



# Reaching Rural Veterans: Applying Mind-Body Skills for Pain Using a Whole Health Telehealth Intervention: The RAMP Pilot

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## Background

Although rural-dwelling Veterans experience a disproportionate burden of pain, they are more likely to be prescribed opioids and less likely to receive evidence-based, non-drug pain treatment, including complementary and integrative health (CIH), than urban Veterans.

## Objective

The Reaching Rural Veterans: Applying Mind-Body Skills for Pain Using a Whole Health Telehealth Intervention (RAMP; UG3NR020929) pilot study examined the feasibility and acceptability of a telehealth intervention for chronic pain for rural-dwelling Veterans.

## Methods

- **Pilot** for phased Type II randomized hybrid effectiveness-implementation trial of RAMP intervention.
- **RAMP Intervention:** Integrates multiple CIH self-management approaches (pain education, mindfulness, pain-specific exercises, and cognitive behavioral strategies), to address Veterans' capability, opportunity, and motivation related needs for supporting adaptive pain self-management behaviors.<sup>1</sup>
  - **Format:** 1-to-1 session facilitated by a trained facilitator followed by 11, 90-minute group sessions.
  - **Group sessions:** included pre-recorded expert-led education videos, mind-body skills training and practice, reflections, and group discussions.
- **Design, setting, and participants:**
  - Single-arm pilot feasibility study of the RAMP intervention.
  - 40 rural patients from the VA healthcare system with moderate to severe chronic pain, recruited from the Southeast region of the United States from July to September 2024; follow-up completed in January 2025.
  - **Surveys** administered at baseline & 14 weeks.
- **A priori feasibility milestones:** **Enrollment** (n = 40, at least 35% women and 35% from minoritized groups), **intervention engagement** (75% engage with at least 7/12 sessions), **satisfaction** (75% satisfied with program), **fidelity** (facilitators deliver 90% of session activities 90% of the time), and **data collection** (80% completion).

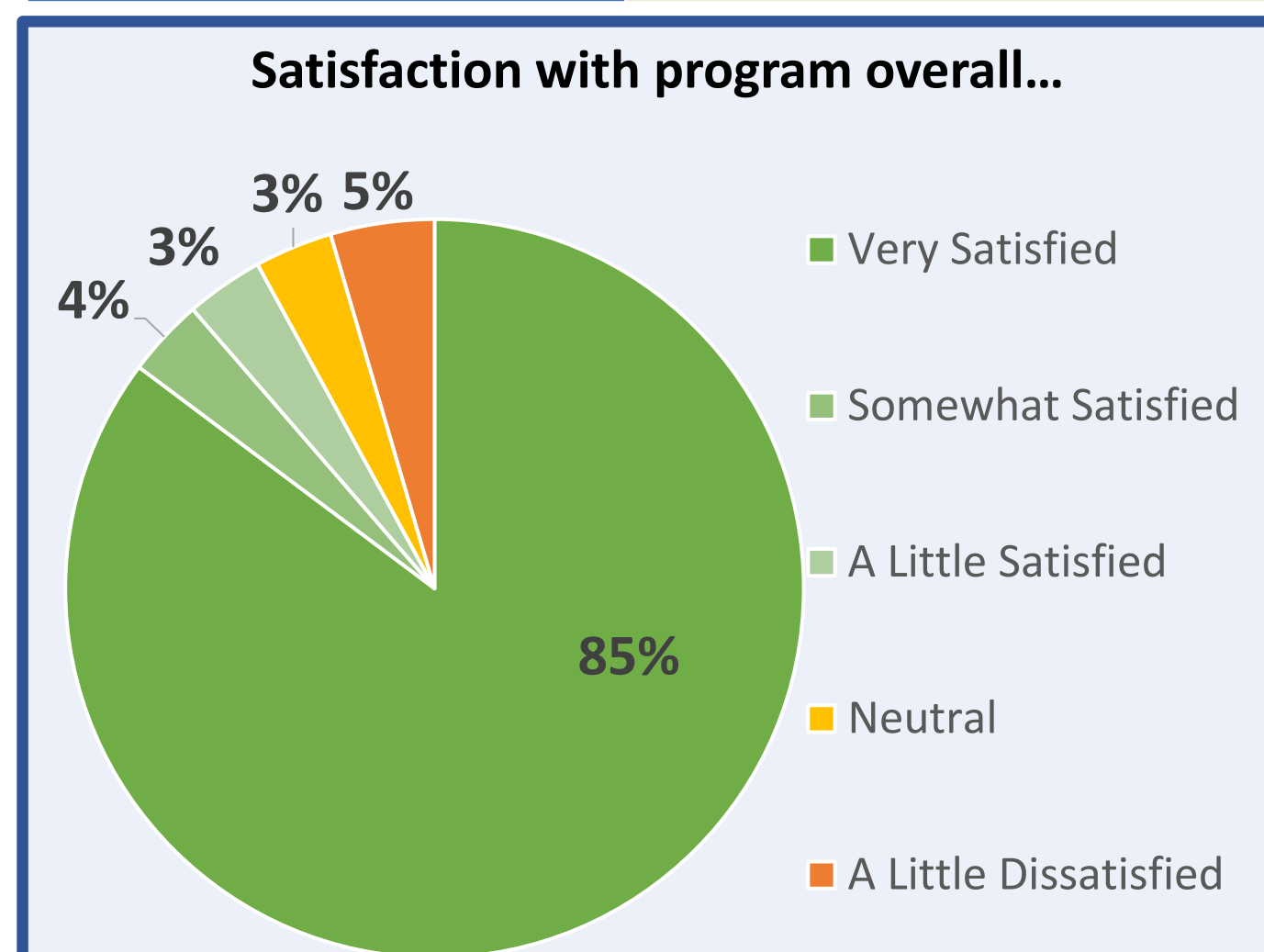
**Key findings: The pilot study suggests it is feasible to conduct a full-scale randomized trial to assess the effectiveness of a multi-modal CIH self-management intervention for rural VA patients highly impacted by chronic pain. The RAMP intervention also appears to address Veterans' pain self-management related behavioral needs.**

