Rural Native Veteran Health Care Navigator Program (RNV-HCNP)
Northwest Portland Area Indian Health Board, October 20, 2020
Jay Shore, MD MPH, Population Specialist, VRHRC-SLC
Established in 1930
Elevated to cabinet level in 1989
U.S. federal government’s second largest department (after the Department of Defense)
Three main components:
- Veterans Health Administration
  - Office of Rural Health
- Veterans Benefits Administration
- National Cemetery Administration
**RURAL VETERAN VISION, MISSION & STRATEGIC GOALS**

**Vision**

America’s Veterans thrive in rural communities

**Mission**

Improve the health and well-being of rural Veterans through research, innovation, and the dissemination of best practices

**OBJECTIVES**

- Unite relationships within VA and the federal government to exchange rural-centered information
- Collaborate with non-governmental organization that support rural Veterans’ health and well-being
- Expand ORH’s partnership and programing reach

**OBJECTIVES**

- Expand understanding of current health care workforce
- Support rural implications of the MISSION Act

**OBJECTIVES**

- Increase rural Veteran health research
- Innovate new models of care for Veterans who live in rural communities
- Build recognition of VA’s rural research, innovations and outcomes

**Promote federal and community care solutions for rural Veterans**

**Reduce rural health care workforce disparities**

**Enrich rural Veteran health research and innovation**

---

ChooseVA

October 2020
VETERAN RURAL HEALTH RESOURCE CENTERS (VRHRC)

VRHRC, Portland, Oregon

VRHRC, Iowa City, Iowa

VRHRC, Salt Lake City, Utah

VRHRC, Gainesville, Florida

VRHRC, White River Junction, VT

Office of Rural Health Headquarters

Clinical Director: Byron Bair, M.D.
Operations Director: Nancy Dailey, MSN, RN
ORH-WR@va.gov

Rural Native Veteran Health Care Navigator Program
Project Lead: Jay H. Shore, MD, MPH

Executive Director:
Thomas F. Klobucar, PhD
Thomas.Klobucar@va.gov

October 2020
Rural Native Veteran Health Care Navigator Program

Our overall goal is to use an evidenced-based approach to increase Rural Native Veterans’ (RNV) access to healthcare and Veteran-associated benefits, and subsequently improve health outcomes.

This program will connect RNVs to enhanced healthcare options available through the MISSION Act, VA, VHA, and the new Veterans Community Care program, promoting access to all Veteran-associated benefits and resources.
A Health Care Patient Navigator:

- Is a member of the healthcare team who helps Rural Native Veteran patients navigate the healthcare system and barriers that impede access to care. Such assistance may include:
  - Coordinate patient care that engages VA, VHA, IHS, federally recognized tribes, local communities, and other state and federal agencies to improve access to healthcare and benefits
    - This includes, but not limited to, Veterans Benefits Administration (VBA) and National Cemetery Administration (NCA)
  - Connect patients with other resources
  - Help patients understand the healthcare system
• Awareness of Tribal to US Government relations in context of past history.
  – Diversity of tribes, culture and experiences with Federal Government and VA

• Principles of Trusted Interactions
  – Acknowledgement (Past issues and disparities, current challenges)
  – Openness (Transparency of programs, expectations and timelines)
  – Listening (Tribal input received and acted upon)
  – Action (following through on commitments, behavior > words)

• Build on current successes (MOU, VA Contracting Program, etc.)
National Scope/Local Focus

- **National Scope**: Coordinated and cohesive effort to attend to the needs of Rural Native Veterans at an enterprise level, across the US in an evidence-based, systematic, and coordinated manner.

- **Local Focus**: Adapting the national efforts to the needs of individual tribes, villages, islands, communities, and environments of rural Native Veterans.
PROJECT ORGANIZATION AND PARTNERS

ORH Leadership

VRHRC-SLC Leadership

Project Lead
Project Manager

Executive Project Team

VA and Federal Systems Team
Health Care Navigator Team
Native Veteran and Tribal Community Team

Native Veteran and Tribal Community Team Program Partners

VA Office of Tribal Government Relations

University of Colorado Centers for American Indian and Alaska Native Health

Indian Health Services

Native Veteran and Tribal Community Team

VA Center for Minority Veterans
PROJECT TIMELINE

Phase I Development
Seek to understand through extensive literature reviews, focus groups and listening sessions
Build project infrastructure
Identify required resources, personnel and expertise
Develop partnerships across relevant entities
Develop pilot project design and evaluation metrics

Phase II Deployment
Initiate pilot design
Refine, replicate and expand pilot sites
Evaluation

Phase III Disseminate
Integrate program into VISN and VHA infrastructure

October 2020
PHASE 1 NEXT STEPS

Partner initially with 6-7 Tribal Communities from different regions across the country.

- In each region work with a specific Community to invite
  - 4-5 Rural Native Veterans.
  - 2-3 Veterans family members.
  - 2-3 communities members helping veterans.

Listen to their ideas and thoughts how to create a program that can serve them well.

During the pandemic we cannot do this in person, and will conduct discussions through phone or video.

- Approximately 45 minutes.
- Purpose is program development, not a research project.
Jay H. Shore, MD, MPH | Population Specialist
Veterans Rural Health Resource Center_Salt Lake City
Department of Veterans Affairs Office of Rural Health

Centers for American Indian and Alaska Native Health
Mail Stop F800, 13055 East 17th Avenue, Room 347
Aurora, CO 80045.
Phone: 303-724-1465
E-mail: james.shore@va.gov and jay.shore@ucdenver.edu

Mr. Chris Turner, Acting Project Manager
Phone: 801-582-1565 x2770,
E-mail: christopher.turner3@va.gov