

# THE RURAL CONNECTION

VA Office of Rural Health ♦ Spring 2024



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

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

It seems like there should be a simple answer, but rural is often in the eyes of the beholder. Historically in government, rural categorizations were used for directing funds. If you have funding for rural infrastructure, development, healthcare, housing, or education then you need a geographic definition to determine who is eligible.

With the creation of ORH in 2006, VHA created a definition of rural based on two criteria: urban Veterans lived in urbanized area census tracts and highly rural Veterans lived where there were <7 residents per square mile. Everything else was rural. ORH updated that definition in 2014 to better define what is urban, rural, and highly rural. This resulted in better discrimination based upon the census tract of a Veteran's residence.

Did this definitively clarify what is rural? Not exactly. Even within the federal government there is no consensus on what is rural. Definition use can range based on criteria such as county boundaries, population size, population density, connectedness to an urban core by commuting rates, and how close a person lives to an urbanized core. *(continued on page 2)*

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*Message from the VA Office of Rural Health's Executive Director (continued from page 1)*

This variation creates challenges for innovative offices like ORH as we attempt to identify rural-urban disparities and then design interventions and policies to mitigate them.

Regardless of the definition, ORH will continue to be the leaders in understanding the needs of rural Veterans and championing the innovations to support the delivery of accessible, high-quality, integrated health care to rural Veterans.

The VA Office of Women's Health partnered with ORH to provide life-sustaining women's health training at rural sites.

**Read more in *Rural Women's Health Mini-Residency* on pages 3-4.** ♦

Secretary of Veterans Affairs Denis McDonough visited the Oscar G. Johnson Veterans Affairs Medical Center to discuss issues affecting rural Veterans.

**Read more in *Secretary McDonough Visits Iron Mountain VAMC* on pages 4-5.** ♦

## Defining Rurality to Better Serve Rural Veterans

BY **MAGGIE WURST**, VA OFFICE OF RURAL HEALTH

Roughly 4 million U.S. Veterans call a rural community home. Yet, federal consensus on the definition of rurality – that is, what distinguishes rural communities from their urban counterparts – remains elusive.

In the absence of standard criteria, ORH uses the U.S. Department of Agriculture's (USDA) definition of rurality to create policies and allocate resources needed to support rural Veteran care. A key part of USDA's definition is the rural-urban commuting area (RUCA) codes framework.

### **Using RUCA Codes to Determine Rurality**

The Veterans Health Administration (VHA) and, ORH determine rurality based on RUCA codes, which use population density and commuting patterns to assign census tract designations. The RUCA codes offer a standard way for VHA to classify Veterans and VA facilities.

VHA assigns Veterans into categories based on the census tract they reside in. Each quarter, all VA facilities are also assigned a level of rurality in the VA Site Tracking System (VAST) based on the census tracts they are located in.

These measurements demonstrate just how far individuals and communities are from health care services—a serious issue that affects many rural Veterans and a main focus of ORH.

Read the full issue brief, [here](#). ♦

## Secretary McDonough Visits Iron Mountain VAMC

BY **MARY ELDER**, VA OFFICE OF RURAL HEALTH

In December 2023, the Secretary of the U.S. Department of Veterans Affairs (VA) Denis McDonough visited the Oscar G. Johnson VA Medical Center (OGJVAMC) in Iron Mountain, Michigan. During the visit, Secretary McDonough was able to connect with leadership, tour the facility, and meet with employees.

Accompanying Secretary McDonough were U.S. Rep. Jack Bergman, R-Watersmeet; VA Health Systems Research psychologist Carolyn Turvey; Director of Michigan VA Brian Love; and Veterans Integrated Services Network 12 Network Director Daniel Zomchek.

During the visit, Secretary McDonough participated in a roundtable with the facility's leadership. The roundtable centered around community care collaboration and rural health care opportunities. Attendees of the roundtable included hospital representatives, community members, and Federally Qualified Health Centers and Critical Access Hospitals members.

The secretary's remarks spotlighted rural health initiatives and the PACT Act. He also recognized five individual's commitment to ICARE values - integrity, commitment, advocacy, respect, and excellence.

