VA PACT ACT PERFORMANCE DASHBOARD
QUARTERLY DEMOGRAPHIC SUPPLEMENT

JANUARY 2025

Q4FY24 Supplement to VA PACT Act Performance Dashboard

This Quarterly Demographic Supplement to the VA PACT Act Performance Dashboard, provides a demographic analysis of VA's implementation of the PACT Act. It can be used to focus outreach activities on groups of Veterans who have lower rates of PACT Act-related claims, screenings, or enrollments. To learn more about VA's commitment to delivering consistent, systemic, fair, and impartial treatment of and service to all Veterans, please visit https://www.va.gov/equity.

OVERVIEW

VA is publishing a quarterly supplement to the VA PACT Act Performance Dashboard to understand how Veterans are being served through the implementation of the PACT Act. This edition discusses the percentage of claims submitted, cumulative toxic exposure screenings, newly enrolled Veterans, and VHA 90-day trust scores by race or ethnicity, sex, and age group. Differences across groups are highlighted.

METHOD

The percent of Veterans who are members of a specific demographic group that have been engaged through the implementation of the PACT Act is compared to the percent of Veterans of the same demographic group most likely eligible for PACT Act-related benefits, referred to as the Living PACT Act Planning Population. The difference between these two rates was then reviewed for statistical significance and meaningful differences. The data is current as of September 14, 2024.

Detailed information on the methodology applied within this document begins on page 7. For the latest dashboard, please visit the 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 differences and actions VA may be taking as a result.

The first edition of this supplement was published in September 2023. VA did not observe any significant changes in the data between the first issue and this fourth edition. We expect the actions inspired by the first publication will take time to have a substantial impact on the provided metrics. This fourth edition reinforces the motivation for increased PACT Act awareness among identified populations and will help VA continue to implement effective strategies to provide Veterans the benefits and services they have earned and deserve.

Potentially meaningful differences observed in the data for specific demographic groups:

- **Claims Submitted:**
  - While the majority of reviewed demographic groups have submitted PACT Act claims at a rate proportional to their representation of the baseline Living PACT Act Planning Population, non-Hispanic Black or African American Veterans have submitted claims at a greater percentage of PACT Act claims than the group's proportion of the baseline Living PACT Act Planning population (21.4% compared to 14.8%) while non-Hispanic White Veterans have submitted claims at a lower percentage than the group's proportion of the baseline Living PACT Act Planning Population (64.4% compared to 71.7%). See the Explanation of Terms for the definition of all baseline populations and why they were selected.
  - Veterans below age 55 represent a lower percentage of submitted PACT Act claims (42.6%) than the group's proportion of the baseline Living PACT Act Planning Population (56.7%).
- **Toxic Exposure Screening:**
  - Veterans age 65-84 represent a proportionally higher percentage (44.7%) of completed toxic exposure screenings in comparison with their representation in the enrolled population (40.2%)
  - Younger Veterans age 25-44 are completing toxic exposure screenings (19.4%) proportionally less than their representation in VA enrollment (23.1%).
- **New Enrollees from the Living PACT Act Planning Population:**
  - Asian (3.3% compared to 2.1%), Black or African American (14.4% compared to 11.7%), Hispanic or Latino Veterans (12.9% compared to 9.3%), and Native Hawaiian or Other Pacific Islander Veterans (1.1% compared to 0.8%) all have higher representation amongst new enrollees from the Living PACT Act Planning Population than in the baseline of the non-enrolled Living PACT Act Planning Population.
  - Women Veterans have higher representation (12.2%) amongst new enrollees from the Living PACT Act Planning Population than in the baseline of non-enrolled Living PACT Act Planning Population (10.7%).
  - Veterans age 45-54 represent 19.2% of new enrollees from the Living PACT Act Planning Population, which is proportionally higher than their 17.2% representation in the non-enrolled Living PACT Act Planning Population.
  - White Veterans (66.7% compared to 74.9%) have lower representation amongst new enrollees from the Living PACT Act Planning Population than in the baseline of the non-enrolled Living PACT Act Planning Population.
  - The two oldest Veteran age groups 65-84 (14.6% compared to 19.9%) and 85+ (0.6% compared to 1.0%) have lower representation amongst new enrollees from the Living PACT Act Planning Population than their baseline representation in the non-enrolled Living PACT Act Planning Population.

