

Topics to be Addressed in Agency Equity Action Plans

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Release: This document, per Executive Order (EO) 13985, contains an Equity Action Plan (“Plan”) to meaningfully address the barriers and opportunities identified through the agency’s equity assessment. The Plan will be used to help set public expectations and promote accountability and inform the agency’s longer-term equity planning and implementation strategy. The Plan should be reviewed by the agency’s Office of General Counsel (OGC) prior to submission and may be used to inform public documents released by the Domestic Policy Council (DPC).

SECTION 1: EXECUTIVE SUMMARY OF ACTION PLAN

Long after their last day of military service, hundreds of thousands of Veterans continue to fight an uphill battle on an uneven American ground. That battle is not one our Veterans signed up for. It is not one that protects this great country against our enemies. That fight is for something many Americans have the luxury of taking for granted: Equity.

In the 73 years since President Truman desegregated the military in 1948—making discrimination on the basis of race illegal in the armed forces—many forms of inequity persist in American society, which stem from overt and covert racism, sexism, discrimination, conscious and unconscious bias. The Department of Veterans Affairs (VA) is not excluded from the systemic injustices and inequities that pervade American society. The GI Bill and loan guaranty programs were instrumental in economic prosperity and access to homeownership for Veterans in the postwar years, but Black Veterans lacked the same level of access. Additionally, exclusionary policies (e.g., Don’t Ask Don’t Tell) affecting LGBTQ+ Service members led to the involuntary separation and denial of benefits for many LGBTQ+ Veterans. Other instances of inequities faced by underserved Veterans include disparities in claim rejection rates, unequal post-traumatic stress disorder (PTSD) compensation rates and access disparities for Veterans discharged under other-than-honorable (OTH) conditions.

VA is reducing internal and external barriers that have impeded access to benefits, services, and healthcare. VA recognizes that internal barriers will require changes to policies, processes, and procedures to enable access to underserved Veterans. Conversely, external barriers such as legislation, infrastructure or technology differences can contribute to inequities. VA seeks to advance an inclusive environment that values and supports the diverse communities we serve—Veterans, their families, caregivers and survivors—and cultivate equitable access to care, benefits and services for all.

VA’s highest priorities are our three core responsibilities: 1. Provide all Veterans timely, world class health care; 2. Ensure that Veterans and their families have access to the benefits they have

earned; 3. Honor Veterans with a final resting place that is a lasting tribute to their service and sacrifice.

Equity means VA intentionally commits to consistent and systematic fair, just and impartial treatment of all individuals and a just distribution of tools and resources to give Veterans, including Women Veterans, LGBTQ+ Veterans, Black American Veterans, Tribal Veterans, Pacific Islander Veterans, among other underserved communities, what is required to enjoy a full, healthy life.

VA is centering equity in the benefits, care, and services we provide to underserved Veterans through tailored benefits delivery, customized whole health care and services at each phase of their life journey, and by eliminating disparities, barriers to health and creating opportunities to enhance access, outcomes, and experiences.

GOAL 1: Develop Data for Equity strategy

VA seeks to provide authoritative demographic data on all Veterans, regardless of whether they use VA services. The Veteran-centered model will synchronize VA's data on health care, disability benefits, other Veteran-facing services, and address data gaps on demographic information. Through a shared and accessible data product that captures Veteran demographics, VA will have the capability to identify and eliminate disparities for women, Veterans of color, LGBTQ+ Veterans, among other underserved populations. VA seeks to use data, informatics, and evidence to measure the quality and effectiveness of benefits, care, services, experiences, and satisfaction to ensure Veterans' outcomes drive everything we do.

GOAL 2: Improve access, advance outcomes

VA ensures the timely delivery and access to high-quality benefits, care and services, customized to serve historically marginalized and underserved communities. This overarching strategic goal captures VA's current efforts to identify and eliminate institutional barriers that may inhibit Veterans of color, women, LGBTQ+ Veterans, Veterans with disabilities, rural Veterans, Veterans at-risk for food insecurity and others who face persistent inequities, from receiving equitable access to the service and benefits they have earned. Improving access improves outcomes, and VA is reducing barriers to access by creating institutional pathways for underserved Veterans to increase awareness, utilization and foster promotion of VA benefits and services. Leveraging human centered design (HCD) and industry best practices will enable VA to proactively customize VA's benefits, care and services to improve access and advance outcomes for underserved Veterans.

