



**NORTHERN VIRGINIA VETERANS ASSOCIATION**

**SOLUTIONS COLLABORATIVE WHITE PAPER**

**OUTCOMES & ACTIONS**

**(November 2021)**



## The Northern Virginia Veterans Association: Who We Are

**NOVA Veteran's Quality of Life Cycle®**  
One point of entry for local services, resources,  
personal support, follow-up and care.



NOVA Veterans is a 501c3 organization dedicated to improving the lives and wellbeing of veterans in northern Virginia and surrounding regions. Our mission is more critical than ever due to the most susceptible and at-risk population of veterans we serve. Our target veteran population is identified as the most vulnerable: the elderly, those who are living in poverty, those with mental and emotional health challenges, and the disabled. We understand that veterans' social determinants of health also have an impact on how they are able to access and receive services. We aim to create equity in access and receipt of services by bridging and aligning the veteran's many needs with the appropriate services and organizations.

Because our specific population of veterans have multiple challenges we provide personal comprehensive support so they are able to equally access and receive the many resources available. NOVA Veterans Association is the bridge to access services not otherwise attainable

### Northern Virginia Veterans Association's Process for Success

We employ a comprehensive case management system coupled with a network of known and vetted partners to develop a customized course of action and wellness plan for each veteran and/or that veteran's caregiver/spouse. We first holistically assess

each veteran's most pressing needs and then focus on follow-on issues to ensure comprehensive services, wrap-around support and continuity of care is accomplished. Meeting veteran's urgent needs followed by advocacy and action steps for continuous improvement in their overall quality of life is our priority.

### **Our Support Services protocol includes:**

1. Performing a comprehensive holistic intake to determine extent and priority of needs
2. Researching potential services/resources that align with specific veteran needs and demographics
3. Filling out online provider service requests and direct coordination between providers and veteran
4. Ensuring services are rendered and veteran receives appropriate timely care and support
5. Following up with veteran/caregiver to confirm all needs are met to improve their quality of life

**NOVA Veterans Association's service is unique when compared with a referral or navigation service.** It requires professionals who are trained in one-on-one client case management, advocacy, and HIPAA/privacy-compliant data management tools in order to personally and effectively support our veterans. It is essential to understand the necessity of our personal case management and advocacy service as the aging and underserved veteran population needs increase. Without this service and support our most vulnerable veterans are forgotten.

# VETERAN BARRIERS TO ACCESS

## THE COMMUNITY ACTION PLANS FOR SUSTAINABLE SOLUTIONS

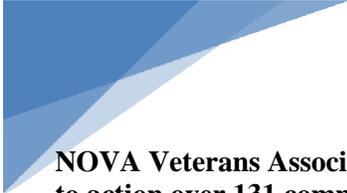
For Each Question we Framed the Issue  
&  
Listed Two Areas of Focus:

- 1) **VETERAN'S PERSPECTIVE  
(THOSE NEEDING SERVICES)**
- 2) **ORGANIZATION'S PERSPECTIVE  
(THOSE PROVIDING SERVICES)**

### Executive Summary

#### Challenge Statement:

After NOVA Veterans and George Mason University's February 2021, Veterans Needs in a Pandemic Panel, NOVA Veterans called to action over 131 community partners representing 68 organizations, ranging from national organizations, to government agencies, to large corporations and local veteran service organizations (VSO's). We focused on creating solutions based on three primary and urgent veteran needs. Now, we ask and challenge our governments, philanthropic investors, foundations, and community businesses to listen, understand and take action!



**NOVA Veterans Association called to action over 131 community partners representing 68 organizations; ranging from national organizations, government agencies, large corporations, and local veteran service providers. Today, we will create change Together!**

#### Background & Collaborative Partners

NOVA Veterans initiated the Solution's Collaborative due to the **need to take action together as a community**, in order to diminish these pervasive obstacles to veteran health and wellness. We invited partners from across the state and nation who shared our specific aspiration, to **stop talking about these challenges/obstacles and start creating feasible courses of action, NOW**. Over 131 individuals representing 68 organizations joined our forces. They included: George Mason University, Blue Star Families, Virginia Department of Veteran Services, Tech for Troops, NOVANT UVA Health Systems, Integrative Medicine for the Underserved, Culpeper Housing and Shelter, University of Virginia (Dr. Kim Albero) Combined Arms, Easterseals, Red Cross, Humana, TD Foundation, AARP, Aunt Bertha, NV Rides, PHS Healthcare, Workhouse Arts Center, Dulles Area Transportation Association, Congressman Wittman, Shepard's Center, Planning for Senior Life, PWC Community Services, Care Advantage, Area on Aging, Brain Injury Services, Yellow Ribbon Fund, HEAL Foundation, InsideNoVa (Paul Lara), Serving Together, Willing Warriors, American Legion Post 177, Project Mend a House, Catholic University, Operation First Response, Prince William Commission on Aging, Mental Health Association of Fauquier, Northern Virginia Regional Commission, VITAS, and others (See Appx B). We list our partners because they teamed with us, collaborated and broke down silos in order to integrate our joint knowledge, expertise and needs is this action-oriented platform used to create the following solutions. Many foundations and grantors are asking for this dynamic within our communities, and this is an extraordinary amount of interdisciplinary cross industry insight provided by leaders motivated by one thing; the need to create funded sustainable programs and take the actions necessary to develop solutions now.

