



**VA**

U.S. Department  
of Veterans Affairs

# EQUITY ACTION PLAN





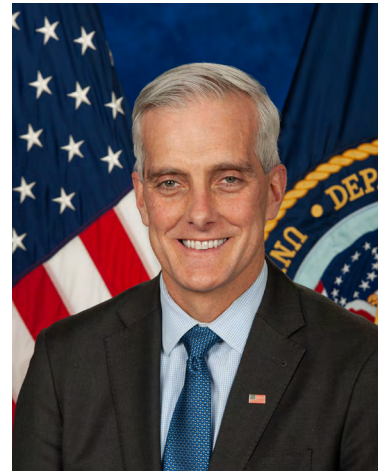


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## Message from the Secretary

At the Department of Veterans Affairs (VA), our mission is to provide world-class care and benefits to all Veterans, their families, caregivers and survivors – regardless of who they are, what they look like, who they love, where they are from or how they identify. The Nation’s heroes have served and sacrificed for our country, and it is our job at VA to serve them as well as they have served us. This means ensuring equitable outcomes for every Veteran in the benefits and care we provide to them. In addition, we are committed to building and sustaining a thriving culture where everyone, including our employees, feels safe, welcome and valued.



As part of our effort, VA established the Inclusion, Diversity, Equity and Access (I\*DEA) Council, which serves as the Agency Equity Team (pursuant to President Biden’s Executive Order (EO) 14091). The I\*DEA Council will address inclusion, diversity, equity and access at VA and will deliver a comprehensive equity strategy that will embed robust equity practices into VA culture, policies, programs, training and decision-making processes. The I\*DEA Council has been empowered to lead efforts to ensure that all Veterans are treated fairly and provided their full earned benefits and world-class health care to enable them to enjoy a full, healthy life.

This will be a collaborative and transparent effort. We will work with employees, agencies across the Federal Government, community partners, Congressional leaders, Veterans Service Organizations (VSO) and other internal and external stakeholders every step of the way. Most importantly, we will listen to the Veterans, families, caregivers and survivors we serve about the challenges they face and how to overcome them.

This work is important, and we are committed to doing it with the utmost urgency – and doing it right. We will not rest until every Veteran gets the world-class benefits and care they have earned.



Denis McDonough  
Secretary Department of Veterans Affairs

UNITED STATES  
SPACE FORCE

## Advancing Equity Through Agency Mission

VA's core mission is to deliver quality health care and excellent benefits to meet the unique needs of all eligible beneficiaries. To advance equity, VA will foster a diverse and inclusive culture throughout the Department that advances equitable outcomes by providing all Veterans, their families, caregivers and survivors with the world-class care, benefits and memorial services they have earned and deserve – no matter their age, race, ethnicity, sex, gender identity, religion, disability, sexual orientation or geographic location.



## Executive Summary of Equity Action Plan

VA recognizes that Veterans face the same systemic inequities that are reflected in the general American population. As a Federal steward to nearly 19 million Veterans, VA must lead by example, exhibiting a more inclusive environment in which all who rely on our services feel safe, welcome and also receive the benefits and care they have earned. This includes ensuring all Veterans, including Veterans from underserved communities, have improved service delivery and customized services at each phase of the Veteran's journey to meet every Veteran where they are. It also includes creating opportunities to enhance access, outcomes and experiences while eliminating barriers to care and benefits.

VA continues to focus on ensuring equitable outcomes for all Veterans. As a part of this focus, VA has taken significant action to cultivate and sustain access to care and benefits through the following:

- Engagement with Veterans and their communities, including underserved communities;
- Policy and operational changes such as grantmaking programs, research and training programs; and
- Executing historic legislation, including the Sergeant First Class Heath Robinson Honoring our Promise to Address Comprehensive Toxics (PACT) Act of 2022 (P.L. 117-168).





In fiscal year (FY) 2024, VA will make progress through executing five strategies that will address systemic barriers experienced when applying for disability compensation; address difficulties achieving equitable health care outcomes; and providing equitable access to VA care and benefits. VA will create and expand opportunities in procurement that will target underrepresented communities and contribute to economic improvements. VA will continue its efforts in Veteran-centered data collection and evidence-based decision-making to inform and improve the overall health, well-being and trust of those we serve.

## *THESE STRATEGIES ARE AS FOLLOWS:*

### Strategy 1: Benefits

Improve benefit outcomes for all Veterans by removing barriers that underserved eligible Veterans experience when seeking disability compensation.

### Strategy 2: Health

Advance health equity by reducing health disparities, ensuring access to high-quality care for every eligible Veteran, and using equity-informed approaches to better reach underserved Veterans.

### Strategy 3: Access

Enhance access and use of VA benefits and care by streamlining processes and increasing availability of tools, resources and facilities.

### Strategy 4: Economic Security

Advance economic security by ensuring procurement practices reach underserved communities via increasing opportunities for Small Disadvantaged Businesses (SDB), Women Owned Small Businesses (WOSB) and Historically Underutilized Business Zones (HUBZone).

### Strategy 5: Data

Increase evidence-based decision-making by improving the collection, quality and accessibility of demographic and related data to ensure equity in the delivery of care and benefits to Veterans, their families, caregivers and survivors.

These strategies complement and are aligned with the [VA FY 2022-2028 Strategic Plan](#) and will integrate other equity-related executive orders (EO).



## Equity Progress Update and Accomplishments

To fulfill the requirements of [EO 13985](#), (Advancing Racial Equity and Support for Underserved Communities through the Federal Government, released in January 2021), VA took immediate steps to advance and sustain equity through policy and operational changes; grantmaking and research and development; and the continued use of the Veterans' voice as our North Star for increasing trust and transparency by offering more stakeholder engagements to underserved communities. Below are some of VA's equity progress updates and accomplishments to date.