GOAL 3: Increase contract awards to women-owned small businesses (WOSB) and small disadvantaged businesses (SDB)

VA procures well over \$30 billion in goods and services annually to support its programs which provide health care, benefits and memorial services to Veterans and seeks to increase contracting opportunities for socioeconomic small businesses, which include WOSB, SDB and businesses operating in Historically Underutilized Business Zones. Providing small businesses with the opportunity to compete for those contracts enables VA to leverage its substantial purchasing power to enhance economic opportunity and equity for Veterans from underserved communities. VA is evaluating pain points and barriers to entry for socioeconomic small businesses competing

for VA contract awards to reaffirm our commitment to just and impartial access to procurement opportunities for women owned- and other small, disadvantaged businesses. This analysis can inform VA's efforts to enable procurement readiness for SDBs centered on access to specialized expertise, developing preferences based on guidance from the Small Business Administration (SBA), and focused on training and guidance to the VA Acquisition Community.

GOAL 4: Address health equity for underserved Veterans

VA serves a patient population that is increasingly racially, ethnically and gender diverse. While VA is a national leader in achieving equity in healthcare and health outcomes, we are not stopping there. We are committed to improving health equity and reducing disparities in care to ensure access to high-quality care for underserved Veterans. VA is addressing the social and economic determinants of equity for underserved Veterans across socioeconomic factors to include race, ethnicity, gender, income, education, and life experience, which impact access and quality care. VA has accelerated the analysis and improvement of health equity outcomes for underserved Veterans, particularly in response to disparities identified during the Coronavirus Disease 2019 (COVID-19) pandemic.

GOAL 5: Build and maintain trust with underserved Veterans

The voice of our Veterans is VA's North Star, with Veteran trust as our ultimate measure of success. VA is actively incorporating the voice and insights of underserved Veterans to tailor services, enhance transparency and build trust. VA continues to embed equity into benefits and service delivery, informed by in-depth and real-time customer feedback based on quantitative Veterans Signals (VSignals) surveys and qualitative HCD research. VA is committed to designing and delivering equitable services customized to the experiences of all Veterans, their families, caregivers, and survivors that we serve. Reduce barriers to access for Women Veterans due to a lack of trust re: sexual harassment and assault. VA plans to continue transformative HCD research to capture the full spectrum of experiences from underserved Veterans, which includes Women Veterans, LGBTQ+ Veterans, Tribal Veterans, Pacific Islander Veterans, among other diverse communities. Lastly, VA is hardwiring the stakeholder experience engagement into the enterprise's governance framework, dedicated to driving equity across VA service delivery and outreach.

SECTION 2: EXECUTIVE SUMMARY OF EARLY ACCOMPLISHMENTS

The Biden-Harris Administration's focus on advancing equity across the Federal Government has led to a renewed commitment from VA to take immediate steps to embed equity in the delivery of benefits and services to all Veterans, and specifically to historically marginalized and underserved Veterans. VA views this as a strategic imperative to identify possible disparities and improve benefits, services and care delivery to the Veterans we serve. Since the signing of Executive Order 13985, VA has taken immediate steps categorized across four buckets: 1. Embedded equity through policy and operational changes; 2. Advanced equity through grantmaking and research and development; 3. Used the Veterans' voice as our North Star; 4. Innovated in stakeholder engagement to underserved communities.

Embedded equity through policy and operational changes

- Expanding [gender affirming care and benefits package](#) for LGBTQ+ Veterans. VA initiated the rulemaking process to change the policy ban on gender-affirmation surgery, which is part of formal regulation under the Administrative Procedure Act.
- Issued [enterprise policy guidance](#) that instructed VA adjudicators to determine that all discharged Service members whose separation were due to sexual orientation, gender identity or HIV status should be classified as eligible Veterans for VA benefits.
- Developed an internal site to enable accessing and reporting of data by race and ethnicity as a resource to meet the reporting requirements in Megabus Act Section 5401 and the Johnny Isakson and David P. Roe Veterans Health Care and Benefits Improvement Act of 2020.¹
- VA health records [now display gender identity](#). Healthcare professionals who use Computerized Patient Record System now have visibility on the structure to display birth sex, self-identified gender identity, sexual orientation, and pronouns used on the patient inquiry page.
- Revised 10-10 EZ enrollment form to capture gender identity and preferred name.

