

Building a VA-CIL Network to Enhance Rural Veterans Health and Independence



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Department of Veterans Affairs (VA)



Disclosure



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The views and opinions expressed in this report reflect those of the presenters and they do not necessarily reflect those of the U.S. Department of Veterans Affairs.

VA Organization



Differences in VHA, VBA and NCA



I. Health Care: Veterans Health Administration (VHA)

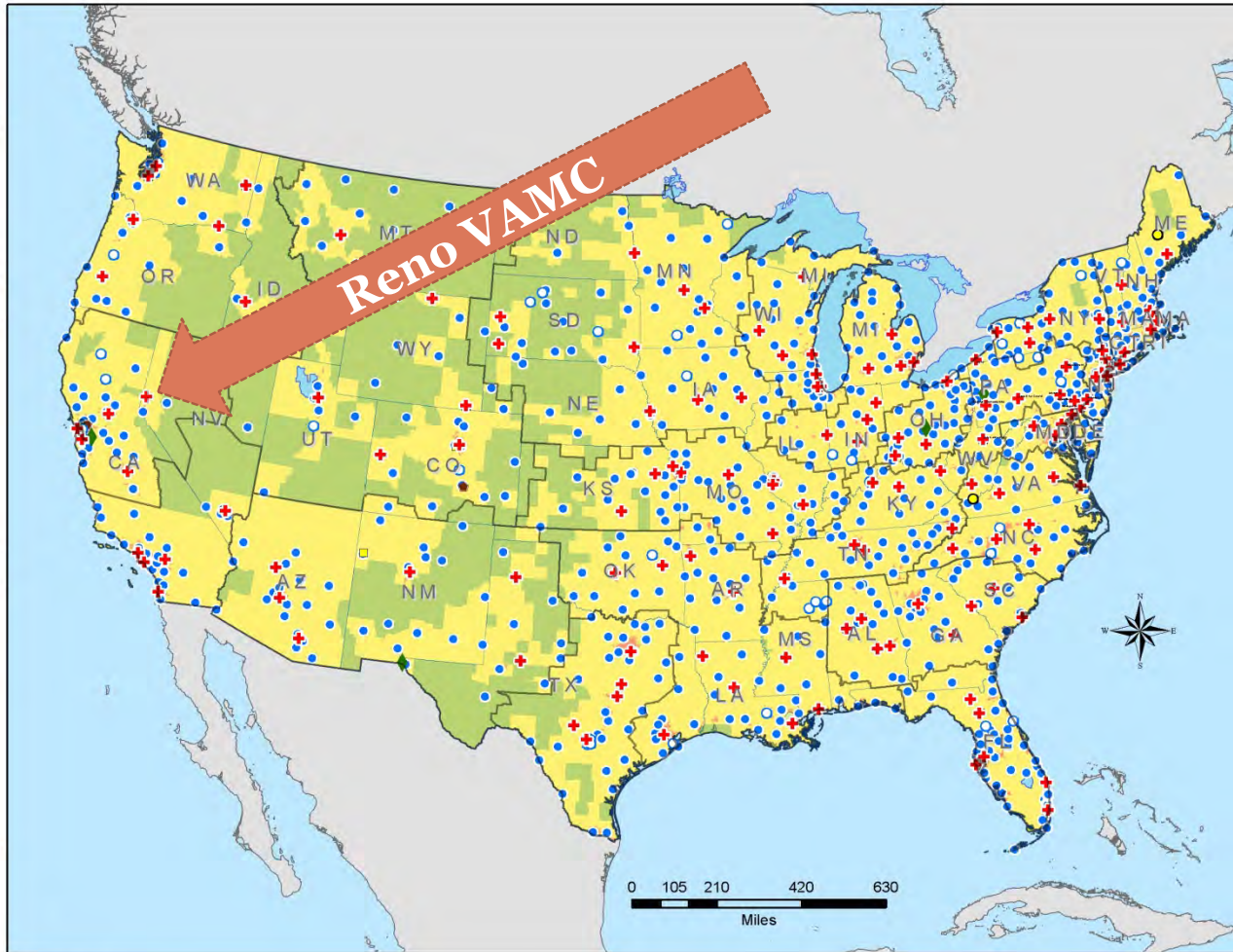
- The largest integrated health care network
- 150 VA Medical Centers (VAMCs)
- 133 Community Living Centers (CLCs)
- 800 Community-Based Outpatient Clinics (CBOCs)