### *Improved access, advanced outcomes*

- ◇ VA established an Outside the Continental United States (OCONUS) and Freely Associated States (FAS) workstream that conducted enterprise-wide feasibility assessments to improve care and benefits for these underserved and marginalized Veteran populations. The assessments resulted in recommendations for improvement to VA benefits and care in the OCONUS/FAS areas.
- ◇ Conducted Veterans Experience Action Center (VEAC) events in Michigan, Texas, Montana, Colorado, California, Kentucky, Hawaii, American Samoa and Guam that address and solve issues about access to VA care and benefits enrollment for Veterans, their families, caregivers and survivors. VEAC events provide peer-to-peer connections, resources and immediate help for Veterans at-risk for homelessness. Additional progress includes the following:
  - Targeted emails and flyers to African American Chambers of Commerce, VSOs, local businesses and local governments which resulted in a doubling of minority Veteran participation in VEAC's.
  - Served 4,583 Veterans, their family members, caregivers and survivors in FY 2023, including 837 women and 582 Veterans at-risk of homelessness.
  - Targeted email communications were sent through the #VetResources newsletter to subscribers in rural areas and women subscribers.
  - Measured demographic information and obtained self-identified demographics through post-event exit surveys. Of the 2,145 VEAC exit survey responses in FY 2023, 873 respondents identified as either American Indian or Alaska Native, Asian, Black or African American, Native Hawaiian or Other Pacific Islander, and/or Hispanic or Latino – an increase of 41% over FY 2022.
  - Launched first Pacific region VEAC with a special emphasis on women Veterans, resulting in almost 30% increase in women Veteran engagement when compared to previous participation rates.





## *Addressed health equity for underserved Veterans*

- ◇ VA provided \$718,000 to 20 medical centers to implement and/or advance equity, quality improvement (QI) and performance monitoring projects and initiatives. These efforts focus on a range of health equity-related topics including diabetes, hyperlipidemia and hypertension management as well as social determinants of health, Veteran perceptions of care and preventive services. Medical centers submitted QI project proposals that specified focusing on diverse equity characteristics, including age, sex/gender, race and ethnicity, sexual orientation and rurality. Many VA medical centers that received these funds participated in project theme-based, virtual communities of practice (i.e., QI collaboratives) to share lessons learned and challenges encountered as part of their QI projects. Examples of funded equity-guided QI projects:
  - Five QI projects included clinician education to improve prescribing and patient use of newer blood sugar lowering medications.
  - Five QI projects included clinical education to improve prescribing and patient use of statin medications that prevent heart disease.
  - One QI project created a new electronic medical record documentation tool to help understand and improve patient medication adherence.
  - One QI project begun development on a novel risk tool using machine learning to help support timely follow-up care of Veterans recently hospitalized in the intensive care unit.
  
- ◇ VA completed the study required by section 5305 of the Deborah Sampson Act of 2020: Study and Task Force on Veterans Experiencing Intimate Partner Violence (IPV) or Sexual Assault (SA). The study highlighted areas that remain largely understudied, including IPV/SA among women Veterans, and suggests exploring (a) factors impeding Veterans in underrepresented groups from engaging in IPV research; (b) the role of socio-demographic factors in IPV; (c) the impact of IPV and its consequences; and (d) the association to health care utilization.





### *Increased contract awards to WOSB and small disadvantaged businesses*

- ◇ In accordance with the [President's Management Agenda on priority to diversity contracting](#), VA increased “new entrant” participation by 3,566 contracts in FY 2023, a 1% increase over FY 2022.

### *Built and maintained trust with Underserved Veterans*

- ◇ VA augmented its [PACT Act Performance Dashboard](#) to include a [quarterly demographic supplement](#) that includes demographics analyses for key metrics beginning with gender, race/ethnicity and age, that will provide insights to help ensure VA's implementation of the law serves all Veterans.
- ◇ In October 2021, VA enhanced the quarterly [VA-Wide Trust Survey](#) to capture voluntary, self-reported expanded demographic options for race, ethnicity, gender identity and sexual orientation to identify trust scores for underserved populations. These metrics are reported each quarter as part of [VA's I\\*DEA agency priority goal \(APG\) for the FY 2022-2023 cycle](#) and from quarter 1 of FY 2022 through quarter 3 of FY 2023, statistically significant increases in trust occurred across 10 of the 26 enhanced demographic domains. When comparing quarter 3 of FY 2022 trust scores with quarter 3 of FY 2023 trust scores, VA saw statistically significant increases across 19 of the 26 domains. See Appendix, VA-Wide Trust Scores: I\*DEA APG, quarter 1 of FY 2022 through quarter 3 of FY 2023.
- ◇ The Veterans Benefits Administration (VBA) hosted 12 symposia to enhance outreach to rural communities, minority Veterans and women Veterans. The information shared at these symposia included resources to overcome transportation challenges, information on the roles of Minority Program Coordinators, fraud prevention and PACT Act awareness. VBA's Customer Outreach Survey indicated an overall score of 4.4 out of 5 for the symposia.



- ◇ In partnership with the Departments of Housing and Urban Development and Health and Human Services and the National Coalition for Homeless Veterans, VA hosted the Here for Hope Education and Resources Symposium. This symposium shared information about women's health transition training; an overview of women's health; Vet Center services for women Veterans; fraud prevention; how to apply for benefits; an update on the PACT Act; and information on benefits and support unique to the Women Veteran Special Emphasis Program.
- ◇ Completed an in-person listening session for Native Hawaiian and Pacific Islander Veterans in Hawaii and California to gain further insights on experiences and perceptions as gathered in the Pacific journey map.
- ◇ Executed the first Women Veterans Community Support Forum, bringing VSOs and other traditional Veteran organizations together with non-traditional organizations to exchange information and connect women Veterans to their VA benefits and care. The Women Veterans Community Support Forum will be a semi-annual forum to deepen stakeholder engagement.

### ***Maintained Environmental Justice Scorecard (Pursuant to Section 223 of EO 14008, Tackling the Climate Crisis)***

- ◇ VA integrated environmental justice into its mission and will continue to encourage and facilitate meaningful involvement of affected stakeholders and communities ([Veterans Affairs Environmental Justice Scorecard](#)).
  - In FY 2023, VA's energy performance contracting program began considering environmental justice as an evaluation criterion for new project starts.
  - Established VA's National Environmental Protection Act Interim Guidance for Project parameters to consider environmental justice (EJ) as part of the process.
  - In 2022, VA published an updated Directive 0065, Climate Change Adaptation and Resilience Planning, that incorporated pursuing climate mitigation efforts that advance environmental justice as a core policy. This policy update was not directly related to the VA's EJ Strategic Plan, but rather part of larger planning in which environmental justice was prioritized.
  - In response to Executive Order 14057 VA established a senior level Sustainability Task Force with environmental justice as a cross-cutting priority among all climate and environmental areas.