Advanced equity through grantmaking, research and training

- Granted [first equity research awards](#). VA's Office of Research and Development awarded \$1 million for the Diversity, Equity and Inclusion research supplement award. This award aims to stimulate research focused on minority health and health disparities and to promote equity in scientific activities.
- Completed the National Veteran Health Equity Report 2021 (NVHER21), which provides information regarding disparities related to patient experiences and health care quality for Veterans who obtain health care services through the VHA.
- Launched the [Women's Health Transition Training](#) that provides gender specific information to transitioning Servicewomen in health care enrollment and services.
- Developing an American Indian/Alaskan Native Veteran journey map to inform program improvements; improve existing outreach and build new solutions to meet the needs of the American Indian/Alaskan Native Veteran community. Additionally, the Women Veterans experience journey map was completed to focus on a better understanding the experiences with inequity Women Veterans have throughout their lives as Veterans and Service members interacting with VA benefits and services.
- Planning through the Homeless Program Office to develop a technical assistance initiative aimed at increasing the rate of universal screening of suicide risk (RISK ID) in homeless care settings.

Used the Veterans' voice as our North Star

- Revised VSignals surveys for benefits and services to include a question on equity.
- Conducted four virtual claims clinics in three tribal communities that enhance access to services and benefits. Additionally, the clinics have provided a sounding-board for inequities experienced by American Indian/Alaskan Native who reside in rural communities.

¹ Under the Isakson and Roe Veterans Health Care and Benefits Improvement Act of 2020, VA is now required to collect, analyze and report all VA program data disaggregated by gender, race and ethnicity.

- Hosted 55 virtual listening sessions for Veterans and spoke with more than 550 participants to gather feedback on Veterans’ experiences and perceptions related to inequity in services and care at VA health care facilities for underserved Veterans.
- Conducted a virtual Economic Development Initiative (EDI) for Veterans in the Baltimore, Maryland area, informing participants about available resources in the Baltimore area including financial literacy and benefits services. EDIs promote financial well-being and provide Veterans with access to benefits and services in IRS identified Qualified Opportunity Zones.
- Center for Women Veterans initiated an ongoing survey for women Veterans who do not utilize VA services and benefits to understand root causes of inequity that will help inform future strategy to advise the VA enterprise.

Innovated in stakeholder engagement to underserved communities

- Shifted VA’s targeted COVID-19 messaging to underserved Veterans by developing tailored products across a variety of media sources and ensured minority Veterans had access to timely and accurate information to inform decisions about COVID-19 vaccination.
- Developed a Quick Start Guide² for outreach to LGBTQ+ Veterans providing explanation of how sexual orientation and gender identity are related to health, the value of identity disclosure to one’s healthcare providers, services available to LGBTQ+ Veterans and how to enroll in VA care.
- Engaged Veterans with OTH discharges during the OTH Summit. Conducted strategic outreach to LGBTQ+ Veterans, PTSD and Traumatic Brain Injury survivors, survivors of military sexual trauma and underserved Veterans who disproportionately received stricter sentencing in the military justice system.

SECTION 3: EQUITY ACTION PLAN

GOAL 1: *Develop a Data for Equity strategy.*

ACTION: VA will create a Veteran-centered data model to inform healthcare delivery, disability benefits and other Veteran-facing services for underserved Veterans. The objective is to resolve long-standing data quality issues related to the collection and storage of certain demographic information, such as gender, race and ethnicity.

VA has identified the lack of complete and consistent collection of socio-demographic data is essential to assess equity in the benefits and services we provide to Veterans, their families, caregivers, and survivors. The VA does not have this data and this barrier to equitable outcomes impedes VA’s ability to provide continuous evaluation of where potential disparities exist. Stemming from this known gap and other drivers, such as the Isakson and Roe Act (2020) and the Biden-Harris Administration’s executive actions on equity and evidence-based policymaking, this momentum has called for VA to make this a priority and identify new ways to address the intersection between data and equity.

² [Getting Started with Services for LGBTQ+ Veterans - U.S. Department of Veterans Affairs \(va.gov\)](https://www.va.gov/press-releases/2021/08/24/getting-started-with-services-for-lgbtq-veterans/)

VA's Office of Resolution Management Diversity and Inclusion (ORMDI) contracted a federally funded research and development corporation (FFRDC) to collaborate on equity assessments of select VA benefits programs and services. The discovery highlighted an overarching need for a Data for Equity strategy. The enterprise-wide application of this action integrates with each goal and will shape how VA pursues this section's subsequent actions.