**Our focus was to develop feasible solutions, around these three veteran needs:**

- 1) Information Technology (IT) - owning a device, operating a device, keeping it maintained (hardware/software) and affording internet services.
- 2) Transportation - reliable, consistent, affordable, timely.
- 3) Access to Healthcare Services - in person and virtual (telehealth)

**For each question we framed the issue & listed two areas of focus for our solutions research:**

- 1) Veteran's perspective (those who need services)
- 2) Organization's perspective (those who provide services)

**For each category of need we discussed:**

- a) Challenges
- b) Consequences of not meeting those challenges
- c) Solutions

After we completed our initial Solutions Collaborative Panel February 2021 we surveyed our partners to determine their role, expertise, and ability to support, and the veterans' needs within their area. The following is an excerpt from our survey and partner's answers.

- 1) Do you see you/your organization's contribution as having a positive impact towards the solutions? **80% Agree.**
- 2) Does your organization have veterans in need of services related to the following topics (check any that apply):  
information technology **40%**, transportation **40%**, health care **40%**.
- 3) Will these collaborative solutions help you/your organization meet its mission goals? If so, In what ways? **60% YES, many provided additional details. See Appendix C for partner details.**

**Why and how these needs were determined.**

These needs were determined through grassroots missions and programs of NOVA Veterans Association and our community partners. Through years of data collection and listening to our veterans, their spouses, families, and their caregivers we were able to assess the greatest collective needs and most individualized nuanced needs. This information gave us the understanding and analytics to determine our greatest service gaps and the best courses of action to lessen these gaps. Working together with our partners in this Solutions Collaborative, we were able to understand how ubiquitous many of these gaps are across partner services. Over the last 10 months we aggregated enough information from our partners and additional research, to direct some best next steps in order to close these gaps. For our veterans because they deserve better, and for our service partners because we do too.

We received many new ideas, solutions and parts of solutions around the above veterans' needs and challenges. In addition, we learned about current and on-going resources, of which the majority had not realized were available. We collected the input and survey responses over the last 10 months, aggregated and organized into an operational framework ready for use and presented in this plan. Also integrated, is additional relevant research that drives the need for action now.

**VETERAN BARRIERS TO WELLBEING**

- 1. IT- Devices, Use/Operation, Internet**
- 2. Transportation – Affordable, Reliable, Safe**
- 3. Healthcare Access – In Person & Virtual**

## Introduction

The first and main area of focus is from the veteran's perspective. This summarizes current negative impact, describes collaborative ideas and solutions, and delineates plans around the following three critical veteran needs:

1. **Information Technology (IT).** This is a multifaceted barrier to veterans accessing and receiving services and resources. Aligned with this, service organizations may have IT infrastructure and website challenges that can further compound IT barriers on both sides (veteran's use and organization's interface platform).
2. **Transportation.** Services and mobility deserts were critical challenges prior to the pandemic. Since the pandemic transportation needs have been exacerbated. This need is focused on nonemergency and non/semi-ambulatory planned appointments.
3. **Healthcare Access.** Services were diminished or completely stopped for primary, dental, vision, and specialty care. Many appointments were cancelled with no follow-on appointments created. Community, free clinics and others were not accepting new patients. Some providers pivoted to telehealth options, though this facilitated another set of veteran challenges.

Our second area of focus was to determine challenges from the organization's perspective (i.e., NOVA Veterans and other VSO's). Two essential components included veteran to organization's interface platforms, such as the website and phone system. Simply put, if the website is not easy to navigate and use for a person who struggles with online applications, then you create a veteran barrier to access your services/resources. All service organizations should make it a priority to have a website that's ADA compliant, clean, highly functional, compatible with smartphones, and intuitive. If you have a phone system with multiple prompts and no live person to answer, this too can be an insurmountable challenge for veterans who cannot hear well and/or gets confused and frustrated easily. These basic business platforms and applications should meet the needs and abilities of our veterans, AND operational requirements of the VSO. However, they come at a price and take significant human and financial resources to create and maintain. This struggle is unfortunately extremely common among many nonprofits who cannot afford to fix their own barriers of access because they cannot get the funding to develop basic infrastructure required for any well operating businesses. I would like to thank a recent Bob Woodruff Foundation research paper that shares these specific challenges of veteran service organizations and what foundations should do to change their thinking around grant making processes and requirements (see sidebar).

Due to limited time and resources, we will not go further into this second area. Please note, **ability to access a service application is the absolute first step in being able to receive the service.**

### Bob Woodruff Foundation

"Grant makers are strongly encouraged to learn more about veteran-serving organizations, and consider the myriad ways in which they qualify under, intersect with, and perhaps complement current grant programs that support the fields of housing, food security, health and wellness, community development, family togetherness, education, etc.; and to ease restrictions on grant making to small and local organizations. While it is possible that some veteran-serving organizations perhaps especially the very small, grassroots efforts typified by Local Partners, may not meet current grant making criteria, many offer a level of critical crisis support that is not replicated elsewhere in the community." (BWF, COVID-19, March 2020).

