



# VA PACT ACT PERFORMANCE DASHBOARD

## QUARTERLY DEMOGRAPHIC SUPPLEMENT

SEPTEMBER 2023

Q4FY23 Supplement to VA PACT Act Performance Dashboard

In this Quarterly Demographic Supplement to the [VA PACT Act Performance Dashboard](#), we demonstrate our commitment both to transparency and to serving all Veterans by providing a demographic analysis of VA's implementation of the PACT Act. To learn more about VA's intentional commitment to consistent and systemic, fair, just and impartial treatment of and service to all Veterans, please visit <https://www.va.gov/equity>.

### OVERVIEW



Since March 3, 2023, VA has published the [VA PACT Act Performance Dashboard](#) every two weeks to assess our success in implementing the PACT Act. To help understand how the implementation of the PACT Act is serving all Veterans, on a quarterly basis starting in September 2023, we are publishing a supplement to the dashboard that includes demographic analysis of key metrics. This demographic analysis provides preliminary observations about implementation to date. It is intended to help identify how well our implementation is serving all Veterans and to use that insight to improve implementation.

In this first demographic supplement, we have begun with an initial set of metrics from the VA PACT Act Performance Dashboard and analyzed them for race/ethnicity, gender, and age. We selected an initial set of 4 metrics that focus on expanding care and benefits:

- **Claims submitted**
- **Cumulative total of toxic exposure screenings**
- **New enrollments from the PACT Act Planning Population**
- **VHA 90-Day Trust**

For each metric, we compared the observed metric (what we are seeing occur as part of the implementation of PACT Act) with its logical baseline population (what we might expect to see). We then checked for statistical significance and applied a normalized threshold of difference of 10% to identify a set of preliminary observations where it appears there may be meaningful differences. (We normalized the threshold to take into account the differing sizes of each demographic group in the baseline population.) In this document, we discuss these preliminary observations. In the companion Excel file, we also provide all the underlying data for all demographics and metrics regardless of whether a potentially meaningful difference was observed.

Please note, the data in this Quarterly Demographic Supplement (Q4FY23), we are using data current as of August 12, 2023, which generally corresponds to the data cutoff for Issue 14 (published August 18, 2023). Detailed information on the methodology applied within this document begins on page 9. For the latest dashboard, please visit [VA PACT Act Performance Dashboard](#).

### HIGHLIGHTED PRELIMINARY OBSERVATIONS



Below, we highlight the preliminary observations where we identified potentially meaningful differences. In the following pages of this supplement, we also provide the metric, the baseline, and a more detailed explanation of these observations along with any context that might help explain the difference and actions VA may be taking as a result. Please note that these are preliminary observations because VA is continuing to assess the data and any impact on the implementation of PACT Act for all Veterans. As a result, the preliminary observations may evolve from quarter to quarter as we gain more insight.

Potentially meaningful differences observed in the data that may represent positive impact for specific demographic groups:

- **Claims Submitted:** American Indian or Alaska Native (1.0% compared to 0.9%) and Black or African American Veterans (21.6% compared to 14.5%) represent a higher proportion of submitted PACT Act related claims in comparison with their representation in the baseline living PACT Act Planning Population (see Explanation of Terms for the definition of all baseline populations and why they were selected).
- **Toxic Exposure Screening:**
  - There is a higher proportional completion of toxic exposure screenings by Black or African American Veterans (19.3%) compared to their representation (17.3%) in the enrolled population.
  - Veterans age 65-84 represent a proportionally higher percent (46.9%) of completed toxic exposure screenings in comparison with their representation in the enrolled population (40.7%).
- **New Enrollees from the PACT Act Planning Population:**
  - Asian (2.7% compared to 1.7%), Black or African American (15.0% compared to 11.2%), and Hispanic or Latino Veterans (13.2% compared to 8.5%) all have higher representation amongst new enrollees from the PACT Act Planning Population than in the baseline of non-enrolled PACT Act Planning Population.
  - Women Veterans have higher representation (12.3%) amongst new enrollees from the PACT Act Planning Population than in the baseline of non-enrolled PACT Act Planning Population (10.4%).
  - Youngest Veterans age <25 and 25-34 represent 30.5% of new enrollees from the PACT Act Planning Population, which is proportionally higher than their 25.7% representation in the non-enrolled PACT Act Planning Population.

- **VHA 90-Day Outpatient Trust:**

The following demographic groups have trust scores above 90%:

- Asian (93.1%), Black or African American (91.3%), Native Hawaiian or Other Pacific Islander (91.5%) and White Veterans (93.0%);
- Male Veterans (91.2%); and
- Veterans in age groups above 55: 55-64 (89.9% rounded to 90); 65-84 (92.5%); 85+ (93.8%).

Potentially meaningful differences observed in the data that may represent negative impact for specific demographic groups:

- **Claims Submitted:**

- Veteran age groups below age 54 represent a lower percentage of claims (43.0%) than they do in the baseline Living PACT Act Planning Population (57.6%).
- White Veterans represent a lower percentage of claims (64.5%) than they do in the baseline Living PACT Act Planning Population (72.0%).