Upon completion of the visit to OGJVAMC, Secretary McDonough continued on to Baraga County Memorial Hospital, where he participated in a tour and further discussed challenges facing rural Veterans.

Read a press release about the visit, [here](#). ♦



*Participants of the roundtable at OGJVAMC discuss community care collaboration and healthcare opportunities for rural Veterans.*

# Rural Women’s Health Mini-Residency

BY NICOLE GRANT, MD, AND AIMEE M. SANDERS, MD, MPH, VA OFFICE OF WOMEN'S HEALTH

Women are the fastest growing group in the Veteran population, and their use of U.S. Department of Veterans Affairs (VA) health care has paralleled this growth. In fact, the number of women Veterans (WVs) using VA health care has increased 289% since 2000, with over 620,000 WVs using VA health care services in 2022. Of those, 27% live in rural and highly rural areas.

WVs have unique health care needs and deserve the highest quality care from primary care providers (PCPs) and nurses trained in women’s health. To help meet rural WVs’ care needs, over the past seven years, the VA Office of Women’s Health has partnered with the VA Office of Rural Health (ORH) to provide women’s health training for Veterans Health Administration (VHA) PCPs and nurses at rural sites through the Rural Women’s Health Mini-Residency (WH-MR).

This program trains PCPs and nursing teams through online didactic courses and in-person training. Activities include collaborative case discussions, gynecologic product demonstrations, hands-on training using simulation equipment, and live female model instructors for breast and pelvic exam skill development.

After completing training, PCPs achieve the designation of Women’s Health Primary Care Provider (WH-PCP). This is important because WVs assigned to a WH-PCP have been found to receive higher quality care, report higher patient satisfaction, and leave VHA at half the rate of those assigned to other PCPs.

Between fiscal year (FY) 2017 and FY 2023, 191 Rural WH-MR trainings have been provided for 526 PCPs and 928 nurses from more than 268 VHA sites nationwide, majority being rural. The program has demonstrated high participant satisfaction as well as significant improvements in participants’ women’s health knowledge, attitudes, practices, and skills. Furthermore, the Rural WH-MR has helped sites achieve recommended women’s health staffing, thus expanding rural WVs’ access to Women’s Health-Patient Aligned Care Teams (WH-PACTs).

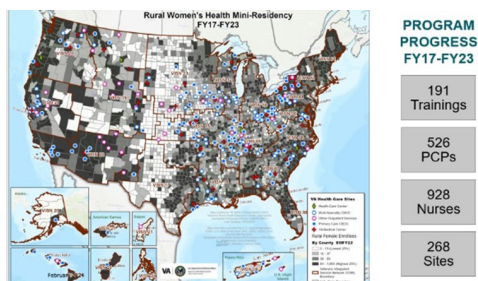
Although the Rural WH-MR is a VHA rural workforce training program, ORH expressed interest in hearing directly from rural WVs about their experiences and perspectives receiving women’s health care in a rural primary care setting.

To amplify women’s voices, the VA’s Women’s Health Evaluation Initiative (WHEI) conducted qualitative interviews with 30 rural WVs who received care from a VA WH-PCP.

Each interview lasted approximately 30 minutes and included questions from an interview guide about rural WVs’ overall experience receiving women’s health care from their primary care team.

Structured qualitative analysis of the interviews revealed four themes among WVs: general satisfaction with VA care, incomplete awareness of services within VA, varying degrees of confidence in the VA primary care team for gender-specific care, and rural challenges. *(continued on page 4)*

Participant Demographics Interviewed N=30	
<b>Rurality<sup>1</sup></b>	
Rural	11 (37%)
Highly Rural	19 (63%)
<b>Race</b>	
Women of Color	15 (50%)
White	15 (50%)
<b>Age</b>	
18-34 years	11 (37)
35-51 years	10 (33%)
≥ 52 years	9 (30%)



Map of Rural WH-MR participating sites (FY 2017-FY 2023) represented as colored symbols. The map's background shows the percentage of rural female enrollees by county (darker shades indicate higher percentages).