A. Barrier to Equitable Outcome(s)

During VA's assessment of select programs such as the Pension program, contract awards to SDB and barriers to underserved Veterans outside continental United States (OCONUS) and in the Freely Associated States (FAS), in addition to data quality and integrity issues:

- *Pension program.* A review of the socio-demographic data of VA's Pension program reveals that roughly 3% of Veterans in the Pension program were not in USVETS or did not have a VA health record.
- *Procurement equity.* The Federal Procurement Data System does not account for SDB by socio-demographic characteristics (e.g., race, ethnicity or LGBTQ+).
- *Barriers to access for underserved Veterans OCONUS and FAS.* There is a lack of race data and low data accuracy for American Indian or Alaska Native (AI/AN) and Native Hawaiian or other Pacific Islander groups.

B. Action and Intended Impact on Barriers

VA will create a Veteran-centered data model to inform healthcare delivery, disability benefits and other delivery services for underserved Veterans. This will allow VA to measure disparities and identify triggers that will lead to the identification and elimination of barriers. The model will provide the enterprise's Veteran demographics, which include race, ethnicity, gender identity, location, contact information, social determinants, health, benefits, memorial benefits and customer experience data. This cross-cutting capability will improve data quality and timeliness of authoritative data; and make this population-level data analytically and operationally useful to develop insights for all Veterans, including those who are not enrolled in VA services or benefits. Analytic results will be disseminated across various Dashboards designed to address a wide range of enterprise-level key analytic questions centered on equity and population-level concerns.

C. Tracking Progress

Near- to Mid-Term (2-4 years):

- Implement Common Operating Platform Project Plan.
- Leverage VA's Data Governance Council's population analytics initiative to shape and govern specific equity-related Key Analytic Questions (KAQs) to prioritize specific data access, collection, improvement, standardization, and use requirements.
- Define key indicators of equity for each program and measure by socio-demographic group to provide insight against identified KAQs.
- Built and leverage VA's Equity Dashboard.

Long-Term Success (5-8 years):

- Improve socio-demographic data integrity.
- Provide summary reports of Veterans and benefit utilization by socio-demographic groupings.

- Leverage Veteran-centric data integration in program evaluation activities, enabling integration across program-specific evaluations and Veteran impact across programs.

D. Accountability

VA's ORMDI is the champion for this effort jointly with VA's Chief Data Officer (CDO). A project team is underway with guidance from VA's Data Governance Council (DGC) to develop the data for equity strategy. This project will also have partial contract support obtained by the Office of the Secretary of Veterans Affairs' Data Team. Further, the Veterans Experience Office and Office of Information and Technology, under the DGC and with the CDO, are instituting an aligned operational master data management solution. Lastly, VA's Inclusion, Diversity, Equity and Access (I-DEA) governance body will utilize one central workstream to review the progress of this action.

GOAL 2: Improve access, advance outcomes

ACTION: The VA will complete three in-depth equity assessments to implement a resolution plan to address institutional barriers. The objective is to embed equity assessment framework into all VA services and programs to discover and eliminate institutional barriers to improve access for underserved Veterans.

ASSESSMENT 1: Mental Health Disability compensation rates

VA provides disability compensation to Veterans if evidence establishes that the disability is related to the Veteran's military service. After requests from VA's Advisory Committee on Minority Veterans, VA previously assessed Black Veterans with a PTSD diagnoses and related mental health disability compensation. In the case of mental health disabilities, the onset of disability may be during service or many years after. VA has reoriented the previous study as an equity assessment to identify and reduce barriers in grant rates. Program success is typically defined by process measures regarding timeliness and the number of processed claims; however, understanding equity in the awarding of grant rates will lead to new success metrics centered on equity.

A. Barrier to Equitable Outcome(s)

VA studied disability compensation claims for PTSD filed in 2015 and adjudicated in 2015-2018. VA's analysis indicated two "differences" in grant rates regarding mental health compensation, which have impacted underserved Veterans: 1. Black American veterans were more likely to apply for compensation than other veterans, but less likely to be granted compensation, 2. There were disparities related to mental health compensation rates for PTSD disability claims.

