

2011 Current Fiscal Year Report: Veterans' Rural Health Advisory Committee

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1. Department or Agency	2. Fiscal Year
Department of Veterans Affairs	2011
3. Committee or Subcommittee	3b. GSA Committee No.
Veterans' Rural Health Advisory Committee	34739

4. Is this New Fiscal Year?	5. Current Charter	6. Expected Renewal Date	7. Expected Term Date
No	06/16/2010	06/16/2012	

8a. Was Terminated During Fiscal Year?	8b. Specific Termination Authority	8c. Actual Term Date
No		

9. Agency Recommendation for Next Fiscal Year	10a. Legislation Req to Terminate?	10b. Legislation Pending?
Continue		

11. Establishment Authority	Agency Authority		
12. Specific Establishment Authority	13. Effective Date	14. Committee Type	14c. Presidential?
Secretary Decision	06/08/2008	Continuing	No

15. Description of Committee Non Scientific Program Advisory Board

16a. Total Number of Reports No Reports for this Fiscal Year

17a. Open 3 **17b. Closed** 0 **17c. Partially Closed** 1 **Other Activities** 0 **17d. Total** 4

Meetings and Dates

Purpose	Start	End
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Received remarks from the Committee Chair, Director of VA Office of Rural Health, and the Under Secretary for Health and toured the Washington DC VA Medical Center. Discussed VA's response to its 2009 Annual Report; progress of its 2010 brief to the Secretary; and the Office of Rural health Strategic Plan. Also, received presentations from the Directors of the three field-based Veterans Rural Health Resource Centers and a field-based Veterans Integrated Service Network Rural Consultant.

10/13/2010 - 10/14/2010

Discussed its Annual Report to the Secretary; VA Veteran Centers services; rural women Veteran health care; and the meeting agenda and planning for the Committee's June 2011 meeting in Helena, MT.

04/21/2011 - 04/21/2011

Received remarks from its Chairman; the Director of the VA Montana Healthcare System; the Veterans Integrated Service Network (VISN) 19 Women Veterans Healthcare Coordinator; Montana and surrounding region rural health project managers; the Veterans Rural Health Resource Center – Western Region Native Domain Lead; and the Office of Rural Health Director. Held a town hall forum at the Montana National Guard Auditorium, 1956 Mt. Majo Street, Ft. Harrison, Montana.

06/01/2011 - 06/02/2011

Focused on women Veterans, Veteran enrollment, American Indian access and Veteran Center services. Received presentations from the VISN 19 Network Director; VISN 19 Telehealth Manager; Veterans Health Administration (VHA) lead for the Supporting Veterans through Services for Family Caregivers Initiative; the VHA- Nationwide Health Information Network Pilot Manager; and Under Secretary for Health. Conducted an Office of Rural Health Strategic Plan discussion and work session and broke out into workgroups for the Committee's annual report development.

Discussed its Annual Report to the Secretary and the agenda for the Committee's upcoming meeting which will include a Veteran community meeting in October 2011 in Portland, Maine.

08/02/2011 - 08/02/2011

Number of Committee Meetings Listed: 4

	Current FY	Next FY
18a(1). Personnel Pmts to Non-Federal Members	\$4,950.00	\$6,000.00

18a(2). Personnel Pmts to Federal Members	\$0.00	\$0.00
18a(3). Personnel Pmts to Federal Staff	\$45,765.00	\$46,500.00
18a(4). Personnel Pmts to Non-Member Consultants	\$0.00	\$0.00
18b(1). Travel and Per Diem to Non-Federal Members	\$7,893.00	\$9,000.00
18b(2). Travel and Per Diem to Federal Members	\$0.00	\$0.00
18b(3). Travel and Per Diem to Federal Staff	\$0.00	\$0.00
18b(4). Travel and Per Diem to Non-member Consultants	\$0.00	\$0.00
18c. Administrative Costs (FRNs, contractor support, In-person/hybrid/virtual meetings)	\$0.00	\$0.00
18d. Other (all other funds not captured by any other cost category)	\$12,174.00	\$13,000.00
18e. Total Costs	\$70,782.00	\$74,500.00
19. Federal Staff Support Years (FTE)	0.30	0.30

20a. How does the Committee accomplish its purpose?