Satisfaction with Care



Awareness of Services



Confidence in VA Primary Care team



Rural Challenges



Rural Women's Health Mini-Residency (continued from page 3)

### Satisfaction with Care



"I know that from the beginning of my military journey, it wasn't really a thing for women's care. ... So, I was really surprised at the amount of care, the assistance I was given, especially when I had become pregnant. ... VA has been my number one go-to." Veteran (Age 35-51)

Rural WVs reported being mostly satisfied receiving comprehensive women's health care, particularly breast cancer screening and discussions about reproductive health.

### Awareness of Services



"I could go to [my PCP], but that's not what she handles. She handles my primary care. I mean if she did, yeah, I wouldn't mind at all talking to her about things." Veteran (Age 18-34)

Some rural WVs were unaware of the availability of women's health care through their PCPs, a perception sometimes reinforced when women's health care services were referred out to obstetrician-gynecologists.

### Confidence in VA Primary Care Team



"It's just if you have 10,000 men that are your patients and you have 25 women and you don't deal with this stuff all the time, it gets missed." Veteran (Age 35-51)

Some rural WVs expressed a lack of confidence in PCPs' abilities to provide comprehensive women's health care, stemming from a perception that they lacked specialized training and had few opportunities to enhance their skills due to the low volume of WVs seen at rural locations.

### Rural Challenges



"We don't have many female Veterans that are around my age in this area...every time I've gone in there... I'm the only female sitting in the waiting room. I've never seen another female go in there for care." Veteran (Age 18-34)

Rural WVs reported some challenges related to obtaining care, including transportation and access barriers, lack of WV presence in rural clinics, provider shortages and frequent turnover, limited specialty services in rural locations, and difficulty scheduling timely visits.

While WHEI cautions that the experiences described by rural WVs cannot be assumed to be causally related (positively or negatively) to the Rural WH-MR training, these rural WVs voices inform ongoing work to improve women's health services in rural areas.

This includes continuing to invest in women's health education and training of primary care clinicians (through programs like the Rural WH-MR), enhancing rural WVs' understanding and utilization of women's health services available within primary care, expanding WVs' utilization of VA resources, and of course, sharing the voices and experiences of rural WVs.

For questions about the Rural WH-MR, contact [whrmrteam@va.gov](mailto:whrmrteam@va.gov). Find more information about care for WVs, [here](#). ♦

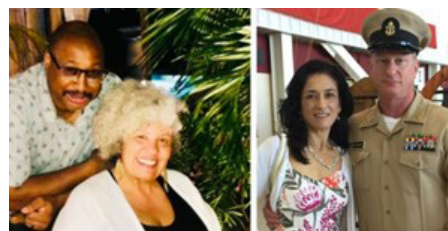
## Couples' Workshop Helps Veterans Strengthen Romantic Relationships

BY NATE SCHAEFFER, HOUSTON VA MEDICAL CENTER

Prior to meeting his wife Ana, Navy Chief Petty Officer Paul (retired) spent more than 22 months in Afghanistan during two deployments.

The couple has been married for seven years, but posttraumatic stress disorder (PTSD) has put a strain on their relationship. To strengthen their bond, they decided to try the Houston VA's one-day couples' workshop: Building Relationships with Vitality and Engagement (BRAVE).

The BRAVE couples' workshop is a one-time, five- to six-hour group session (offered virtually and in-person) for Veterans and their romantic partners.



(Left to right) Danny and Leah; Ana and Paul.

"They give you a lot of good material and put together a very nice packet, which is extremely helpful because you have materials after the workshop to refer to and apply," said Paul, who attended the workshop in June. "If you're open to using the tools and communicating, it can help your marriage." (continued on page 5)

*Couples' Workshop Helps Veterans Strengthen Romantic Relationships (continued from page 4)*

The BRAVE couples' workshop is led by two mental health therapists who guide couples through activities and discussion. Each one-day session involves four to five couples, allowing participants to learn as a group.

"Relationship difficulties are prevalent among Veterans, and relationship distress is associated with a range of challenging issues, including depression, anxiety, and exacerbation of hopelessness," said Dr. Lilian Dindo, Associate Professor at Baylor College of Medicine and research health scientist at Houston VA. "We focus on helping Veteran couples communicate better, develop a greater understanding of each other, and enhance intimacy."

Ana said the BRAVE couples' workshop has helped her understand Paul better and improve their communication.