HIGHLIGHTED PRELIMINARY OBSERVATIONS (cont.)

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

The following demographic groups have trust scores **above 90%**:

- Asian (94.8%), Black or African American (92.3%), Hispanic or Latino (92.9%), Native Hawaiian or Other Pacific Islander (92.2%) and White Veterans (93.8%);
- Male Veterans (92.1%); and
- Veterans in age groups above 55: 55-64 (91.0%); 65-84 (93.3%); 85+ (94.4%).

The following demographic groups have trust scores **below 90%**:

- American Indian or Alaska Native (89.3%);
- Women Veterans (89.0%); and
- Veterans in age groups <25 (80.0%), 25-34 (79.2%), 35-44 (83.0%), 45-54 (88.1%).

CLAIMS SUBMITTED

Observed Metric: Cumulative-PACT Act Related Claims Submitted (08/10/2022-09/14/2024)
Baseline: Living PACT Act Planning Population (as of 09/14/2024)

For this metric, we compare the distribution of race or ethnicity, sex, and age for cumulative PACT Act-related claims submitted with the same demographic group for the Living PACT Act Planning Population, the Veterans most likely eligible for PACT Act-related benefits. This information can help the VA identify where additional outreach may be needed to ensure all Veterans know about the PACT Act. Since VA does not have a study that authoritatively describes the actual distribution of military environmental exposure across demographic groups, we use the Living PACT Act Planning Population as our proxy.

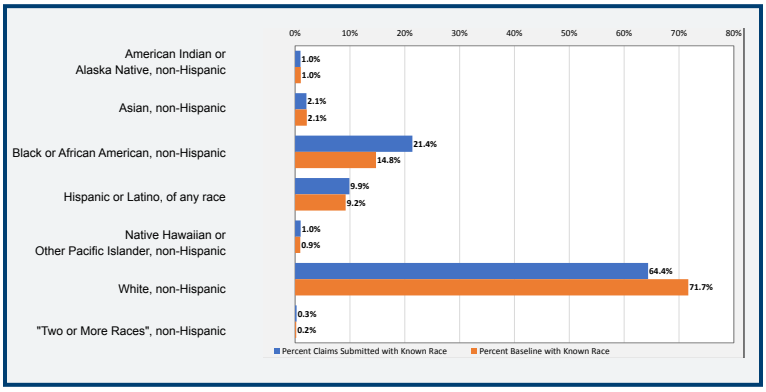
PRELIMINARY OBSERVATIONS

RACE/ETHNICITY

Observation of data for PACT Act claims submitted has identified three potentially meaningful differences by race and ethnicity.

- Observation shows that a majority of the seven race and ethnicity groups quantified have generally equivalent representation when comparing the proportion of PACT Act claims submitted to the proportion of baseline Living PACT Act Planning Population
- Observation shows that Black or African American Veterans (non-Hispanic) are represented at a higher proportion of PACT Act claims submitted (21.4%) than represented in the baseline Living PACT Act Planning Population (14.8%).
- Observation shows that White Veterans (non-Hispanic) are represented at a lower proportion of PACT Act claims submitted (64.4%) than represented in the baseline Living PACT Act Planning Population (71.7%).

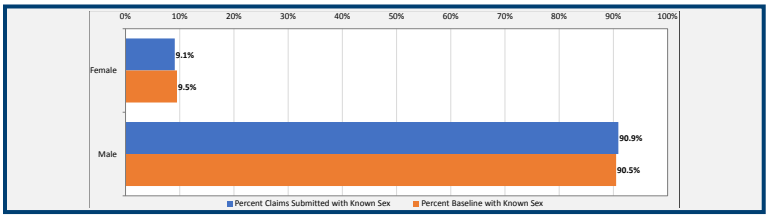
Percent of PACT Act Claims Submitted by Race/Ethnicity Compared to Baseline



SEX

Observation of the proportion of PACT Act claims submitted to the proportion of the baseline Living PACT Act Planning Population does not highlight a meaningful difference by sex.

Percent of PACT Act Claims Submitted by Sex Compared to Baseline



AGE

Veteran cohorts aged 55 and older represent a greater share of submitted PACT Act claims (57.4%) than they represent as a share of the Living PACT Act Planning Population (43.3%), with the inverse observed for Veterans aged 54 and younger.

