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*If Veterans don't help Veterans, who will?*

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## Message from the Director of the VHA Office of Rural Health



*Gina Capra, MPA  
ORH Director*

### Greetings from Washington, DC!

I am very pleased to have recently joined the Veterans Health Administration (VHA) as the new Director of the Office of Rural Health (ORH). I am honored and privileged for the opportunity to serve rural Veterans all across the country and I look forward to ensuring that they have the best possible access to high quality care closer to home.

I come to the VA after 16 years of federal service with the U.S. Department of Health and Human Services (HHS). From 2007-2013, I served as the HHS Director of the Northeast Division in the Bureau of Primary Health Care (BPHC) where I oversaw the Federally Qualified Health Center (FQHC) program. In this role, I managed 42 federal staff and an \$800 million annual budget providing funding to 300 community health center organizations operating 900 clinic sites that served over 5 million patients. The FQHC program assures basic, integrated health service delivery to diverse, underserved patient populations in rural and urban areas through strong working relationships with state-wide associations and other private-public partnerships.

As Director of ORH, I will assume responsibility and oversight for a \$250 million annual portfolio of VHA projects to improve access and quality of care for Veterans residing in rural and highly rural areas. I will also oversee ORH's three Veterans Rural Health Resource Centers that have four legislatively mandated purposes, one of which is to identify disparities in the availability of health care to Veterans living in rural areas. In addition, I will oversee ORH's participation in the coordination of the VA-Indian Health Service (IHS) Memorandum of Understanding (MOU) initiatives to improve the care and services provided to American Indian (AI) and Alaska Native (AN) Veterans. Since its inception in 2007, ORH has supported several projects and programs

servicing AI/AN Veterans, such as the Tribal Veterans Representative (TVR) program and the Native Domain, a website which serves as a national resource on healthcare issues for Native rural Veterans. (See <http://www.ruralhealth.va.gov/native>.)

While I have only been with the VA a few short months, I have already had the opportunity to visit the ORH Veterans Rural Health Resource Center—Eastern Region (VRHRC-ER) in Gainesville, Florida, where I met with Nelson Red Hawk Bell and Allen Wood to tour outdoor space at the Lake City VA Medical Center (VAMC) to be used for Native American ceremonies and healing purposes. Mr. Bell and Mr. Wood are members of the local Native Veteran Council of Elders, led by Ms. Patricia Davis, Native American Special Emphasis Program Manager for the North Florida/South Georgia Veterans Health System. The council worked with Dr. Jay Shore of ORH's Native Domain, and Lake City VAMC leadership and Chaplain Service, to secure the space on the facility grounds. In November 2012, this grassy, tree-lined area served as the site of the fifth annual Flags and Feathers Native American Festival, a cultural and educational event celebrating American Indian/Alaskan Native Heritage Month and honoring Veterans. I am truly impressed with VA's efforts and initiatives in providing outreach to Native Veterans to ensure they get the care they need and deserve.

I am very excited about ORH's robust agenda for the future. We are committed to ensuring that the health care needs of rural Veterans are met. With a multipronged approach of rural provider education and training, public health initiatives to reduce health disparities, innovative home telehealth initiatives to reduce the need for travel and improve access to care, as well as increased web-based patient education, the VHA is making great strides in their mission to "honor American Veterans by providing exemplary services that are both patient-centered and evidence-based." ♦



## What you should know about VA Health Care and the Affordable Care Act

**VA**



U.S. Department  
of Veterans Affairs

### What is the Affordable Care Act?

The Affordable Care Act, also known as the health care law, was created to expand access to affordable health care coverage to all Americans, lower costs, and improve quality and care coordination. Under the health care law, people will have:

- health coverage that meets a minimum standard (called “minimum essential coverage”);
- qualify for an exemption; or
- make a payment when filing their taxes if they have affordable options but remain uninsured.

In 2014, Health Insurance Marketplaces will be a new way to find health coverage. On the Marketplaces, some people may be eligible for lower costs on premiums and out-of-pocket costs based on their income.

### If a Veteran is enrolled in a VA health care program, do they meet the requirement for health care coverage?



Yes. If a Veteran is enrolled in any of VA’s programs below, they have coverage under the standards of the health care law:

- Veteran’s health care program
- Civilian Health and Medical program (CHAMPVA)
- Spina bifida health care program

### What are the benefits of VA health care programs?

- Medical care rated among the best in the U.S.
- Immediate benefits of health care coverage.
- Veterans may apply for VA health care enrollment at any time.