**Authors:** Angela H. McConnell, Ph.D. & Rachel Andriosky, MS

**Contributors:** Melissa Dargis, MS and the Northern Virginia Regional Commission

# Information Technology (IT)

This is a multifaceted barrier to veterans accessing and receiving services and resources. From the veteran's perspective you have three barrier components: One, have access to or own a computer or device; two, understand how to use it and keep it up-to-date; and three) have internet services. These are three mutually inclusive criteria that must be supported by a comprehensive solution for sustaining connectivity with the veteran. Meaning, we may have an organization that provides a computer, like Tech for Troops. This takes care of the first component – owning a computer or device, but without IT support to keep the device up-to-date and functional, this solution will soon be outdated and nonfunctional. In addition, teaching the veteran how to use their device and new programs is an on-going requirement. Without having this encompassing IT support, we leave the veteran potentially more frustrated and feeling helpless. Lastly, having internet in the home requires both funds to purchase and a location that offers some form of internet. There are free and low-cost internet programs becoming more available, which closes this internet gap. A Federal Communications Commission (FCC) report on internet and access further supports that barriers to broadband adoption include veteran's digital literacy and are impacted by relevance, price, and location. (FCC, Report on Promoting Internet Access Service for Veterans, May 2019).

## **Collaborative Partners and providers with current programs providing IT components, as part of the solution:**

- **Computers for Veterans - Mark Casper, Tech for Troops** - refurbish computers for veterans. Work with local schools, businesses and individuals to acquire computers.
- **Internet Subsidies for Low Income - Federal Communications Commission, Emergency Broadband Benefit** - assist qualifying households with up to \$50/month towards internet.
- **Adaptive Computer Technology for the Hard of Hearing - Debbie Jones, Northern Virginia Resource Center for Deaf & Hard of Hearing Persons** – Technology Assistance Program (TAP) provides telecommunication equipment to qualified applicants whose disabilities prevent them from using a standard telephone.
- **Adaptive Technologies for the elderly and disabled – Commission on Aging - Ray Beverage**
- **Utilizing college (ROTC) and high school students (JROTC)** or any students who offer to be trained to support and teach veterans on how to use and maintain their computers (Dr. Kim Alberio, University of Virginia).
- **Utilize IT company volunteers** to support and teach veterans how to use and maintain their computers

This brief list of resources and services is only an example of what our partners shared and what is available. Every elderly and disabled veteran should receive care and support adapted to their individual abilities and requirements. However, an overwhelming and overarching theme to this entire paper's solutions plan is, **there must be an organization(s) able to coordinate and ensure these veteran barriers are identified, removed, and a workable comprehensive solution is created and able to be sustained for the veteran/family.**

**Authors:** Angela H. McConnell, Ph.D. & Rachel Andriosky, MS

**Contributors:** Melissa Dargis, MS and the Northern Virginia Regional Commission

## **Information Technology - Solution's Plan**

### **Develop a business to manage and coordinate the multiple IT services and resources available**

- Identify Veteran IT Needs through an organization that performs comprehensive intakes so they understand the following:
  - 1) Is the veteran able to operate a computer/device and fill out an online application correctly and successfully submit?
  - 2) If so, what is their overall computer skill level and do they need additional support or adaptive technology?
    - a. If they need support coordinate with a support program listed above. If one does not exist, work with partners to facilitate one's development
  - 3) Does the veteran have a computer/device?
    - a. If no, work with service provider to receive one. Ensure the latest needed software is installed.
    - b. Arrange training if needed
    - c. Schedule sustained check ins and support
    - d. Follow up with veteran AND service providers (on-going)
  - 4) Do they have internet or can they can get internet?
    - a. If they do not have it but can receive, identify local program and coordinate installation and ensure it is operational
    - b. If internet is not an option, determine what service organization can work over the phone with veteran (e.g., NOVA Veterans) or determine if veteran can get to a library to use a computer successfully
  - 5) Once the veteran is successfully set up with computer, internet, training and information, determine on-going needs and identify qualified VSO to coordinate a warm handoff.



Veterans 55 and older have the largest number of suicides 58.1%, and that number increases with age VA  
*National Suicide Report, 2005-2015*



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**Contributors:** Melissa Dargis, MS and the Northern Virginia Regional Commission

# Transportation

The lack of transportation services for veterans to and from medical appointments at both Veteran Administration (VA) and civilian hospitals and clinics detrimentally affect multiple stakeholders. For Veterans seeking medical services and continuity of care, and for families and caregivers providing assistance, missed medical appointments heighten the anxiety and stress of those involved. The immediate negative effects of missed medical appointments on a veteran's physical health and emotional well-being are significant and can be life-threatening. For clinicians, missed appointments increase the difficulty of providing direct healthcare services and sustaining follow-on continuity of care. Furthermore, as a result of missed appointments, hospitals and clinics face exorbitant financial cost increases; increases resulting from loss of systems efficiency due to cancellation and rescheduling of appointments and for additional general and emergency services that are required to treat the veteran in declining health.

Transportation services for veterans to their medical appointments is difficult to arrange for numerous reasons, including transportation organizations' prohibitively high costs, not accepting insurance, not serving veterans of all ages and not serving those with disabilities. In addition, most transportation programs will not provide same day or next day services, they require a one to two-week advance reservation, most have limited service hours and time restraints for each trip, and more (See Appx E). These limiting criteria are on-going and have been compounded during the COVID-19 pandemic as organizations change their procedures in accordance with the Centers for Disease Control, Occupational Safety and Health Administration, and state mandates.

