Pre-Summit Training
Minority Veteran Program Coordinators

September 26, 2019
Dallas, TX
Presentation of the Colors

Color Guard

2nd Battalion, 14th Marine Regiment
National Anthem

Wanda Frey
Volunteer Vocalist
Welcoming Remarks and Introductions

Stephen B. Dillard
Executive Director
VA Center for Minority Veterans

– and –

Dennis O. May
Deputy Director
VA Center for Minority Veterans
Remarks from the VA Secretary

Problem: Deliver the highest quality service to Veterans and their families along three pillars (Ease, Effectiveness, Emotion).

BLUF: Our employees are the vehicle by which excellent customer service is achieved. Therefore, internal customer service should come first.

https://www.youtube.com/watch?v=ofEfQMpFz4A (11:00 – 12:01)
Overview on Mission of
Other Advocacy Programs & Services

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Mission Statement

Provide Service members and Veterans with opportunities to achieve economic success and total well-being from Military service through civilian life by educating them on VA benefits and services; providing economic information; and connecting them with partners, tools and their communities.
Why Transition and Economic Development?

Military to civilian transition involves a tremendous breadth and complexity of benefits, tools, partners, information, and counseling resources.

- TED is VA’s primary authority and consultant on the military life cycle, transition, and Veteran economic development.
- TED provides a central point of integration for Service members and Veterans so they can achieve their personal goals, and sustain economic success and total well-being.
Drivers That Impact the Transition Ecosystem

- Changing demographics of TSMs
- Increasing populations of at-risk TSMs
- Varying economic and employment opportunities for Veterans
- Engaging community and public-private partners
Department of Veterans Affairs

Early Engagement throughout the Military to Civilian Transition

TED
Transition and Economic Development

- Transition GPS
- Economic Investment Initiatives
- Financial Literacy
- Strategic/Public - Private Partnerships

Choose VA

U.S. Department of Veterans Affairs
Contact and Resources

https://www.benefits.va.gov/tap

Learn more about the military to civilian transition

Contact Us:

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VA Veteran Employment Services Office
Renetta.Bradford@VA.GOV
Office of Human Resources & Administration/Operations, Security, and Preparedness

Veteran Employment Services Office (VESO)

Mission: To provide world class solutions to attract and retain Veteran talent

Summary:
The Office was initially established in November 2011 in response to Executive Order 13518, Veterans Employment Initiative to enhance recruitment of and promote employment opportunities for Veterans in VA. VESO leads the Veteran Talent Management life-cycle for those seeking employment and hired in VA; the Disabled Veteran Affirmative Action Program (DVAAP); and the Uniformed Services Employment and Reemployment Rights Act of 1994 (USERRA) Program. VESO was recently designated by SECVA as the coordination office for all Veteran Employment Initiatives in the Department.

JOIN
Recruit

STAY
Retain

SERVE
Deployment & Reintegration
Establish Department-wide Veteran recruitment Solutions

Establish Department-wide Veteran Career Development Solutions (Retention)

Establish Department-wide Training tools to reduce the number of USERRA violations and increase communication and planning for deployment of military-connected employees

Establish Performance Management to assess effectiveness, improve processes, eliminate duplication, and identify barriers to success

Lead Intra-Agency Veteran Employment Workgroup made up of SMEs through-out the Department to help shape the Veteran workforce and improve the recruitment and retention strategies we use today
Offering High Touch Coaching to Veterans and the Military Community

- Provide job search coaching to Veterans seeking federal employment primarily at VA
- Educate Veterans on the free federal job seeker tools to assist in creating federal resume writing, navigating through USAjobs.gov, and interviewing techniques
- Educate HR Professionals and Supervisors on the proper use of Special Hiring Authorities and Veteran Preference
- Dedicated point of contact to facilitate a smooth transition during the deployment and reintegration processes
- Educate Servicemembers and supervisors about deployment and reintegration tools
- Multiple points of access – phone, email, and social media
VESO Marketing Outreach Efforts for Military & Veteran Community