### At a glance

- VA wants all Veterans to get health care that improves their health and well-being.
- If a Veteran is enrolled in VA health care, they don’t need to take additional steps to meet the health care law coverage standards.
- The health care law does not change VA health benefits or Veterans’ out-of-pocket costs.
- If a Veteran is not enrolled in VA health care, they can apply at any time.

- No enrollment fee, monthly premiums, or deductibles. Most Veterans have no out-of-pocket costs. Some Veterans may have to pay small copayments for health care or prescription drugs.
- More than 1,400 places available to get your care. This means your coverage can go with you if you travel or move.
- Freedom to use other plans with your VA health care, including Medicare, Medicaid, TRICARE or private insurance.
- You have met the new requirement to have health care coverage.

### If Veterans are not enrolled in a VA health care program, how can they apply?

Veterans can apply for VA health care at any time by visiting [www.va.gov/healthbenefits/enroll](http://www.va.gov/healthbenefits/enroll), calling **1-877-222-VETS (8387)**, or visiting their local VA health care facility.

### Where can I get more information?

Visit VA’s website at [www.va.gov/aca](http://www.va.gov/aca), or call us at **1-877-222-VETS (8387)**, Monday through Friday from 8 a.m. to 10 p.m. or Saturdays from 11 a.m. to 3 p.m., eastern.

For more information about the Marketplace, visit [www.healthcare.gov](http://www.healthcare.gov). ◆

## Addressing the Rural Health Information Technology Workforce Shortage

by Janice Mompoint, MPH, Public Health Analyst, Federal Office of Rural Health Policy, Rockville, MD

Information technology over the last few decades has changed our lives in so many ways. Today we can communicate face to face with loved ones thousands of miles away, pay bills from any location and manage our personal or loved one's affairs online all with a few clicks or swipes on a cell phone, tablet or home computer. Health Information Technology (Health IT) has also transformed the field of health care.

Access to our health information not only makes us more engaged in managing our own health, but can also improve and save lives.

The tornadoes that devastated Oklahoma in May 2013 destroyed everything in their path including a small local hospital (thankfully, everyone at the affected hospital survived). Within an hour of the destruction, 30 patients had been transferred to the two other hospitals that are part of the Regional Health System. The transition was seamless for the providers because the patients' records are kept by an electronic health system that allows the participating hospitals in the area to access all patient records. If the records had



*Janice Mompoint  
Federal Office of Rural  
Health Policy*

been paper files, they would have been destroyed by wind and rain, and it would have been nearly impossible for doctors to piece together medical histories of patients they had never seen prior to the emergency. Health IT helped make this transition of valuable patient information possible.

According to the U.S. Department of Health and Human Services, Health IT involves the exchange of health information in an electronic environment. Health IT specialists build and implement networks, information systems, security systems and more to ensure the electronic environment securely exchanges patient information and securely manages the accurate transfer of information to support patients and providers.

Because it is a relatively new field, workforce shortages in Health IT are significant, particularly for rural communities. According to the 2008 Bureau of Labor Statistics, an additional 35,000 Health IT workers will be needed by 2018 and some published reports project higher shortage numbers. More immediately, the U.S. Department of Labor, Bureau of Labor Statistic's 2010-2011 edition of the Occupational Outlook Handbook projects a 21% growth in health information technician careers over the next eight years.

*Continued on page 7*

## New Quitline offers Individualized Counseling and Follow-up Calls to Help Vets Quit and Stay Quit

Quitting smoking is the single best thing a person can do to improve their health. Everyone has the power to quit smoking and to stay smoke free. Quitting is never easy, but Veterans don't have to do it alone. The Department of Veterans Affairs (VA) has many resources available that can help.

VA's newest resource is a telephone quitline just for Veterans. Veterans who receive health care through VA can call **1-855-QUIT VET (1-855-784-8838)** to speak with a highly skilled counselor who can offer individualized counseling about quitting smoking and help develop a personalized quit plan.

Counselors may ask specific questions about Veterans' tobacco use, quitting history, and motivations to quit. Any information provided during the call will be kept private. The quitline is available Monday –Friday, 8 a.m. to 8 p.m., Eastern Time. Services are available in English and Spanish (consejería en Español es disponible).

Support does not end with the first call. To help Veterans stay smoke free, counselors will offer to follow-up and call them back around their quit date and after they quit.