## FACTORS THAT PREVENT RELIABLE SAFE TRANSPORTATION

- High cost of transportation or insurance not accepted
- Complicated application process
- No immediate services / weekend service
- Age restrictions 50 to 65 years of age and older
- Limited geographic region, limited hrs, limited duration
- Limited number of trips in a time period
- Only drop offs at transportation stations/stops
- Serving only ambulatory veterans
- Drivers not allowed on military installations
- Lyft/Uber not experienced with veteran-specific needs

### Providers with current mobility programs providing parts of the solution:

- **Over 57 transportation organizations/mobility programs** in the northern Virginia and Washington D.C. area offer some form of transportation support with varying capacities, costs, and requirements. See Appendix E for the list and details. **Still, leaves a large gap in mobility needs.**
- **Dulles Area Transportation Association (DATA) with NOVA Veterans.** Mobility grant providing free transportation to healthcare and vaccine appointments for elderly and disabled veterans, in a specific geographic region of northern Virginia. Helps fill the gap transportation need.
- **Carolyn Pennington, Shepherd's Center of Northern Virginia** - provide services free of charge to adults 50+ who reside in their service area for transportation to medical appointments and transportation for Errands. **Also fills the essential need of when a veteran requires a person to sign them out after a medical procedure.**

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## **Projected Outcomes**

For as long as transportation services remain inaccessible to Virginia's most vulnerable veterans, their overall health, well-being, and continuity of care may continue to decline. The 2017 US Census reports out of 199,049 veterans living in our 10-county service area, 62,471 of these veterans are categorized to be within our vulnerable veteran population with 4,688 (2.4%) in poverty, 31,431 (15.8%) disabled, and 26,352 (13.2%) age 75+. These are the veterans who urgently need our support and services.

Transportation services for veterans to their medical appointment locations would decrease the number of missed appointments and may increase the veteran's willingness to schedule routine and follow-up appointments; thereby improving whole-person health and well-being. Not only would veterans experience less stress and anxiety in finding a way to get to their appointments, but a positive interaction with their driver could help improve feelings of loneliness and isolation; another component of well-being we cannot overlook.

Other impacted stakeholders are healthcare providers and hospitals/clinics. Healthcare providers would be able to see their patients on a regular basis to provide care continuity and preventive care, and continue building their patient/provider relationship. With a shift to value-based care, patient-centeredness and patient satisfaction are increasingly at the forefront of care. Hospitals/clinics would benefit on multiple fronts from veterans arriving and arriving on time to their medical appointments. Additionally, by removing the transportation barrier, veterans would more likely seek preventive medical attention instead of waiting until the ailment becomes an emergency resulting in ambulance transport to the hospital emergency room.

The Northern Virginia Veterans Association (NOVA Veterans) is the bridging nonprofit that provides our vulnerable veterans (elderly, disabled, low income, underserved) personal and direct access to healthcare services. NOVA Veteran's holistic services include coordinating veteran transportation needs with local transportation organizations. However, transportation organizations/programs are unable to provide the required services, thereby producing a debilitating gap in veterans' continuity of care and the consequential failure of aligned needs and services. This failure inevitably creates excessive costs for both the veteran and the overall healthcare system.

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**Veteran JoAnne arrives at her community hospital via ambulance. Unfortunately, getting home after receiving care was an unpredicted challenge. A senior official at a local hospital treating veterans shared that the hospital did not have resources to arrange transportation home for veterans who lacked the means to arrange their own transport. The official noted that it was against the rules to ask staff to drive the veteran home; however, no provision is made to support veterans or local hospitals with these cases (on-going limitations to reliable transportation).**

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This report outlines current veteran transportation deficiencies in the Northern Virginia region including Stafford, Fredericksburg, Culpeper, Orange, Fauquier and Loudoun Counties. It suggests ways to improve upon services and create new innovative programs that meet the diverse and complex needs of underserved veterans. By researching and identifying transportation organizations and understanding their gaps in service, our community is better equipped to collaborate and create a practical solution. A viable transportation solution will reduce the number of missed medical appointments and significantly improve overall veteran health and well-being.

**Authors:** Angela H. McConnell, Ph.D. & Rachel Andriosky, MS

**Contributors:** Melissa Dargis, MS and the Northern Virginia Regional Commission

## **Transportation - Solution's Plan**

**Develop a business to manage and coordinate mobility needs for underserved, elderly and disabled veterans. Develop a business to manage and coordinate transportation services, from the over 57 available services and resources. (Both businesses can be one of the same).**

- **Vets Drive Vets Transportation Program. Angela McConnell, President NOVA Veterans** - Create a transportation program to meet the gaps in need: 24/7 support, quick response, easy to request services, consistent, reliable, patient, and safe. Able to accommodate for specific needs (e.g., no mobile phone or device, cannot walk well, hard of hearing, being anxious or fearful).

### **Offering the following:**

- Reliable and safe
- Affordable or free
- Responsive to same-day requests
- Appropriate for veteran's specific needs (e.g., impaired mobility, anxieties, spouse accompany)
- Structured to serve veterans of all ages
- Real-world geographic area of operations (covering areas outside of Northern Virginia and required trips to outlying clinics and VA hospitals)
- Increased operating times to meet unpredictable situations and after-hours appointments
- Ability to communicate with NOVA Veterans Association's Support Services to confirm veteran is picked up, arrived safely at destination, and returned home
- Create an interactive automated database program where all mobility programs can be entered, updated, cross-referenced and efficiently used by veteran service organizations. Functionality includes: entering veteran data and accommodation needs and cross referencing it with available services. Currently many programs are run by volunteers and it takes multiple calls and extraordinary effort to arrange one veteran ride. 211 resources help but are very limited. Overarching integrated database system is required for automated efficient outcomes, otherwise the work to set up one ride is arduous, convoluted, piecemeal and unnecessary with today's technology.