VA for VETS WEBSITE - YOUR GATEWAY TO VA CAREERS

- **Offers Real-Time, On-Demand, Round-the-Clock support services**

  - Visit VA for Vets @ www.vaforvets.gov

  - Virtual Training (Job Seeker, VA Employee, HR Supervisor)
  - Featured Jobs (Federal, Private & Internships)
  - Hiring Events (Job, Career, Internship Fairs)

  - Deployment & Reintegration Services (USERRA)
  - Veteran & Military Spouse Training Resources
  - Announcements, eBenefits, VBA Benefits

  - Federal Hiring Process
  - Special Hiring Authorities / Veteran Preference
  - Fact Sheets, FAQs & Federal Forms

ChooseVA
PROBLEM STATEMENT: What other social media sites can we find to connect with employment and training opportunities primarily in the VA?

Join Live Facebook Chats/Tours
VESO Marketing Outreach Efforts for Military & Veteran Community

- VA Resource Fairs
- Workshops
Uniformed Services Employment and Reemployment Rights Act of 1994

1) What Are These Rights and Who Do They Apply To?
2) Support to Military-Connected VA Employees
3) Common Violations
External Customers

The Department of Labor, Veteran Employment Training Services (DOL-VETS)
- Engages our office to assist with either providing resolution services and/or determining if the case has merit
- Refer Service Members to our office for resolution facilitation services to prevent official complaints

The U.S. Office of Special Counsel (OSC)
- Engages our office to assist with either providing resolution services and/or determining if the case has merit

The Employer Support Guard & Reserve (ESGR)
- Refer Service Members to our office for resolution facilitation services
USERRA case management:

- Ensures compliance with the July 19, 2012 Presidential Memorandum
- Ensures compliance with OPM’s 09/10/13 USERRA Guidance
- Ensures the sense of Congress that the Federal Government is the model employer is met
- Increase percentage of Veterans hired each year through targeted recruitment of qualified Veterans who possess the knowledge, skills and abilities to fill some of VA's critical vacancies

- Reduce voluntary turnovers of Veteran employees by increasing the number of career development job opportunities

- Honor our Guard and Reserved employees by providing employees and their managers with the tools needed for successful reintegration

- Veterans & Military Spouses receive highly reliable customer service by providing consistent messaging and information about employment opportunities in VA
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Veteran Employment Program Offices (VEPO) Directory

The following is a list of Veteran Employment Program Offices responsible for promoting veterans' recruitment, employment, training and development, and retention within their respective agencies. Veterans are encouraged to contact these individuals for specific information on employment opportunities in those agencies.
Wendy Yeldell
Relationship Manager
VA Veterans Experience Office
www.va.gov/ve
To leverage customer experience data, tools, technology, and engagement to enable the Department of Veterans Affairs (VA) to be the leading Customer Experience (CX) organization in government, so Servicemembers, Veterans, their families, caregivers, and survivors choose VA.

VEO supports VA as the Secretary of Veterans Affairs’ CX insight engine and a shared service to partner with, support, and enable VA Administrations and Staff Offices to provide the highest quality CX in the delivery of care, benefits, and memorial services to Servicemembers, Veterans, their families, caregivers, and survivors.
Veteran Journey Maps* identify VA care and benefits services available to Veterans, their families, caregivers and survivors at different stages of their lives.

VA CX Principles

- VA’s Secretary has identified CX as the Department’s top priority.
- Core drivers of CX are trust, ease, effectiveness, and emotional resonance.
- VA is hardwiring CX feedback from Veterans, their families, caregivers, and survivors into strategy and decision-making.
VA is hardwiring CX as a core capability in the Department to provide the best experiences in delivery of care, benefits, and memorial services to Veterans, Servicemembers, their families, caregivers, and survivors.

Needs and experience of Veterans, their families, caregivers, and survivors to drive VA strategy and decision making.