Veterans have the best chance of quitting smoking if they use smoking cessation medications, like the nicotine patch and gum, while also getting counseling from their VA provider or quitline counselor. VA also has additional tools to help them quit and stay smoke free.

For extra support when quitting, Veterans can try using Smoke-freeVET, a mobile text messaging service that provides around-the-clock encouragement, advice, and tips to help them quit. Vets can opt-in to the program by texting the word VET from their phone to 47848 up to two weeks before their quit date. They will receive text messages of support and encouragement for six weeks after their quit date. Veterans without a text messaging plan can just text a keyword, URGE, STRESS, or SMOKED, to 47848 and receive a single message in response.

Veterans should talk to their VA health care provider before their quit date about using smoking cessation medications and other resources such as specialty programs that may be available to them. For more information on VA's smoking cessation services, visit <http://www.publichealth.va.gov/smoking>. ♦

## Strategies for Success in Transitioning Veterans to Higher Education

by Pamela Tate, President and CEO, The Council for Adult and Experiential Learning (CAEL)

Service members completing their military duties come home to face a tough job market and often an uncertain future. Over 12% of Post-9/11 Veterans were living in poverty in 2010. With an unemployment rate of 22.3%, roughly three times the national average, male Veterans ages 18-24 are experiencing especially hard times. And Veterans make up over 16% of the U.S. adult homeless population.

Education can be an effective strategy to better position Veterans in these hard times. Fortunately, our country has invested heavily in the education of returning troops. For example, since its passage in 2009, the Post 9/11-GI Bill has provided in excess of \$18 billion in benefits to over 700,000 Veterans. The Council for Adult and Experiential Learning (CAEL), a national expert in adult learning, has been supporting these efforts at the policy level, working with colleges and universities to better serve student Veterans so this investment pays off for both military-connected students and the nation.

CAEL's report, *Investing in Veterans: The Need for Career and Education Advising*, points to the need for career and education advising for Veterans considering or pursuing postsecondary education. On their own, Veterans may struggle with information overload. For example, Googling "Veterans education" yields over 200 million search results. Advisors must be equipped to assist Veterans with the translation of their military experience to the civilian job market and educational opportunities, and the identification of promising educational programs and career pathways.

Advisors must also be well-versed in how to evaluate military learning for college credit through prior learning assessment (PLA), a process that awards college credit for learning gained outside the classroom. CAEL's 2010 multi-institutional study, *Fueling the Race to Postsecondary Success*, found that students with PLA credits have higher graduation rates, greater persistence, and shorter times to degrees than students without PLA credits. Many military courses

and trainings have been evaluated for credit by the American Council on Education (ACE), and various colleges and universities will award credit for standardized exams (e.g. – CLEP, Excelsior College examinations, DSST, and UExcel) and challenge exams developed by the schools themselves.

Another model of PLA is portfolio assessment, such as that offered by CAEL's PLA program, LearningCounts.org, in which students put together a portfolio that demonstrates college-level learning from non-classroom experiences.

Faculty experts nationwide evaluate the portfolio, and award course credit if the portfolio successfully demonstrates college-level skills. The portfolio method complements other PLA methods with individualized assessments of Veterans' military learning. [LearningCounts.org](http://LearningCounts.org) also offers a free College Credit Predictor tool that provides students with an action plan for earning credit for learning that has taken place outside of traditional classrooms.

Jason Wolfe is an example of a student Veteran making use of LearningCounts.org in pursuit of his educational goals. Wolfe was able to use his military and job training to earn credit toward a bachelor's degree in Industrial Manufacturing Engineering from Indiana Technical Institute. For example, during basic training and as a Safety Observer aboard the USS Theodore Roosevelt, Wolfe acquired learning, in subjects such as personal protection equipment and fire fighting, that he later used to earn credit for a course in Safety Engineering. Wolfe earned college credit for a total of 8 courses through portfolio assessment via LearningCounts.org. Says Wolfe, "This was a great experience for me, which saved thousands of dollars and a year of school." We can learn from Jason's experience as we think about how to strengthen the country's higher education system to better serve our nation's Veterans.