There are a number of factors which may influence the submission of PACT Act claims, or lack thereof, by younger Veteran age groups that are dependent and independent of one's Veteran status, including:

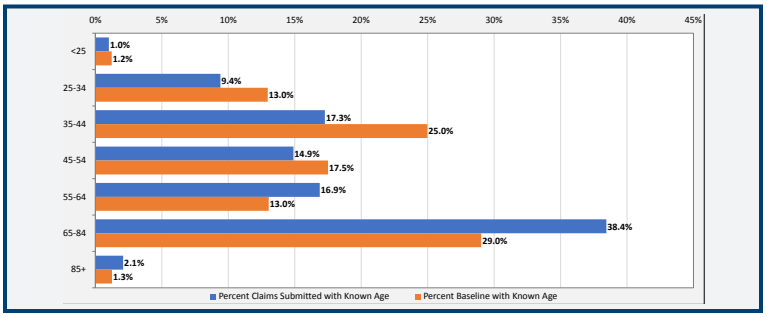
- Younger Veteran cohorts have lower trust in VA.
- Health conditions may not yet have manifested in younger Veterans or younger Veterans may not be aware of their health risks.
- Younger age groups (ages 18 to 44) are more likely to report their health status as excellent, very good, or good health than older age groups (ages 45 and over). Persons who identify as having excellent, very good, or good health tend to have fewer medical provider visits than persons in fair or poor health. (Health Status and Medical Services Utilization: 2013)

The observed differences warrant focused outreach to younger Veterans.

ACTIONS

VA will continue to conduct outreach to all Veterans about their benefits eligibility with an emphasis on the impacts of the PACT Act. VA will place additional emphasis on outreach to younger Veterans while acting to build trust with younger Veterans.

Percent of PACT Act Claims Submitted by Age Compared to Baseline



Spotlight on Survivor PACT Act Claims

SEX	PACT CLAIMS SUBMITTED
FEMALE	19,572
MALE	1,191
UNKNOWN	8,518
TOTAL	29,281

AGE	PACT CLAIMS SUBMITTED
<25	390
25-34	211
35-44	633
45-54	1,713
55-64	4,765
65-84	19,594
85+	1,954
DECEASED	11
UNKNOWN	10
TOTAL	29,281

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

TOXIC EXPOSURE SCREENINGS

Observed Metric: Total Toxic Exposure Screenings (09/06/2022–09/14/2024)
Baseline: All VHA Enrollees (09/14/2024)

We compare the demographic distribution of Veterans who have received toxic exposure screenings from the initial PACT Act implementation in September 2022 through September 2024 with the demographic distribution of all Veterans enrolled in VHA as of September 2024. VA seeks to identify any significant differences between these groups that highlight where additional action may be necessary to ensure that all enrolled Veterans are screened within five years (if currently enrolled or within five years of enrollment if not yet enrolled) as required by the PACT Act.

In September 2022, VA began offering toxic exposure screenings to enrolled Veterans at their regularly scheduled provider appointments. For this reason, the initial demographic distribution of completed screenings should mirror the distribution of VHA users. In the future, as toxic exposure screenings are rolled out to enrolled Veterans who are not currently VHA users, VA will continue to monitor the demographic distribution of toxic exposure screening to ensure that all enrolled Veterans are screened within the five-year window.

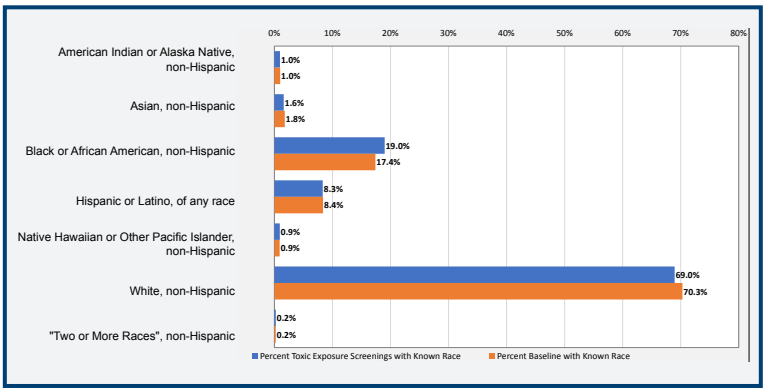
PRELIMINARY OBSERVATIONS

RACE/ETHNICITY

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

- Asian Veterans accounted for 1.8% of VHA enrollees but have received only 1.6% of all toxic exposure screenings.

