

# **Health and Independent Living (HAIL) for Rural Veterans with Disabilities**



- **A Study Project Sponsored by the VA ORH**
- **Co-lead by Charlie Jia and Jai Hale-Gallardo**



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Search

SITE MAP [A-Z]

Health

Benefits

Burials & Memorials

About VA

Resources

Media Room

Locations

Contact Us

VA » Health Care » Center of Innovation on Disability & Rehabilitation Research » Lisa Hannold, PhD

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▶ About Us

▶ Locations

▶ Opportunities

▶ Investigators & Staff

▶ News & Events

Information For Researchers

▶ Links

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### Lisa Hannold, PhD



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Elizabeth "Lisa" Hannold, PhD, is a Research Health Scientist at the Center of Innovation on Disability and Rehabilitation Research VISN 8 (CINDRR) in Gainesville, FL. Her research focuses on community reintegration issues for injured OEF/OIF/OND Veterans and their families. These interests include independent living and employment. She is an expert in qualitative research methods, and has extensive experience in conducting qualitative and mixed methods studies. Dr. Hannold lives with a severe neuromuscular disability and is

# Study Team Members



## • **VA Researchers:**

- Diane Cowper Ripley
- Maggie Freytes
- Charles E. Levy

## **Consultants:**

- Craig Ravesloot, Research and Training Center on Disability in Rural Communities
- Tony Delisle, Executive Director, Center of Independent Living of North Central Florida
- Billy Altoms, Executive Director, Association of Programs for Rural Independent Living

# **Health and Independent Living (HAIL) for Rural Veterans: Overall Goal**



**To improve the health, independent living skills, and community engagement of rural-residing Veterans with disabilities by collaborating with existing community resources throughout U.S.**

# VHA BluePrint for Excellence



- Efforts to improve population health must **address the most important contributors to poor health outcomes**, including **environmental and socioeconomic conditions** and involving **engagement of individuals in their community**, not just within the scope of the healthcare delivery system.

# VHA BluePrint for Excellence



- **Establish and enhance community relationships** with entities that can coordinate **peer-to-peer support, affect social determinants of health**, and help organize family and other **community support programs to fully integrate the Veteran's health, economic, employment, educational, housing and community-based social-support network.**

# CIL Services to Rural Veterans



- Veterans using CIL services for decades.
- Over 250 rural CILs serve rural Veterans but also “urban” CILs with catchment area including rural counties.
- However, such information is not well-documented.

# Examples of Collaborations in Independent Living for Veterans



- **Southwest Center for Independent Living (Springfield, Missouri)** outreach to VA hospital; peer support group for Veterans with PTSD.
- **The Blue Water Center for Independent Living (Port Huron, MI)**, Veteran housing assistance through “Project Home,” with support from VA Supportive Services for Veteran Families.
- **White Apple Institute (Phoenix, AZ)**, Veteran-operated non-profit in the independent living philosophy supporting Veteran higher education and readjustment.



# Knowledge Gap



Some CILs do serve rural Veterans, and some CILs partner with VA; however, little is known about:

➤ **Models of VA-CIL best practice partnerships**

- What do these partnerships look like? how do they work?
- Are there better models of partnerships to be adopted?

❖ **Actual services provided by CILs to Veterans**

- Are services being tailored to specific needs of Veterans?
- What specific services have provided by CILs to Veterans?

❖ **Rural Veteran consumers of CILs**

- Who are they? What are their needs?
- How do CILs meet their needs?