"A relationship is something you have to continuously work on," she said. "A car needs a tune-up, and your relationship does too. What better way to do that than taking a workshop to reconnect?"

**All Veterans can Attend**

In 2018, Houston VA began offering one-day Acceptance and Commitment Training (ACT) workshops for Afghanistan and Iraq War Veterans in rural communities (with support from the VA Office of Rural Health).

Initially, VA prioritized Veterans with PTSD, anxiety, and depression who faced challenges reintegrating into their local community following combat service. The success of the ACT workshops led participants to refer other Afghanistan and Iraq War Veterans, and eventually through word of mouth, Veterans from all eras began requesting the workshop. Now, all Veterans can attend.

In 2022, Houston VA added the BRAVE couples' workshops due to requests from Veterans who wanted to involve their spouse or partner.

"When we asked for feedback, something that consistently came up was Veterans asking to bring their partners," said Dr. Dindo. "Veterans felt that the workshop allowed them to understand themselves and their experiences better, and they wanted to share this with their partner in a safe environment."

**Providing Respectful and Tailored Support**

Last year, Army Veteran Danny underwent brain surgery at Houston VA after he suffered a stroke.

Afterward, Danny and his wife Leah attended a BRAVE couples' workshop to learn new skills and how to navigate the changes in their lives.

Leah said she enjoyed how safe she felt during the workshop, where she shared their challenges with other participants.

"It's a very welcoming and respectful space to be open and vulnerable," she said.

Danny, who served from 1981 to 1991 as an officer, said he enjoyed how the BRAVE couples' workshop not only gave them skills, but was also tailored for, and geared towards, Veterans.

"It was more than I expected," he said. "The material they send you ahead of time is thorough and professional. The two therapists also did a great job facilitating the class and promoting involvement."

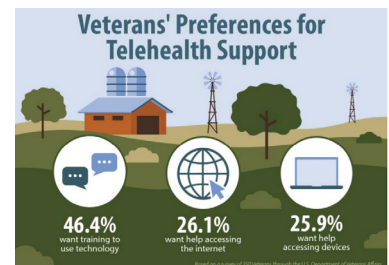
Read the original article, [here](#).

## Telemedicine: Rural-Urban Differences in Veterans' Internet Access, Use, and Preferences

BY THE VA OFFICE OF RURAL HEALTH

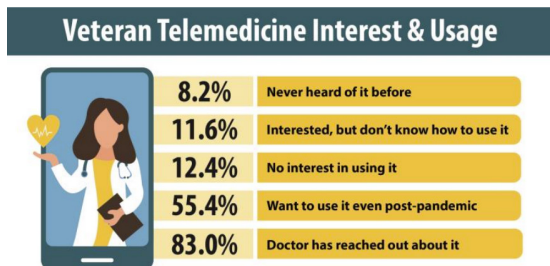
Telemedicine adoption has increased dramatically since the onset of the coronavirus pandemic. As a pioneer in video telemedicine, the Veterans Health Administration (VHA) quickly adapted to the limitations associated with in-person consultations and significantly accelerated the transition to telephone or VA Video Connect (VVC) visits.

As telemedicine continues to expand, it is crucial that it meets the evolving needs of rural Veterans. That's why VA launched a rural Veteran-focused survey to improve understanding of rural Veterans' views on telemedicine as well as identify key drivers of wider adoption. *(continued on page 6)*



*Telemedicine: Rural-Urban Differences in Veterans' Internet Access, Use, and Preferences (continued from page 5)*

The survey included responses from 350 eligible Veterans who completed a 30-minute computer-assisted telephone interview. Key findings from the survey are detailed below:



Read the full issue brief, [here](#). ♦

## Connecting Veterans to Diabetes Care with Telehealth Innovation

BY MADISON COFFEY, THE VHA INNOVATION ECOSYSTEM

For Veterans living with diabetes, self-management is essential in reducing the risk for hospitalizations and complications from heart disease, stroke, amputations, and blindness.

Diabetes affects more than 30 million Americans, with Type 2 diabetes (which occurs when the body cannot effectively lower blood sugar levels) being the most common type among adults. Nearly 25% of Veterans who receive care from the U.S. Department of Veterans Affairs (VA) have diabetes, and VA is committed to improving their health outcomes.

