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Insights

Veterans Health in Rural Communities

By Andy Shelden

Rural communities across the country are home to millions of United States military veterans. Of the approximately 20 million veterans in the U.S., roughly a quarter reside in designated rural areas. The health care issues that affect rural veterans are broadly similar to those experienced by rural residents in general, with a few noteworthy differences. Overall, the number one health care issue that rural veterans face is finding access to services.

in poverty. More than 30 percent of rural veterans are classified as having a disability. While only 14 percent of Americans live in rural areas, 25 percent of veterans do.

Pennsylvania is home to nearly 5 percent of the country's veterans, with over 800,000 veterans residing in the commonwealth. That number places Pennsylvania fourth among states in total veteran population, behind only Texas, Florida, and California. About 30 percent of Pennsylvania veterans live in designated rural counties.

Veteran Health Issues

The health care issues of veterans in rural communities generally overlap with those of the overall population in rural areas. Residents of rural communities often lack access to affordable medical care across a variety of services. That lack of access is caused by three primary factors:

Geography: In rural communities, patients spend more time and travel greater distances to access health care than patients in urban areas. Rural areas also tend to lack affordable public transportation options that can get patients to their providers quickly and reliably. Disabled residents in rural areas, in particular, often face steep challenges in accessing care, and veterans suffer from disabilities at higher rates than the general population.

Benefit Availability: The availability of health care benefits varies widely in rural populations and among veterans, specifically. The Veterans Health Administration (VHA), a division of the U.S. Department of Veterans Affairs (VA), operates a health care system designed to support active duty military and veteran medical care. Veterans may be eligible for benefits depending on their service

Characteristics of the Veteran Population

According to the U.S. Census Bureau, only about 7 percent of adults in the U.S. today have served in the military, down from 18 percent in 1980. Overall, the share of veterans in the U.S. population has been in steep decline and that decline is projected to continue. Veterans of the first Persian Gulf War and the more recent Iraq and Afghanistan conflicts now account for the majority of veterans in the nation, displacing the Vietnam generation as the largest share of living veterans.

While the median age of veteran service members is falling and the share of women and ethnic minorities is increasing, rural veterans are still overwhelmingly likely to be older, white males. The majority of rural veterans live above the poverty line but more than 6 percent are classified as living

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time, their disability condition, and a host of other factors. More than half of rural veterans nationwide are enrolled in the VHA health system, compared to 38 percent of urban veterans; 58 percent of those rural veterans enrolled have a service-connected condition. How rural veterans access and pay for their care can be complicated by VHA-eligibility requirements, and by the relationship between the VHA, commercial insurance agencies, and local health care providers. Female veterans, in particular, have been subject to gaps in care due to misperceptions of the benefits available for women. Currently, only 40 percent of Pennsylvania's veterans are able or

choose to enroll in VHA services. In 2019, the Veteran Community Care Program (VCCP) was enacted at the federal level to improve and expand quality health care access for veterans and requires the VHA to offer non-VHA health care services to eligible veterans.

Access to Health Care Services

Rural areas are characterized by reduced availability for primary care services, as well as fewer options for specialists such as audiology, podiatry, physical therapy, gynecology, and optometry, among others. More advanced specialty care like surgery or pulmonary centers may be non-existent in many rural areas. In Pennsylvania, the


VHA operates one large health care system site in Pittsburgh, plus seven primary medical centers around the state which are home to a range of primary and secondary care services. The VHA also offers more than thirty community-based outpatient clinics (CBOCs) in smaller and more geographically remote communities in Pennsylvania, designed to facilitate primary care services. Only one of the seven VHA medical centers in Pennsylvania is located in a designated rural area.

Veterans and Mental & Behavioral Health Services

The availability of mental and behavioral health services in rural communities is an area of acute concern for providers and community partners and has a significant impact on our veterans. One in four veterans has a diagnosable mental health condition, a rate about 25 percent higher than the general population, and only about half of veterans with a diagnosable condition seek treatment. Veterans suffer disproportionately from post-traumatic stress disorder (PTSD) and traumatic brain injury (TBI), often as service-connected conditions. The rate of suicide among veterans is more than 50 percent higher than among non-veteran adults, and suicide is the second-leading cause of death among veterans under the age of 45. Suicide rates among veterans climbed steeply through much of the 2000s and 2010s, a product of the post-9/11 military campaigns, but veteran suicide rates have been declining slightly since peaking in 2018.

Health care providers and advocates, including the VHA, have prioritized expanding telehealth services in recent years to close the access gap in rural and urban areas. Telehealth services are increasingly seen as a critical tool in increasing access to mental health services to areas and populations that have typically been underserved. However, rural communities often lack the broadband infrastructure needed to make telehealth services a viable and reliable option for rural residents. While the COVID-19 pandemic has opened some doors, it will take a partnership of local and federal governments, private insurance companies,

and health care providers to make telehealth a more effective component of rural health services, and mental and behavioral health services in particular.

In addition, studies have shown that veterans hold negative views of mental health treatment. The military fosters a culture of self-reliance that may make some veterans skeptical of the efficacy of mental health interventions. Cultural issues within the military may also create challenges for veterans to identify or address mental health issues in their fellow members. Women and ethnic minority veterans may be particularly susceptible to these intercultural stigmas. Providers and advocates need to be sensitive and responsive to this mental health stigma as they encounter veterans in the health care system. 



RESOURCES

Veterans Administration Office of Rural Health
ruralhealth.va.gov

Veterans Administration Office of Public and Intergovernmental Affairs: Toolkits for Clinical Professionals
va.gov/OPA/persona/professional_researcher.asp

Veterans Administration Community Provider Toolkit
mentalhealth.va.gov/communityproviders/index.asp#sthash.DvpAAZem.dpbs

Rural Health Information Hub: Veterans and Access to Health Care
ruralhealthinfo.org/topics/returning-soldier-and-veteran-health

Rural Health Research Gateway: Veterans
ruralhealthresearch.org/topics/veterans

National Rural Health Association: Rural Veterans Health Initiative
ruralhealth.us/programs/rural-veterans-health-initiative



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