The Council for Adult and Experiential Learning (CAEL) links learning and work. CAEL works at all levels within the higher education, public, and private sectors to make it easier for people to get the education and training they need to attain meaningful, secure employment. CAEL is leading the higher education strategy of the Robert R. McCormick Foundation's Veterans Midwest Employment Initiative, which is fostering collaboration among those who serve Veterans in the Chicagoland area. ◆



### Did you know?

- As of 2010, 35% of rural Veterans have some college or associate's degree compared to 29.1% of rural non-Veterans.
- 22% of rural Veterans have a bachelor's degree compared to 23% of rural non-Veterans.
- 9.5% of rural Veterans did not attain a high school degree compared to 7.5% of urban Veterans
- 22% of rural Veterans have a bachelor's degree compared to 28% of urban Veterans (ages 18-64). ◆

## Rural Veterans Coordination Pilot (RVCP) Grant Announcement

The Rural Veterans Coordination Pilot (RVCP) will help increase the availability of and access to quality health care and additional benefits for Veterans and their families living in rural communities throughout the country.

The Department of Veterans Affairs will award five grants to eligible community-based organizations and local and State government entities to assist Veterans and their families who are transitioning from military to civilian life in rural or underserved communities. The grants will span 2-years and total \$2 million each. VHA networks and facilities may share ideas with the proposing organizations, but Federal entities are not eligible for funding.

The intent of this program is not to be prescriptive but rather enable local communities to develop programs that best suit their locations' specific needs.

### Grantee proposals should provide services designed to aid in the adjustment to civilian life in one or more of the following areas:

- Increasing coordination of health care benefits for Veterans.
- Increasing availability of high quality medical and mental health services.
- Providing assistance to families of Veterans who are transitioning from military to civilian life.
- Outreach to Veterans and their families, including providing communication tools to assist in connection of Veterans and resources.

### Apply for RVCP Grant

To apply for a RVCP grant, interested parties must submit a completed application package through Grants.gov using the NOFA form.

For more information, please visit:

[www.grants.gov/search/search.do?mode=VIEW&oppld=236274](http://www.grants.gov/search/search.do?mode=VIEW&oppld=236274)

**Closing date changed from July 19 to September 19, 2013.**

Please send an email to [Jackie.Bean@va.gov](mailto:Jackie.Bean@va.gov) if you have any questions. ♦

### Did you know?

- 67% of rural Veterans are employed compared to 68% of rural non-Veterans.
- 6.2% of rural Veterans live below poverty compared to 11.5% of rural non-Veterans.
- 67% of rural Veterans are employed compared to 69% of urban Veterans.
- In 2010, 8% of Veterans were employed in education and health services.
- 27% of all Federal Executive Branch employees are Veterans.
- 28% of VA employees are Veterans.
- 69% of Veterans work in the private sector compared to 79% of non-Veterans. ♦

## VA Roseburg Healthcare System is the First VHA Facility to Launch Bike Share

by James M. Manser, Jr., Chief, Prosthetics and Sensory Aids Service, VA Roseburg Healthcare System (653/121)

Thanks to senior leadership, passionate staff dedicated to health and wellness programs, and support from the Office of Rural Health (ORH), the VA Roseburg Healthcare System is the first VHA facility to launch bike share; and first 3rd generation bike share system in the State of Oregon.



A Roseburg B-cycle (2 stations and 16 bikes) launched on July 1, 2013. The B-cycle bikes are red with a small basket on the front and rear; lights that turn on automatically when ridden; 3 gears; adjustable seat; and built-in lock. Bikes may be checked-out daily 6:00 am through 10:00 pm; 90 minutes per session.

Only Veterans are authorized to receive a B-cycle membership card after proper training by Marty Fink, YMCA's certified cycling instructor; and completing a registration profile online to establish

an account. Veterans authorized an account to use VA Roseburg B-cycle have metrics available on the website to track their progress: distance travelled, calories burned, and carbon off-set. VA Roseburg B-cycle gives Veterans a transportation option (for short trips), exercise, and proactive environmental impact.

While funded through ORH, VA Roseburg B-cycle is a closed system; exclusively for Veterans. However, through a sustainment plan over the next few years, bike share will transition to a larger public network (stations throughout Roseburg) funded by private, local, state, and federal entities.

