



Testimony
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VA HEALTH CARE

Office of Rural Health Efforts and Recommendations for Improvement

Statement of Alyssa M. Hundrup, Director, Health Care

Accessible Version

GAO Highlights

Highlights of [GAO-24-107245](#), a testimony before the Committee on Veterans' Affairs, House of Representatives

Why GAO Did This Study

In fiscal year 2022, about one-third of the 8.3 million veterans enrolled in VHA lived in a rural area.

Comparatively, about one-fifth of Americans lived in a rural area. VA projects rural veterans will continue to represent a significant proportion of the nation's veterans. VA identified rural veterans as an underserved population in its strategic plan and included an objective to increase health care access for rural veterans.

VHA's Office of Rural Health was established in 2006. In fiscal year 2022, the office's budget was about \$311 million, which it used to fund initiatives and research projects. That same year, the office served about 547,000 veterans, according to officials.

This statement describes GAO's recent work examining VHA's Office of Rural Health, including recommendations GAO made on (1) communicating research funding opportunities across VA and (2) developing performance goals.

This statement is based on GAO's work issued in May 2023 ([GAO-23-105855](#)). GAO also reviewed information on VHA's efforts to implement GAO's recommendations.

View [GAO-24-107245](#). For more information, contact Alyssa M. Hundrup at (202) 512-7114 or hundrupa@gao.gov.

January 11, 2024

VA HEALTH CARE

Office of Rural Health Efforts and Recommendations for Improvement

What GAO Found

Veterans living in rural areas can face challenges that lead to disparities in access and quality of health care compared with their urban counterparts. For example, previous GAO work and research have highlighted staffing shortages and limited access to broadband internet that may affect rural veterans' access to health care. The Department of Veterans Affairs (VA) identified the Office of Rural Health, within the Veterans Health Administration (VHA), as one of the main offices responsible for increasing rural veterans' access to care. The office's mission is to improve the health and well-being of rural veterans through research, innovation, and the dissemination of best practices. To support its mission, the office provides two types of funding:

- **Initiatives.** Funds are used by VHA program offices to expand existing VHA services to rural veterans, such as providing transportation to medical care.
- **Research.** Projects are used by VA researchers to develop, test, and disseminate research in areas outlined in the office's goals and mission. The office's five resource centers, which are field-based hubs, manage a portfolio of research projects in support of the office's mission.

In a May 2023 report GAO recommended that the office require its five resource centers to communicate available research funding opportunities across VA. Each of the resource centers is responsible for identifying research projects to fund; however, GAO found the centers only communicate funding opportunities to VA researchers by word-of-mouth, rather than through a formal process. Relying on informal processes to communicate the availability of funding potentially creates a disadvantage for researchers with whom the resource center staff do not have existing relationships. VA concurred with the recommendation. As of October 2023, it reported that the office has begun taking steps to develop standard operating procedures for communicating research funding opportunities. VA anticipates developing standardized procedures by May 2024.

GAO also recommended that the Office of Rural Health develop performance goals that reflect leading practices, such as being objective and measurable. For years 2020 through 2024, the office's strategic goals are to

1. promote federal and community care solutions for rural veterans,
2. reduce rural health care workforce disparities, and
3. enrich rural veteran health research and innovation.

However, in its May 2023 report, GAO found the office had not developed performance goals that define the level of performance the office aims to achieve during a particular year. For example, while the office collects data on the number of clinicians trained through its funded initiatives and research projects, it had not defined how many clinicians should be trained each year to achieve its strategic goal of reducing health care workforce disparities. By developing performance goals that reflect leading practices, the office can determine which strategic goals may need additional focus or resources to ultimately improve rural veterans' health and well-being. VA concurred with the recommendation. As of October 2023, the office began taking steps to develop performance goals to include in its 2025 – 2029 strategic plan.

Chairman Bost, Ranking Member Takano, and Members of the Committee:

Thank you for the opportunity to discuss our work on the Veterans Health Administration (VHA), Office of Rural Health's efforts to improve the health and well-being of veterans living in rural areas. Rural veterans can face challenges that lead to disparities in access and quality of health care compared with their urban counterparts. Our past work and other research have highlighted a variety of factors that may affect rural veterans' access to health care, such as long distances from health care facilities, limited access to broadband internet, and staffing shortages.¹ In fiscal year 2022, about one-third of the 8.3 million veterans enrolled in VHA lived in a rural area.² Comparatively, about one-fifth of Americans lived in a rural area. The Department of Veterans Affairs (VA) projects rural veterans will continue to represent a significant proportion of our nation's veterans.