- **Toxic Exposure Screening:**

- Asian Veterans (1.5%) are completing toxic exposure screenings proportionally less than their representation (1.7%) in VA enrollment.
- Younger Veterans Age 25-44 are completing toxic exposure screenings (17.1%) proportionally less than their representation in VA enrollment (22.7%).

- **New Enrollees in the PACT Act Planning Population:**

- American Indian or Alaska Native (0.7% compared to 1.0%), Native Hawaiian or Other Pacific Islander Veterans (1.1% compared to 1.5%), and White Veterans (65.3% compared to 75.8%) have lower representation amongst new enrollees from the PACT Act Planning Population than in the baseline of the non-enrolled PACT Act Planning Population.
- The two oldest Veteran age groups 65-84 (14.9% compared to 20.4%) and 85+ (0.6% compared to 1.0%) have lower representation amongst new enrollees from the PACT Act Planning Population than their baseline representation in the non-enrolled PACT Act Planning Population.

- **VHA 90-Day Outpatient Trust:**

The following demographic groups have trust scores below 90%:

- American Indian or Alaska Native (89.2%) and Hispanic or Latino Veterans (88.7%);
- Women Veterans (87.5%); and
- Veterans in age groups <25 (76.9%), 25-34 (78.2%), 35-44 (80.9%), 45-54 (87.0%).

## CLAIMS SUBMITTED

### Observed Metric: Cumulative Total—PACT Act Related Claims Submitted (08/10/2022-08/12/2023) Baseline: Living PACT Act Planning Population (as of 08/12/2023)

For this metric, we compare the distribution of race/ethnicity, gender, and age for cumulative PACT Act related claims submitted with the same distributions for the Living PACT Act Planning Population, which is the group VA assesses is most likely to be eligible for PACT Act related benefits. With our analysis we are seeking to identify any meaningful differences amongst the distributions that might highlight where additional outreach may be needed to ensure all Veterans are aware of the PACT Act.

One important note regarding differences in claim submission: at this time, there is no authoritative study that examines the degree to which PACT Act eligible diagnoses are demographically proportional. For example, it is possible that military environmental exposure may not be randomly distributed across demographic groups and therefore the distribution of submission across demographic groups might likewise differ. Since VA does not have a study that authoritatively describes the actual distribution of military environmental exposure across demographic groups, we are using the Living PACT Act Planning Population as our proxy.

## PRELIMINARY OBSERVATIONS

### RACE/ETHNICITY

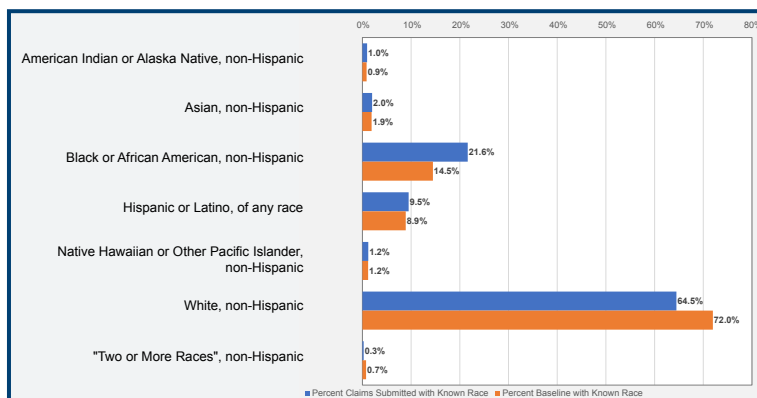


Demographic analysis of claims submitted has identified three potential meaningful differences across race/ethnicity.

- Preliminary observations show that American Indian or Alaska Native (1.0% compared to 0.9%) and Black or African American Veterans (21.6% compared to 14.5%) represent a higher proportion of submitted PACT Act related claims in comparison with their representation in the baseline living PACT Act Planning Population.

- Preliminary observations show that Black or African American Veterans are represented at a higher proportion (21.6%) amongst claims submitted than they are in the baseline Living PACT Act Planning Population (14.5%).
- This is consistent with overall trends for VA disability benefits. White Veterans represent a lower percentage of claims submitted (64.5%) than they do in the baseline Living PACT Act Planning Population (72.0%).
  - This is consistent with overall trends for disability benefits. Nonetheless, VA will conduct further analysis to identify where additional outreach may be most needed.

Percent of PACT Act Claims Submitted by Race/Ethnicity Compared to Baseline

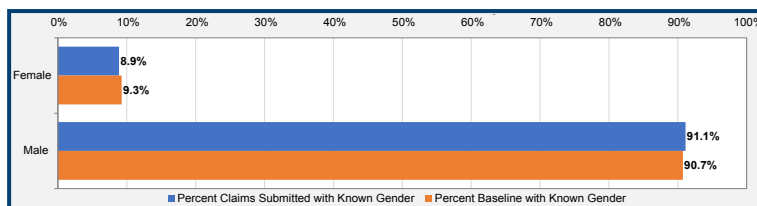


## GENDER



Demographic analysis of claims submitted has not identified any potential meaningful differences across gender.