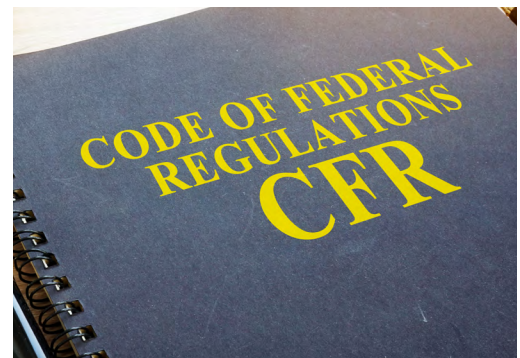
### *Additional Efforts to Advance Equity*

- ◇ The VA I\*DEA Council was chartered on June 22, 2023, by the VA Operations Board, which is chaired by the Deputy Secretary. The I\*DEA Council serves as the Agency Equity Team, as directed by [EO 14091](#), Further Advancing Racial Equity and Support for Underserved Communities Through The Federal Government. The Council is the oversight body for Veteran and employee-facing I\*DEA programs, policies and initiatives. The I\*DEA Council enables enterprise action and accountability through planning, advising and monitoring, and will review and lead implementation activities to guarantee alignment with the VA FY 2022-2028 Strategic Plan, the VA Secretary's strategic priorities and other equity-related objectives.



### *Advanced Equity Through Rulemaking*

- ◇ VA proposed modifications to the regulatory framework for eligibility determinations involving Veterans' military discharges that may be considered "dishonorable" for VA benefit eligibility purposes. The proposed revision of 38 C.F.R. § 3.12, Update and Clarify Regulatory Bars to Benefits Based on Character of Discharge, addresses disparities related to Veteran status and eligibility determination that are a major issue for homeless Veterans as well as LGBTQ+ and other minority Veterans. While rulemaking is still ongoing, VA highlights the following public-facing efforts to hear concerns from underrepresented groups:
  - July 2020: Published a proposed rule in the Federal Register to amend 38 C.F.R. § 3.12 (85 FR 41471) [Update and Clarify Regulatory Bars to Benefits Based on Character of Discharge](#);
  - September 2021: Published a Request for Information (RFI) to the Federal Register for additional public commentary on aspects of the proposed regulation (86 FR 50513) Discharge; and
  - Held listening sessions in October 2021.
- ◇ VA published a request for information (RFI) on June 20, 2023, for the public to provide data and information on minority and historically underserved Veterans. Historically underserved Veterans includes racial and ethnic minorities (Asian American; Black or African American; Hispanic/Latino; Native American, including American Indian, Alaskan Native and Native Hawaiian; or Pacific-Islander American); LGBTQ+ individuals; those determined to be underserved based on their religious beliefs and practices; those with language barriers or without citizenship status; and those in rural areas and on tribal lands. The Center for Minority Veterans (CMV) will use this input to improve outreach, education, engagement, enrollment, advocacy and access programs for minority and underserved Veterans.





## Implemented the PACT ACT

- ◇ The [PACT Act](#) is the largest health care and benefit expansion in VA history. This law helps provide generations of Veterans (Vietnam era, Gulf War era and Post 9/11 era) with benefits and health care for exposure to burn pits, Agent Orange and other toxic substances. To provide insights to help ensure that implementation of the law leads to equitable outcomes for all Veterans, VA has:
  - Supplemented its PACT Act performance dashboard to include [demographics](#) such as gender, race/ethnicity and age;
  - Translated PACT ACT fact sheets into 13 languages, with additional languages in process, improving access for Veterans, their families, caregivers and survivors with preferred languages other than English;
  - Launched VA.gov/PACT, a comprehensive public-facing resource for Veterans and their families, caregivers and survivors;
  - Trained employees on the new law, resulting in being able to reach more Veterans; and
  - Used PACT Act authorities to improve national rural recruitment and hiring for the Veterans Health Administration (VHA); enhance the ability of VA to hire and retain staff, including health care providers, recent graduates and housekeeping aides; offer higher salaries, awards and bonuses to critical staff; and increase the amount of student loan repayment employees can receive. These new authorities resulted in nearly a 12,000 net increase of VA employees - over 7,600 of which were clinical occupations. These additional staff assisted in providing services to nearly 122,000 new enrollees and processing of over 900,000 claims.



## Strategy 1: Benefits

Improve benefit outcomes for all Veterans by removing barriers that underserved eligible Veterans experience when seeking disability compensation.

### Whole-of-Government Equity Objective(s)

- ◇ Economic Justice
- ◇ Civil Rights

### Collaborating Agencies

Department of Defense (DOD); VSOs, and other state or local Veteran representatives and other entities who assist Veterans in preparing and submitting applications for disability compensation benefits.



## BARRIERS TO EQUITY

- ◇ Veterans, their families, caregivers and survivors from historically underserved demographic groups are most likely to experience systemic barriers that negatively impact them in benefit outcomes and access to VA services. Some areas of concern and identified barriers where VA will immediately focus are as follows:
  - The lack of authoritative information sources and aggregate data pertaining to VBA benefit utilization by socio-demographic groups. On July 26, 2023, Government Accountability Office (GAO) released its report: VA Disability Benefits: Actions Needed to Further Examine Racial and Ethnic Disparities in Compensation (GAO-23-106097) that recommended VA develop a documented detailed plan to address limitations related to its race and ethnicity data for Veterans.
  - The lack of objectivity in potential areas of high risk in the adjudication and promulgation of disability compensation benefits, as shown through data that might be indicative of bias in the evidence-gathering process (i.e., diagnostic exams / mental health) and/or consistency of disability ratings evaluations.
  - The lack of outreach, education and awareness related to disability compensation benefits that may have resulted in Veterans being unaware of benefits or that potentially inhibit Veterans from seeking VA benefits and care.



## EVIDENCE BASE TO SUPPORT STRATEGY

- ◇ Findings from VA VSignals surveys and local townhalls, Veteran outreach events and Veteran listening sessions that are designed to garner feedback from and to promote awareness for underserved populations.
- ◇ Findings and recommendations from published VA advisory committee reports, such as the Advisory Committee on Minority Veterans (ACMV) reports from 2013, 2015 and 2016 – 2018, which raised issues and made recommendations for VBA to assess its data and root causes related to racial and ethnically-based inequities.
- ◇ Findings from the GAO Report, [VA Disability Benefits: Actions Needed to Further Examine Racial and Ethnic Disparities in Compensation](#) (GAO-23-106097), issued July 2023.