# Health and Independent Living (HAIL) for Rural Veterans

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- **3 Objectives**

# Objective 1: Profile of Rural Centers for Independent Living



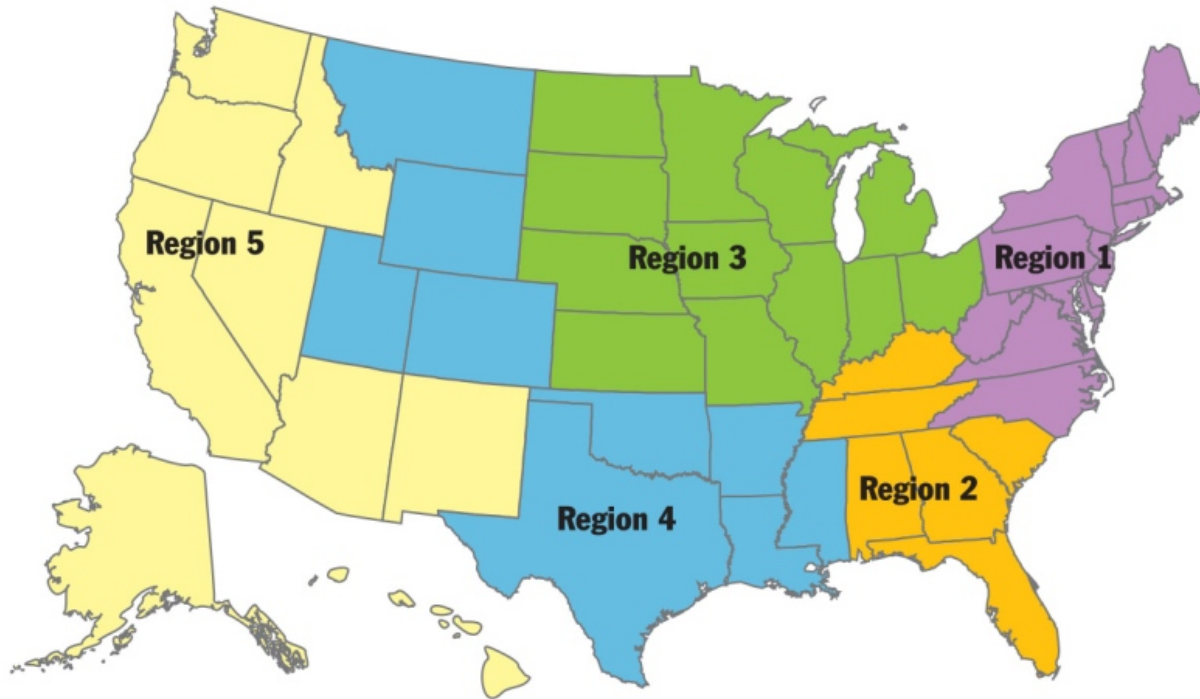
- To describe program characteristics of rural Centers
- To understand how Centers serve Veterans
- **Methods:**
  - Select 10 rural Centers (2 per MyVA regions).
  - Semi-structured interviews with directors of the Centers.
  - A national survey of rural Centers to describe program characteristics and strengths.
  - Map locations of all CILs and travel distances from these CILs to the closest VA facilities.

# The 5 MyVA Regions



## Restructuring the VA

Currently, there are nine organizations within the Department of Veterans Affairs, all with different maps. Under a program called MyVA, VA aims to break the country into five regions by June 30.



# Objective 1: Research Questions



- What are the characteristics of each Center? (programs available; staffing; etc.)
- How many Veterans using Centers?
- What services are most frequently used by rural Veterans?
- To what extent do the Centers collaborate with VA?
- What are the barriers and facilitators for CIL-VA collaboration?
- Have Veterans been referred by VA to CILs?

# Objective 2: Profile of Veteran Consumers



- To understand Veteran consumers and their needs.
- **Methods:**
  - Select 40 Veteran consumers who reside in rural areas
  - Semi-structured telephone interviews.

# Objective 2: Research Questions



- Who are Veteran consumers?
- What are their needs?
- How do Veterans residing in rural areas connect with CILs?
- How do Centers help to meet their needs?

# Objective 3: Field-test Health Promotion Program



- Train 25 rural Veterans as program facilitators for “Living Well in the Community” to deliver program at 5 participating rural CILs
- Conduct 2 programs per year at 5 rural CILs.
- Pre- and post-study design with outcome measures:
  - ✦ health-related quality of life
  - ✦ healthcare utilization,
  - ✦ satisfaction with the program sessions.



# **“Living Well in the Community”**

by the Research & Training Center on Disability in Rural Communities,  
University of Montana



- A 10-week peer-facilitated health promotion and self-management program

- Reference: <http://livingandworkingwell.ruralinstitute.umt.edu/living-well-program/>

# Expected Outcomes



- Develop resource guide of CILs serving Veterans in rural areas for Veterans and family members, VA clinicians and policy makers.
- Profile independent living needs of rurally-located Veterans in their communities.

# Expected Outcomes



- Create and field-test a VA-CIL partnership model for enhancing the health and well-being of rural Veterans with disabilities.
- Expand a tailored Veteran-specific health promotion program to other Centers.



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*Thank  
you*