The Veterans' Rural Health Advisory Committee advises the Secretary of Veterans Affairs on health care issues affecting Veterans residing in rural and highly rural areas. The Committee evaluates current VA rural health program activities and identifies existing barriers to rural health services. It recommends strategies to

improve those services for Veterans, and its reports are delivered directly to the Secretary of Veterans Affairs. In FY 2011, the Committee conducted two site visits, one at the VA Medical Center in Washington, DC, and one at Ft. Harrison/Helena, MT. Additionally, the Committee hosted a town hall meeting to discuss issues and concerns facing Veterans living in Montana's rural areas. The Committee is continuing to meet frequently, with Committee working group meetings in-between formal meetings, to move forward with its 2011 rural health agenda and brief to the Secretary.

20b. How does the Committee balance its membership?

Balanced membership is a priority. The Committee's membership includes academic experts in rural health care delivery, state and federal government professionals who focus on rural health issues, Department of Veterans Affairs officials at the state level, and selected Veterans service organization leaders. Committee members range from patient care advocates to medical policy strategists. This balanced membership was maintained during the 2010 reappointment process; however, memberships terms were staggered 1, 2, and 3 years to avoid disruption to the Committee's work as membership terms conclude.

20c. How frequent and relevant are the Committee Meetings?

The Committee is expected to meet at least two times annually. Its meetings will focus initially on evaluating the programs and policies of VA's Office of Rural Health and then subsequently on recommending ways to improve those programs and policies. A working group of the Committee

was formed, with members meeting frequently between meetings. Both full Committee meetings and Working Group meetings discuss relevant rural health care issues and developments for briefings and discussion during its meetings.

20d. Why can't the advice or information this committee provides be obtained elsewhere?

The Secretary of Veterans Affairs determined that the Committee is in the public interest and is essential to the conduct of the Department's business. The Committee's advice is not available elsewhere because it is based upon the collective input of members who bring varied perspectives - patient care advocacy, intragovernmental, intergovernmental, academic - to the deliberations. Individuals with those varied perspectives have not been previously assembled in a formal committee setting for the purpose of examining VA health care delivery in rural and highly rural areas of the United States. The Secretary of Veterans Affairs signed the Committee's renewed charter on June 16, 2010.

20e. Why is it necessary to close and/or partially closed committee meetings?

Meetings will be open to the public unless determined otherwise pursuant to FACA and the Sunshine Act. Closed portions of Committee meetings are in order to protect patient privacy in instances where individual Veteran healthcare information is discussed. Closing portions of the meeting are in compliance with requirements of 5 U.S.C. § 552b(c)(6).

21. Remarks

Designated Federal Officer

Christina White DFO and Program Analyst, VA

Office of Rural Health

Committee Members	Start	End	Occupation	Member Designation
Abramson, Charles	03/28/2011	09/30/2011	President & Owner, C.E. Abramson/REALTOR(c); 38 yrs in U.S. Air Force Reserve and Air National Guard	Special Government Employee (SGE) Member
Ahrens, James	03/28/2011	09/30/2013	President and Owner, The Ahrens Company LLC; Former President, MT Hospital Assoc.; MT Governor's Blue Ribbon Task Force on Health Care Workforce Shortage (2002)	Special Government Employee (SGE) Member
Barrigan, Cynthia	03/28/2011	09/30/2013	Founder/President, TeleHealth Strategies LLC; Special Assistant to the Deputy Director and Portfolio Manager for the International Health Initiative & Senior Advisor to the U.S. Army Consultant to the Surgeon General	Special Government Employee (SGE) Member
Behringer, Bruce	03/28/2011	09/30/2012	Associate VP, Division of Health Sciences, ETSU; Exec. Director, Office of Rural and Community Health and Community Partnerships, ETSU	Special Government Employee (SGE) Member
Dobmeier, Michael	03/28/2011	09/30/2011	President and Owner, Dobmeier Inc.; President, ND Veterans Home Foundation; National Judge Advocate, Disabled American Veterans	Special Government Employee (SGE) Member
Floyd, James	03/28/2011	09/30/2013	Network Director, VISN 15: VA Heartland Network, VHA, VA	Regular Government Employee (RGE) Member
Franks, Ronald	03/28/2011	09/30/2011	VP of Health Sciences and Professor of Psychiatry, U of South AL	Special Government Employee (SGE) Member