Percent of PACT Act Claims Submitted by Gender Compared to Baseline



## AGE



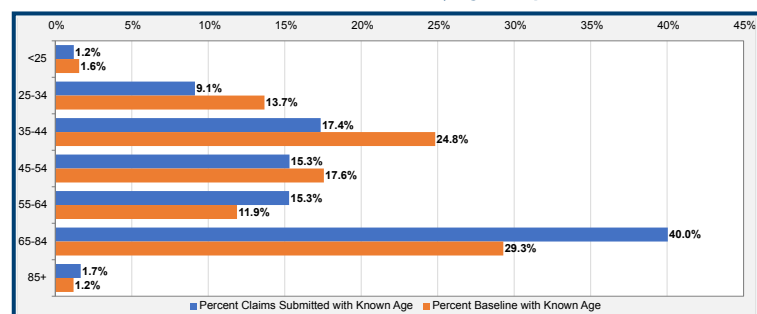
Demographic analysis of claims submitted has identified that Veteran age groups below age 54 represent a lower percentage of claims (43.0%) than they do in the baseline Living PACT Act Planning Population (57.6%). The inverse is true for Veterans age 55 and up.

There are a number of factors which may be influencing the submission of claims by younger Veteran age groups including:

- Potential lower awareness of the PACT Act overall.
- Health conditions may not yet have manifested themselves, and younger Veterans may not be aware of their own health risks.
- Health outcomes may not yet have been detected since younger age groups in excellent, very good, or good health tend to go to the doctor less frequently than similar adults age 65 and over. ([Health Status and Medical Services Utilization: 2013](#))
- The youngest age groups of Veterans have lower [trust in VA](#) and may not view submitting a claim as likely to result in favorable outcomes.

While there are several factors that may be influencing the lower representation of younger Veteran age groups in claims submitted, this preliminary observation warrants continued outreach to these younger Veterans.

Percent of PACT Act Claims Submitted by Age Compared to Baseline



## Spotlight on Survivor PACT Act Claims



GENDER	PACT CLAIMS SUBMITTED
FEMALE	12,258
MALE	644
UNKNOWN	4,927
<b>TOTAL</b>	<b>17,829</b>



AGE	PACT CLAIMS SUBMITTED
<25	263
25-34	127
35-44	395
45-54	1,068
55-64	3,000
65-84	11,919
85+	1,045
DECEASED	2
UNKNOWN	10
<b>TOTAL</b>	<b>17,829</b>

## ACTIONS



VA will continue to conduct outreach to all Veterans about their eligibility for PACT Act related benefits. VA will place additional emphasis on outreach to younger Veterans as well as continue to build trust with these Veteran age groups.

VA currently does not have additional demographic information on survivors such as race/ethnicity.

**Observed Metric: Total Toxic Exposure Screenings (09/06/2022–08/12/2023)**  
**Baseline: All VHA Enrollees (08/12/2023)**

For this metric, we compare the distribution of race/ethnicity, gender, and age for completed toxic exposure screenings with the baseline population of Veterans enrolled with VA for care, since this is the population that is being screened for toxic exposure. With our analysis we are seeking to identify any meaningful differences among the distributions that might highlight where additional action may be necessary to ensure all enrolled Veterans are screened within five years (if currently enrolled, or within five years of enrollment if not yet currently enrolled) as required by the PACT Act. One important note: VA began offering toxic exposure screening to enrolled Veterans at their regularly scheduled provider appointments. For this reason, the initial demographic distribution of completed screenings very likely mirrors the distribution of active users of VA for health care. In the future, as toxic exposure screenings are rolled out to enrolled Veterans who are not currently active users of VA for their health care, VA will continue to monitor the demographic distribution of toxic exposure screening to ensure all Veterans are included within the five-year window.

**PRELIMINARY OBSERVATIONS**

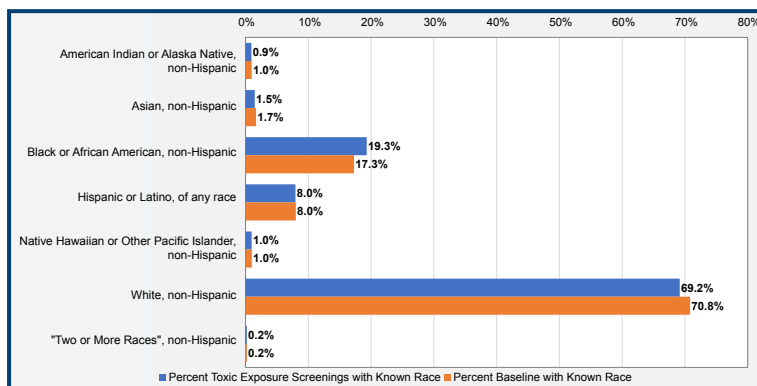
**RACE/ETHNICITY**



Demographic analysis of toxic exposure screenings completed has identified two potential meaningful differences across race/ethnicity.

- Asian Veterans represent 1.5% of toxic exposure screenings that have been completed, which is lower than the baseline of 1.7% representation amongst Veterans enrolled in VA for care. It is possible this may be driven by the **proportionally younger composition** of Asian Veterans, who like their counterparts across all races/ethnicities, may utilize health care at lower rates and therefore not be amongst the group initially screened (those who are regular users of VA for care). VA will continue to assess if there are any barriers that may be contributing.
- Black or African American Veterans represent 19.3% of toxic exposure screenings that have been completed, which is higher than the baseline of 17.3% representation amongst Veterans enrolled in VA for care. VA has initially completed toxic exposure screenings for Veterans who are coming to VA for a regularly scheduled appointment. For this reason, the difference may be attributed to higher rates of utilization of VA care by Black or African American Veterans.