II. Benefits: Veterans Benefits Administration (VBA)

- Compensation
- Education and Training
- Home Loans
- Life Insurance
- Vocational Rehabilitation

III. Burials and Memorials: National Cemetery Administration (NCA)

- Burial Benefits
- Schedule a Burial
- Headstones, Markers & Medallions



Primary Service

- Community Based Outpatient Clinic
- Community Living Center (CLC)
- Domiciliary Residential Rehab Treatment Program
- Independent Outpatient Clinic
- Mobile Outpatient Clinic
- Multi-Contract Site/Secondary Sites
- VA Medical Center

Rurality

- Highly Rural
- Rural
- Urban

**VHA Medical Facilities –
2014**



Map Created By: ORH RHRC-ER (DCR, LKW, JKA, ERL)
GeoSpatial Outcomes Division
(Map Creation Date: 9/24/2015)
Map Information by: PSSG, VSSC, ESRI
ArcGIS 10.2x

Snapshot: Veterans in U.S.

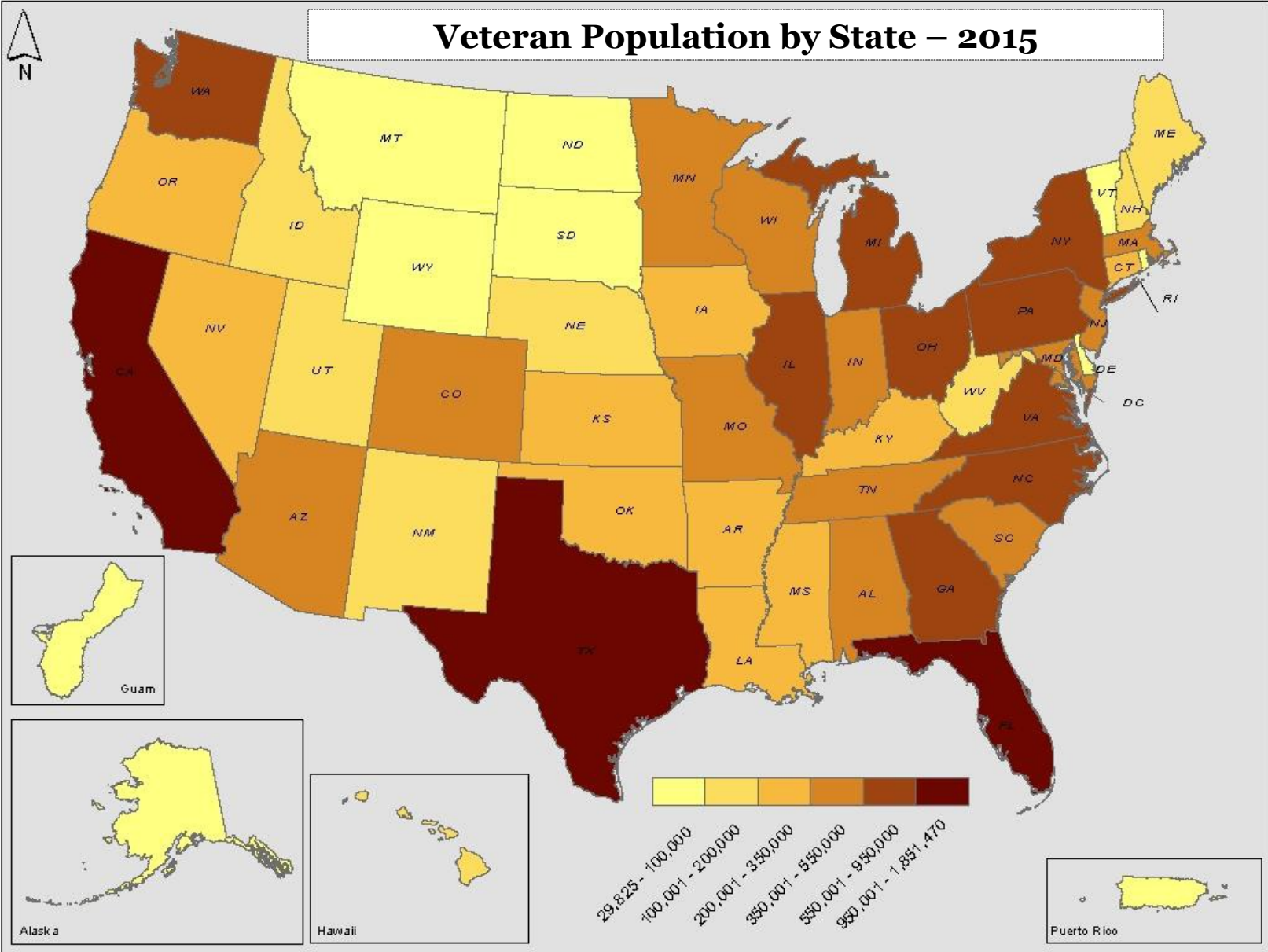


As of
9/30/
2014,

- **22 million** Veterans in U.S.
- 24% live in rural areas

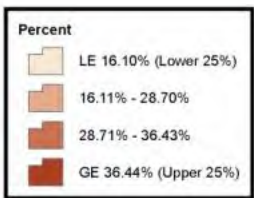
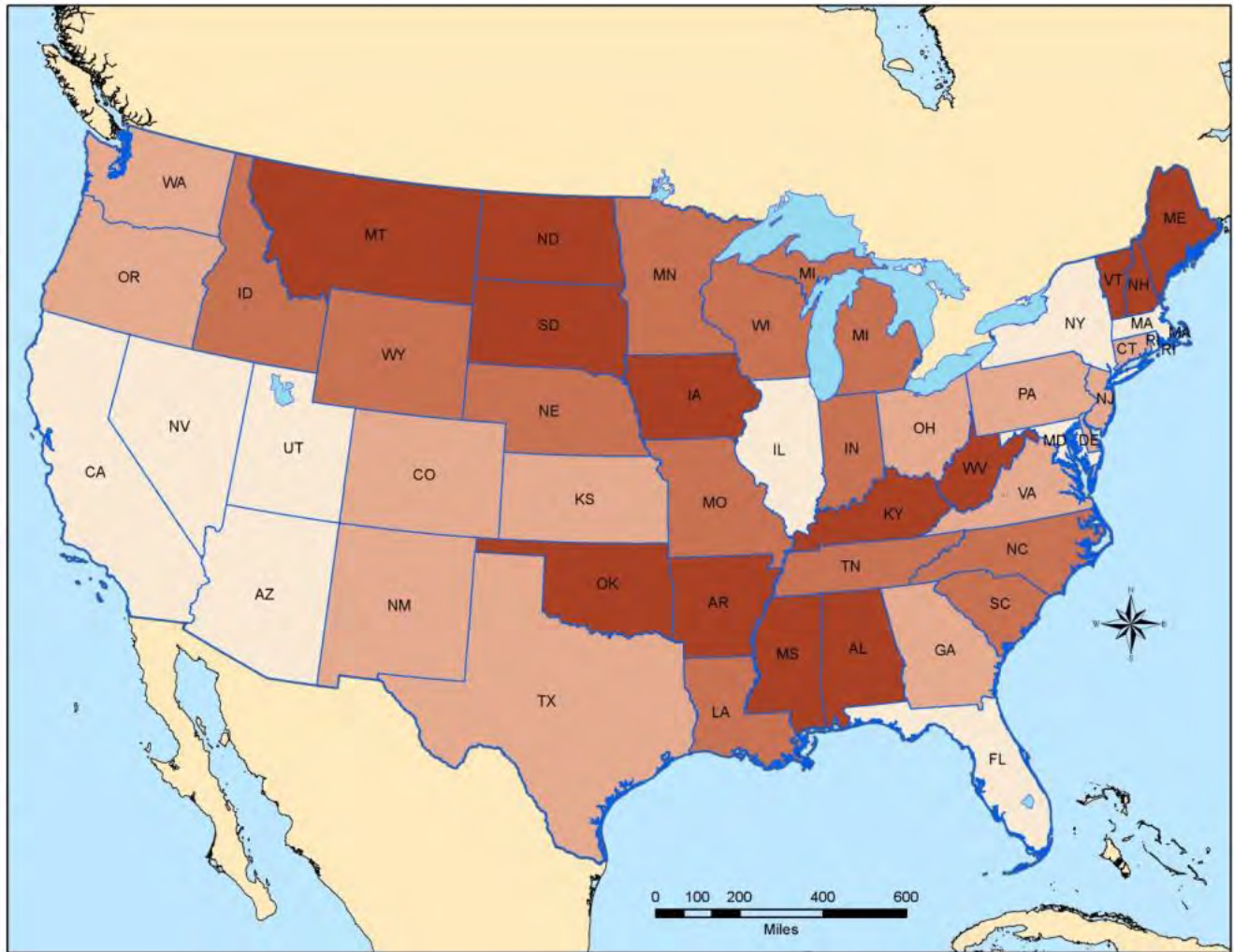