Gibbs, Robert	06/08/2008	09/30/2013	Chief of the Farm and Rural Household Well-Being Branch, Resource and Rural Economics Division, Economic Research Service, USDA	Ex Officio Member
Gonzales-Hanson, Rachel	03/28/2011	09/30/2012	Chief Executive Officer, Community Health Development, Inc.; served on the board of the National Association of Community Health Centers	Special Government Employee (SGE) Member
Heady, Hilda	03/28/2011	09/30/2013	Senior VP and Chair, Rural Health Research and Policy Group, Atlas Research LLC; Adjunct Assistant Professor, Georgetown University	Special Government Employee (SGE) Member
Karol, Susan	02/12/2009	09/30/2013	Chief Medical Officer, Indian Health Service; Captain, U.S. Public Health Service	Ex Officio Member
Libby, John	03/28/2011	09/30/2012	Adjutant General, ME National Guard	Special Government Employee (SGE) Member
Morris, Tom	06/08/2008	09/30/2013	Associate Administrator, Office of Rural Health Policy, HRSA, HHS	Ex Officio Member
Moser, Robert	06/08/2008	03/28/2011	Medical Chief of Staff, Greeley County Health Services (Rural Physician in KS and CO)	Special Government Employee (SGE) Member
Ricketts, Thomas	06/08/2008	03/28/2011	Deputy Director, Cecil G. Sheps Center for Health Services Research, UNC at Chapel Hill; Co-Director, American College of Surgeons Health Policy Research Institute; Editor, North Carolina Medical Journal	Special Government Employee (SGE) Member
Schow, Terry	03/28/2011	09/30/2013	Executive Director, UT State Department of Veterans Affairs	Special Government Employee (SGE) Member

Number of Committee Members Listed: 16

Narrative Description

The Veterans' Rural Health Advisory Committee advises the Secretary of Veterans Affairs on health care issues affecting Veterans residing in rural and highly rural areas. The Committee evaluates current VA rural health program activities and identify existing barriers to rural health services. It recommends strategies to improve those services for Veterans to the Secretary of Veterans Affairs.

What are the most significant program outcomes associated with this committee?

	Checked if Applies
Improvements to health or safety	<input type="checkbox"/>
Trust in government	<input checked="" type="checkbox"/>
Major policy changes	<input checked="" type="checkbox"/>
Advance in scientific research	<input type="checkbox"/>
Effective grant making	<input type="checkbox"/>
Improved service delivery	<input checked="" type="checkbox"/>
Increased customer satisfaction	<input checked="" type="checkbox"/>
Implementation of laws or regulatory requirements	<input type="checkbox"/>
Other	<input type="checkbox"/>

Outcome Comments

N/A

What are the cost savings associated with this committee?

	Checked if Applies
None	<input type="checkbox"/>
Unable to Determine	<input checked="" type="checkbox"/>
Under \$100,000	<input type="checkbox"/>
\$100,000 - \$500,000	<input type="checkbox"/>
\$500,001 - \$1,000,000	<input type="checkbox"/>
\$1,000,001 - \$5,000,000	<input type="checkbox"/>
\$5,000,001 - \$10,000,000	<input type="checkbox"/>
Over \$10,000,000	<input type="checkbox"/>
Cost Savings Other	<input type="checkbox"/>

Cost Savings Comments

The committee provides advice and counsel to the Secretary on implementation of policy and health care services. While there are indirect cost savings from their influence a direct link would be hard to quantify.

What is the approximate Number of recommendations produced by this committee for the life of the committee?

13

Number of Recommendations Comments

This is a total of recommendations for FY 2009 through FY 2011.

What is the approximate Percentage of these recommendations that have been or will be Fully implemented by the agency?

77%

% of Recommendations Fully Implemented Comments

N/A

What is the approximate Percentage of these recommendations that have been or will be Partially implemented by the agency?

23%

% of Recommendations Partially Implemented Comments

N/A

Does the agency provide the committee with feedback regarding actions taken to implement recommendations or advice offered?

Yes No Not Applicable

Agency Feedback Comments

VA will provide feedback on all 13 recommendations in a response to their report.

What other actions has the agency taken as a result of the committee's advice or recommendation?

Checked if Applies

Reorganized Priorities

Reallocated resources

- Issued new regulation
- Proposed legislation
- Approved grants or other payments
- Other

Action Comments

VA has engaged the VRHAC in the rural health care strategic planning process. Their involvement will continue into the future.

Is the Committee engaged in the review of applications for grants?

No

Grant Review Comments

N/A

How is access provided to the information for the Committee's documentation?

Checked if Applies

- Contact DFO
- Online Agency Web Site
- Online Committee Web Site
- Online GSA FACA Web Site
- Publications
- Other

Access Comments

N/A