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# HEALTHCARE ACCESS

Healthcare access is a wide and diverse topic. Our initial challenge focused on lack of health clinics and available appointments due to the pandemic. We received no significant insight on how to change this for the future. However, we will now focus on the healthcare access process as it challenges veterans today. We will analyze the medical appointment process from making the appointment, to seeing the healthcare provider, and then getting back to the place of origin, usually the veteran's home. Being able to make an appointment is the first step and requires computer abilities and/or telephone abilities. Next step is making your appointment on time, with required documents or information (e.g., insurance, health records). If appointment is in person, transportation may be the required lynchpin, if it is virtual or telehealth then computer/phone capabilities is the lynchpin. These are essential components of having healthcare access, not adequately factored in when multiple accommodations are required, as described previously. We have to think of these three areas needs, IT capabilities, transportation and healthcare access as inextricably linked when developing solutions. Our goal, is to clearly convey this interdependent operational dynamic, so we, as service providers can execute a comprehensive approach to veterans receiving

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*NOVA Veteran's Mobility Manager was performing a transportation intake with a 75-year-old Veteran. He began to cry when he learned that he was finally able to have transportation to his long-awaited doctor's appointment. He became even more emotional when told we were also able to take him to his follow-up. He said he was so afraid that he wouldn't be able to get his care. He also stated that he didn't want to take away rides from other veterans so he didn't want to use us again. We replied, use our program as much as you need, it will not affect us helping your fellow veterans. October 2021.*

(Made possible with NOVA Veterans and the DATA mobility grant.)

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healthcare and not just provide one area of need and ignore the rest. If this comprehensive and long-term approach is not considered it can leave our veterans frustrated, confused, hopeless and living without their necessary healthcare.

## **Providers with current healthcare programs providing a part of the solution:**

- **Capital City Nurses, Dolores Athey** - Remove access barriers by bringing healthcare into the home. Telehealth, in person, virtual screening devices such as Constant Companion that uses technology such as Alexa and a tablet. Can assist a bed bound individual with controlling lights, thermostat, checks ins daily.
- **Electronic Caregiver, Brad Clearfield** – fall prevention, medication reminders, locators, telehealth connectors
- **SafeinHome, Andrea Vincent** - **trusted provider of Remote Supports** for people with disabilities to live self-directed, independent lives.
- **Regina Damiano, PHS Healthcare Management** provides services based on the specific medical requirements of the patient at home.
- **Virginia Medicaid is Looking for Recommendations on How to Support Home and Community-based Services** - New federal funds from the American Rescue Plan Act may soon be available to support home and community-based services (HCBS). The Act also allows funding for some behavioral health services. We are particularly interested in ideas to achieve these goals:

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- Improvements in access for Medicaid members
- Investments in technology
- Improvements in quality of care
- Strategies to build workforce capacity, including recruitment and retention
- Funding to support Developmental Disability Waiver providers whose operations were disrupted by COVID-19

The health and wellness of our veterans is at great risk due to lack of transportation, computer and IT challenges and their multiple sometimes complex needs. These challenges have been on-going for years, but have been exacerbated due to the extreme impact of the pandemic situation, layering deteriorating health with added fears emotional distress.

In addition to the health and wellbeing of our veterans and their families being impacted, a missed healthcare appointment creates a ripple effect producing negative consequences in the healthcare system from administrative rescheduling and added workload, to the healthcare provider's patient plan and follow-on medical necessities. All of these creating massive inefficiencies and increased wasted spending.

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2016 study estimated that marginal cost for no-shows for all clinics in the Michael E. DeBakey VA Medical Center (MEDVAMC) in Houston TX was \$28.66 million in 2008 (Kheirkhah, 2016). 2017 study estimated that missed appointments cost the U.S. Healthcare system \$150 billion each year (Gier, 2017).

### **Healthcare Access – Solution's Plan**

- Develop regional comprehensive support VSO's that work with government and other veteran agencies. They must have skilled case managers and advocates that can provide the necessary time, focus and follow-up required for elderly and disabled veterans with multiple complex but very usual needs. NOVA Veterans is one such example VSO.
- Develop efficient, effective IT and Transportation programs (see previous sections).
- Develop veteran outreach campaigns including plans for distribution of program information so it is displayed at civilian and military/veteran hospitals and clinics, libraries, social services offices and others.

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*Veteran Arthur needed a ride to his hospital for a pre-surgical exam and his family member who was going to drive him cancelled a week prior. This left NOVA Veterans a short amount of time to search for and coordinate a ride, which was eventually accomplished but after a large effort and repeated requests for assistance from local transportation organizations. Arthur then needed a ride to the hospital for his surgery which was scheduled a few days after pre-op. No organization was able to support on short notice. A request went out to the general population from NOVA Veterans that resulted in a local medical transport company stepping up and providing a ride for free. When Arthur arrived for surgery they pushed his 0900 time back 4 hours. The transport driver waited all day not knowing when Arthur would be out of surgery and need his ride home. It was night fall when Arthur finally made it back home safe but exhausted. This unfortunately is common story, replete with ongoing multiple limitations to reliable transportation.*

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## **Conclusion and Required Actions**

