



VA research on **RURAL HEALTH**

Veterans who live in remote areas of the country face challenges in accessing VA care. VA researchers have focused on understanding these Veterans' health care needs, and on developing and evaluating new initiatives to fill the gaps.

ABOUT RURAL HEALTH

- Many Veterans who rely on VA for their health care live in remote areas. Our nation's rural Veteran population is large and dispersed. It is also racially, ethnically, and culturally diverse. Providing comprehensive, high-quality health care to these Veterans is a challenge.
- Veterans are more likely to live in rural areas than Americans who did not serve in the military. While 19% of Americans live in rural areas, a quarter of Veterans do.
- More than half (56%) of rural Veterans enrolled in VA health care are 65 years old or older. In addition, 8% are women, 15% report being members of racial and ethnic minorities, and nearly 460,000 are Veterans of our recent conflicts in Iraq and Afghanistan. About 18% of rural Veterans have one or more service-related disability.
- VA's [Office of Rural Health](#) (ORH) strives to eliminate the barriers between rural Veterans and the services they have earned and deserve, thus improving Veterans' health and well-being by increasing access to care.
- VA's [Office of Connected Care](#) works to bring digital technology to Veterans and health care professionals. It focuses on improving health care through technology

by engaging Veterans and care teams outside of traditional health care visits, including telehealth.

VA RESEARCH ON RURAL HEALTH: OVERVIEW

- VA has recently launched a number of initiatives to expand and ensure access to high-quality health care for Veterans enrolled in the VA health care system who live in rural areas. VA researchers have been instrumental in these efforts by developing and evaluating new technologies, interventions, and models of care.
- Some VA studies focus specifically on Veterans in rural areas, while others have a broader focus but explore issues or possible solutions that are relevant to rural health care.
- A Collaborative Research to Enhance and Advance Transformation and Excellence (CREATE) [group](#) is working with ORH to ensure rural Veterans receive adequate levels of mental health care.
- VA's Charleston Health Equity and Rural Outreach Innovation Center ([HEROIC](#)) aims to improve health outcomes among rural Veterans by examining the increasing role of technology on access.
- VA's Virtual Specialty Care Quality

Research Initiative ([QUERI](#)) works with partners to determine how emerging technologies in areas such as telehealth can be best incorporated into clinical interventions to better serve rural Veterans.

SELECTED MILESTONES AND MAJOR EVENTS

- 2003** - Implemented a national home [telehealth](#) program
- 2011** - [Published](#) a systematic review of rural vs. urban ambulatory (outpatient) health care, a [reconceptualized model of access](#), and numerous articles on VA access to rural health in a [special issue](#) of the *Journal of General Internal Medicine*
- 2013** - Established the Improving Rural Veterans' Access/Engagement in Evidence-Based Healthcare [CREATE](#), the Charleston Health Equity and Rural Outreach Innovation Center ([HEROIC](#)), and the Center for Comprehensive Access and Delivery Research and Evaluation ([CADRE](#))
- 2014** - Published a [study](#) of the population demographics and health care needs of female rural Veterans enrolled in VA care
- 2015** - Established the [Virtual Specialty Care QUERI Program](#) and [QUERI for Team-Based Behavioral Health](#) to improve rural access to health care through technology

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2018 - [Learned](#) that telehealth can be a helpful tool for implementing antimicrobial stewardship in rural hospitals that lack infectious disease specialists

2019 - [Found](#) that tablets for remote communication with VA providers helped Veterans with mental disorders manage their care

RECENT STUDIES: SELECTED HIGHLIGHTS

- **Veterans in rural areas do not face longer kidney transplant wait times**, according to an Iowa City VA study. Veterans in urban areas spent a longer time on dialysis than rural Veterans before registering for the transplant waitlist. But once on the waitlist, rural and urban Veterans did not have a significant difference in how long they waited for kidney transplant. Rural residents have lower transplant rates than urban residents in the general population. ([Transplantation](#), September 2019)

- **Veterans who received video-enabled tablets for telemental health had an increased number of psychotherapy visits and had their medication managed more intensively**, compared to a control group. Tablet recipients also were significantly more likely to meet VA's continuity of care measures for psychotherapy, and also had a lower rate of missed or canceled

appointments. ([Psychiatric Services](#), Aug. 5, 2019)

- **Use of clinical video telemedicine in VA increased by 300% between 2009 and 2015**, found a VA Puget Sound study. The growth rate was faster among rural Veterans than urban Veterans. CVT enables patients and providers to use video conferencing software to hear and see each other. In certain situations, it can be used instead of a trip to the doctor's office or clinic. ([Journal of Rural Health](#), June 2019)

- **Rural Veterans receive more opioid prescription than urban Veterans**, according to a Iowa City VA study. Rural Veterans received 30% more opioids from VA clinicians than their urban counterparts. The researchers concluded that more research is needed to identify the causes of this difference, which could include the fact that it is more difficult for rural Veterans to access treatments for chronic pain that do not require medication. ([Military Medicine](#), May 21, 2019)

- **Telehealth helps with HIV management**, found a VA Office of Rural Health study. Patients who previously traveled long distances to HIV specialty clinics were offered telehealth visits in nearby primary care clinics. In areas where telehealth was available, 13% of patients used the option. Small average improvements in viral suppression were seen in patients offered telehealth compared those

not offered telehealth, regardless of whether patients took advantage of the telehealth or not. Patients who actually used telehealth had large improvements in viral suppression. ([Open Forum Infectious Diseases](#), May 10, 2019)

- **Rural Veterans and Veterans with psychiatric issues were at increased risk of smoking** and were also more severely dependent on nicotine than urban Veterans, in a Durham VA study. The team concluded that these findings underscored the need to reduce barriers for treatment for both smoking cessation and mental health care for Veterans who live in the nation's most rural areas. ([Addictive Behaviors](#), March 2019)

- **Rural and urban ICUs perform similarly in the VA system**, found an Iowa City VA study. Patients treated at rural intensive care units had similar mortality rates to urban ICUs, despite rural locations having lower-complexity facilities. Rural patients were less likely to have respiratory illnesses and more likely to have sepsis than urban patients, and they had higher illness severity scores. Rural patients also had fewer inter-hospital transfers and shorter ICU length of stay. ([Journal of Critical Care](#), February 2019)

For more information on VA studies on rural health and other key topics relating to Veterans' health, please visit www.research.va.gov/topics

VA researchers have been instrumental in developing and evaluating new technologies, interventions, and models of care to help Veterans living in rural areas

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