Veteran Population by State – 2015



Source: Department of Veterans Affairs, Office of the Actuary, Veteran Population Projection Model (VetPop), 2014 as of 9/30/2014

Prepared by the National Center for Veterans Analysis and Statistics

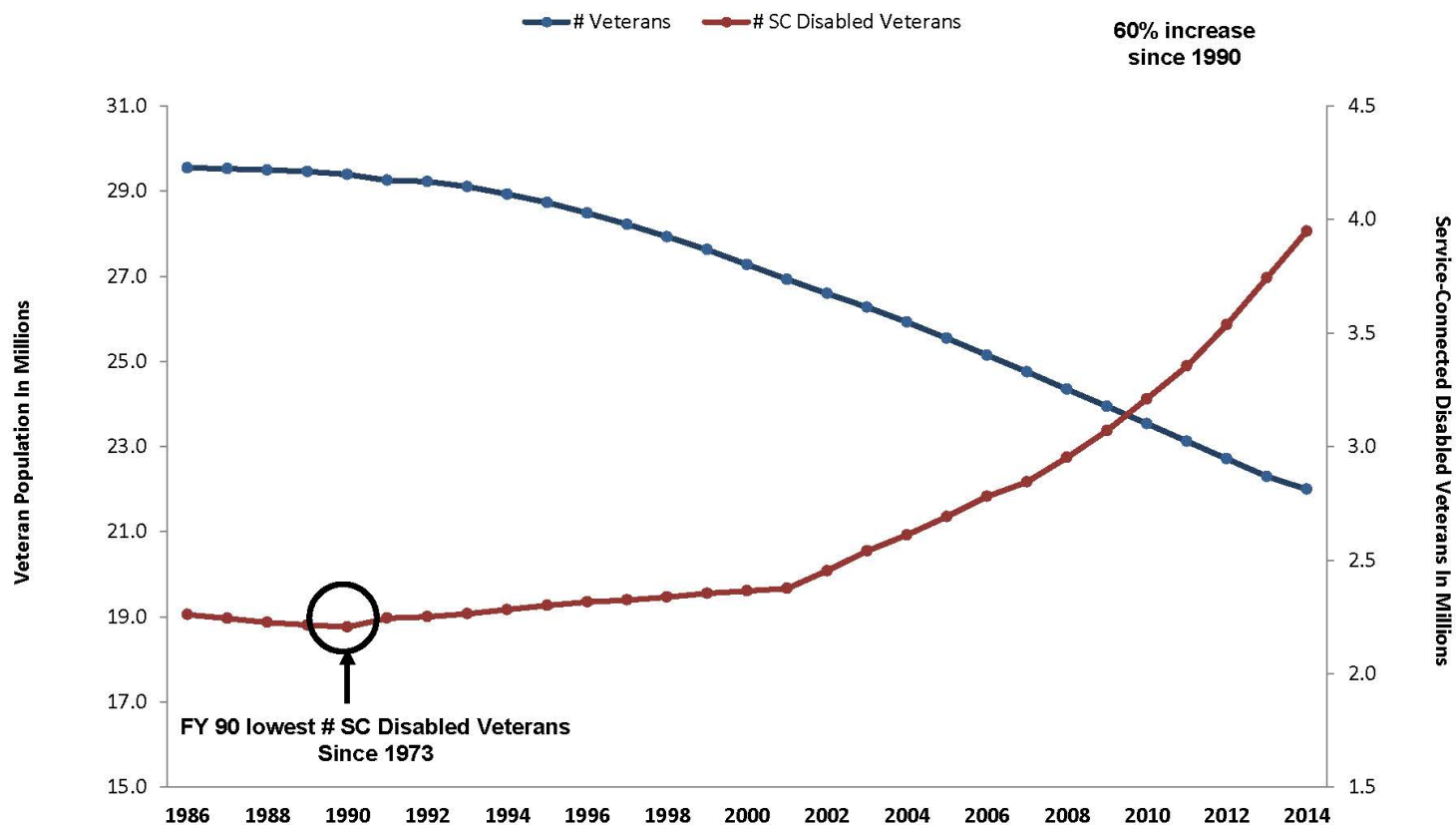


Percent Rural/Highly Rural Veterans of the Total Veteran Population by State – 2014



Map Created By: ORH RHRC-ER (DCR, LKW, JKA, ERL)
 GeoSpatial Outcomes Division
 (Map Creation Date: 9/8/2015)
 Map Information by: PSSG, VSSC, ESRI
 ArcGIS 10.2x

The Veteran population has been declining since 1986 while the number of Veterans with a service-connected disability has been on the rise.



Source: Department of Veterans Affairs, Veterans Benefits Administration Annual Benefits Reports, 1985-2014; Office of Policy & Planning, Office of the Actuary, Veteran Population Projection Model (VetPop), 2014. Prepared by the National Center for Veterans Analysis and Statistics.

Disability Definitions

VA service-connected disability rating



A service-connected disability (SCD) is a disability, disease, or injury incurred or aggravated during active military service. The degree of disability is rated from 0 percent to 100 percent.

Disability Definitions: American Community Survey (ACS)



- **Defined by self-report as impairment in one of the following 6 categories:**
 - **hearing**
 - **vision,**
 - **cognitive,**
 - **ambulatory**
 - **self-care**
 - **independent living**

Disability Prevalence of Veterans in 2014



- 29% all veterans as defined by the American Community Survey (ACS)
- vs. 20% all veterans had a VA service-connected disability (SCD) rating