This rulemaking amends 38 C.F.R. part 0 to add CX Principles to Subpart A – which defines VA’s Core Values and Characteristics. Codifying these principles and measuring CX through Ease, Effectiveness, and Emotion, will ensure that Veterans, their families, caregivers, and survivors receive the proper emphasis at all levels within VA and become an enduring part of the VA culture. (dated May 20, 2019)

President’s Management Agenda (PMA) Cross Agency Priority (CAP) Goal of Improving Customer Experience with Federal Services designates VA/VEO as the Lead Agency Partner, working with OMB to set government-wide strategy and metrics for CX; OMB A-11 Circular will require Federal agencies to collect and publicly report CX data using defined framework.*

VA Agency Priority Goal (APG) requires reporting on Veteran experience (trust, ease, effectiveness, emotion) with VHA outpatient services.**

VA Strategic Plan was designated around the Veteran experience and Veterans Journey Map to drive VA-wide strategic focus on CX.

Sets VA CX Policy around 3 key pillars: CX Core Capabilities & Framework; CX Governance; CX Accountability. (dated August 22, 2018)

Designates VEO as authoritative body for CX at VA. (dated April 9, 2018)

Defines Core CX capabilities as data, tools, technology, and engagement.

Hardwires CX data into VA strategy and decision-making, to include for Navigator Initiative.

*Available at www.performance.gov/PMA/Presidents_Management_Agenda.pdf
**Available at www.performance.gov/Veterans_Affairs/APG_VA_3.html
Pursuant to VA’s CX Policy (August 22, 2018) VA is strategically institutionalizing CX goals in policy and operational decision-making to deliver exceptional customer experiences along 3 key pillars:

1) **Pillar I: CX Core Capabilities & Framework**
   Drives improvements to individual service recovery and systems performance improvement using industry best practices and CX insights (i.e., human-centered design (HCD), CX data)

2) **Pillar II: CX Governance**
   Hardwires CX data and insights into VA strategy, decision-making and management

3) **Pillar III: CX Accountability**
   Infuses CX into performance metrics, budget strategy, policy, and operations
Modeling after the private sector, VA is implementing CX with 4 core capabilities: data, tools, technology, and engagement.

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<thead>
<tr>
<th>DATA</th>
<th>Capture and analyze the voices of Veterans, their families, caregivers and survivors</th>
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<tbody>
<tr>
<td></td>
<td>Veterans Signals Platform</td>
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<tr>
<th>TOOLS</th>
<th>Build and deliver tangible CX tools and products across VA</th>
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<td>Own the Moment CX training</td>
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<tr>
<th>TECHNOLOGY</th>
<th>Deliver easy and effective Veteran experiences through all communication channels</th>
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<td>White House/VA Hotline</td>
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<th>ENGAGEMENT</th>
<th>Connect VA and local public / private services in a coordinated support network for Veterans, their families, caregivers and survivors</th>
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<td>Community Veteran Engagement Boards (CVEBs)</td>
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VA CX Framework & Core Capabilities in Action: Patient Experience (PX)
PX Journey Map

- Based on interviews with Veterans from all service eras, demographics, locations
- Captures moments that matter most to Veterans, bright spots, pain points
- Important moments for Veterans are:
  - **Pre-visit**: Scheduling
  - **Arrival**: Navigation of VAMC
  - **During appointment**: Trust
  - **Departure**: Rx refills
  - **Post-visit**: Follow-up care
- Outpatient surveys measure the 5 moments that matter most to Veterans
  - 3M+ survey responses received to date
    - 68% compliments
    - 19% concerns
    - 13% recommendations
- For VA’s Veteran Patient Experience Agency Priority Goal (APG) results, visit www.performance.gov
Veterans Signals Platform: Collects and analyzes CX data and insights in real-time to inform service recovery and performance improvement efforts

**Administration and Program Priorities**
- Monitor Veteran insights identified as priorities of Administrations and program offices with immediate access to descriptive, predictive, and prescriptive analytics.