## ACTIONS TO ACHIEVE EQUITY

- ◇ To address these barriers, VA will staff the newly established VBA Office of Equity Assurance to:
  - Establish initiatives and track actions to ensure equity action plans and goals are achieved.
  - Assess the impact of ethnicity, socio-economic status, rural location, gender identification, tribal or native American affiliation and era of military service, on women Veterans' opportunity to access VA benefits.
  - Review prior studies and reports that identify and explore gaps in and barriers to benefits for underrepresented groups as well as engage in new studies that further refine and identify gaps and barriers experienced by underrepresented groups.
  - Review each VBA benefit program to determine if there are systemic issues that create disparities within underrepresented groups and—where disparities are found—work to eliminate them through specific action plans that could include improved policies, procedures, training, quality control, data, outreach, customer experience and outcomes.
  - Develop a VBA data strategy that leads to programmatic action to improve disability benefit outcomes.
  - Conduct a systemic data analysis using available socio-demographic data to assess VBA's benefit utilization populations, identify potential disparities and understand the root cause(s) of any identified disparities using demographic data approved by the Data Governance Council.
  - Develop strategic partnerships with VA stakeholders to address matters of equity for members of underrepresented groups.



- Expand strategic partnerships with external partners (VSO, local/state government, civic/non-profit partners and others) and improve outreach to Veterans, their families, caregivers and survivors, including those in underserved populations, to ensure they are aware of benefits available to them and provide them assistance on how to navigate the disability claims process.
- Conduct VBA studies and data analyses to address racial and ethnic disparities in the disability compensation process. This would include completing a FY 2023 study to address findings from previously conducted study in FY 2022, Barrier Analysis for Mental Health in Compensation Benefits, that identified some disparities based on race and ethnicity, and a new study to address the recommendations of GAO in its report, VA Disability Benefits: Actions Needed to Further Examine Disparities in Compensation (GAO-23-106097). As root cause analyses are completed, VBA will develop and implement plans to address actionable issues.
- Identify and implement program changes that improve benefit outcomes for Veterans that will reduce or eliminate identified gaps.
- Assess and evaluate VBA equity data trends and their root causes and create strategies with actions to reduce or eliminate disparities.



## PROPOSED METRICS

- ◇ **Near- to Medium-Term** (VBA efforts are new and will establish the baseline for future metrics):
  - Number of national symposia or Special Emphasis Programs conducted for minority Veterans, women Veterans, rural Veterans, LGBTQ+ Veterans and Tribal and Native American Veterans to increase awareness of available benefits for these populations by September 30, 2024. Goal = Four (4)
  - Number of new partnerships with other Federal, state and local governments and other institutions to engage on issues related to underrepresented groups. Goal = Three (3)
- ◇ **Longer-Term**
  - Percentage of approvals and denials for the top ten most claimed conditions in disability compensation by age, race, ethnicity, sex, gender identity, religion, disability, sexual orientation and geographic location. Goal = parity
  - Percentage of approvals and denials of benefits claims (VA Home Loan Guaranty, Education, Insurance, Veterans Readiness and Employment (vocational rehabilitation), Pension, etc.) by age, race, ethnicity, sex, gender identity, religion, disability, sexual orientation and geographic location. Goal = parity



- Percentage of Compensation and Pension medical disability examinations completed or canceled by age, race, ethnicity, sex, gender identity, religion, disability, sexual orientation and geographic location. Goal = parity
- Percentage of approvals and denials of Appeals Modernization Act decisions by age, race, ethnicity, sex, gender identity, religion, disability, sexual orientation and geographic location. Goal = parity



## PUBLIC PARTICIPATION AND COMMUNITY ENGAGEMENT

### ◇ VA will:

- Engage with VSOs and Federal, state, local (including tribal and rural) agencies and other Veteran advocacy partners to understand and combat barriers to achieve more equitable outcomes.
- Hold routine listening sessions with Veteran-advocate and community-based organizations throughout the year.
- Ensure disability claims data are transparent and available to our stakeholders and partners on a routine basis (such as PACT Act data that includes demographic information).

## Strategy 2: Health

Advance health equity by reducing health disparities, ensuring access to high-quality care for every eligible Veteran and using equity-informed approaches to better reach underserved Veterans.

### Whole-of-Government Equity Objective(s)

- ◇ Health equity

### Collaborating Agencies

Department of Defense; Department of Health and Human Services Office of the Assistant Secretary for Health; Department of Health and Human Services Agency for Healthcare Research and Quality; Department of Health and Human Services Centers for Disease Control and Prevention; Department of Health and Human Services Centers for Medicare and Medicaid Services; Department of Health and Human Services Indian Health Service; Department of Health and Human Services National Institutes of Health; Department of Justice.





## BARRIERS TO EQUITY

- ◇ Veterans from historically underserved groups often experience difficulties receiving high quality care and achieving optimal health outcomes. To achieve equity, VA needs to identify disparities in clinical care in our system's hospitals and clinics and implement interventions to eliminate them and identify unmet social needs that underlie many inequities and connect Veterans with appropriate social services. Specific barriers include the following:
  - Workforce with insufficient knowledge of barriers to equity, implicit bias and existing tools to address health inequities that would empower them to deliver equitable health care.
  - Lack of systematic screening for and awareness of unmet social needs impacting Veterans.
  - Inaccurate/incomplete demographic and social needs data that make it harder to identify at-risk Veterans.