The two resounding themes from 10 months of collaborating with over 131 leaders from 68 organizations were: 1) We have a tremendous amount of resources and services already established and available but not used to capacity or not used at all. What we do not have are organizations that analyze and organize these numerous resources and services according to their specific program focus like transportation, IT support, or elderly/disabled accommodation resources. Having these resources and services understood and organized so they could be efficiently utilized by VSO's and countless other organizations, would have exponential effects on streamlining these available resources and finally allowing them to effectively provide what they were created to provide. 2) We have tens of thousands of underserved, elderly, and disabled veterans who are not able find, apply for, and receive the services they need. They require a stronger accommodations-tailored bridge to access services, NOVA Veterans is one such bridges. A bridging organization with this mission requires a) infrastructure and processes to provide a comprehensive intake to determine veteran's holistic needs and their specific barriers to access and receive services; b) system to determines what resources are available, what the criteria is for using them, and providing these to the veteran in a way such that the veteran can successfully use them. There is no substitute for personal one-to-one attention and follow-up that our elderly and disabled veterans may require and definitely deserve.

### **Call to Action: Targeted Funding focused on whole-veteran support and long-term solutions**

1. Fund organizations that are the bridge to access services and provide personal comprehensive case management and advocacy, direct coordination and warm hand-offs to service providers, and continuous follow-up. NOVA Veterans is one for this region but we need more throughout Virginia and our nation.
2. Fund establishment and operation of an IT management organization that can coordinate with other VSO's and agencies to ensure veteran IT needs are known and provided for. (This type of organization does not exist to our knowledge).
3. Fund infrastructure development for nonprofits who should have basic business operations capabilities. This includes, internet, communications platforms, database systems, computers, phone systems, **and the skilled professionals to run and maintain them.** Nonprofits are filling enormous gaps within our community services, with little to no funding to develop or improve basic business operations.

This lack of funding is due to grantors and funders mainly funding specific programs (e.g., homelessness, food insecurity, employment); and not funding critical infrastructure and human resource requirements (aka overhead). We now know comprehensive case management and advocacy is the lynchpin that does away with short-term bandaide fixes like paying an overdue utility bill or providing veterans a single ride, or getting a meal on the table. The comprehensive approach truly considers the whole veteran and their social determinants, so sustainable long-term support can be established; yielding veterans' financial stability, reliable transportation and on-going healthy meals. Short-term fixes promote reoccurrence of these problems putting undue burden and stress on the veterans and the service organizations. Getting to the root of a veteran's challenges is the key to improved and sustained health and wellbeing. Honoring our veterans through first listening and understanding creates the foundation from which we can successfully provide what's necessary for supporting their overall quality of life. Collaboration around this joint veteran mission will continue to drive positive change necessary to meet the veteran's needs in our ever-changing landscape.

## Appendix A References

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**APPENDIX B**

**Northern Virginia Veterans Associations & George Mason University MVFI  
NOVA Veteran's Solutions Collaborative Attendees**

<b>FIRST NAME</b>	<b>LAST NAME</b>	<b>ORGANIZATION</b>
Amber	Sultane	AARP Virginia
Genea	Luck	AARP Virginia State Office
Hank	Waters	American Legion Post 177
Chris	Duffley	American Red Cross
Mary	Santini	American Red Cross
Crystal	Evatt	At Home Care Staffing
Tammy	Franey	At Home Care Staffing
CG	Niquette	Aunt Bertha
Kelley	Klor	Blue Star Families
Julie	Riggs	Blue Star Families
Raisa	Velez	Brain Injury Services
Andrew	Wilinski	Brain Injury Services
Delores	Athey	Care Advantage- Ready Hands, Allegiance and Amasia Home Care, Capital City Nurses
Vincent	Kiernan	Catholic University of America
Bryan	Escobedo	Combined Arms
Julian	Brickey	Constituent Services Representative/Wounded Warrior Fellow Office of Congressman Gerald E. Connolly
DeAngela	Alexander	Culpeper Housing and Shelter Services
Robert	Perry	Department of Homeland Security
Sarah	McGowan	Dulles Area Transportation Association (DATA)
Karla	Nativi	Dulles Area Transportation Association (DATA)
Doug	Pickford	Dulles Area Transportation Association (DATA)
Kelly	Woodward	Dulles Area Transportation Association (DATA)
Luke	Frazza	Dulles Area Transportation Association (DATA)
Carrie	Diamond	Easterseals
Dina	Schumer	Evolent Health
Debbie	Bradbard	George Mason IVMF

Christian	Betancourt	George Mason University
B	Burfeind	George Mason University
Juanita	Corea	George Mason University
Jillian	Lim	George Mason University
Keith	Renshaw	George Mason University
Heather Marie	Sinda	George Mason University
Destiny	Spencer	George Mason University
Ana	Stoehr	George Mason University
Michele	Watson Crone	George Mason University
Lesley	Irminger	George Mason University - University Events
Brian	Newberry	Girl Scouts of Eastern WA and Northern Idaho
Jacqueline	Aime	Humana
Valery	Ischinger	Humana
Mark	Kazmier	Humana
Jonathan	Shinkle	Humana
Tiffany	Zambrana	Humana
David	Caudle	Humana Inc.
Mary	Carmody	Impacting Veterans Lives - Midwest Veterans Closet
Paul	Lara	InsideNova
Heather	Carrie	Integrative Medicine for the Underserved (IM4US), A Project of Tides Center
Richard	Lane	Legal Service of Northern Virginia
Susan	Nolan	Legal Service of Northern Virginia
Hilda	Leva	Legal Services of Northern Virginia
Eric	Reeves	Leidos
Virginia	Hendrix	Medi Home Health and Hospice
Renee	Norden	Mental Health Association of Fauquier
Kandi	Mitchell	Military Women's Memorial
Kenneth	Thompson	NADTC, Easterseals
Jeremy	Johnson-Miller	National Aging and Disability Transportation Center
Andrew	Zinkievich	NC VFW, Humana
Peggy	Tadej	Northern Virginia Regional Commission