B. Action(s) and Intended Impact on Barrier

VA has a series of actions underway to identify, understand and mitigate differences and disparities in mental health disability compensation rates:

- Assess mental health disability application rates and Black Veterans' grant rates for Mental Health disability compensation to identify systemic inequity or other variances in grant rates.

- Engage with Underserved Veterans across 3 cities using the Veterans Experience Action Center (VEAC) model. This effort will focus on Black Veterans with health PTSD diagnosis and connect them with VA experts to provide a one-stop resource to fill benefits, healthcare VA resource needs. The Virtual Veterans Experience Action Center (V-VEAC) events are a collaborative effort which include representation from across VA, state departments of Veterans affairs and community partners.

C. Tracking Progress

Near- to Mid-Term (2-4 years)

- Track the progress of the FFRDC Equity Assessment, with a vision to apply similar methods to other benefit programs or different types of disabilities.
- Leverage results of the 3-City Pilot using the V-VEAC Model and plan expansion to 12 additional sites to improve outcomes for underserved Veterans.
- Confirm the “Proof of Concept” for the 3-city Minority Veteran Engagement action plan.

Long-Term Success (5-8 years):

- Evaluate significant disparities resulting from policy changes.
- Scale 3 cities V-VEAC Minority Veteran Engagement project to 12 cities based on results from pilot.

D. Accountability

The Veterans Benefits Administration’s (VBA) Office of Performance Analysis and Integrity is the Champion office for this effort, in partnership with ORMDI, Center for Minority Veterans and the Office of the Secretary.

ASSESSMENT 2: VA’s Pension program

VA helps Veterans and their families cope with financial challenges by providing supplemental income through the Veterans Pension benefit programs. VBA's Pension Program is a needs-based benefit designed to provide certain wartime Veterans and their survivors with a minimum level of income that raises their standard of living. The program provides monthly payments to eligible wartime Veterans, who are age 65 or older or have a permanent and total non-service-connected disability and who have limited income and net worth. Veterans who are more seriously disabled may qualify for a pension at the increased housebound or aid and attendance rates. Surviving spouses and dependent children of deceased wartime Veterans are eligible for monthly pension benefits if they meet the net worth and income requirements. VA seeks to capture variances in access to VBA services to increase financial equity for underserved Veterans. VA is assessing the extent to which existing Pension program policies and practices may serve as a barrier to benefits and service delivery to underserved Veterans.

A. Barrier to Equitable Outcome(s)

The ability to identify and measure underserved populations is limited due to income and net worth requirements of the program. VA’s outreach efforts include an array of tools to ensure the right communications reach the widest audience. The equity assessment is currently matching Pension data with available demographic data to understand more about Veterans who may be eligible and have not engaged as well as identify disparities for Veterans who have applied.

B. Action and Intended Impact on Barrier

VA will evaluate and report on VBA Pension Outcome Equity Measures. The findings of this report will enable VA to redesign its outreach and engagement strategies focused on underserved Veterans to increase financial equity for underserved communities. This action hopes to reduce any differences or disparities in access and utilization of the Pension program. Lastly, this action can include equity metrics that may inform the future outreach and engagement efforts for this program moving forward.

C. Tracking Progress

Near- to Mid-Term (2-4 years)

- Produce Equity Report on VBA Pension Program.
- Institutionalized Equity Assessments for benefits programs.
- Develop Action Plan for outreach and engagement to underserved Veterans eligible for the Pension Program.

Long-Term Success (5-8 Years)

- Evaluate implementation of the Action Plan for outreach and engagement.

D. Accountability

VA ORMDI is the Champion office for this effort in partnership with VBA. The VA I-DEA sub-council will review progress on implementing this action. In addition, VA ORMDI will also develop an annual equity report, which will include progress on all equity indicators and progress on actions taken.

ASSESSMENT 3: *Reduce barriers to access for underserved Veterans OCONUS and in FAS.*

VA is conducting an equity assessment to assess the unmet needs of minority and women Veterans in the Pacific Islands and FAS. Veterans in these locations face systemic barriers, and lack equitable access to healthcare, benefits and opportunities for women Veterans and Veterans from historically marginalized and underserved communities.