## EVIDENCE BASE TO SUPPORT STRATEGY

- ◇ Engagement with VA clinicians and staff, Veterans and operational partners.
- ◇ Population health metrics (e.g., analyzing existing quality measures by demographic characteristics such as race/ethnicity using existing tools such as the Primary Care Equity Dashboard and the [National Veteran Health Equity Report](#) and manually looking for disparities on other clinical data platforms). For example, the National Veteran Health Equity Report provides information regarding disparities in patient experiences and health care quality for Veterans who obtain health care services through VHA. Data on disparities are presented by race/ethnicity, gender, age group, rurality of residence, socio-economic status and service-connected disability rating, and by cardiovascular risk factors of hypertension, hyperlipidemia and diabetes. VA leaders and staff can use these findings to inform and tailor quality improvement approaches for both Veteran patient experience and health care outcomes.
- ◇ Primary Care Equity Dashboard (e.g., allows VA staff to identify disparities in specific health process and outcome measures by race/ethnicity, sex/gender, geography and neighborhood poverty level for select chronic disease-related quality measures). Updated daily, VA staff can use this dashboard to see potential health outcomes disparities at the facility-level and plan quality improvement interventions to reduce inequities by race/ethnicity, sex/gender, geography and neighborhood poverty level, such as those related to high blood pressure, diabetes control and cancer screening.
- ◇ Medical literature and research (e.g., [Prevalence of and Interventions to Reduce Health Disparities in Vulnerable Veteran Populations](#); [addressing disparities in blood pressure control among Veterans with severe hypertension](#); and identifying and addressing Veteran [social needs](#)).



- ◇ The Joint Commission Equity Standards (Leadership Standard 04.03.08; National Patient Safety Goal 16.01.01) and Centers for Medicare and Medicaid Equity Standards (i.e., regulatory requirements to improve health care equity, screen for health-related social needs and address social determinants of health).

Assessing Circumstances and Offering Resources for Needs ([ACORN](#)), a growing initiative to systematically identify and address social needs among Veterans receiving care under VA, has demonstrated that Veterans continue to have unmet social needs (e.g., digital access/digital literacy, transportation, legal). The ACORN initiative consists of the following two core components: 1) a standardized screening tool to identify unmet social needs at the point of care and; 2) the provision of relevant resources and referrals to help address Veterans' unmet social needs. The nine domains covered in the screening tool are housing, food, utilities, transportation, education, employment, legal, social isolation/loneliness and digital access/digital literacy. Veterans who express unmet social needs on the ACORN screener are offered referrals to relevant services (e.g., Social Work, Mental Health), support navigating resources and/or geographically tailored resource guides with information about VA and community services.



## ACTIONS TO ACHIEVE EQUITY

- ◇ VA will address health equity by:
  - Increasing and standardizing the collection and use of equity data (age, race, ethnicity, sex, gender identity, religion, disability, sexual orientation, geographic location, language preference and other factors across VHA programs) in VA health records to support tracking disparities in health care outcomes among Veterans receiving care through VA at the national and local levels.
  - Increasing technical assistance and resources to VA medical centers (VAMC) to address Veterans' unmet social needs (food insecurity, housing instability, utilities, legal, transportation, social isolation/loneliness, employment, education and digital), the root causes of many identified disparities.
  - Expanding the use of equity to guide quality improvement approaches and integrating equity into existing VA quality improvement and performance monitoring processes, thereby creating more efficient and streamlined pathways for addressing health care disparities.



## PROPOSED METRICS

### ◇ Near- to Medium-Term

- Percentage of VAMCs subject to the regulatory standard National Patient Safety Goal 16.01.01 (improve health care equity) that identify a committee to address health care and social disparities.
- Percentage of VAMCs that show evidence of a plan to analyze quality of care data for disparities (e.g., analyze racial/ethnic disparities in diabetes control).
- Percentage of VAMCs that identify at least one specific health disparity that they plan to reduce (e.g., reducing disparities in the prescription of novel diabetes medications) using equity-guided quality improvement strategies by FY 2030.
- Percentage of Veteran Integrated Service Networks that screen for 1,000 unique Veterans for social determinants of health (SDOH) using ACORN and addresses identified social risks in FY 2024. SDOH contribute to many disparities and need to be addressed to achieve health equity.

### ◇ Longer-Term

- Percentage of VAMCs that demonstrate a reduction in a health care outcome disparity (e.g., reducing disparities in Veterans with poor HbA1c control).



## PUBLIC PARTICIPATION AND COMMUNITY ENGAGEMENT

### ◇ VA will:

- Engage with Veterans to systematically identify and address unmet social needs among Veterans to improve health and advance health equity.
- Collaborate with community-based organizations to develop geographically tailored resource guides based on needs identified through ACORN.
- Hold interviews and listening sessions with Veterans, Veteran-advocate and community-based organizations should further changes be made to the ACORN screening tool.
- Leverage ACORN to help VA identify gaps in service delivery, inform future resource allocation and help to identify new opportunities for community engagement.
- Leverage ACORN data to better understand Veterans with unmet legal needs. This information can then be used to educate law enforcement about interacting with Veterans with mental health and



substance use disorders and to support the VHA National Veterans Justice Programs [Office](#) and Legal Services for Veterans Program in their efforts to support Veterans who may be in need of legal services.

- Seek input from Veterans and community organizations that support Veteran and military populations in developing tools to enable VAMCs understand and address disparities in health care.
- Meet with Veterans, community organization representatives and VSO Communicators focused on identifying important health disparities for Veterans, understanding factors contributing to these disparities and improving tools and collaborative processes to address them.

## Strategy 3: Access

Enhance access and utilization of VA benefits and care by streamlining processes and increasing availability of tools, resources and facilities.

### Whole-of-Government Equity Objective

- ◇ Civil Rights

### Collaborating Agencies

The Department of Labor Title VI Interagency Working Group; the White House Initiative on Asian American, Native Hawaiian and Pacific Islanders (AANHPI) Office; and the Departments of State, Interior, Health and Human Services and Commerce.



## BARRIERS TO EQUITY

- ◇ Veterans, their families, caregivers and survivors who are individuals with disabilities, have limited English proficiency, or are in rural areas, FAS and parts of underserved communities have experienced limited access to tools, resources, VA facilities and burial grounds.
- ◇ Women Veterans are more likely to face inequitable access and utilization due to some of the following barriers:

- Women Veterans often do not self-identify as Veterans;
- VA environment: lack of safety, comfort and a welcoming environment for women;
- Lack of trust in VA; and
- Women Veterans do not know the scope of services available to them and how their eligibilities have expanded through legislation over the years.



