RNV-HCNP

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

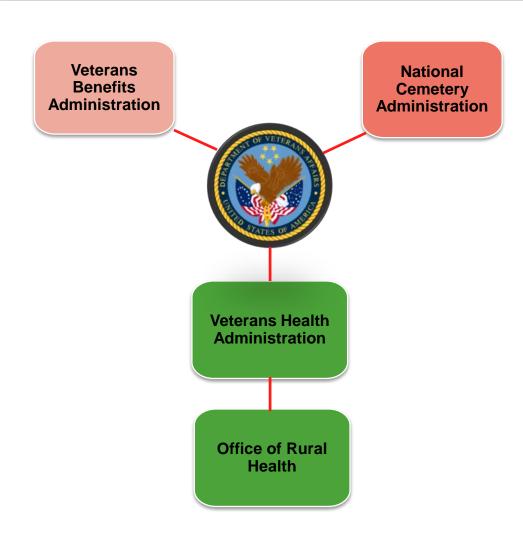








J.S. Department f Veterans Affairs



- 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 Benefit Administration
 - National Cemetery Administration

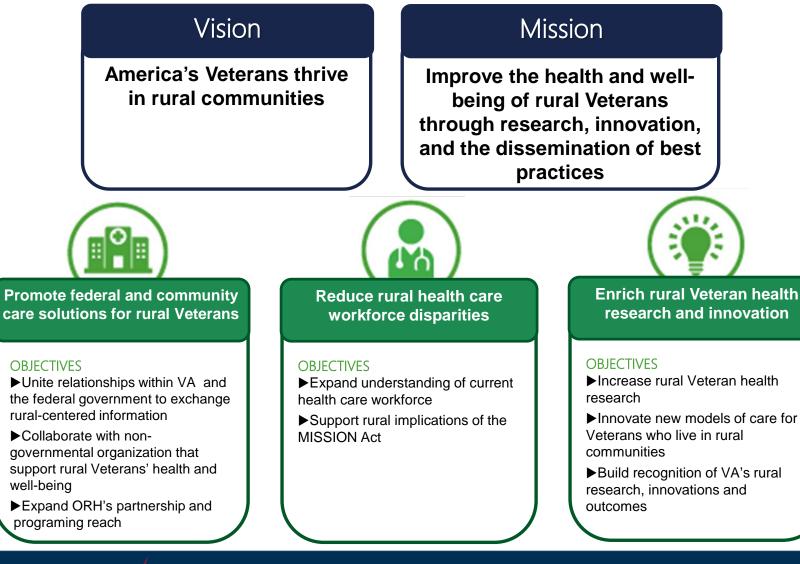


October 2020



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RURAL VETERAN VISION, MISSION & STRATEGIC GOALS





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VETERAN RURAL HEALTH RESOURCE CENTERS (VRHRC)





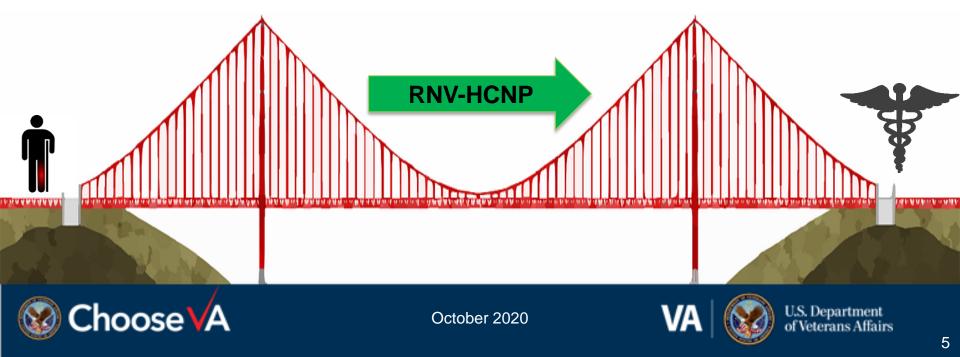


RURAL NATIVE VETERAN HEALTH CARE NAVIGATOR PROGRAM (RNV-HCNP)

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.



RURAL NATIVE VETERAN HEALTH CARE NAVIGATORS

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









ADVANCING TRIBAL-VA PARTNERSHIP

- 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.)

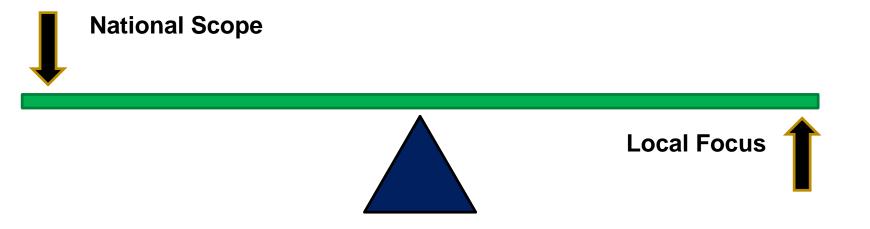








PROJECT APPROACH



National Scope/Local Focus

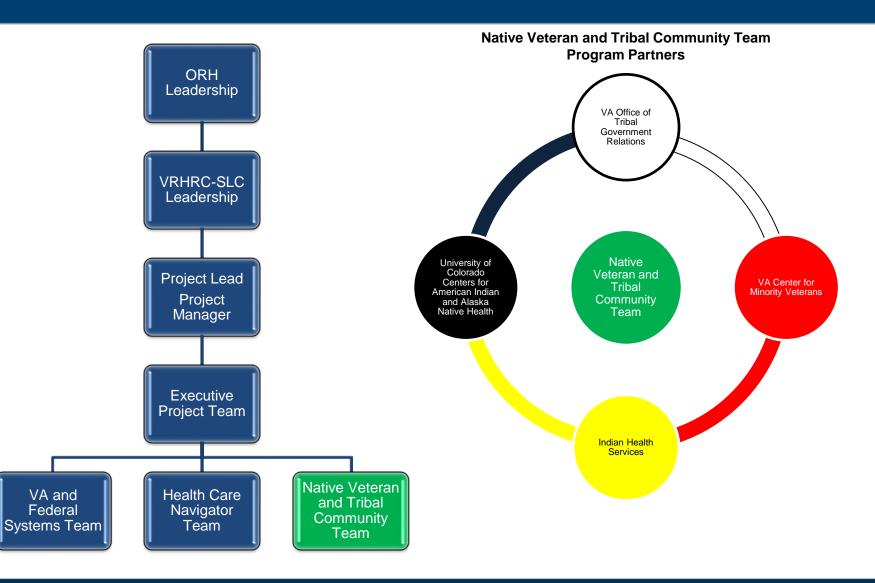
- National Scope: Coordinated and cohesive effort to attend to the needs of Rural Native Veterans at an enterprise level, across the US in a evidencebased, systematic and coordinated manner.
- Local Focus: Adapting the national efforts to the needs of individual tribes, villages, islands, communities, and environments of rural Native Veterans.







PROJECT ORGANIZATION AND PARTNERS







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







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PHASE 1 NEXT STEPS

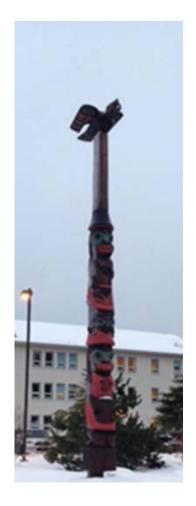
Partner initially with 6-7 Tribal Communities from different regions across the country.

- 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.





October 2020





CONTACT INFORMATION

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