A. Barriers to Equitable Outcome(s)

VA has identified a combination of barriers that have led to disparities in primary, mental health and preventive care. Veterans in Pacific Island and FAS have little or no access to suicide prevention, military sexual trauma resources, women's health, wellness and other VA programs. The combination of barriers include:

- Lack of demographic data on Veterans in the Pacific Islands and FAS to include Citizenship status, discharge characterization and benefits and services utilization.
- Access to VA Hospital Care and Medical Services is limited in the FAS partly because of existing policies. With few stated exceptions, current laws prohibit VHA practitioners from providing care, including Telehealth services, to Veterans outside of the United States and its Territories (38 U.S.C. § 1724). VA's limited authority to provide health care (including Telehealth) outside of the United States and its Territories may contribute to health disparities for Veterans that live in these locations.
- The Foreign Medical Program self-selects for Veterans with the means/resources/finances to provide initial upfront investment in their healthcare before

VA reimbursement. This current paradigm further reinforces the disparity and inequitable access to healthcare only for Veterans with the resources/finance to pay upfront.

- The Beneficiary Travel Program self-selects for Veterans who can afford to pay for travel from remote areas and then wait for reimbursement. Beneficiary Travel is only available from and to locations within the U.S. and its territories. This travel expense is perhaps the greatest barrier to care for these Veterans.

B. Action and Intended Impact on Barrier

To reach the goal of ensuring the timely delivery and access to high-quality benefits, care, and services, customized to serve historically marginalized and underserved communities the following will need to occur:

- Continue conducting an equity data analysis on utilization of care, services and benefits to identify disparities and gaps in the data about Veterans in the Pacific Islands and FAS. The data and information will be used to be able to identify disparities with women, minority, and geographically isolated Veterans in utilization of VA healthcare, services and benefits and develop data-driven outreach and engagement strategies.
- Review regulations and recommend modifications to regulations and/or policies to allow for broader use of any statutory or regulatory restrictions on Telehealth. It is necessary to determine where additional flexibilities and opportunities exist to increase participation in Telehealth and a review of technological barriers in the community (i.e., access to computers or cellphones, access to internet or Wi-Fi) is also required to increase access.
- Identify possible changes to statutes and regulations that unequally affect Veterans living in remote and/or non-U.S. locations, to include restrictions on paid travel for healthcare or Compensation & Pension examinations, authority of U.S. providers to write prescriptions, and the availability of prescription medications.
- Conduct a financial analysis of resource availability and explore how VA programs can improve the vocational prospects of Veterans, improve availability of telecommunications, and mitigate the inequitable outcomes caused by reimbursement-based programs for healthcare and travel costs.
- Modernize the Foreign Medical Program to provide overseas Veterans with easier electronic communication, streamlined claims and billing processes and timely electronic payment of provider bills and Veteran claims.

C. Tracking Progress

Near- to Mid-Term (2-4 years):

- Create an action plan to address equity assessment results for Veterans in the Pacific Islands and FAS.
- Develop and implemented an outreach and engagement plan in the Pacific Islands and FAS utilizing a HCD data-equity driven strategy.
- Create a center for Native Hawaiian and Pacific Islander (NHPI) and United States Affiliated Pacific Islands (USAPI) to advance health equity and decrease health disparities among NHPI Veterans.

Long-Term Success (5-8 Years)

- Evaluate implementation of the Action Plan, inequities in VA benefits, service utilization and impacts of policy modifications.

D. Accountability

The VA I-DEA Sub-Council will review progress on implementing this action. The VA I-DEA Sub-Council will provide progress reports to senior VA officials on a quarterly basis. VA will hold itself accountable for implementing this action and aligning it with VA's Strategic Plan.

GOAL 3: *Increase contract awards to women-owned small businesses (WOSB) and small disadvantaged businesses (SDB)*

ACTION: VA will launch outreach and engagement plan to increase the pool of eligible minority-owned firms. The objective is to increase awareness and understanding of WOSB and SDB contracting preferences by VA acquisition professionals and improve eligible small businesses' ability to compete for contracting opportunities.

VA is conducting an equity assessment to assess disparities in procurement and contracting opportunities for WOSB and other SDB categories. The goal of the Office of Acquisition, Logistics and Construction (OALC) and Office of Small Disadvantage Business Utilization (OSDBU) equity assessment is to co-create a shared VA equity action plan that aligns with the White House Principals Committee on procurement and provide recommendations that reduce identified barriers, along with supporting metrics and data.