## EVIDENCE BASE TO SUPPORT STRATEGY

- ◇ Women Veterans do not self-identify as Veterans due to various root [causes that include societal expectations, service/military stereotyping](#) and institutional distrust.
- ◇ Studies have indicated [trust](#) as a major factor for [women Veterans' disengagement with VA services](#), which correlates with women Veteran experiences.
- ◇ The Pacific Region AANHPI Veteran Experience journey map describes experiences in the Pacific AANHPI Veteran Journey before, during and after their engagement with VA. These phases are further segmented into moments that matter, capturing pain points, bright spots and important interactions that influence how the customer experience unfolds.
- ◇ The Veterans and Family Information Act ([P.L. 117-62](#)) states VA shall make available versions of all its facts sheets in English, Spanish, Tagalog and each of the 10 most spoken languages.



## ACTIONS TO ACHIEVE EQUITY

- ◇ VA will improve access to VA's programs, benefits, health care and other activities by:
  - Completing and reviewing results from a CWV [survey](#) of women Veterans who are not connected to VA, to discover why they do not use VA benefits and/or care.
  - Conducting VEACs using a marketing approach to maximize participation by underserved Veteran populations, including women, racial and ethnic minorities and other underserved groups, with particular attention towards increasing trust as well as engaging Veterans who are not connected to VA.
  - Launching the "I AM Campaign" in collaboration with internal and external stakeholders to increase women Veterans self-identifying as Veterans through empowerment and build a welcoming environment in VA.

- Launching the refined Women Veterans Survey to continue tracking and identifying trends on barriers for why women Veterans do not use VA.
- Making the Women Veterans Community Support Forum a permanent semiannual event, bringing together traditional Veteran organizations and nontraditional organizations across society to convene, inform, update and create connections that will help increase awareness of the services and eligibilities for women Veterans through the organizations' reach.
- Issuing VA guidance for providing language access for Veterans, their families, caregivers, survivors and members of the public who have limited English proficiency.
- Collaborating with the VA Office of Congressional and Legislative Affairs, OMB and the White House as well as VSOs, Veterans, family, survivors and caregivers to support passage of [H.R. 4325-Historically Underserved Veterans Inclusion Act of 2023](#) (introduced on June 23, 2023, by Representative Sheila Cherfilus-McCormick and 14 co-sponsors). This legislation will broaden the scope of the CMV and ACMV to ensure equitable access for historically underserved Veterans.
- Restructuring and publishing VA Directive 0801, Minority Veterans Program, to identify and strengthen the role of Minority Veterans Program Coordinators (MVPC) in local communities. This restructuring will create additional access points.
- Improving access to care and benefits for underserved Veteran populations by leveraging existing human-centered design (HCD) insights on bright spots, pain points and “moments that matter.”
- Measuring trust of underserved Veteran populations by specific VA service line or outreach event.
- Establishing a Center for Native Hawaiian and Pacific Islander Health as appropriated in FY 2023.
- Continuing to improve access to burial services by working towards establishing cemeteries in rural areas.
- Building Veteran and employee awareness of the role and responsibilities of the MVPC.
- Standing up an Advisory Committee for US Outlying Areas and Freely Associated States (FAS) and holding first meeting in the first quarter of FY 2024 with members from each covered location, providing information and recommendations to better serve Veterans, their families, caregivers, survivors in those remote areas.





## PROPOSED METRICS

### ◇ Near-to Medium-Term

- Number of translated documents in VA that support strengthening the limited English proficiency plan.
- Number of awards for relevant studies and projects regarding underserved populations in the Pacific region.
- Percentage of rural cemetery construction milestones completed timely for Cedar City National Cemetery by Calendar Year (CY) 2024 and Elko National Cemetery by CY 2025.
- Number of Veterans including Women and minority Veterans, participating in all VEACs.
- Percentage increase in trust rating of Veterans, including Women and minority Veterans after VEACs.
- Percentage of women Veterans enrolling and using Veterans benefits and care for the first time.
- Number of women Veterans engaged as a result of the I AM Campaign.
- Number of traditional and nontraditional organizations participating in the Women Veterans Community Support Forum.

### ◇ Longer-Term

- Satisfaction results from Veterans, their families, caregivers, survivors and others who access translated documents at VA.
- Usage rates and trust score for Veterans in the Pacific region.
- Percentage of Veterans with a burial option in a national, state or territory Veterans' cemetery within 75 miles of their residence.
- Rate of enrollment in VA benefits and care among Veterans, including Women and minority Veterans, transitioning out of the military.
- Trend over time of Veterans, including Women and minority Veterans' Trust Scores.





## PUBLIC PARTICIPATION AND COMMUNITY ENGAGEMENT

### ◇ VA will:

- Collaborate with academic affiliates and other organizations on studies that are relevant to underserved populations in Hawaiian and Pacific Islands.
- Include Veterans on the VA Advisory Committee on the Outlying Areas and FAS who are members from the covered areas.
- Include ex officio members from the Department of State and the Department of State and the Department of Interior on the VA Advisory Committee on the Outlying Areas and FAS.

## Strategy 4: Economic Security

Advance economic security by ensuring procurement practices reach underserved communities via increasing opportunities for Small Disadvantaged Businesses (SDB), Women Owned Small Businesses (WOSB) and Historically Underutilized Business Zones (HUBZone).

### Whole-of-Government Equity Objective(s)

- ◇ Economic Justice

### Collaborating Agencies

The Office of Small and Disadvantaged Business Utilization is committed to ensuring the economic security of small, disadvantaged firms. VA achieves this through collaboration with external Federal agencies such as the U.S. Small Business Administration (SBA), the General Services Administration, the Department of Energy, DOD (including the Department of Navy) and the Environmental Protection Agency for the purposes of sharing strategies and forming partnerships to increase contracting opportunities for underserved communities.





## BARRIERS TO EQUITY

- ◇ VA operates a large and complex acquisition program. This inherently favors firms who already understand the program or have the resources necessary to learn it. The perceived difficulty of learning the system may act as a barrier to new entrants and disadvantaged businesses with limited resources. Overcoming this information gap will be essential to the success of underserved firms.
- ◇ Reducing costs and administrative burdens are in tension with the need for additional contracts. Also, VA's mission and statutory mandate require VA to be Veterans First in all efforts surrounding procurement. The Veterans First statutory mandate is implemented through the VA Rule of Two. The statute requires the Department to set-aside contracts first for Service-Disabled Veteran-owned Small Businesses (SDVOSB) and Veteran-owned Small Businesses (VOSB) before other socio-economic categories, after it is determined that the Veteran firm can meet all other required acquisition regulatory and legislative criteria. Thus, by law, WOSB, HUBZone and SDB companies not owned by Veterans are considered only after a determination is made that an SDVOSB or VOSB set-aside is unfeasible. These competing objectives can pose a barrier if the VA staff is not properly trained to follow established acquisition regulatory guidance and other legislative requirements.