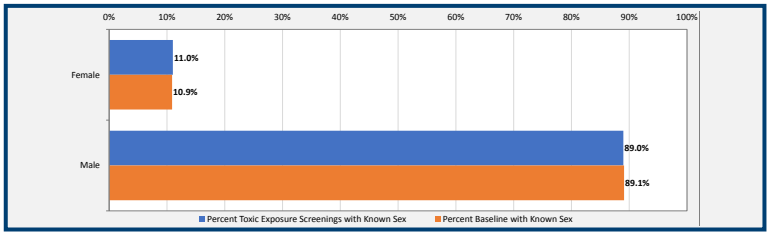
Percent of Toxic Exposure Screenings by Race/Ethnicity Compared to Baseline



SEX

- Female and male Veterans received toxic exposure screenings at rates proportionate to their representation among all VHA enrollees.

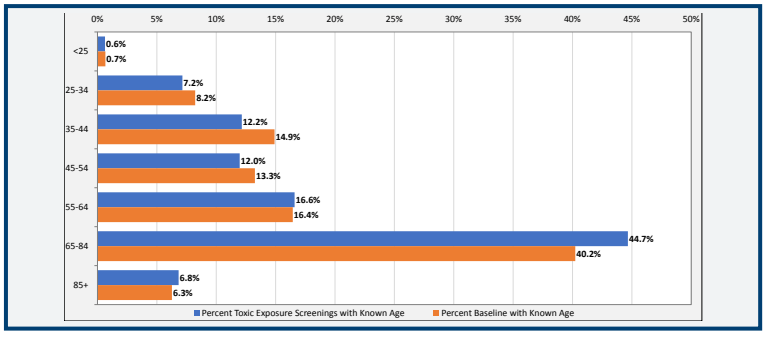
Percent of Toxic Exposure Screenings by Sex Compared to Baseline



AGE

- Veterans aged 25-34 (7.2% compared to 8.2%) and 35-44 (12.2% compared to 14.9%) had significantly lower rates of toxic exposure screenings as compared to their representation among all VHA enrollees.
- Veterans aged 65-84 received 44.7% of toxic exposure screenings despite accounting for 40.2% of VHA enrollees. Veterans belonging to this age group may seek VHA care more regularly than their younger counterparts. Because toxic exposure screenings are administered at regularly scheduled provider appointments, Veterans who are less likely to attend routine primary care appointments may be less likely to receive toxic exposure screenings.

Percent of Toxic Exposure Screenings by Age Compared to Baseline



ACTIONS

VA is assessing if the difference in rates of toxic exposure screenings by age group is due to variation in the utilization of VA care by different age groups as hypothesized, or if a barrier of some type (systemic or otherwise) is contributing to this disparity. 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 that all Veterans are included in toxic exposure screenings. This may require additional outreach efforts, especially for younger Veterans.

NEW ENROLLEES FROM THE LIVING PACT ACT PLANNING POPULATION

Observed Metrics: New Enrollees from the Living PACT Act Planning Population (08/10/2022–09/14/2024)
Baseline: Non-Enrolled Living PACT Act Planning Population (08/10/2022)

For this metric, we compare the demographic distribution of Veterans in the Living PACT Act Planning Population (Veterans who VA determined were most likely eligible for PACT Act-related benefits) who have enrolled in VHA since the PACT Act went into effect in August 2022 to the demographic distribution of Veterans in the Living PACT Act Planning Population who were not enrolled in VHA as of August 2022. There are some Veterans who have received PACT Act-related benefits and who were already enrolled in VHA prior to August 2022. To better understand the representativeness of the newly enrolled population, only Veterans who were not enrolled as of August 2022 are included in the baseline group. Significant differences may highlight opportunities for additional outreach or other actions to ensure all Veterans know their eligibility. Veterans make enrollment decisions for various reasons unrelated to awareness or eligibility for VHA care. For example, Veterans may have other care providers with whom they are satisfied (e.g., TRICARE for retirees).