**Trust Scores**
- Measure customer experience metrics—Ease, Effectiveness, Emotion, and Trust—at the service level and compare across business lines.

**Live Feed**
- Review Veteran insights within seconds of a survey or any digital insight submission.

**Intelligent Search**
- Search intelligently through insights data to monitor priorities, compliments, concerns, and recommendations; data cuts by location, age, gender, time frame, predictive analytics to identify emerging topics.

**Social Media Scraping**
- See what conversations are taking place in social media on VA digital accounts like VA Facebook and Twitter accounts.

**Emerging Topics**
- Monitor conversations to detect or predict what is emerging, especially before topics Veterans discuss intensify.

**The Ask from the VEO:**
- How might we measure the Veteran’s experience.

**Implementation Process:**
- Use design thinking to identify the Moments that Matter (MTM) to develop measurements.

**Continually Revisit New Signals**
- In order to discover emerging tools and evaluation methods.

VEO is supporting VHA, VBA, NCA, and the Board with this capability.
VEO has developed 5 foundational PX tools, which are being deployed across VHA

**For the Employee Experience**

- **Own the Moment CX Training**
  - Sets CX behavioral standards for employees
  - 80K employees trained

- **WECARE Leadership Rounding**
  - Trains leaders in industry best practice of regular rounding

**For the Customer Experience**

- **Red Coat Ambassadors Program**
  - Outfits volunteers with recognizable Red Coats to greet and assist Veterans with wayfinding services, and information about services and programs
  - Deployed at 147 VHA sites

- **Standard Phone Greeting**
  - Sets consistent phone experience with a simple, 4-part greeting that ensures that Veterans know where they have called and understand how the employee can assist

- **Employee Name Badges**
  - Identifies employees’ personal connection to VA mission and why they Choose VA
  - 340K deployed across all VA Administrations

The next set of Patient Experience tools are under development and testing, to include for Inpatient Experience.
Patient Advocate Tracking System (PATS) Modernization
- Replaces legacy system
- Introduces real-time customer experience feedback for routing and triaging by integrating with Veterans Signals platform
- 5 pilot sites – began phased national roll-out September 2019

Contact Center Modernization
- Deploying common Customer Relationship Management (CRM) software platform across VA contact centers
- For the first time, Veterans can now update an address by phone and online, and updates will be captured across VHA and VBA systems

Digital Modernization
- Relaunch of VA.gov as redesigned based on Veteran feedback and preferences
- Veteran profile and self-service
Choose Home Initiative

- Based on insights from the Veteran Journey Map, creates comprehensive, integrated alternatives to nursing home placements
- Allows Veterans who are aging, or have complex care needs, to Choose Home

Veterans’ Families, Caregivers and Survivors Federal Advisory Committee (FAC)

- First FAC of its kind to establish listening channel for Veteran family members, caregivers, and survivors
- Comprised of Veteran representatives and national leaders
- Chaired by Elizabeth Dole

Community Veteran Engagement Boards (CVEBs)

- Local community listening and information distribution channels
- 156 established across the US
- 12.5M Veterans and 50M Veteran family members, caregivers and survivors in catchment areas
VEO supports VBA, NCA, and the Board with the core CX capabilities of **data, tools, technology, and engagement.**
VA CX Governance Model

Hardwires and institutionalizes customer experience data and insights into VA strategy and decision-making

Senior Leadership

VA senior leadership considers and ultimately approves recommendations

Matrixed Integrated Project Teams (IPTs)

Matrixed IPTs with subject-matter experts from across VA develop recommendations and strategies

Veteran Experience Data & Insights

Gather customer experience data & insights through qualitative interviews (HCD), real-time surveys and other feedback channels, and business challenges in need of resolution drive priorities
VA CX Accountability

- President’s Management Agenda (OMB A-11 Circular)
- VA Agency Priority Goal (APG)
- VA CX Policy (August 22, 2018)
- VA Trust score
- Amendment to 38 C.F.R. Part 0 to include CX Principles
- SES performance plans
- Transactional surveys
President’s Management Agenda (PMA)  
Cross-Agency Priority (CAP) Goal: Improving Customer Experience with Federal Services*

VA/VEO is the Lead Agency Partner for the CX CAP Goal, working closely with OMB on the CAP Goal strategy of providing a modern, streamlined, and responsive customer experience across government, comparable to leading private sector organizations.