## EVIDENCE BASE TO SUPPORT STRATEGY

- ◇ OMB illustrates that VA contracting is increasingly dominated by established vendors rather than new entrants. As VA has reduced its total vendor base from 11,964 in FY 2020 to 10,887 in FY 2022, the share of established vendors (not recent or new entrants) has increased. In FY 2020, 61.7% of VA's vendors were established vendors. In FY 2022, the share of established vendors increased to 66.6%. This suggests the reduction in total vendors is occurring at the expense of new or recent entrants.
- ◇ An analysis of VA-funded contract actions from the Federal Procurement Data System demonstrates how the Veterans First procurement hierarchy reduces the number of contract opportunities for non-Veteran disadvantaged firms. In FY 2022, out of \$6.3 billion in contract dollars awarded through some type of set-aside, VA awarded \$5.7 billion (91%) specifically using the SDVOSB set-aside. Since the SDVOSB set-aside is first on VA's procurement hierarchy, this result is predictable. However, the second tier on VA's procurement hierarchy (VOSB set-aside) was used to award only \$59 million, a dramatically lower figure. Awards through the HUBZone and 8(a) Business Development Program set asides were even lower. Alternatively, the last tier on VA's set-aside hierarchy received the second highest volume of dollars; \$461 million were awarded through the general small business set-aside. These data illustrate two factors. First, the procurement hierarchy tends to screen out contracting opportunities for programs lower on the hierarchy. Second, the intermediate tiers such as HUBZone,

8(a) and WOSBs may be receiving insufficient consideration before application of the set-aside for all small businesses. While VA makes no apology for putting Veterans first, as consistent with VA's mission, this illustrates that requirements have effects, even if unintended, on other policy objectives.



## ACTIONS TO ACHIEVE EQUITY

- ◇ VA will address Procurement Equity by:
  - Increasing collaborative outreach, education and networking opportunities to reach SDB, Women, LGBTQ+, 8(a) and HUBZone firms. VA will identify and work with industry associations, other Federal agencies, SBA and APEX accelerators to co-host virtual and in-person education seminars. This will allow VA to reach underserved populations across socio-economic categories. By investing in business development education, training and networking, VA will continue to assist SDBs, WOSBs and HUBZone firms to overcome the information barrier, enhance their chances of success at contracting with VA.
  - Offering outreach programs in which VA's buyer organizations brief industry on their initiatives, challenges and requirements to create access to opportunities in VA contracting for underserved communities.
  - Implementing a more robust, data-rich Forecast of Contracting Opportunities to provide small and underserved businesses with advanced information to market their capabilities to relevant program offices.
  - Monitoring and enforcing VA's agency-wide compliance to publish projected needs in the Forecast of Contracting Opportunities in advance of acquisition planning.
  - Issuing guidance to VA contracting personnel with the authority to make procurement decisions on how to improve opportunities to award SDB, WOSB and HUBZones.
  - Continuing to identify and measure new entrants for VA contract awards using VA Pathfinder, OMB and the Budget Procurement Equity Portal.
  - Seeking Congressional approval of an order of preference that includes WOSB within the third category following SDVOSBs and VOSBs.
  - Continuing internal training for VA's buyers to ensure they understand the policy imperatives of small business utilization and know how to conduct market research to maximize small and underserved business participation.
  - Publishing procurement policies on improving opportunities to make awards to SDB, WOSB and HUBZone companies (on VA's Acquisition Knowledge Portal, the site for procurement policy).



## PROPOSED METRICS

### ◇ Near-to Medium-Term

- Number of training and networking events in FY 2024. Goal = 50.
- Number of training and networking participants in FY 2024. Goal = 12,000
- Percentage increase of Forecast Of Contracting opportunities entries provided 12 to 18 months prior to solicitation. Goal = 10% over the next 3 years.
- Percentage of contracting opportunities available for underserved companies and awards to underserved socio-economic groups. Goal = 3% within 5 years.
- Number of training classes on small business program requirements to VA's acquisition corps. Goal = Three (3).
- Number of briefings by the Office of Acquisition, Logistics, and Construction and Office of Small and Disadvantaged Business Utilization with VA's buyers that inform the small business community on upcoming programs, priorities and opportunities. Goal = Four (4)

### ◇ Longer-Term

- Percentage of prime contract and subcontracting goals for HUBZones and WOSBs by the end of FY 2031. Goal = Three (3) percent
- Percentage increase of "new entrants" by the end of FY 2031. Goal = Three (3) percent



## PUBLIC PARTICIPATION AND COMMUNITY ENGAGEMENT

### ◇ VA will:

- Facilitate networking opportunities, such as in-person and virtual business opportunity sessions, to help SDBs, WOSBs, 8(a) companies and HUBZone firms establish valuable connections with procurement decision makers.
- Team with prime contractors to provide disadvantaged companies access to procurement prospects they otherwise would not have.
- Host networking sessions to enable businesses to showcase their capabilities, build relationships and gain insights about the products or services needed by potential VA buyers.



## Strategy 5: Data

Increase evidence-based decision making by improving the collection, quality and accessibility of demographic and related data to ensure equity in the delivery of care and benefits to Veterans, their families, caregivers and survivors.

### Whole-of-Government Equity Objective

- ◇ Civil Rights

### Collaborating Agencies

DOD



### BARRIERS TO EQUITY

- ◇ Inconsistent demographic data collection for Veterans served and sparse information on Veterans VA does not serve does not allow consistent measured outcomes based on demographics.
- ◇ Inability of VA Administrations and systems to access demographic data in meaningful ways hinders the ability to inform/achieve equitable outcomes in key business and health processes.
- ◇ Historical lack of consistent collection and analysis of demographic data hampers evidence-based decision-making.



### EVIDENCE BASE TO SUPPORT STRATEGY

- ◇ VA Equity Assessments (e.g., VBA Pension Equity Assessment, VBA Mental Health Barrier Analysis) identified the need to address lack of complete and consistent collection of demographic data to be able to analyze and measure equity on all programs.
- ◇ [GAO 106097: VA Disability Benefits Actions Needed to Further Examine Racial and Ethnic Disparities in Compensation](#) cites recommendations including that VA: (a) develop a plan to address



limitations with its race and ethnicity data; and (b) conduct a comprehensive assessment of disability compensation to identify the root causes that could contribute to racial and ethnic disparities.