PRELIMINARY OBSERVATIONS

RACE/ETHNICITY

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

- Most minoritized racial or ethnic groups enrolled in VHA at higher rates compared to the make up of the Living PACT Act Planning Population who were not enrolled at baseline. Black or African American Veterans (14.4% compared to 11.7%), Hispanic or Latino Veterans (12.9% compared to 9.3%), Asian Veterans (3.3% compared to 2.1%), and Native Hawaiian or Pacific Islander Veterans (1.1% compared to 0.8%) comprised greater shares of the new enrollee population compared to their respective shares of the non-enrolled Living PACT Act Planning Population, whereas White Veterans represented a smaller proportion of new enrollees than in the baseline population (66.7% compared to 74.9%).

SEX

- Female Veterans comprised a greater share of new enrollees from the Living PACT Act Planning Population compared with the baseline share of female Veterans in the non-enrolled Living PACT Act Planning Population (12.2% compared to 10.7%).

AGE

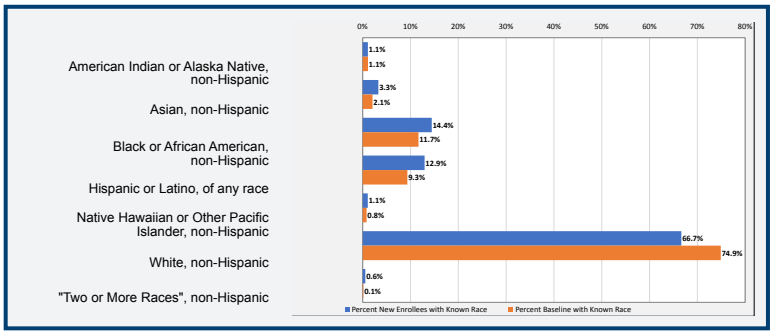
- Demographic Veterans aged 45-54 comprised a greater share of new enrollees compared with their share of the baseline non-enrolled Living PACT Act Planning Population (19.2% compared to 17.2%).
- The oldest Veteran groups, 65-84 (14.6% compared to 19.9%) and 85 and older (0.6% compared to 1.0%), make up a smaller share of new enrollees than their share of the non-enrolled Living PACT Act Planning Population.

ACTIONS

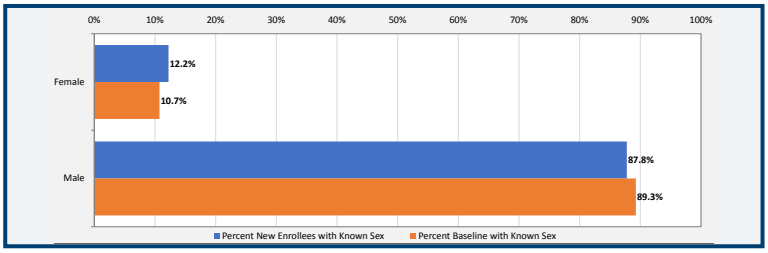
Overall, VA will continue the Choose VA campaign to ensure all Veterans are aware of their eligibility for VA care and seek to continue positive enrollment trends for the majority of demographic groups including Asian, Black or African American, Hispanic or Latino, Women Veterans, and younger Veterans.

VA will analyze what factors may be leading to lower enrollment rates among 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.

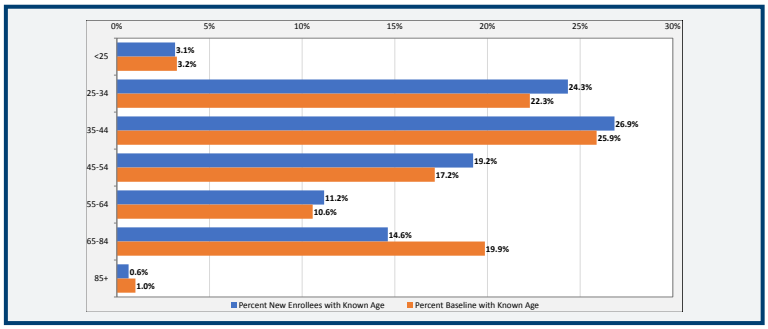
New Enrollees from the Living PACT Act Planning Population by Race/Ethnicity Compared to Baseline



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



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



VHA OUTPATIENT TRUST

Observed Metric: VHA Outpatient Trust (06/17/2024–09/15/2024)

Baseline: N/A

For this metric, we examined the VHA 90-Day Trust Scores for Veterans' outpatient care experiences by race or ethnicity, sex, and age. VA sent surveys following up with the 2.8 million Veterans who had outpatient appointments within the 90-day window specified above. 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 data reported in this metric is the percentage of Veterans in each demographic group who agreed or strongly agreed when responding to the question, "I trust the VHA [Facility Name] for my health care needs." It is important to note that this metric is not specific to the experience of Veterans with health conditions related to military environmental exposures. Please visit Veteran Trust in VA to learn more about how VA measures trust.