Fred	Stuart	Northern Virginia Veterans Association
Marshall	Keith	Northern Virginia Veterans Association
David	Bice	Northern Virginia Veterans Association
Veronica	Bennett	Novant Health UVA Health System
Kim	Golanski	Novant Health UVA Health System
Diana	Pullin	Novant Health UVA Health System
Jennifer	Kanarek	NV Rides
Rachel	Simon	NV Rides
Evan	Hendler	Office of Congressman Wittman
Thomas	Barnett	OMS
Peggy	Baker	Operation First Response
Gina	Damiano	PHS Healthcare Management
Lori	Krause	Planning for Senior Life
Raymond	Beverage	Prince William Commission on Aging
Heather	Martinsen	Prince William County Community Services
John	Swirchak	Project Mend-A-House
Candy	Fenn	Resident, Prince William County
Barrett	Weiser	Retired Veteran
Brenda	Taylor	Retiree
Aimee	Stoddard	Serving Together
Christy	Kenady	ServingTogether, a program of EveryMind
Carolyn	Pennington	Shepherd's Center of Northern Virginia
Dana	Rizzo	Singh Corporation
James	Darragh	Sitter & Barfoot Veterans Care Center
Audrey	Lomax	Student, George Mason University
Constantine	Ferssizidis	TD Bank
Jeff	Rhodes	TD Bank
Mark	Casper	Tech for Troops
Liesa	Dodson	The Harbor at Renaissance
Lisa	D'Alessio	The HorsePower Equine Assisted Learning Foundation (HEAL)
Elizabeth	McDaniel	The Medical Team
Brenda	Lauer	The Truman Foundation
Kim	Albero	University of Virginia
Frank	Lombard	Upper Peninsula Commission for Area Progress (UPCAP)

James	Grenier	USAF, American Legion
Theodore	Brown	Veterans Administration
James	Wartski	Veterans Administration
George	Delahanty	Vet Center
Ward	Nickisch	Veteran Advocate
Nigel	Casanova	Veterans Integration To Academic Leadership (VITAL) VA, NY Harbour Healthcare System
John	Pickens	VeteransPlus
Erica	Witherspoon	Virginia Department of Veterans Services
John	Maxwell	Virginia Department of Veteran Services
Sharon	Dalton	Virginia Department of Veterans Services
Donna	Harrison	Virginia Department of Veterans Services
Brandi	Jancaitis	Virginia Department of Veterans Services
Caleb	Johnson	Virginia Department of Veterans Services
Brittany	Jones	Virginia Department of Veterans Services
Quintrel	Lenore	Virginia Department of Veterans Services
Ken	Lyles	Virginia Department of Veterans Services
Katie	Spinazzola	Virginia Department of Veterans Services
Annie	Walker	Virginia Department of Veterans Services
James	Wartski	Virginia Department of Veterans Services
Tish	Rothenbach	Virginia Department of Veterans Services
Crystal	Sanderfer	Virginia Department of Veterans Services
Daphne	Eaton	Virginia Department of Veterans Services/VVFS
Mark	Whiting	Virginia Department of Veterans Services-Military Medics and Corpsmen Program
Rosa	Concepcion	VITAS Healthcare
Larry	Zilliox	Warrior Retreat at Bull Run
Brian	Gilman	Warriors & Quiet Waters Foundation
Emily	Sather	Warriors & Quiet Waters Foundation
April	Heard	Welcome Home Alliance for Veterans
Alyssa	Goggan	Workhouse Military in the Arts Initiative
Debra	Balestreri	Workhouse Military in the Arts Initiative (WMAI)
Kyle	VanSchoyck	Yellow Ribbon Network
Donald	Collins	No Associated Organization (NAO)
Scott	Cox	NAO

Curtis	Kennedy	NAO
Jim	Manning	NAO
Alexander	Shamis	NAO
Shawn	Springer	NAO
Philip	Swinford	NAO
Ron	Tran	NAO
Maalon	Woods	NAO

## APPENDIX C

### NOVA Veteran's Solutions Collaborative Attendee Comments

#### INFORMATION TECHNOLOGY

First Name	Last Name	Organization	Comments
Julie	Riggs	Blue Star Families	Establish a cloud-based database of info. Case notes available, progress during transitions is smoother. Make notes in one system.
Renee	Norden	Mental Health Association	Statewide system (template form) would protect nonprofits from liability.
Brandi	Jancaitis	Virginia Department of Veterans Services	Statewide DVS program for vets and family support and resources. Training and technology assistance
Dr. Kim	Ablero	UVA	Fill the need with young people who have time and talent. Create network of individuals to support and assist elderly vets. Eg., ROTC nit in college (nurses and med school students, public health, HIPAA trained). From end user side, each generation gave input on way they get info best (eg., older – phone & younger – computer) Did a program used in long term care and seniors aging in homes.
Raymond	Beverage	PW Commission on Aging	Independence Empowerment Center - Center for Independent Living, ideas on using devices from the VA, Virginia Assistive Technology System, customixed keyboard, adaptive devices. General Assembly met and is putting money into VATS for devices, if under ADA, you qualify.