- ◇ Section 5401 of [H.R. 7105-Johnny Isakson and David P. Roe, M.D. Veterans Health Care and Benefits Improvement Act of 2020](#) requires VA to collect and analyze data on its programs that provide benefits or care to Veterans, disaggregated by gender, race and ethnicity.
- ◇ The [Use of VA Benefits and Services](#), a recurring OPEN data product from VA's Office of Data Governance and Analytics, consistently shows that use of VA benefits vary by race, ethnicity and gender.



## ACTIONS TO ACHIEVE EQUITY

- ◇ To improve data collection and ensure VA's process and actions are data-informed, VA will start by tasking the Data Governance Council to:
  - Issue guidance on an enterprise standard for the collection of demographic data (e.g., race, ethnicity, sexual orientation, gender identity, sex, age, disability, national origin, Veteran status, income, location, religion and tribal enrollment) across VA and continue with the development of a VA-Wide Demographic Data Strategy that aligns with OMB guidance, other Federal policies and best practices.
  - Continue deployment and collection of self-reported expanded demographic options and self-identification through VA health systems, surveys, VA forms and community engagements.
  - Develop a baseline and maintain measurement of enterprise data quality scores for all demographic data currently collected in VA.
  - Implement improved data collection and sharing across all Administrations to develop key performance metrics and enable equity assessments.
  - Collaborate with stakeholders across VA, establishing a collective veteran authoritative dataset (CVAD) – a single, validated source of shared Veteran data (including demographic data) to be leveraged for analytics enterprise-wide.
  - Publish internal provenance of data elements included in the CVAD.
  - Obtain access to income data on Veterans (only element not collected by VA).





## PROPOSED METRICS

### ◇ Near-Term

- Number of demographic data elements that have approved enterprise data collection standards.  
Goal = At least two (2).
- Number of demographic data elements that have a baseline data quality score.
- Number of demographic data elements (race and ethnicity) integrated from across all source systems.  
Goal = At least two (2).

### ◇ Medium-Term

- Number of demographic data elements (race, ethnicity, sexual orientation and gender identity) for which we have an authoritative data source. Goal = At least four (4).

### ◇ Long-Term

- Percentage of demographic components with an authoritative data source for all Veterans, including those who do not use VA services, based on the seven dimensions of data quality.
- Percentage of demographic data elements with enterprise collection standards.
- Percentage of relevant source systems in compliance with enterprise demographic collection standards.
- Percentage of analytic platforms and relevant source systems connected to the CVAD.



## PUBLIC PARTICIPATION AND COMMUNITY ENGAGEMENT

- ◇ VA will use HCD and external feedback from VA customers and stakeholders to inform data collection approaches/ methodologies.



## Appendix: VA-Wide Trust Scores: IDEA APG, Quarter 1 FY 2022 through Quarter 3 of FY 2023

Factors that contribute to an impact a Veteran’s overall trust in VA include ease, effectiveness and emotion, all of which align with OMB A-11, § 280 and VA’s Customer Experience framework, as codified in 38 C.F.R. §§ 0.600-0.603.

VA analyzes what Veterans are saying about their VA experiences in receiving care, benefits and other services and levels of ease, effectiveness and emotion are anticipated to drive increases in trust.

	Q1 2022	Q2 2022	Q3 2022	Q4 2022	Q1 2023	Q2 2023	Q3 2023	Q4 2023	2023 Target
<b>Overall VA Trust</b>	79%	78%	76%	77%	77%	79%	79%	-	90%
<b>Trust by Race</b>									
American Indian or Alaska Native	72%	71%	70%	72%	71%	70%	73%	-	90%
Asian	82%	81%	82%	81%	81%	82%	84%	-	90%
Black or African American	79%	79%	77%	77%	77%	80%	80%	-	90%
Middle Eastern or North African	77%*	61%	63%*	55%*	57%*	62%*	64%*	-	90%
Native Hawaiian or Other Pacific Islander	88%	77%	80%	77%	76%	77%	76%	-	90%
White	83%	81%	80%	81%	81%	83%	82%	-	90%
<b>Trust by Ethnicity</b>									
Hispanic or Latino	81%	78%	79%	79%	77%	79%	79%	-	90%
Not Hispanic or Latino	82%	81%	80%	81%	80%	83%	82%	-	90%
<b>Trust by Ethnicity – Hispanic Country of Origin</b>									
Cuban	74%*	75%*	68%*	77%*	73%*	79%*	76%*	-	90%
Mexican/Mexican-American/Chicano	81%	77%	76%	78%	76%	78%	77%	-	90%
Puerto Rican	83%	81%	82%	81%	78%	82%	83%	-	90%
Other	80%	77%	78%	76%	73%	76%	75%	-	90%
<b>Trust by Gender</b>									
Female	76%	75%	73%	75%	74%	77%	75%	-	90%
Male	83%	82%	81%	81%	81%	84%	83%	-	90%
Transgender Man	78%*	61%*	50%*	57%*	71%*	62%*	55%*	-	90%
Transgender Woman	70%*	63%*	77%*	73%*	68%*	60%*	75%*	-	90%
Non-Binary or Third Gender	53%*	49%*	51%*	48%*	64%*	67%*	91%*	-	90%
Other Gender	50%*	31%*	47%*	42%*	34%*	71%*	57%*	-	90%
Prefer not to say Gender	41%*	43%*	47%*	51%*	38%*	37%*	64%*	-	90%
<b>Trust by Sexual Orientation</b>									
Bisexual	74%	60%	72%	72%	65%	70%	73%	-	90%
Gay	81%	83%	76%	75%	85%	79%	89%	-	90%
Heterosexual or Straight	82%	81%	80%	81%	81%	83%	82%	-	90%
Lesbian	71%	73%	63%	75%	68%	71%	76%	-	90%
Queer	49%*	47%*	57%*	42%*	68%*	74%*	69%*	-	90%
Other Sexual Orientation	72%	54%	68%	61%	66%	80%	66%	-	90%
Prefer not to say Orientation	69%	68%	71%	66%	65%	71%	74%	-	90%

\*Under 100 respondents



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