Context

- South Carolina is a military state – home to 9 military bases and just under 400,000 Veterans (approximately 10% of civilian adult population)
- Approximately only 30% of SC Veterans use VA health care services (2 VA hospitals in state, 3 more in close proximity)

<table>
<thead>
<tr>
<th></th>
<th>Rural</th>
<th>Urban</th>
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</thead>
<tbody>
<tr>
<td>Number of Veterans in SC</td>
<td>125,318</td>
<td>242,699</td>
</tr>
<tr>
<td>% SC Veteran Unemployment Rate</td>
<td>6.2%</td>
<td>4.6%</td>
</tr>
<tr>
<td>% Over Age 75</td>
<td>18.1%</td>
<td>19.2%</td>
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</table>
Deeper Dive: Rural Veterans and the SC Workforce

The Department of Veterans Affairs (VA) estimates there are 21.3 million U.S. veterans living today, and of the current veteran population 5.1 million, or 24% of all veterans, reside in rural or highly rural areas. The state of South Carolina is home to just under 400,000 veterans with almost half enrolled for care from the Johnson VA Medical Center (Charleston) or Dorn VA Medical Center (Columbia). These hospitals serve a 27% and 20% rural veteran population; and Community-based Outpatient Clinics (CBOCs) affiliated with these hospitals provide care to a veteran population that is roughly 45% rural. CBOCs in Beaufort and Orangeburg serve the highest percentage of rural veterans at 75% and 98%, respectively.

For many veterans, factors such as access to transportation, travel distance to a VA facility, and travel costs can be a barrier to obtaining health care. Income and employment also play an important role in the ability to access and obtain health care. Results of the 2015 Survey of Veteran Enrollees’ Health and Use of Health Care indicated 45.6% of veterans have a household income of less than $36,000/year; and the U.S. Bureau of Labor Statistics reported the 2016 jobless rate for all veterans was 4.3%.

The U.S. Department of Agriculture Economic Research Service reported elder rural veterans (65+ years old) were more likely to be employed in the agricultural industry while working-age veterans (18 to 64 years) relied on manufacturing for jobs. Though veterans have more education on average than their nonveteran counterparts, and may fare better economically (lower rates of poverty), it is imperative to consider the number of veterans returning to rural communities following active duty when discussing economic development. According to the USDA, “agriculture, forestry, and mining remain important sectors in some rural areas” but most job growth in rural areas of the U.S. has been in the service and retail industries.

Kristen Wing, MA, Associate Director/Communications Specialist, U.S. Department of Veterans Affairs Office of Rural Health
Veterans Choice | The Mission Act

• The Veterans Choice Program (VCP), initially enacted in 2014, allowed for a Veteran to receive care from a community provider paid for by the VA. (General criteria: 30 days wait time until next available appointment or 40 miles from nearest VA with a full-time primary care physician.)

• VCP ended on May 31, 2018. The VA Mission Act of 2018 consolidates seven different programs offering community care including VCP into a single entity. Funding is also provided for education and training, VA medical staff recruitment, and a review of VA medical facilities.

• Currently the VA is in a transition period between these two programs.
Working with Veterans Services | A History

- VA Rural Veterans Coordination Pilot Grant Program – Applied Fall 2013 (not funded)
- Consultation with Hilda Heady with Atlas Research
- Development of relationships with Charleston VAMC and VA Rural Health Research through Charleston Health Equity and Rural Outreach Innovation Center (HEROIC) Center of Innovation (COIN)
- Application to FORHP in 2016 for Rural Veterans Health Access Program (funded!)
SC Rural Access to Veterans Health Resources

• Of the 48,553 SC Veterans from either Operation Enduring Freedom (OEF) or Operation Iraqi Freedom (OIF); more than one out of five were diagnosed with PTSD and major Depression

• Project Goals:
  o Assist Rural Community Providers (RCPs) in developing care coordination planning that includes identification of Veterans and screening those patients for PTSD
  o Facilitate VA-Led technology based education with RCPs
  o Connect Rural SC Veterans to Charleston VA Medical Center (VAMC)-delivered Home-Based Tele-mental health care for PTSD

PTSD Screen and VA Homebased Telemental Health (HBTMH) Referral

- **Goal:** Each Veteran patient will be screened with the PTSD 4 Question Screener annually during a non-acute visit.

- Referral into the Charleston VAMC HBTMH project will be made based on at least one positive answer on the PTSD Screen.

- Project’s VA Recruitment Coordinator provides a warm-hand off to VA Clinical Social Worker.

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**Are you a Veteran?**

Please answer the below questions and give to your provider today!

In your life, have you ever had any experience that was so frightening, horrible, or upsetting that, in the past month, you:

- Have had **nightmares** about it or thought about it when you did not want to?  
  **YES / NO**
- Tried hard not to think about it or went out of your way to avoid situations that reminded you of it?  
  **YES / NO**
- Were constantly on **guard, watchful, or easily startled**?  
  **YES / NO**
- Felt **numb or detached** from others, activities, or your surroundings?  
  **YES / NO**

If you answered yes to any of the above, please share this with your provider to discuss treatment options to address these symptoms.

**Thank you for your service!**
SC RAVHR – Year 3

Providers and Practices
• Number of practices recruited: 21/50 (42%)
• Number of participating providers: 30

Patients
• # screened for PTSD (documented): 63
• # screened who were positive for PTSD and referred: 33
  • # Ineligible for treatment (active service members): 3
  • # Who did not follow through with treatment: 18
• # currently active in treatment: 5
• # completing treatment: 6
• # HBTMH treatment sessions last quarter: 43
SC RAVHR Successes

• Additional provider trainings focused on Military/Veteran culture, the Veterans Health Administration, Advanced Care Planning and the VA Clergy Training Program.

• Upcoming webinar series with partners to help providers gain understanding and context about the new Veterans Community Care Program.

• Practice successes:
  • Increased outreach to Veteran patients (website; ”customer service” calls)
  • EHR optimization for identification of Veteran patients
  • Increased awareness and connection to local behavioral health resources
  • Extension of screening to all patients
Challenges
Non-VA Provider Barriers

- Technology
- Time / Competing Demands
- Payment / Incentives
- Bureaucracy
- Military cultural competency
- Rural eligibility for project
Patient Barriers

- Distance
- Work/Family demands
- Parking
- “Not fitting in”
- Perceived stigma
- Symptoms
- Avoidance
Working with the VA

• Importance of relationships
  o Within local VA: internal champions
  o With VA Rural Health Resource Centers

• Awareness of the public eye

• Bureaucracy
  o inside but also outside the system

• VA provider barriers
  o Provider skillset
  o Provider availability
  o Space
  o Fear
  o Patient “fit”
Value of Efforts to Date

- Creating awareness of Veteran population needs
- Serving patients experiencing trauma
- New knowledge of VA systems
- Increased statewide partnerships
- Supporting systems change within rural practices
- Improved awareness of efforts of VA and VSO outreach
Resources

Veterans Rural Health Resource Centers

- Salt Lake City, UT
  801-582-1565 x4647
  ORH-WR@va.gov

- Iowa City, IA
  319-338-0581 x93537
  ORH-CR@va.gov

- White River Junction, VT (Main Office)
  802-295-9363 x6403
  matthew.vincenti@va.gov

VA Office of Rural Health
Washington, DC
202-632-8615
rural.health.inquiry@va.gov
Any other SORH-VA partnerships or Veterans work to share?
Upcoming FORHP Opportunity
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