To learn more, visit:

[www.roseburg.bcycle.com](http://www.roseburg.bcycle.com) . ♦



## GeoSpatial Tools and Analyses Assist in Improving Access to Care for Rural Veterans

by Diane Cowper Ripley, PhD, Director, ORH GeoSpatial Outcomes Division (GSOD)

Although most of the larger VA medical centers (VAMC) are located in urban areas, the Veteran population is spread throughout the country with nearly 6 million Veterans and 36% of the 8.3 million Veterans Health Administration (VHA) enrollees living in rural America. Geographic accessibility is a major barrier that rural Veterans face when seeking appropriate and timely health care services. Distance to VA facilities is an important consideration in Veterans' use of health care services. Numerous studies over the past two decades have found that living near VA medical care facilities is a strong predictor of VA utilization, whether for general outpatient services, surgical care, psychiatric/substance abuse treatment, follow-up after a heart attack, or specific disability care, such as spinal cord injury.

The VHA Office of Rural Health (ORH) utilizes Geographic Information System (GIS) tools to assist in locating gaps in access to care. According to VA patient access standards, Veterans who are enrolled in VA healthcare, even those living in highly rural areas, should be able to drive to VA primary care within an hour, acute VA care (emergency services, general medical and minor surgery) within two hours, and to a tertiary care VA hospital (providing specialty care and major surgery) in four hours. Yet there are still some Veterans that live far away from VA facilities, well outside of these driving time standards, so that meeting their healthcare needs can present unique challenges to VA policy makers. VA Health Care planners can benefit from knowing where these Veterans live in relation to VA services, the transportation options available to them, and the non-VA care that is closer to them.

The GeoSpatial Outcomes Division (GSOD), housed at the Veterans Rural Health Resource Center-Eastern Region (VRHRC-ER) in Gainesville, Florida, provides maps and reports on access to primary, acute, and tertiary care, and identified gap areas for each of the VA networks. The GSOD has recently completed two major mapping initiatives for ORH: 1) to identify broadband availability to support telehealth services in rural areas, and 2) to identify optimal sites for a health information exchange (HIE) pilot program.

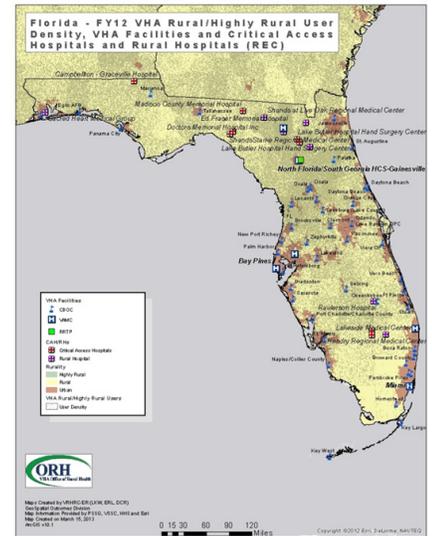
One way of bridging the health care access gap is with the use of telehealth. The ability to bring care closer to the Veteran, whether it is in a Community Based Outpatient Clinic (CBOC) or in the Veteran's home, can greatly impact health status. However, in order to use this technology, there needs to be bandwidth large enough to reach from the point of care to the patient. The GSOD team used data from the Federal Communications Commission and the Department of Commerce's National Telecommunications

and Information Administration to map maximum download speed by census tract. This information can be used to assess whether telehealth is an option in select rural areas as well as to target areas for improved broadband infrastructure.