2,846,975 Surveys Sent

427,408 Surveys Received

169,211 Comments Received

15.0% Response Rate

5.9% Percentage with Comments

PRELIMINARY OBSERVATIONS

RACE/ETHNICITY

- American Indian or Alaska Native Veterans and Veterans with two or more races had the lowest trust scores of any racial or ethnic groups, tied at 89.3%, and Asian Veterans had the highest trust scores at 94.8%, a 5.5 percentage point gap. White Veterans' average trust score was 1.5 percentage points greater than Black or African American Veterans.

  The 90-day Trust Scores for all racial and ethnic groups were:

  - American Indian or Alaska Native: 89.3%
  - Asian: 94.8%
  - White: 93.8%,
  - Hispanic or Latino: 92.9%
  - Native Hawaiian or Other Pacific Islander: 92.2%
  - Black or African American: 92.3%
  - Veterans with two or more races: 89.3%

RACE/ETHNICITY	TOTAL RESPONSES	PERCENTAGE AGREEMENT
American Indian/Alaska Native, non-Hispanic	1,603	89.3%
Asian, non-Hispanic	3,018	94.8%
Black/African American, non-Hispanic	26,502	92.3%
Hispanic/Latino, of any race	19,053	92.9%
Native Hawaiian/Pacific Islander, non-Hispanic	1,066	92.2%
White, non-Hispanic	170,389	93.8%
"Two or more Races", non-Hispanic	4,450	89.3%
TOTAL (without unknowns)	226,081	N/A
Unknown	201,327	90.0%
GRAND TOTAL	427,408	91.8%

SEX

- The 90-Day Trust Score for Female Veterans was 89.0% and 92.1% for male Veterans., a 3.1 percentage point gap.

SEX	TOTAL RESPONSES	PERCENTAGE AGREEMENT
Female	40,205	89.0%
Male	387,203	92.1%
Total (without unknowns)	427,408	N/A
Unknown	N/A	N/A
GRAND TOTAL	427,408	91.8%

AGE

- Trust scores were generally lower among younger Veterans.
- The oldest Veterans, who were 85 years old or older, had the highest trust scores at 94.4%, followed by Veterans aged 65-84 (93.3%), 55-64 years (91.0%), 45-54 years (88.1%), and 35-44 years (83.0%), 25-34 years had the lowest trust scores (79.2%), and finally, Veterans aged less than 25 had slightly higher trust scores (80.0%). There is a 15.2 percentage point gap between the average trust scores of Veterans aged 25-34 and Veterans aged 85 and older. Veterans aged 44 and under reported substantially lower trust in VA than those aged 45 and older. Even Veterans relatively close in age, those aged 35-44 and 45-54, had a 5.1 percentage point gap in average trust scores.

AGE GROUP	TOTAL RESPONSES	PERCENTAGE AGREEMENT
<25	516	80.0%
25-34	5,301	79.2%
35-44	17,570	83.0%
45-54	36,072	88.1%
55-64	86,658	91.0%
65-84	263,740	93.3%
85+	17,551	94.4%
Total (without unknowns)	427,408	N/A
Unknown	N/A	N/A
GRAND TOTAL	427,408	91.8%

ACTIONS

Trust is not only an important factor of the Veteran experience, but it has also been shown to impact health-seeking behavior and health outcomes. For these reasons, VA will seek to better understand and address demographic disparities.

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 conducted 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.

METHODOLOGY

ITERATIVE PROCESS

Much like the VA PACT Act Performance Dashboard, which began with 40 metrics in March 2023 and now includes over 70 metrics as of December 2024, 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".

EXPLANATION OF TERMS

OBSERVED METRIC	DEFINITION	BASELINE POPULATION
Cumulative PACT Act Related Claims Submitted	This statistic identifies the total number of VBA benefits claims with at least one PACT Act related condition received since August 10, 2022.	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 Living 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 Living PACT Act Planning Population to understand the impact of the PACT Act on enrollment.	Non-Enrolled Cohort in the Living 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.