## TRANSPORTATION

First Name	Last Name	Organization	Comments
Diana	Pullin	Novant Health UVA Health System	This type of service would be extremely valuable to veterans in my opinion. There is an intense need for transportation to routine medical appointments that does not always fall under the current scope of services.
Dana	Rizzo	Waltonwood Ashburn	Free Transportation is important for all Veterans. A program like this would assist and support case managers for timely discharges from the hospitals, skilled nursing facilities, and also improve access to medical care for doctor's visits. Assisted Living Communities also could use support for their Veterans, those that do not provide transportation, since many of the Veterans Hospitals are further away.
Bryan	Escobedo	Combined Arms	Transportation is always a resource that is in low supply. It is expensive and hard to fund. I love that you all are considering this. Especially in rural areas. I've heard of shuttles that run out of American Legions and VFW's in rural areas to the VA. It is a win-win for both groups. The problem is keeping volunteer drivers engaged, and the liability insurance and vehicle maintenance costs. I have also heard of partnerships with Lyft to transports veterans to and from the Houston Foodbank to receive critical items. A corporate rideshare partner may be interested.
Jennifer	Kanarek	NV Rides	Did a grant funded pilot taxi program in Fairfax County (6-7 weeks) and contracted with local taxi company, program used codes and booked round trips. Drivers were made aware of older frail adult passengers, gentle assistance, and if wheelchair and accommodations were needed. If a volunteer driver program fell through, the taxi pilot could be utilized. Passenger could only use taxi if they did not required another person with them.

**HEALTHCARE ACCESS**

<b>First Name</b>	<b>Last Name</b>	<b>Organization</b>	<b>Comments</b>
Gina	Damiano	PHS Healthcare Management	Remove access barriers by bringing healthcare into the home. Help patients avoid readmission to the hospital. Tailor care to patient, can be post-procedure follow-up, primary care, routine care, etc. Saw patients in home during the pandemic, saw elderly isolation. Maintained visits for overall wellness, human contact/touch.
Dr. Kim	Albero	University of Virginia	VDH is reconvening the statewide COVID-19 task force initially aimed at addressing testing, containment, and vaccination in long term care facilities for updates on the delta variant and current CDC guidelines for vaccines. I can connect this group with task force members and/or translate some of their work to this group and offer some ideas around increasing access to care for veterans
Dolores	Athey	Capital City Nurses	Telehealth, in person, virtual screening devices such as Constant Companion that uses technology such as Alexa & a tablet. Can assist a bed bound individual with controlling lights, thermostat, checks ins daily. Adaptive Technologies for hearing impairment. Electronic caregivers for fall prevention, medication reminders, locators, telehealth connectors.

## Appendix D IM4US Poster Presentation



### Transportation as a Critical Healthcare Component for Veterans

Angela H. McConnell, Ph.D. & Rachel Andricosky, MS

#### Background

The Northern Virginia Veterans Association (NOVA Veterans) is the bridging nonprofit that delivers personal direct support, providing our vulnerable veteran population (elderly, disabled, underserved, low income) access to care and services. Their holistic services include coordinating veteran transportation needs with local transportation organizations.

**The Challenge:** Transportation organizations/programs are not able to provide the required services **producing a debilitating gap** in veterans' continuity of care and consequent breakdown of aligned needs and services. The COVID-19 pandemic has exacerbated these gaps, as organizations have lost funding and halted services.

**Call to action:** Develop partnerships with community organizations that have existing transportation service infrastructure that can be modified to align with the needs of local veterans. Or, create a pilot program to meet the varied and immediate transportation needs.

#### Core Values

**Safe-** Veterans should have access to transportation that is physically safe and drivers should feel empowered and equipped to foster an environment where veterans feel understood and cared for.

**Reliable-** Transportation to and from medical appointments should be timely and should meet the needs of a diverse set of backgrounds and circumstances

**Consistent-** Dependable transportation should be routinely available for both urgent/same day and scheduled medical appointments.

#### NOVA Veteran's Quality of Life Cycle<sup>®</sup>

One point of entry for local services, resources, personal support, follow-up and care.



OUR VETERANS SHOULD HAVE  
**SAFE, RELIABLE AND CONSISTENT**  
TRANSPORTATION TO NECESSARY APPOINTMENTS

#### Veteran Challenges

- High cost of transportation or Insurance not accepted
- Complicated application process
- No immediate services / weekend service
- Age restrictions 50 to 65 years of age and older
- Limited hours, limited trip duration
- Limited number of trips
- Only drop offs at transportation stations/stops
- Serving only ambulatory veterans
- Drivers not allowed on military installations
- Limited geographic region

#### Projected Outcomes

- Decreased missed medical appointments, thereby increasing whole-person health and wellness
- Declined stress and anxiety due to having safe, comfortable and reliable transportation
- Reduced feelings of loneliness from having a personal ride experience allowing for family members, caregivers and therapy dogs
- Increased hospital/clinical systems efficiency due to lowered appointment cancellations, changes, or never established. Thus improved bottom line
- Improved patient continuity of care thus decreased diminishing health conditions and associated costs

#### Acknowledgments

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