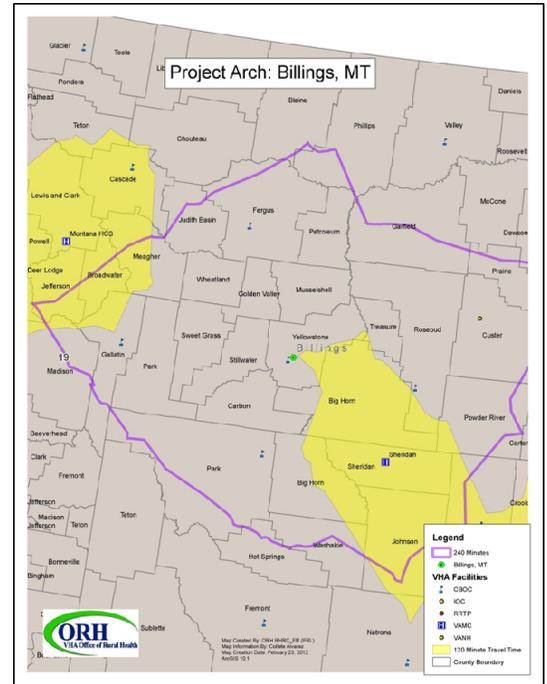
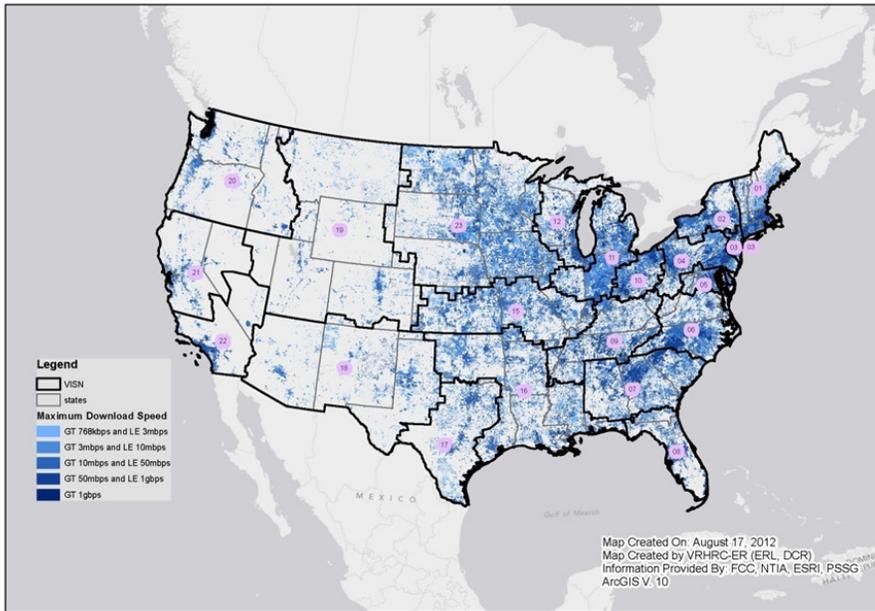
Another way to address gaps in health care access is through partnerships with non-VA providers and the exchange of health information. Working with ORH staff and the Health and Human Services' (HHS) Office of the National Coordinator for Health IT, the GSOD team identified sites for a health information exchange pilot program by examining geographic locations of rural VHA enrollees, the locations of rural VA Healthcare Sites, as well as Critical Access Hospitals and their associated rural clinics that have the capability to use technology in transferring Veteran Health Records (should VHA patients use their facilities to access care). VA and non-VA clinicians can improve care coordination, control costs and improve efficiency by improving the health information exchange regarding Veteran patient prescription records or healthcare services they are currently using.

GSOD team members Diane Cowper Ripley, Eric Litt and Lauren Wilson assist ORH staff on other initiatives as well, such as providing locations of rural Veterans with specific diseases or conditions (e.g., multiple sclerosis, stroke, OEF/OIF Veterans with traumatic injury, diabetes); examining sites for potential partnerships with non-VA critical access hospitals; and identifying optimal locations for training rural clergy to provide support for returning troops and their families.

The GSOD is a resource that can be tapped for specialized mapping projects for VA staff members interested in improving access to care for rural Veterans. All requests are assigned to a primary contact person who works with the customer to deliver the desired product. To contact the GSOD, please send an e-mail to [Diane.Cowper2@va.gov](mailto:Diane.Cowper2@va.gov), [Eric.Litt@va.gov](mailto:Eric.Litt@va.gov), or [Lauren.Wilson1@va.gov](mailto:Lauren.Wilson1@va.gov). ♦



**Broadband Maximum Download Speed By VISN**



Maps created by the GeoSpatial Outcomes Division (GSOD) at the Veterans Rural Health Resource Center-Eastern Region

## Rural Health IT Workforce Shortage (Continued from page 2)

The Rural Health Information Technology Workforce Program is a funding opportunity supported by the Federal Office of Rural Health Policy (ORHP) in the Health Resources and Services Administration (HRSA). The program provides three-year grants to community organizations to formalize partnerships between rural health care providers, hospitals, clinics, workforce investment boards and more with two-year educational institutions such as community colleges. These partnerships are charged with developing Health IT education and training programs in rural areas that will include apprenticeship training and job placement assistance. The partnerships must recruit individuals such as Veterans, displaced workers and current healthcare workers from rural areas and ensure that upon completion of the program, these new Health IT specialists will work in rural communities. The goal of this program is to support rural clinics and hospitals with many services, including implementing and supporting electronic health records, telehealth, home monitoring and meeting federal requirements for electronic health records.