**Percent of Toxic Exposure Screenings by Race/Ethnicity Compared to Baseline**

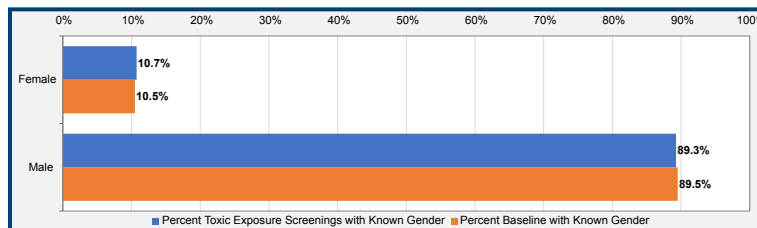


**GENDER**



Demographic analysis of toxic exposure screenings has not identified any potential meaningful differences across gender.

**Percent of Toxic Exposure Screenings by Gender Compared to Baseline**



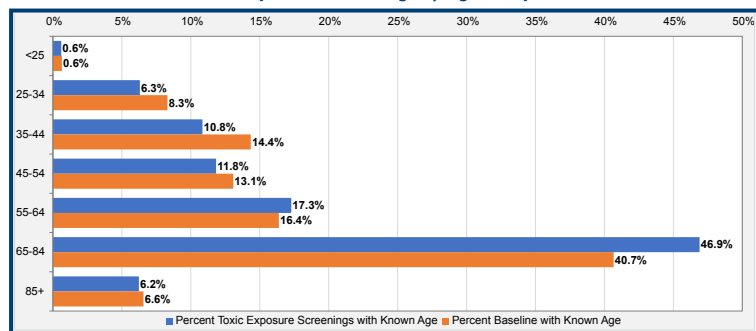
## AGE



Demographic analysis of toxic exposure screenings has identified some potentially meaningful differences across age groups. Veteran age groups between 25–44 represent a lower percentage of completed toxic exposure screenings than they do in the overall population of Veterans enrolled in VA for care. Veterans age 25–34 represent 6.3% of completed toxic exposure screenings whereas they represent 8.3% of all Veterans enrolled with VA for care. Likewise, Veterans age 35–44 represent 10.8% of completed screenings while representing 14.4% of all enrollees. The inverse is true for Veteran age group 65–84 (46.9% of screenings compared to 40.7% of enrollments).

- These differences are likely attributed to patterns in health care utilization by different age groups.

Percent of Toxic Exposure Screenings by Age Compared to Baseline



## ACTIONS



VA is assessing if the difference in toxic exposure screenings is due to the utilization of VA care by different age groups as hypothesized versus a barrier of some type (systemic or otherwise). Regardless, as VA expands toxic exposure screenings beyond current users of VA care to the broader enrollment population, VA will monitor the representation of Veterans to ensure all Veterans are included in toxic exposure screenings. This may require additional outreach efforts, especially for younger Veterans.

## NEW ENROLLEES FROM THE PACT ACT PLANNING POPULATION

### Observed Metrics: New Enrollees from the PACT Act Planning Population (10/01/2022–08/12/2023) Baseline: Non-Enrolled PACT Act Planning Population (10/01/2022)

For this metric, we compare the distribution of race/ethnicity, gender, and age for new enrollees from the PACT Act Planning Population with the baseline of the non-enrolled PACT Act Planning Population since this is the population that from which new enrollees come. With our analysis we are seeking to identify any meaningful differences that might highlight where additional outreach or other actions may be required to ensure all Veterans are aware of their eligibility. (Please note that while the most precise baseline would be based on research showing military environmental exposure by demographic group, at this time, VA does not have any studies that provide sufficient insight into this distribution. Therefore we use the non-enrolled population as our proxy for comparison purposes.)

**Important notes:** Veterans make enrollment decisions for a variety of reasons not connected to awareness or eligibility for VA. For example, Veterans may have other care providers with whom they are satisfied (e.g. TRICARE for retirees). Also, similar to claim submission, overall eligibility may not be proportional to the demographic composition of the non-enrolled population of Veterans because the Veteran's experience of military environmental exposure may not be randomly distributed. Thus, some groups may be proportionally overrepresented when compared to the demographic composition of the non-enrolled population, but they may be proportionally represented when compared to the distribution of military environmental exposure.

## PRELIMINARY OBSERVATIONS

### RACE/ETHNICITY

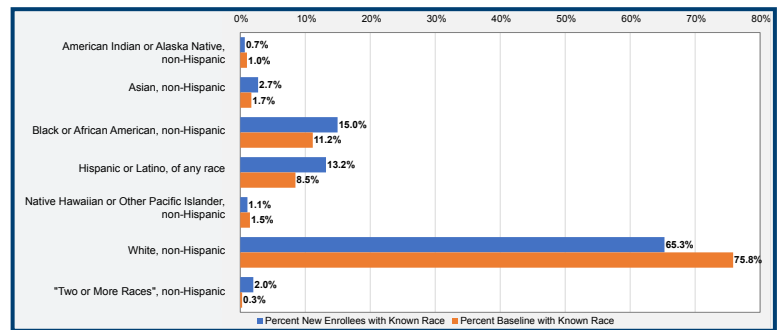


Demographic analysis of new enrollees has identified several meaningful differences across race/ethnicity.