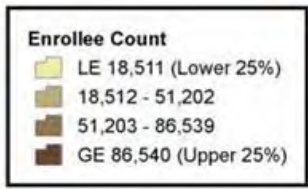
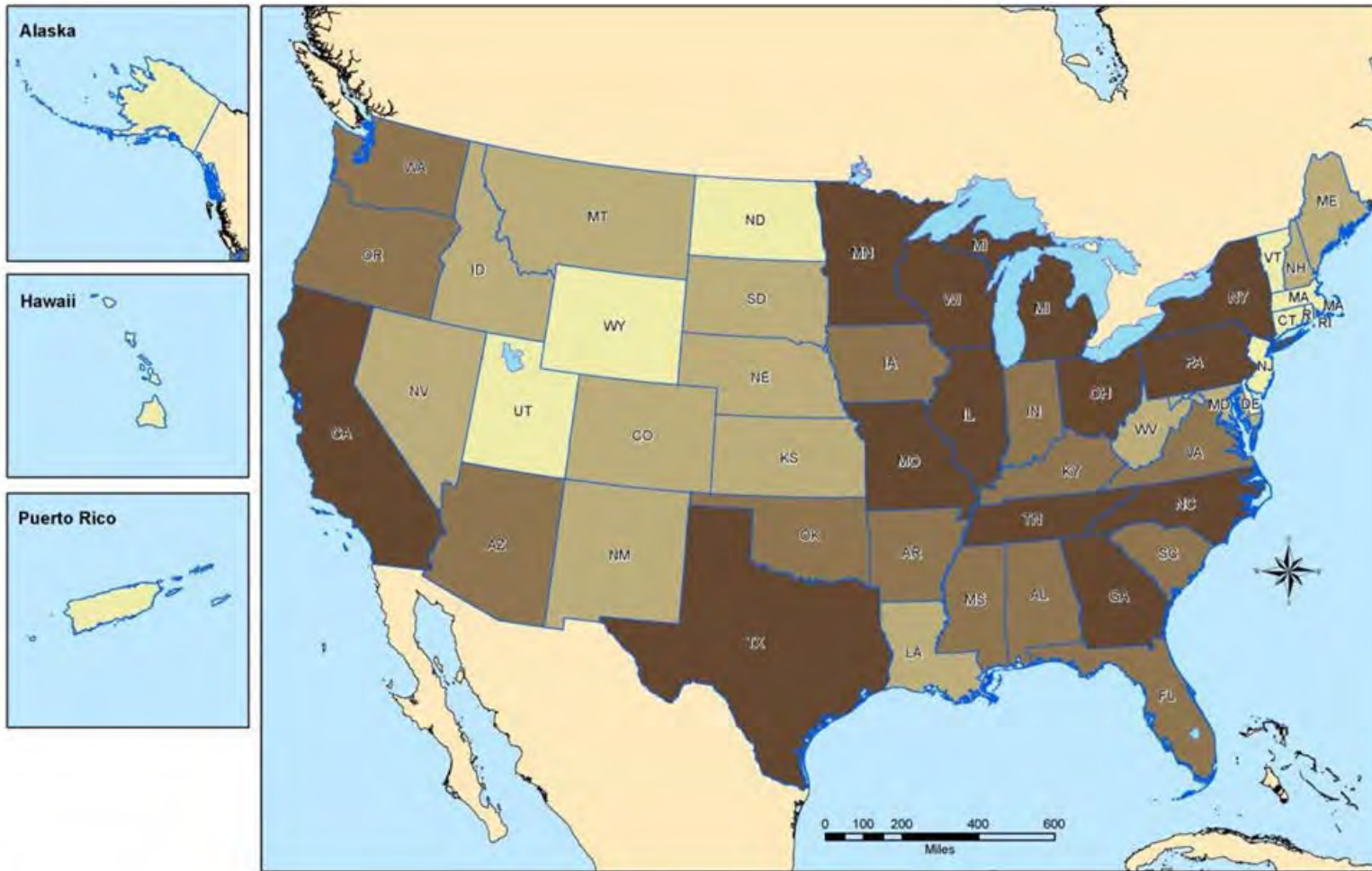
Snapshot: VHA-Enrolled Veterans



As of
9/30/
2014,

- 9.1 Million Veterans (41%) enrolled
 - 1/3 live in rural/highly rural areas





Number of VHA Rural/Highly Rural Enrollees by State – 2014


GeoSpatial Outcomes Division
 VHA Office of Rural Health
 Map Created By: ORH RHRC-ER (DCR, LKW, JKA, ERL)
 GeoSpatial Outcomes Division
 (Map Creation Date: 9/9/2015)
 Map Information by: PSSG, VSSC, ESRI
 ArcGIS 10.2x

Comparison: Rural vs. Urban Enrolled Veterans



Rural Veterans are MORE likely to:

- ✓ Be unemployed
- ✓ Be white
- ✓ Be married
- ✓ Describe their health status as poor
- ✓ Consider VA a primary source of healthcare



VHA Office of Rural Health (ORH)



- **Established in 2006** per [public law 109-461, Sec. 212](#)
- **Mission:** “To Improve the health and well-being of rural Veterans by increasing their access to care and services”
- **Goals:**
 - 1) **Promote** health and well-being in the rural Veteran population
 - 2) **Generate** knowledge regarding rural Veteran Health
 - 3) **Strengthen** community healthcare infrastructure where rural Veterans reside
 - 4) **Inform** healthcare policy that impact rural Veterans and rural healthcare delivery

Veterans Rural Health Resource Centers

1. Togus, Maine
2. Iowa City, Iowa
3. Salt Lake City, Utah

- Provide expertise on program studies, innovation, and best practice dissemination.

ORH Rural Health Strategic Plan



Study

- Improve understanding of challenges faced by rural Veterans
- Identify disparities in the availability of health care to rural Veterans



Innovate

- Formulate practices to enhance the delivery of health care to rural Veterans
- Develop special practices and products for the benefit of Veterans living in rural areas and for implementation of such practices and products in the department system-wide



Spread

- Spread through mentored implementation of ORH Rural Promising Practices

*Thank
you*