The ORHP anticipates that 10-15 rural communities will receive awards in September 2013 to develop, recruit, train and retain HIT specialists. Once these programs have been implemented, the model programs will be made available publicly for other rural communities to replicate.

To see if your rural community is receiving a Rural Health IT Workforce Program grant, we encourage you to visit the HRSA "Find

Grants" link on or around September 1, 2013 at <http://granteefind.hrsa.gov>. If you are interested in learning more about the field of Health IT please visit <http://www.healthit.gov> and visit the Bureau of Labor Statistics' Occupational Handbook at <http://www.bls.gov/ooh/healthcare/medical-records-and-health-information-technicians.htm>. If you are interested in learning more about other ORHP-funded programs please visit <http://www.hrsa.gov/ruralhealth>.



### References

Jenny Gold, In Case of Tornado, EHRs Can Be Just The Prescription, <http://capsules.kaiserhealthnews.org/?p=19712> (May 2013)

<sup>2</sup>Department of Health and Human Services, Health Information Technology, <http://www.hhs.gov/ocr/privacy/hipaa/understanding/special/healthit/> ♦

## MY HEALTH@VET SPOTLIGHT: Online Veterans Health Library (VHL)

by Jay Shiffler, VA National Center for Health Promotion and Disease Prevention



### Information that Veterans and Clinicians Can Trust

Veterans now have a new tool to take charge of their health and health care: the Veterans Health Library (VHL) is an online library of health topics geared toward Veterans.



*Information on Veterans' unique health needs is just a click away.*

Topics ranging from diseases, conditions and medications, to rehabilitation and “Living with...,” can be found in the Library. “Our intent was to provide Veterans with a Web site where they could go for reliable health information,” said Dr. Rose Mary Pries, VA’s Veterans Health Education and Information Program Manager. “The VHL helps Veterans, their families and their health care teams take a more active and informed approach to managing their health conditions and sharing health care decision making—with information vetted or developed by VHA clinical experts that’s specific to Veterans’ unique needs.

“With over 1,500 health information sheets and 150 videos in the VHL, Veterans can learn about topics such as post-traumatic stress disorder (PTSD), Agent Orange exposure, combat-related cold injury, and traumatic brain injury, just to name a few. These Veteran-specific health topics are not easily found on other health Web sites, but are featured in the VHL.”

We want to ensure that the VHL content is Veteran-focused—both in its content and design—to address the health issues that are most pressing to Veterans, their family members, and VHA clinicians right now,” explains Dr. Pries. “Equally important to clinical staff is that the information has been vetted by VHA’s subject matter experts and can be used in face-to-face, telephone, and secure messaging clinical encounters.” In addition to the Veteran-specific content, the Library contains information on many common health issues and treatments.

### Building Knowledge and Partnership

“The VHL is not only a trusted source of Veteran-specific health information, but also a tool to strengthen the partnership between Veterans and their VHA health care teams,” says Dr. Pries. She believes that the VHL is another great example of how VHA is “defining excellence in the 21st century” and transforming the way in which Veterans receive—and clinical staff members provide—Veteran-centered, patient-driven health care. ♦

Visit the Veterans Health Library at <http://www.veteranshealthlibrary.org>!

## Upcoming Rural Health Events and Conferences



### National Rural Health Association (NRHA)

Rural Health Clinic Conference, October 1-2, 2013, Austin, Texas

Critical Access Hospital Conference, October 3-4, 2013, Austin, Texas

The 2013 Rural Health Clinic and Critical Access Hospital conferences will focus on strategic planning, performance management, and rural philanthropy as well as other cutting edge best practices. The CAH conference will offer concurrent sessions in finance, governance, leadership, quality and technology.

Learn more about these NRHA conferences at: <http://www.ruralhealthweb.org/austin>. ♦



[www.ruralhealth.va.gov](http://www.ruralhealth.va.gov)

### VHA Office of Rural Health

*“Using Innovation and Technology to Improve Access and Quality”*

Gina Capra, MPA, Director

Thomas Klobucar, PhD, Deputy Director

Ms. Patricia Vandenberg, Assistant Deputy Under Secretary  
for Health for Policy and Planning

### The Rural Connection Editorial Team:

Nancy Maher, PhD, Editor

Adam Bluth, MHA, Co-Editor

Kristen Wing, Co-Editor

Design/Layout by Kristen Wing

Questions? Comments? Please feel free to  
email us at: [rural.health.inquiry@va.gov](mailto:rural.health.inquiry@va.gov)