- Asian (2.7% compared to 1.7%), Black or African American (15.0% compared to 11.2%), and Hispanic or Latino Veterans (13.2% compared to 8.5%) all have higher representation amongst new enrollees from the PACT Act Planning Population than in the baseline of non-enrolled PACT Act Planning Population.
  - This is positive as it indicates these groups are aware of their eligibility and choosing to enroll.

- The percent of new enrollees from American Indian or Alaska Native Veterans (0.7%) is lower than their baseline representation (1.0%) in the non-enrolled PACT Act Planning Population.
  - VA is assessing what factors may be leading to the lower proportional enrollment. Prior VA [research](#) identified differences in the experience of care by American Indian or Alaska Native Veterans, but more analysis is needed to identify if these are discouraging factors in new enrollment from the PACT Act Planning Population or if the differences are more attributable to levels of awareness about eligibility.
- The percent of new enrollees from Native Hawaiian or Other Pacific Islander Veterans (1.1%) is lower than their baseline representation (1.5%) in the non-enrolled PACT Act Planning Population. This is consistent with their overall current enrollment where Native Hawaiian or Other Pacific Islander Veterans (1.0% compared to 1.2%) have lower representation amongst current enrollees from the PACT Act Planning Population than in the baseline of the Living PACT Act Planning Population.
  - VA is assessing what factors may be leading to the lower proportional enrollment. Prior VA [research](#) identified differences in the experience of care by Asian and native Hawaiian and Other Pacific Islander Veterans, but more analysis is needed to identify if these are discouraging factors in new enrollment from the PACT Act Planning Population or if the differences are more attributable to levels of awareness about eligibility.
- The percent of new enrollees from the PACT Act Planning Population who are White Veterans (65.3%) is lower than their representation in the baseline of non-enrolled PACT Act Planning Population (75.8%).
  - This is consistent with overall enrollment trends, where White Veterans also enroll proportionally less than their representation in the overall Living Veteran Population. Nonetheless, there are Veterans within this non-enrolled population with health risks for whom VA is well-positioned to provide care. As a result, VA will conduct further analysis to identify where additional outreach may be most needed.

**New Enrollees from the PACT Act Planning Population by Race/Ethnicity Compared to Baseline**



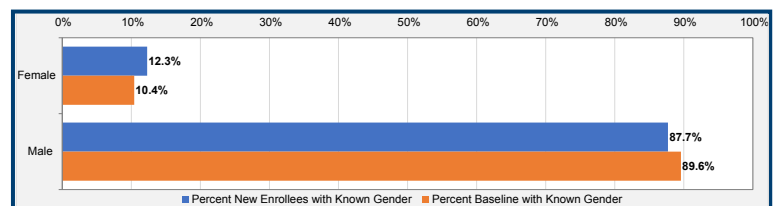
**GENDER**



Demographic analysis of new enrollees from the PACT Act Planning Population has identified a potentially meaningful difference across gender. Women Veterans have higher representation (12.3%) amongst new enrollees from the PACT Act Planning Population than in the baseline of non-enrolled PACT Act Planning Population (10.4%).

- This is positive as it indicates Women Veterans are aware of their eligibility and choosing to enroll.

**New Enrollees from the PACT Act Planning Population by Gender Compared to Baseline**



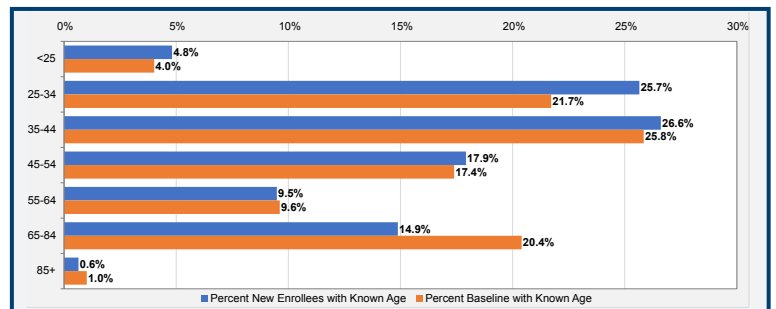
## AGE



Demographic analysis of new enrollees from the PACT Act Planning Population has identified a number of potentially meaningful differences across Veteran age groups.

- Younger Veterans in age groups <25 and 25-34 represent 30.5% of new enrollees from the PACT Act Planning Population, which is proportionally higher than their 25.7% representation in the non-enrolled PACT Act Planning Population. Younger age groups tend to have lower utilization of health care overall so the proportionally higher representation in new enrollees is positive especially given the potential military environmental exposures within the PACT Act Planning Population. The higher proportional representation in new enrollment is also helping mitigate the fact that the youngest Veteran age group <25 (0.4% compared to 1.6%) and 25-34 (9.8% compared to 13.7%) has lower representation amongst current enrollees from the PACT Act Planning Population than in the baseline of the Living PACT Act Planning Population. It will be important to continue efforts to reach this population and enroll them in VA for care.
- The two oldest groups 65-84 and 85+ represent 15.5% of new enrollees from the PACT Act Planning Population, which is proportionally lower than their baseline 21.4% representation in the non-enrolled PACT Act Planning Population. The oldest age groups of Veterans are the largest population of current enrollees in VA for care, so it is possible that those who wish to enroll have already established a relationship with VA.