In its *Fiscal Years 2022-28 Strategic Plan*, VA identified rural veterans as an underserved population and established a strategic objective to increase health care access for rural veterans.³ The strategic plan also identified VHA's Office of Rural Health as one of the main offices responsible for implementing several actions to increase rural veterans' access to care. These actions include developing innovative models of care for rural veterans, and coordinating and disseminating research on issues that affect rural veterans.

¹For example, see GAO, *VA Mental Health: Additional Action Needed to Assess Rural Veterans' Access to Intensive Care*, [GAO-23-105544](#) (Washington, D.C.: Feb. 9, 2023) and Colin Buzza et al., "Distance is Relative: Unpacking a Principal Barrier in Rural Healthcare," *Journal of General Internal Medicine*, vol. 26, no. Supplement 2 (2011).

²VHA uses the Rural-Urban Commuting Areas system to define rurality. The Rural-Urban Commuting Areas system takes into account population density as well as how closely a community is linked socio-economically to larger urban centers. We use the term rural to include rural, highly rural, and insular island areas.

³Department of Veterans Affairs, *Fiscal Years 2022-28 Strategic Plan* (Washington, D.C.: Apr. 18, 2022).

In May 2023, we issued a report that examined the Office of Rural Health's efforts.⁴ My testimony today summarizes key findings from this report, including recommendations we have made related to:

1. requiring resource centers to communicate available research funding opportunities across VA; and
2. developing performance goals that reflect leading practices identified in prior GAO work, such as being objective, measurable, quantifiable, and linked to other strategic plan components.

For our May 2023 report, we reviewed relevant Office of Rural Health documentation, including its strategic plan and research agenda. We reviewed the Office of Rural Health's funding for fiscal years 2016 to 2022. We also interviewed officials from the office's central office, its five resource centers, and four selected VHA health care systems.⁵ We selected health care systems for variation by geography and rurality, among other factors. Our May 2023 report includes a full description of our scope and methodology.⁶ In addition, we reviewed information on VHA's efforts to implement the recommendations from our report.

We conducted the work on which this statement is based in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

Background

According to our prior work and research, rural communities often have fewer resources compared with urban communities, which can result in rural residents, including veterans, experiencing challenges in accessing

⁴See GAO, *VA Health Care: Office of Rural Health Would Benefit from Improved Communication and Developing Performance Goals*, [GAO-23-105855](#) (Washington, D.C.: May 4, 2023).

⁵A VHA health care system is an integrated health care delivery system under the direction of one administrative parent facility—such as a VHA medical center—and comprised of multiple health care facilities such as community-based outpatient clinics, offering an array of health care services to veterans in a defined geographic area.

⁶See [GAO-23-105855](#).

health care.⁷ In particular, rural communities tend to have fewer hospitals, health care providers, transportation options, and broadband access compared to urban communities. We have previously reported on how increases in rural hospital closures, coupled with fewer providers, have negatively affected access to care for rural residents.⁸

Similarly, rural veterans can experience unique challenges in accessing health care. According to VHA, compared with urban veterans, rural veterans tend to (1) experience higher levels of poverty, with 44 percent earning less than \$35,000 annually, (2) be older, with more than 60 percent of rural veterans over the age of 65, and (3) experience worse health outcomes, including higher rates of cardiovascular deaths and suicide deaths.⁹ Our past work also identified that rural veterans may face unique barriers to accessing mental health care compared with urban veterans, and that rural veterans used some mental health programs at lower rates than urban veterans.¹⁰

In 2006, the Veterans Benefits, Health Care, and Information Technology Act of 2006 established the Office of Rural Health within VHA to conduct, coordinate, promote, and disseminate research on issues that affect rural veterans.¹¹ The office's strategic plan reiterates its statutory mandate and defines its mission to improve the health and well-being of rural veterans through research, innovation, and the dissemination of best practices.¹² In the plan, the office outlines how it intends to improve the health and well-being of the 2.7 million veterans living in rural communities through its three strategic goals—broad statements outlining what an organization hopes to achieve to advance its mission.