## Snapshot of Sample

<b>40 participants</b>
52.5% <b>Women</b>
62.5% from <b>racial/ethnic minoritized groups</b>
Mean <b>age:</b> 57 years
50% had a college degree
15% described <b>household financial situation</b> as "comfortable"
20% employed full-time
82.5% had <b>high impact chronic pain</b>
Mean <b>pain-related function:</b> 7.0 (SD = 1.7)
Mean <b>pain intensity:</b> 6.8 (SD = 1.7)
22.5% reported using an <b>opioid medication</b> for pain in the past year

## Met or came close to meeting the feasibility milestones

Milestone	Actual
<b>40 rural Veterans, at least 35% female, 35% racial ethnic minorities</b>	40 rural Veterans enrolled; 52.5% female, 62.5% racial ethnic minorities
<b>75% satisfied with RAMP program</b>	90% satisfied with RAMP Program
<b>75% engage with ≥7/12 sessions</b>	68% engaged in ≥7/12 sessions
<b>Facilitators deliver 90% of session activities 90% of time.</b>	Facilitators delivered 100% of session activities 100% of time
<b>&gt;80% complete post-treatment data collection (14 weeks)</b>	75% completed survey



1. Michie S AL, West R. The Behaviour Change Wheel: A Guide to Designing Interventions. Silverback Publishing; 2014.

## RAMP supported participants' pain self-management capabilities, opportunities, and motivations<sup>1</sup>

(0 = Completely disagree to 10 = Completely agree)

	M (SD)
<b>Capabilities</b>	
I learned ways to prevent my pain from flaring up	7.3 (2.1)
I learned ways to manage my pain when it is bothering me	8.1 (1.9)
I learned ways to help me do my daily activities comfortably (e.g., driving, sitting at a desk, lifting)	7.7 (2.3)
I learned ways to get more physically active	7.3 (2.9)
I learned ways to manage my sleep	6.6 (2.3)
I learned ways to manage my stress	7.3 (1.9)
I learned ways to deal with worrying thoughts and feelings about my pain	7.2 (2.5)
<b>Opportunities</b>	
The program was set up in a way that made it easy for me to participate	9.0 (1.7)
The program took a reasonable amount of time	8.4 (2.2)
The program staff provided helpful reminders	9.4 (1.0)
The program was helpful for connecting me with other people who have pain	8.8 (2.1)
<b>Motivations</b>	
The program provided me a sense of accomplishment in taking care of my pain myself	8.2 (2.0)
The program provided me a plan for how to take care of my pain myself	8.2 (1.8)
The program helped me get into a habit of taking care of my pain	7.6 (2.4)
The program gave me confidence that looking after my pain is something I can do myself	8.2 (1.9)
The program gave me hope or optimism that my pain can get better	7.8 (2.7)

## Discussion

- Scalable, telehealth CIH self-management interventions for chronic pain are feasible and acceptable to rural VA patients and could help accelerate and improve the implementation of nonpharmacological pain treatment.
- The pilot study also illustrated opportunities for optimization, to increase engagement and survey completion rates.
- The next phase—a randomized, pragmatic clinical trial—will enable us to determine effectiveness of RAMP on improving Veterans' chronic pain and important biopsychosocial outcomes.

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