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Collaborative employs “friendly” technology to care for older, rural veterans and their caregivers

By **Charlotte Haberaecker**

Jeff and Sheila married in 1977. Jeff, a Vietnam veteran who has battled post-traumatic stress, has cared for Sheila at home since her Alzheimer’s diagnosis at age 56. He says the stress of caring for his wife is the hardest thing he has ever had to face. “It takes an emotional toll on a person,” he says. “Day by day, you are faced with tremendous loss.”

The troubling reality is that Jeff’s situation is not unique, given our rapidly aging nation. By 2020, one in five U.S. adults will be older than age 65, representing an “unprecedented” growth in the number and proportion of older adults, notes the Centers for Disease Control and Prevention. Combine this with U.S. Department of Veterans Affairs statistics showing more than 9 million living U.S. veterans are ages 65 and older, with an estimated 4.7 million U.S. veterans overall living in rural areas (tinyurl.com/yc7p8jb9), and a myriad combination of special considerations and challenges surfaces when it comes to caring for older veterans and their caregivers.

Older rural veterans, like their civilian counterparts, often face isolation, dementia or limited financial resources. They may have unmet daily needs, such as transportation to medical appointments, companionship or help with challenging household tasks. A growing body of research (tinyurl.com/y5dsyunl) indicates that everyday social determinants like these—when compounded by struggles with wartime injuries or Post-Traumatic Stress Disorder—affect the health and well-being of countless older veterans.

“Aging in Rural America,” a 2015 *Health Affairs* article (tinyurl.com/y6gpa8vp), found that rural adults “suffer disproportionately poorer health and worse outcomes” than do their urban counterparts. A quantitative study in the *American Journal of Public Health* (tinyurl.com/y2q4k28r) found veterans living in rural settings had “significantly more physical health comorbidities” than their urban and suburban counterparts, and scored significantly lower in quality-of-life measurements.



Photo: Suzanne Shaff

Rural Minnesotan Carol Crust (left) with Renee Ransom, a volunteer with the Remote Caregiver program.

The same scholarly work advised policymakers to “anticipate greater health care demands from rural populations” as the U.S. population ages.

Logic dictates, then, that without factoring crucial social determinants into service programs serving older veterans—particularly those in rural locations—an opportunity to improve outcomes for them is lost.

In response to this insight, we launched Lutheran Services in America’s Great Plains Senior Services Collaborative. This ongoing, multi-year project focuses on developing and implementing sustainable solutions that enable older, rural adults to maintain autonomy, improve health and well-being and achieve a higher quality of life.

With the active engagement of more than 130 partners and stakeholders, the Collaborative’s Phase 1 (2016–2019), supported by a national foundation grant of \$2.5 million, led to improved health and quality of life of more than 1,100 vulnerable elders (many of whom were veterans) in more than 70 rural communities in Minnesota and North Dakota.

Specifically, 88.4 percent of participants reported their health and quality of life had improved, 90.2 percent reported reduced stress and 98.6 percent said the program in which they participated was of high quality. Building on this early progress, the Collaborative earned an additional multi-year grant of \$3.4 million for expanded efforts that began early this year, and now also will include Montana.

A Model to Serve Rural Communities Nationwide

We view this as a model that can scale nationally—but why? In addition to building in key social determinants, the Collaborative leverages a rural community’s assets—such as community centers, local churches and congregations, area veteran organizations or a community’s largest employer, such as its local nursing home. Also, the Collaborative recognizes the value of incorporating user-friendly technological tools for veterans’ caregivers—a spouse or family member who also may be a veteran—and benefits from independent evaluation of program design and results by North Dakota State University (tinyurl.com/yyovhymf).

Consider the Collaborative’s Remote Caregiver program in rural Minnesota. It has made great strides in helping to improve the quality of life for rural veterans and their caregivers, serving more than 200 veterans or family members (representing a 50 percent increase in the number of people being assisted by the program).

Roxanne Jenkins, associate vice president of Services for Older Adults at Lutheran Services in America’s member organization Lutheran Social Service of Minnesota (LSSMN; www.lssmn.org/), notes the importance of including “caring for the caregiver” elements in LSSMN’s Remote Caregiver program, as well as forging strategic partnerships with area congregations and County Veterans Service Offices (CVSO) to provide additional services and supports. “By working together with CVSOs, we are able to bring more caregiver service supports to veterans and their families,” Jenkins says.

User-friendly technology also plays a key role in the program and has been a central part of the program’s success. “Caregiver respite services are a critical part of our formula of helping both the veteran and his or her caregiver,” Jenkins said. “And by incorporating technology tools and the active involvement of community partners, we help ensure self-care for caregivers.”

Incorporating user-friendly technology tools into Remote Caregiver efforts—whether by connecting veterans with their caregivers while they’re at work via Skype or FaceTime, by saving time by ordering groceries online, by holding support group video chats or by providing step-by-step training to caregivers on how to use an iPad—all have translated into healthier, more competent and more confident caregivers who, as Jenkins said, will be able to care for their loved one “longer and stronger.”

LSSMN created strategic partnerships with local and national entities that support its goal of lending a hand not only to rural veterans, but also to the loved ones who care for them. One such Remote Caregiver partnership is with the Legacy Corps for Veterans and Military Families, part of the AmeriCorps federal service program. Legacy Corps volunteers spend several hours a week helping veterans, but also giving their caregivers much needed time off for self-care.

Where Does the Funding Come From?

Lutheran Services in America's grants for the Collaborative help support many of the Remote Caregiver services; additional support comes from Title III Older Americans Act funds; through Cost Share (based on a person's ability to pay for service); and through Elderly Waiver and Alternative Care Grants in Minnesota, where people qualify for services and supports based on care level and income. In making these investments in service delivery for rural veterans, it is critical to note that by helping older veterans avoid hospitalization, rehospitalization or other expensive institutional care, the Collaborative and its efforts offer more economical solutions for families and for the healthcare system overall.

In using Remote Caregiver's respite care and caregiver counseling via the program's user-friendly technology, Jeff sees great improvement in his days caring for Sheila. "It has made all the difference in the world and I am coping much better," he notes. "I don't know where I would be without this program, and I am grateful."

"Through efforts like the Great Plains Senior Services Collaborative and its programs like Remote Caregiver in Minnesota, we're shifting how we view caregiving challenges and solutions. ... the more we can educate people about the importance of caring just as much for the caregivers as for the veterans, the better off countless rural veterans will be at the end of the day," said Jenkins. ■

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