⁷For example, see GAO, *Maternal Health: Availability of Hospital-Based Obstetric Care in Rural Areas*, [GAO-23-105515](#) (Washington, D.C.: Oct. 19, 2022) and Medicaid and CHIP Payment and Access Commission, *Medicaid and Rural Health* (Washington, D.C.: April 2021). Also see Hillary D. Lum et al., "Anywhere to Anywhere: Use of Telehealth to Increase Health Care Access for Older, Rural Veterans," *Public Policy & Aging Report*, vol. 30, no. 1 (2019): 12-18.

⁸GAO, *Rural Hospital Closures: Affected Residents Had Reduced Access to Health Care Services*, [GAO-21-93](#) (Washington, D.C.: Dec. 22, 2020).

⁹Veterans Health Administration, Office of Health Equity, *National Veteran Health Equity Report 2021* (2022).

¹⁰See [GAO-23-105544](#).

¹¹Pub. L. No. 109-461, § 212, 120 Stat. 3403, 3421 (2006).

¹²Veterans Health Administration, *ORH 2020-2024 Strategic Plan*.

For years 2020 through 2024, the Office of Rural Health's strategic goals are to

1. promote federal and community care solutions for rural veterans,
2. reduce rural health care workforce disparities, and
3. enrich rural veteran health research and innovation.

To support its strategic goals and advance its mission, the Office of Rural Health provides funding for initiatives and research.

- **Initiatives.** Funds are used to promote and expand existing VHA services to VA facilities that serve rural veterans. For example, in fiscal year 2022, the office provided funding for VHA's Member Services Veterans Transportation Service, which provides transportation to VA facilities for regular medical appointments and ambulance services for veterans living in rural areas.
- **Research.** Projects include developing and testing interventions to address disparities in health care for rural veterans and then disseminating these interventions to VA facilities that serve rural veterans. For example, in fiscal year 2022, the office provided funding for a telehealth exercise research project, which is developing a telehealth rehabilitation intervention for veterans with knee osteoarthritis.

In addition to a central office, the Office of Rural Health oversees five resource centers, which are field-based satellite offices that serve as hubs of rural health research, innovation, and dissemination.¹³ Resource centers are to support the office's mission by managing an annual portfolio of funded research projects. Resource center staff are to provide (1) technical assistance and program guidance to internal and external stakeholders, such as state offices of veterans' affairs, on issues affecting rural veterans and (2) mentoring and training to develop future researchers in rural health care within VA.

From fiscal year 2016 through fiscal year 2022, the Office of Rural Health's total budget increased by about 69 percent. In fiscal year 2022,

¹³The Office of Rural Health administratively established three resource centers in 2008, located in Iowa City, Iowa; Salt Lake City, Utah; and White River Junction, Vermont. These centers received statutory recognition in the Honoring America's Veterans and Caring for Camp Lejeune Families Act of 2012, Pub. L. No. 112-154, § 110, 126 Stat. 1165, 1175 (2012). In fiscal years 2019 and 2020, the Office of Rural Health established two additional resource centers in Gainesville, Florida, and Portland, Oregon, respectively.

the Office of Rural Health's total budget was about \$311 million. That year, the office allocated approximately \$245 million to rural health initiatives and about \$56 million toward the office's five resource centers, according to office budget data.¹⁴ Through its funded initiatives and research projects, in fiscal year 2022, the Office of Rural Health served around 547,000 veterans, according to Office of Rural Health officials.

Requiring Resource Centers to Communicate Research Funding Opportunities

In our May 2023 report, we made a recommendation to the Office of Rural Health to develop a policy requiring its resource centers to communicate available research funding opportunities across VA.¹⁵ We found that each of the office's five resource centers—which are responsible for identifying research projects to fund—only communicated these funding opportunities to VA researchers informally, such as by word-of-mouth. For example, officials from one resource center said that researchers learn about the center's funding opportunities from other VA researchers with whom the resource center staff have existing relationships. Officials from another center said that they do not put out open announcements because they already receive far more applications for research projects than they are able to fund.

Because the office informally communicates research funding opportunities, some researchers in VA with relevant knowledge and experience may not be aware of this funding. For example, officials we spoke with from a rural health care system in Alaska told us that they were unfamiliar with the funding opportunities available through the resource centers. Additionally, relying on professional connections and word-of-mouth to communicate the availability of funding potentially creates a disadvantage for the more recently established resource centers that have less developed connections across VA. For example, officials from one resource center told us that when the center was first established three years ago, all of the projects it funded were conducted by local researchers because the resource center staff had yet to make connections across VA. By developing a policy for communicating funding

¹⁴According to Office of Rural Health officials, the data we analyzed represented the office's budget authority for a given year. GAO defines budget authority as authority provided by federal law to enter into financial obligations that will result in immediate or future outlays involving federal government funds.

