U.S. Department of Veterans Affairs
Veterans Health Administration
Office of Rural Health

Office of Rural Health Overview

The U.S. Department of Veterans Affairs (VA) Office of Rural Health (ORH) was founded to develop innovative solutions to address the unique health care needs of rural Veterans.

Established by Congress in 2006 (38 U.S. Code § 7308), ORH fulfills its mandate by supporting targeted research and developing innovative new care models for system-wide implementation to serve the more than 2.7 million rural Veterans enrolled in the VA health system. Working through its five Veterans Rural Health Resource Centers as well as partners from academia, state and local governments, private industry, and non-profit organizations, ORH strives to break down the barriers separating rural Veterans from quality care.

Programs

To enable VA to rapidly address systemic health care and access challenges experienced by Veterans in rural communities, ORH funds two categories of programs:

▸ **Rural Promising Practices** are field-tested innovative projects that demonstrate improved access to care for rural Veterans.

▸ **Enterprise-Wide Initiatives** (EWI) expand national VA program offices' health care efforts to sites that serve rural Veterans.

Together, these programs address ORH's key focus areas (health care workforce shortages, transportation, primary care, mental health, telehealth, and specialty care), highlighted by the following EWIs and RPPs:

Tele-Clinical Resource Hubs provide primary care, mental health, and specialty care to Veterans in underserved areas that are experiencing staffing gaps.

Rural Veterans Transportation provides medical transportation services for rural Veterans, and funds salaries for drivers and mobility managers as well as vehicle leases.

Home-Based Rehabilitative Care provides rural Veterans with convenient, home-based rehabilitative care through cardiac, pulmonary, multiple sclerosis, and ALS programs.

Rural Interprofessional Faculty Development Initiative (RIFDI) provides training for residency proctors, enabling them to better train, mentor, and monitor residents serving rural areas.
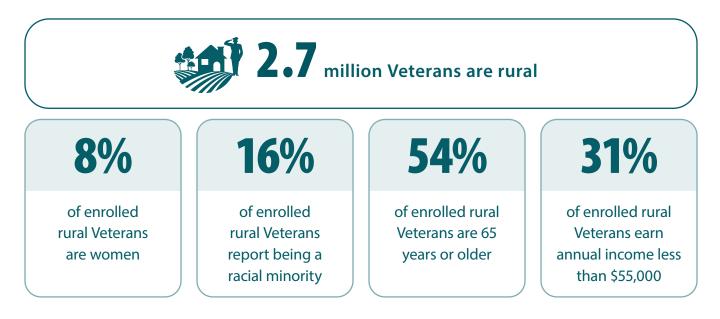
ORH Components

▸ **Veterans Rural Health Resource Centers (VRHRC)** are ORH's field-based satellite offices which serve as hubs of rural health innovation, located at host VA medical centers in Iowa City, Iowa; Salt Lake City, Utah; White River Junction, Vermont; Gainesville, Florida; and Portland, Oregon.

▸ **Veterans Integrated Service Networks (VISN) Rural Consultants (VRC)** serve as communication conduits between VA Central Office, ORH, and VHA field operations. The United States is divided into 18 VISNs, each with a VRC. VRCs advise ORH on matters affecting rural Veterans.

Veterans Rural Health Advisory Committee

The Veterans Rural Health Advisory Committee (VRHAC) is a chartered federal advisory committee that advises the Secretary of Veterans Affairs on health care issues affecting rural Veterans. ORH supports VRHAC in its mission to identify health care access barriers facing rural Veterans and provide recommendations to enhance VA's rural health care services.

VA Partner Offices

ORH collaborates with other VA offices to identify, support, and disseminate innovative solutions that address challenges in mental health, primary care, telehealth, workforce development, community engagement, and innovation.

2.7 million Veterans are rural

8%	**16%**	**54%**	**31%**
of enrolled rural Veterans are women	of enrolled rural Veterans report being a racial minority	of enrolled rural Veterans are 65 years or older	of enrolled rural Veterans earn annual income less than $55,000

The Office of Rural Health (ORH) works to see that America's Veterans thrive in rural communities. To support the health and well-being of rural Veterans, ORH and its Veterans Rural Health Resource Centers establish and disseminate initiatives that increase access to care for the 2.7 million rural Veterans enrolled in the U.S. Department of Veterans Affairs' health care system. Key focus areas include programs that address workforce shortages, transportation, primary care, mental health, telehealth, and specialty care.