A. Barrier to Equitable Outcome(s)

To meet the goal of increased contract awards to WOSB and SDB, there is a need to strengthen purchasing/supplier diversity and provide equitable access to procurement opportunities by training VA contracting officers on requirements to improve contracting outcomes for WOSB and SDBs.

- VA's Statutory Obligation under Veterans First enacted in 2006 mandates VA contracting officers to set-aside acquisitions for Service-Disabled Veteran-Owned Small Businesses (SDVOSB) or Veteran-Owned Small Businesses (VOSB) prior to considering any other set-aside preference (38 U.S.C. §§ 8127-8128). This priority has crowded out and reduced opportunities available through other programs such as the WOSB and SDB programs.
- VA and its workforce have confronted extensive litigation accompanied by numerous regulatory and policy changes to adapt and clarify Veterans First requirements. The focus on SDVOSB and VOSB policy has decreased opportunities on other socioeconomic programs, like the WOSB and SDB programs.
- WOSB and SDB are not aware of contract opportunities. VA has not provided advance information to small businesses to prepare and submit competitive proposals. Providing such advance notice is proposed on the Forecast of Contracting Opportunities.

B. Action and Intended Impact on Barrier

VA will implement the recommendations from the Management Actions and Principals Committee on Advancing Equity in Federal Procurement to reduce barriers to access to Federal contracts for all small businesses, and particularly WOSBs and SDBs.

VA will issue guidance to contracting officers on use of set-aside authorities to enhance WOSB and SDB participation. Although VA's Veterans First Contracting Program law requires contracting officers to make SDVOSB or VOSB set asides prior to considering any other program, the law does provide a procurement hierarchy for how to apply other programs once an SDVOSB or VOSB set-aside has been found inapplicable. Guidance and training for contracting officers will heighten awareness and application of these requirements.

VA will implement OMB's memorandum to enhance opportunity for all small businesses, especially SDBs:

- Increase VA's goal for SDBs to 10.2% in fiscal year (FY) 2022. VA will contribute its share toward that objective as negotiated with SBA. VA agreed to a goal of 10.2% in FY 2022 that is consistent with Veterans First mandates.
- Align Category Management efforts with small business commitments. VA recognizes that it has a public policy element to its contracting to ensure small business participation, including participation by WOSBs and SDBs, even if the outcome is not the lowest theoretically possible price.
- Enhance Senior Executive Service (SES) commitment to small businesses. Including a performance plan element on small business achievements will incentivize SES leadership to track and increase the number of opportunities available.
- Identify "new entrants" to contracting and tracking the effects of VA contracting decisions on their ability to participate. Measuring the capacity of new entrants to gain access to the procurement process will provide insight into the transparency and openness of that process.

C. Tracking Progress

Near- to Mid-Term (2-4 years)

- Release detailed data on Federal contract spend, including race and ethnicity where available.
- Evaluate the impacts of SDB and WOSB policy guidance for contracting officers.
- Increase the quality and quantity of forecast information of contracting opportunities.

Long-Term Success (5-8 Years)

- Explore potential incentives to encourage contractors to report racial, ethnic and LGBTQ+ data, if mandatory reporting is not achievable.
- Develop a training program for acquisition interns on small business preferences and how to apply them.

D. Accountability

OALC operates a substantial portion of VA's acquisition function, sets acquisition policy for contracting officers in VA Administrations and issues the warrants necessary for contracting officers to obligate the Federal government on contracting actions, and therefore has responsibility for all aspects of VA acquisition effectiveness. The Executive Director, OSDBU, reports directly to the Deputy Secretary of Veterans Affairs as required by law, and provides the

Deputy Secretary assessments and plans to increase awards to small business. OSDDBU is specifically responsible for small business program matters and is a vital stakeholder in OALC's implementation.

GOAL 4: *Address health equity for underserved Veterans*

ACTION: VA will build upon current clinical, population health and quality improvement resources to identify disparities in health care and health outcomes among Veterans receiving care through VA and address the root causes of identified disparities. The objective is to reduce disparities in health care and health outcomes among Veterans receiving care through VA.

Equity is not explicitly required in VA quality improvement and performance monitoring processes. When VA medical centers have sought to measure and reduce disparities in health care or health outcomes, they have been able to do so. Encouraging the consideration of equity in VA quality improvement and performance monitoring processes would motivate more VA medical centers to address and reduce disparities.