¹⁵See [GAO-23-105855](#).

opportunities across VA, the office could reach a larger pool of applicants, which in turn would allow the office to ensure the research projects it selects and funds best align with its mission.

VA concurred with our recommendation and in October 2023 stated that the office had begun taking action to address it. Specifically, VA officials said that in September 2023 the Office of Rural Health's central office leadership met with the office's five resource center directors to discuss potential communication processes for announcing future funding opportunities. The office plans to use the discussion with resource centers to inform the development of standard operating procedures for communicating funding opportunities to researchers across VA. VA estimated that it would develop standardized procedures by May 2024.

Developing Performance Goals that Reflect Leading Practices

In our May 2023 report, we recommended that the Office of Rural Health develop performance goals that reflect leading practices identified in prior GAO work, such as being objective, measurable, and quantifiable, and linked to other strategic plan components. In its 2020-2024 strategic plan, the Office of Rural Health defined the outcomes it wants to achieve to advance its mission through its strategic goals and strategic objectives. For example, the office has a strategic goal to reduce rural health care workforce disparities.

However, we found the office had not developed performance goals that define the level of performance it aims to achieve during a particular year. For example, the office collects data on the number of clinicians trained through its funded initiatives and research projects. However, the office does not have a performance goal identifying how many clinicians it should train each year to achieve its strategic goal of reducing rural health care workforce disparities. Our prior work identified leading practices such as developing performance goals that are objective, measurable, quantifiable, and linked to other components of the strategic plan, among other things.¹⁶

¹⁶GAO, *Taxpayer Service: IRS Could Improve Taxpayer Experience by Using Better Service Performance Measures*; [GAO-20-656](#) (Washington, D.C.: Sept. 23, 2020) and *Telecommunications: FCC Should Enhance Performance Goals and Measures for Its Program to Support Broadband Service in High-Cost Areas*, [GAO-21-24](#) (Washington, D.C.: Oct. 1, 2020).

By developing performance goals that reflect leading practices, the Office of Rural Health will be better positioned to measure its progress in improving the health and well-being of rural veterans.¹⁷ For example, such performance goals will allow the office to define the expected level of performance each year for some strategic objectives, such as building recognition of its research, which does not otherwise have obvious measurable or quantifiable outcomes. In addition, the office could use the performance goals and data from related performance measures to determine which strategic objectives and strategic goals may need additional focus or resources to ultimately improve rural veterans' health and well-being.

VA concurred with our recommendation and in October 2023 stated that the office had undertaken activities to address our recommendation, such as linking some of the office's current strategic plan goals to VHA's long-range planning framework. In addition, officials from the office said they plan to incorporate performance measures with annual growth targets in the 2025-2029 strategic plan. VA estimated that the office will finalize its strategic plan by June 2024.

In closing, increasing health care access of rural veterans is an issue of critical importance. VA has recognized the importance of addressing this underserved population and is taking steps to help address the gaps we identified in our work on its Office of Rural Health. Going forward, we will continue to monitor VA's efforts to implement our recommendations to help ensure the health and well-being of our nation's rural veterans.

Chairman Bost, Ranking Member Takano, and Members of the Committee, this concludes my statement. I would be pleased to respond to any questions that you may have at this time.

¹⁷See GAO, *Executive Guide: Effectively Implementing the Government Performance and Results Act*, [GAO/GGD-96-118](#) (Washington, D.C.: June 1996). In this guide, we identified three key steps, such as measuring performance, and additional practices within each step that federal agencies can implement to improve their overall performance based on previous reviews of public sector organizations that were becoming more results-oriented.

GAO Contact and Staff Acknowledgments

If you or your staff members have any questions concerning this testimony, please contact Alyssa M. Hundrup at (202) 512-7114 or hundrupa@gao.gov. Contact points for our Office of Congressional Relations and Public Affairs may be found on the last page of this statement. Individuals who made key contributions to this testimony include Rebecca Rust Williamson (Assistant Director), Q. Akbar Husain (Analyst-in-Charge), Megan Knox, and Erin Murphy. Other contributors include Jacquelyn Hamilton and Ying Hu.

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