New Enrollees from the PACT Act Planning Population by Age Compared to Baseline



## ACTIONS



Overall, VA will continue the Choose VA campaign to ensure all Veterans are aware of their eligibility for VA care and seek to continue positive enrollment trends for the majority of demographic groups including Asian, Black or African American, Hispanic or Latino, Women Veterans, and younger Veterans.

VA will analyze what factors may be leading to lower proportional enrollment by American Indian or Alaska Native and White Veterans. Additionally, while older Veterans who are not already enrolled with VA may have non-VA providers with whom they are satisfied, VA will continue to understand and address the health changes associated with an aging society and conduct outreach to these Veterans especially where VA may be able to provide more care options and [better outcomes](#) than they can access outside the VA system.

## VHA OUTPATIENT TRUST

### Observed Metric: VHA Outpatient Trust (04/18/2023–07/17/2023)

Baseline: N/A

For this metric, we analyze the trust score for Veterans experience of Outpatient Care for race/ethnicity, gender, and age. Unlike the other metrics in this supplement, there is no reference population since this metric measures the experience of those responding to the survey. The Trust Survey is measured on a 5-point Likert scale. The data reported in this metric is the percentage of Veterans in each demographic group responding to the following question with a 4-Agree or 5-Strongly agree: "I trust the VHA [Facility Name] for my health care needs." Unique to this metric, we are not using a normalized 10% threshold to determine meaningful differences. Instead, we solely relied on a statistical test to ensure the differences between groups that were below 90% compared to those above 90% were statistically significant.

It is important to note that this metric is not specific to the experience of Veterans with health conditions related to military environmental exposure. This metric measures the trust of all Veteran outpatients. To learn more about how VA measures trust, please visit [Veteran Trust in VA | Veterans Affairs](#).

## PRELIMINARY OBSERVATIONS

### RACE/ETHNICITY



Demographic analysis of VHA 90-Day Trust Scores has identified a range of ~4% from the demographic experiencing the highest trust, White Veterans (93%) and the two demographic groups experiencing trust below 90%, Hispanic or Latino (88.7%) and American Indian or Alaska Native (89.2%).

- [The National Veterans Health Equity Report – Hispanic and Veteran Chartbook \(September 2022\)](#) provides additional context on the experience of Hispanic or Latino Veterans that may provide insight into their trust score. Overall, that report concludes, “Hispanic/Latino Veterans report experiencing more challenges with access to person-centered care, and care coordination when compared with, non-Hispanic White Veterans. However, Hispanic/Latino Veterans had similar or better results than non-Hispanic Whites on most measures of health care quality.” (Page 23)
- [The National Veterans Health Equity Report – American Indian or Alaska Native Veteran Chartbook \(November 2022\)](#) provides additional context on the experience of American Indian or Alaska Native Veterans that may provide insight into their trust score. Overall, that report concludes, “American Indian and Alaska Native Veterans report experiencing more challenges with access to care and person centered care when compared with non Hispanic White Veterans. Disparities were more widespread for those in the age 65 or older age group. Disparities were also notable for the quality domains of effective treatment and clinical preventive services. For example, American Indian and Alaska Native Veterans with diabetes are less likely to be under good control.” (Page 27)



**2,763,930**  
Surveys Sent



**17.6%**  
Response Rate



**486,020**  
Surveys Received



**7.1%**  
Percentage with Comments



**195,914**  
Comments Received

RACE/ETHNICITY	TOTAL RESPONSES	PERCENTAGE AGREEMENT
American Indian/Alaska Native, non-Hispanic	4,411	89.2%
Asian, non-Hispanic	3,897	93.1%
Black/African American, non-Hispanic	31,742	91.3%
Hispanic/Latino, of any race	22,056	88.7%
Native Hawaiian/Pacific Islander, non-Hispanic	1,393	91.5%
White, non-Hispanic	199,421	93.0%
"Two or more Races", non-Hispanic	1,432	87.1%
TOTAL (without unknowns)	264,352	N/A
Unknown	221,668	88.7%
<b>GRAND TOTAL</b>	<b>486,020</b>	<b>N/A</b>

### GENDER



Women Veterans experience trust at 87.5% whereas male Veterans experience trust at 91.2%.

- This finding is consistent with prior studies of Women Veterans' experience of VA healthcare. VA developed the [Women Veterans Journey Map](#) to understand the moments that matter most to Women Veterans before, during, and after a healthcare appointment. This journey map pinpoints a number of concrete next steps to work with Women Veterans and VA employees to design a more compassionate healthcare experience.