For Veterans with hard-to-control diabetes, self-management can feel like a burden. This is especially true for Veterans in rural areas who may face challenges accessing care and self-management services.

Dr. Matt Crowley, an endocrinologist at the [Durham VA](#), recognized that some Veterans with Type 2 diabetes continued to show poor diabetes control despite clinic-based care.

“The clinic is not an ideal venue for providing diabetes care because diabetes imposes such a high burden of self-management tasks on our Veterans. Some just need more support than [what] is possible in this setting,” Dr. Crowley said.

To connect Veterans to additional support services, Dr. Crowley created [Advanced Comprehensive Diabetes Care \(ACDC\)](#). The program provides critical access to diabetes self-management and medication support through home telehealth services.

### Advancing Diabetes Care

VA is leading the way in improving access to care using telehealth innovation for diabetes management (which also improves Veteran health outcomes). Following this strategy, in 2013, Dr. Crowley and his team collaborated with the [VA Telehealth At Home program](#) to design and pilot ACDC at Durham VA.

ACDC is uniquely designed to enhance standard home telehealth services and support Veterans with hard-to-control diabetes through three key components: telemonitoring, self-management support, and specialist-guided medication management. The program is delivered over six months using existing VA clinical staff and equipment.

Initial data collected through a trial from 2014-2015 proved the ACDC pilot a success. In fact, ACDC improved hemoglobin A1c (a measure of blood sugar levels) by 1.3% for Veterans compared to clinic-based care and standard home telehealth diabetes services.

In 2017, the ACDC team collaborated with the VA Office of Rural Health (ORH) to further develop the program. With a drive to expand to other VA facilities, the team also entered ACDC into the 2018 Diffusion of Excellence [VHA Shark Tank Competition](#), where the practice was selected as a winner to replicate at VA Montana. *(continued on page 7)*



*Kim Davis, home telehealth nurse at Dublin VA, delivers Advanced Comprehensive Diabetes Care (ACDC) to a Veteran with diabetes.*

*Connecting Veterans to Diabetes Care with Telehealth Innovation (continued from page 6)*

### Reaching Across VA

After successfully implementing the practice at Fort Harrison VA in Montana, the team continued to expand the practice across VA. As of 2023, the ACDC team has implemented their innovation at 30 sites, reaching over 700 Veterans with hard-to-control Type 2 diabetes.

“Veterans appreciate the way ACDC is delivered,” said Tiffany Beaver, ORH ACDC project coordinator, while noting how Veterans report high satisfaction with the program.

With support from the [Dynamic Diffusion Network QUERI Program](#), the team is evaluating implementation support strategies to promote uptake of practices, including ACDC, at later adopting sites. In the future, the team hopes to expand ACDC to all VA facilities.

“ACDC improves health outcomes for Veterans with diabetes,” said Dr. Crowley. “There is a need for programs like ACDC to be implemented across the country.”

To learn more about ACDC and where it is implemented, explore the related page on the [VA Diffusion Marketplace](#). If you are a Veteran looking to learn more about VA diabetes care services, contact your VA primary care provider.

This article was originally published by [VA News](#). ♦

## Biden-Harris Administration Announces More Than \$770 Million for Rural Infrastructure Projects

BY THE VA OFFICE OF RURAL ENGAGEMENT

During a visit to Edgecombe, North Carolina (a Rural Partners Network community), U.S. Department of Agriculture (USDA) Secretary Tom Vilsack and White House Domestic Policy Advisor Neera Tanden announced that USDA is funding 216 projects in 45 states, Puerto Rico, and the Northern Mariana Islands to bring high-speed internet, clean water, state-of-the-art infrastructure, and economic growth to rural communities. These efforts are part of President Joe Biden's Investing in America agenda.

The new projects, totaling \$772.6 million in investments, will benefit more than 1 million people living in remote areas of the country by providing reliable high-speed internet access, clean and safe water, and a range of support for rural families, agricultural producers, and small businesses.

To learn more, please read the [full news release](#). ♦

## 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.

**Peter Kaboli**, M.D., M.S., Executive Director

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### Questions? Comments?

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