from advanced technology to enhanced care coordination – to connect them with the quality health care they need. The [Office of Rural Health](https://www.ruralhealth.va.gov/index.asp) (ORH) (<https://www.ruralhealth.va.gov/index.asp>) works to address the complex challenges facing rural Veterans by building rural-focused health solutions that enable Veterans, regardless of where they live, to obtain a similar standard of care to their urban counterparts. Many ORH-supported [programs](https://www.ruralhealth.va.gov/providers/Enterprise_Wide_Initiatives.asp) (https://www.ruralhealth.va.gov/providers/Enterprise_Wide_Initiatives.asp) use technology to overcome barriers, such as lack of nearby medical facilities or providers. For example:



- [The Home-Based Cardiac Rehabilitation](https://www.youtube.com/watch?v=S3tl3vMaDJs&feature=youtu.be) (<https://www.youtube.com/watch?v=S3tl3vMaDJs&feature=youtu.be>) project addresses access to cardiac rehabilitation for Veterans, especially those in rural regions who are not able to access traditional services.
- **Comprehensive Telecare Hubs** use telehealth technology to connect rural Veterans with primary care providers and mental health services.
- **Tele-Intensive Care Units** connect VA facilities serving rural Veterans with remote VA intensive care physicians.

To learn more about how VHA ORH is helping America’s rural Veterans thrive in their communities, check out [this video](https://www.youtube.com/watch?v=IRPWnszuX4Q) (<https://www.youtube.com/watch?v=IRPWnszuX4Q>) or visit www.ruralhealth.va.gov. ♦

Download and Share New Rural Veteran Health Fact Sheets



To support VA’s establishment of a high-performing network that enables Veterans to obtain care within and beyond the VA, the Office of Rural Health (ORH) strives to inform Veteran health advocates about rural Veterans’ demographics, health issues and VA’s best practices.

ORH released 10 fact sheets with rural-specific data. These files are available for download and public use. Topics include telehealth, rural Veteran demographics, workforce, promising practices and the Indian Health Service partnership.

Find the fact sheets and more information at:

<https://www.ruralhealth.va.gov/newsroom/background.asp> ♦

Federal Advisory Committee Focuses on Rural Veterans' Access to Health Care Services

By **Emily Oehler**, Office of Rural Health, Department of Veterans Affairs

The Secretary of Veterans Affairs' Veterans Rural Health Advisory Committee held its bi-annual meeting October 9-10 in the DC metro area. The members heard from a variety of U.S. Department of Veterans Affairs' (VA) program offices, as well as additional federal and non-profit rural leaders. Key topics included rural health care innovations, workforce modernization and recruitment, telehealth services, and the VA Maintaining Systems and Strengthening Integrated Outside Networks Act (MISSION) Act.

Organizations that presented:

- VA: Office of Rural Health, Veterans Rural Health Resource Centers, Center for Minority Veterans, Workforce Management, Veterans Transportation Program, Office of Connected Care, Women's Health Services, Office of Strategic Integration and Veterans Experience Office
- Federal: Federal Communications Commissions, U.S. Department of Agriculture, Health and Human Services and Indian Health Services
- Non-profit: NTCA – The Rural Broadband Association

Meeting notes are on the Office of Rural Health website at:

https://www.ruralhealth.va.gov/docs/VRHAC_Fall2018_Meeting_Notes_FINAL.pdf. ♦



www.ruralhealth.va.gov

VA Office of Rural Health

"The Rural Connection" is a quarterly publication of the U.S. Department of Veterans Affairs' (VA) Office of Rural Health (ORH). As VA's lead advocate for rural Veterans, ORH works to see that America's Veterans thrive in rural communities. To accomplish this, ORH leverages its resources to study, innovate and spread enterprise-wide initiatives through partnerships.

Thomas Klobucar, Ph.D., ORH Executive Director

The Rural Connection Editorial Team:

Vicki Brienza, Editor
Emily Oehler, Co-Editor

**Questions? Comments?
Please feel free to email us
at: ORHcomms@va.gov**