GENDER	TOTAL RESPONSES	PERCENTAGE AGREEMENT
Female	46,214	87.5%
Male	439,806	91.2%
Total (without unknowns)	486,020	N/A
Unknown	—	—
<b>GRAND TOTAL</b>	<b>486,020</b>	<b>N/A</b>

### AGE



Generally, trust is higher the older the Veteran age group. Veterans <25 to 34 experience trust below 80%, Veteran age groups between 35 to 54 experience trust between 80% and 90%, and Veterans 55 and over experience trust at 90% or higher.

- Studies such as [Trust in the Health Care System and the Use of Preventive Health Services by Older Black and White Adults](#) have found that “Older adults are more likely to have had more interactions with health care providers and to have established greater continuity in relationships, both of which have been associated with greater trust in health care providers.”

AGE GROUP	TOTAL RESPONSES	PERCENTAGE AGREEMENT
<25	537	76.9%
25-34	6,428	78.2%
35-44	20,594	80.9%
45-54	43,700	87.0%
55-64	98,283	89.9%
65-84	296,865	92.5%
85+	19,613	93.8%
Total (without unknowns)	486,020	N/A
Unknown	—	—
<b>GRAND TOTAL</b>	<b>486,020</b>	<b>N/A</b>



## ACTIONS



### Hispanic or Latino Veterans:

VA will continue to work to improve the Veteran experience of care among Hispanic or Latino Veterans. VA is also seeking to gain better information on Hispanic or Latino Veterans, including granular ethnicity, to help further understanding and elimination of observed Veterans disparities.

### American Indian and Alaska Native Veterans:

VA will continue to work to improve the Veteran experience of care among American Indian and Alaska Native Veterans. VA is also seeking to gain better information on tribal affiliations of American Indian and Alaska Native, to further understanding and elimination of observed Veterans disparities.

### Women Veterans:

To better understand Women Veterans' experiences and increase enrollment, VA is currently conducting the [2023 VA Barriers to Care Women Veteran Survey](#). The purpose of this survey is to learn about Women Veterans' experiences getting the health care they need.

### Younger Veterans:

While the trust scores for VA likely mirror broader health care trends, studies such as [Trust and Health Outcomes: Trust in the health care professional and health outcome: A meta-analysis](#) have also demonstrated that trust has some correlation with the use of preventive care as well as health outcomes. Therefore, VA will continue to build trust amongst younger Veterans and seek to ensure differences in trust do not lead to lower uptake in preventive or other care.

Please note: VA has begun to collect self-reported enhanced demographic data, including gender identity and sexual orientation, in its quarterly VA-wide trust survey, which is reported as part of the Agency Priority Goal, "Diversity, Equity, Inclusion, Access: Improving Trust of Underserved Veteran Populations," on [performance.gov](#).

## METHODOLOGY

### ITERATIVE PROCESS

Much like the [VA PACT Act Performance Dashboard](#), which began with 40 metrics on March 3, 2023 and now includes over 65 metrics as of August 4, 2023, we are using an iterative development process with our demographic supplement. We selected an initial set of 4 metrics to gain experience with both our statistical methodology and use of a normalized threshold to identify meaningful differences for the demographic analysis and with the mechanics of layering in demographic data onto our existing metrics. In the next quarter, we plan to add more metrics from the [VA PACT Act Performance Dashboard](#) as well as extend our analysis to cross tabs (combinations) of two or more demographic categories.

### ETHICAL USE OF VETERAN DATA

Veterans trust VA to promote and respect their privacy, confidentiality, and autonomy in the services we provide or support. We earn this trust when we adhere to VA's core values of integrity, commitment, advocacy, respect and excellence (commonly referred to as I-CARE). As a Veteran, you can expect VA to adhere to the VA ["Ethics Principles for Access to and Use of Veteran Data"](#).

The data used in this analysis has been provided to us with the informed consent of Veterans and has been appropriately stored to ensure privacy and confidentiality. Moreover, the use of this data adheres to the Ethics Principles and especially embodies the first two: the primary purpose of this analysis is to serve Veterans (use of data is for the good of Veterans) and the analysis is focused on ensuring service to all Veterans (data should be used in a manner that ensures equity to Veterans).

## APPROACH

For each metric, we compare the demographics that we observed for that metric with the most relevant baseline population. This comparison allows us to identify where the demographic distribution for a specific metric may differ from what we might expect based on the demographic distribution in the most relevant baseline population. We selected the baseline populations based on each specific metric and validated these choices with subject matter experts. In some cases, we have noted where we may not have an ideal baseline – for example, where we lack an authoritative study showing the distribution of harm incurred during military service across demographic groups – and explained why we have chosen a particular proxy baseline.

We used a Z test [[Z-test Definition & Meaning - Merriam-Webster](#)] to test for statistical significance. It is important to note that due to the large size of our populations, in most instances any difference – even tenths of a percent – are significant using this test. However, it is not always the case that a statistical difference will equate to a meaningful difference in our service to all Veterans. To identify meaningful differences, we created a normalized threshold of 10% by multiplying the demographic distribution for the baseline population by 10% to generate our threshold. We then identified meaningful differences anywhere the difference for a demographic group between the observed metric's population percentage and the baseline population percentage exceeded that threshold. As noted for the VHA Trust metric, we only utilized statistical testing.