A. Barriers to Equitable Outcome(s)

There is insufficient attention to equity in VA quality improvement and performance monitoring processes. The NVHER21 identified Veterans who are women, racial or ethnic minorities, or of low socioeconomic status as being at particularly high risk for receiving worse quality care at VA and reporting worse experiences with care at VA.

B. Action and Intended Impact on Barrier

The Veterans Health Administration Office of Health Equity (OHE) will support the inclusion of equity in VA quality improvement and performance monitoring processes by tracking disparities in health care and health outcomes among Veterans receiving care through VA at the national and local levels. OHE will provide technical assistance and resources to VA medical centers to address the root causes of identified disparities. Engaging VA medical centers to address disparities through existing quality improvement and performance monitoring processes is more efficient and less disruptive than developing separate processes for addressing disparities.

VA can reduce disparities in health care and health outcomes and has been successful in doing so when equity is a focus. However, VA medical center often require central office support and technical assistance with identifying and addressing disparities efficiently. The proposed actions will empower and enable VA medical centers to reduce disparities as many would like to do.

C. Tracking Progress

Near- to Mid-Term (2-4 years)

- Evaluate the: 1. VA medical centers that have incorporated equity explicitly in their quality improvement and performance monitoring processes. 2. VA medical centers that have identified a specific disparity that they will seek to reduce. 3. and VA medical centers that have demonstrated a reduction in a disparity that they have addressed.

Long-Term Success (5-8 Years)

- Assess the reduction in disparities at VA Medical Centers standard quality and performance measures.

D. Accountability

OHE reports to the Health Equity Coalition (HEC), a diverse group of VA senior leaders whose programs touch on health equity issues. OHE prepares its annual operating plan with HEC and HEC assesses how well OHE achieved its stated goals at the end of each fiscal year. Both annual operating plans and close-out assessments are posted on the OHE website for public viewing. OHE also reports regularly to the VA Advisory Committee on Minority Veterans.

GOAL 5: *Build and maintain trust with underserved Veterans*

Action: VA will leverage current and future experience and insights to customize VA services and benefits delivery to underserved Veterans. The Objective is to continue to conduct HCD research and develop accompanying journey maps to capture the experiences of underserved Veterans to measurably improve their trust in VA.

A. Barrier to Equitable Outcome(s)

Veterans from underserved populations generally show lower trust in VA than other populations; accordingly, VA will leverage HCD research to deeply understand the experiences of these populations to build their overall trust; including Women Veterans, Tribal Veterans, Pacific Islander Veterans and LGBTQ+ Veterans.

B. Action and Intended Impact on Barrier

VA will continue to conduct HCD research and develop accompanying journey maps to capture the experiences of underserved Veterans to measurably improve their trust in VA; VA will continue to capture demographic information in its VA-wide Trust Survey to track the levels of trust in VA by underserved Veteran populations. Deeply researching the experiences of underserved Veteran populations through HCD is the best way to understand and design around what matters most to these Veterans to build their trust in VA; tracking trust levels through the VA-wide Trust Survey will enable VA to capture improvements in this measure; to ensure accountability and transparency, VA also publicly reports on these trust measures on a quarterly basis on va.gov/trust.

C. Tracking Progress

Near- to Mid-Term (2-4 years)

- Measure and improve the trust of underserved Veteran populations within year 1.
- Achieve 3% improvement in trust of underserved Veteran populations over baseline levels by year 2.

Long-Term Success (5-8 Years)

- Reach VA aspirational goal of 90 % trust (where Veterans either agree or strongly agree with the statement that they trust VA to fulfill the country's commitment to Veterans) of underserved Veteran populations.

D. Accountability

VA has taken a multi-pronged strategic approach to hardwiring customer experience as a core business discipline in the Department now and in the future. This includes embedding the Veteran Experience and IDEA throughout VA's Strategic Plan, as an Agency Priority Goal, publicly reporting on experience measures, including trust, each quarter on va.gov/trust, incorporating customer experience measures in all VA SES performance plans, hardcoding Veteran Experience principles, concepts and behaviors in VA's ICARE core values in 38 C.F.R. §§ 0.600-0.603 and annual VA-wide ICARE training, which is required of all 400,000 VA employees.