As is typical in any statistical analysis, there are underlying records where one or more demographic fields may be missing. This is a typical issue that occurs during analysis for which there are two potential approaches – perform the analysis only on those records where the information is complete or impute the value for records where it is missing. Our VA Statistical Official determined that performing the analysis on the records where the information is complete was a more appropriate approach because we have no indication that the missing data is biased toward any particular demographic category and therefore excluding these incomplete records should have little impact on the analysis.

For this analysis, we have not utilized any purchased data to fill in any missing data because we have assessed that demographic data in purchased datasets is often imputed in ways that result in inaccurate categorization of individual demographics based on peripheral factors such as name or zip code. Our methodology has been reviewed by VA's Statistical Official, as well as by our Federally Funded Research and Development Center, MITRE, and by at least one peer Statistical Agency for soundness and adherence to good statistical practices.

For visualization, in this document we have included charts that compare the distribution between the metric and the baseline population. In the companion Excel workbook, we have included the raw data to enable replication of our methodology.

Because of existing data quality concerns among Veterans listed as "Two or More Races", it is not possible to determine if meaningful differences from the baseline are reflective of operational concerns that need to be addressed or due to inconsistent data collection. As a result, we do not include any preliminary observations for this demographic category.

## DEMOGRAPHIC LABELS

### Race/Ethnicity:

When reporting metrics by race and ethnicity, all Veterans who identify as being from a Hispanic or Latino ethnic origin are grouped into a single category: "Hispanic or Latino, of any race". Veterans included in all other race categories are assumed to be non-Hispanic. The 7 categories used throughout this document are:

- **American Indian or Alaska Native, non-Hispanic**
- **Asian, non-Hispanic**
- **Black or African American, non-Hispanic**
- **Hispanic or Latino, of any race**
- **Native Hawaiian or Other Pacific Islander, non-Hispanic**
- **White, non-Hispanic**
- **Multiracial (or "Two or More Races"), non-Hispanic**

The charts and tables included in these documents explicitly list the category names. Please note that the text of this document may shorten those category names. For example, "American Indian or Alaska Native" should be understood to be equivalent to "American Indian or Alaska Native, non-Hispanic".

### Gender:

Historically VA has used the term "Gender" in these reports to refer to birth sex data (male or female), which is different from reported gender identity. Historically, VA has used the term "Women Veterans" to refer to Veterans whose birth sex on file with VA is female. This term may not reflect the gender identity of all Veterans. In addition, birth sex data includes some Veterans who have changed their birth sex information in VA records to align with their gender identity, and these individuals are potentially included in the data presented here. VA has begun to collect self-reported gender identity and once the data set is sufficiently complete for statistical reporting we will endeavor to analyze sex and gender identity data separately.

### Sexual Orientation:

We also recognize that the three demographic analyses with which we have begun—race/ethnicity, gender, and age—will not represent the lived experience of all Veterans. We plan to include additional demographic analyses to include sexual orientation. We are working toward appropriately and sensitively reporting this data in the future.

## EXPLANATION OF TERMS

### OBSERVED METRIC

Cumulative Total PACT Act Related Claims Submitted

### DEFINITION

This statistic identifies the total number of VBA benefits claims with at least one PACT Act related condition received since August 10, 2022.

### BASELINE POPULATION

Living PACT Act Planning Population. This is the most relevant baseline population because this is the population we estimate most likely to be eligible for PACT Act benefits and care.

Total Toxic Exposure Screenings

This statistic identifies the number of Veterans who have received a VHA toxic exposure screening. Every Veteran enrolled in VA health care will receive an initial screening and a follow-up screening at least once every 5 years. Veterans who are not enrolled and who meet eligibility requirements will have an opportunity to enroll and receive the screening. The screening will ask Veterans if they think they were exposed to any of these hazards while serving: Open burn pits and other airborne hazards, Gulf War-related exposures, Agent Orange Radiation, Camp Lejeune contaminated water exposure and/or Other Exposures.

All Veterans Enrolled in VHA for care. This population is the most relevant baseline because those Veterans currently receiving toxic exposure screenings are those who are enrolled with VHA for care.

New Enrollees in the PACT Act Planning Population

This statistic measures the number of new enrollees in VA health care since enactment of the PACT Act that fall within the PACT Act Planning Population to understand the impact of the PACT Act on enrollment.

Non-Enrolled Cohort in the PACT Act Planning Population. This is the most relevant baseline because the new enrollees are enrolling out of the non-enrolled population (i.e. new enrollees were formerly non-enrolled).

VA Health Care 90-day Trust Score

This trust score reflects the percentage of Veterans who respond to the survey question, "I trust the VHA [Facility Name] for my health care needs" with a score of 4 or 5.

N/A

The demographic supplement is beginning with an initial set of demographic categories for which VA has data. Within this set, we have records where demographic information is missing or incomplete. Following standard statistical practice, we have performed our analysis on complete records and annotated for each metric and benchmark what percent is missing a particular demographic category. At this time, we assess that this approach is not introducing significant bias into the results. In addition, we recognize there are other important demographic categories, including sexual orientation and gender identity, that are not yet reflected in this analysis. VA is working over time to appropriately collect this data and incorporate into our analysis when the additional data is available.