VEO support includes:

- Implementing A-11 guidance across VA through Veterans Signals
- Providing key insights and lessons learned in standing up a CX capability in government using industry best practices
- Advising on standard, government-wide CX metrics to be included in forthcoming OMB A-11 Circular
- Hosting cross-agency discussions on VA’s real time CX measurement and data analytics capabilities
- Supporting the design of a Federal CX framework to institutionalize CX capabilities in the Federal government
- Providing human-centered design support to map the first-ever cross-Agency Veteran journey map

*CAP Goal Action Plan available at: www.performance.gov/CAP/action_plans
Purpose: Institutionalize reporting and monitoring of customer experience metrics for high-impact service providers, including VA, SSA, DoL, DoE, HHS, HUD, and other sister Agencies.

CX Reporting Requirements:

1) Collect customer feedback across multiple CX domains:
   - Overall: Satisfaction, Confidence/Trust
   - Service: Quality
   - Process: Ease/Simplicity, Efficiency/Speed, Equity/Transparency
   - People: Employee Helpfulness
   - Measurement should occur in real-time, by transaction and organizational unit, using a 5-point Likert scale.

2) Submit quarterly CX data dashboards to OMB
   - First reporting due Q2 FY2019
   - VEO supports VHA and VBA to meet this requirement, in addition to NCA and the Board

3) Conduct annual CX self-assessment and action plan to be published in the Agency’s annual performance report and on Performance.gov
For more information about:

- VA: [https://www.VA.gov](https://www.VA.gov)
- VA Welcome Kit: [https://www.VA.gov/Welcome-Kit/](https://www.VA.gov/Welcome-Kit/)
- VEO: [https://www.VA.gov/VE/](https://www.VA.gov/VE/)

References

Bobbie Kay Scoggins
Chief – Voluntary Services
VA North Texas Health Care System
Bobbie.Scoggins@VA.GOV
• What is VAVS
• Benefits and Engagement Opportunities
• Volunteer Impact and Patient Experience
• Volunteers are Key Contributors
• Volunteers and Health Care Outcomes
• What’s your Why?
• Veterans Affairs Voluntary Service (VAVS)
• Founded in 1946
• Provide for our nation’s Veterans while they are cared for by VA health care facilities
• Largest centralized volunteer program
• More than 7,400 national & community organizations
• Over 760 million hours of service since 1946
VAVS National Impact

- Over 75,000 Volunteers
- Over 12 Million Volunteer Hours
- Saving the VA More than $232 Million Annually
- Over $77 Million in Gifts & Donations Annually

submit the form. Someone from the local VAVS office will contact you with further information.
Benefits of Volunteering:

- Network
- Meet new friends
- Learn new skills
- Gratitude for helping others
- Personal mission or purpose

Volunteer Today!
Outreach Volunteer Opportunities:

• Education/College Fairs
• Corporate Fairs
• Community Health Fairs
• Cancer Screenings
  o Breast/Cervical
• Women’s Health Programs
  o Maternity Program / Cancer / Preventive
• Homeless Programs
• Suicide Awareness Programs
• Faith Based Community Partners
• Business practices with respect for the community

• Supporting philanthropic programs to better their communities

• Employee-based volunteer programs strengthen employee relationships
Volunteers Impact on Patient Experience

• Can volunteers influence patient perceptions?
Volunteers Improving Patient Experience

• The Beryl Institute
• An overview of the volunteer role and its potential to impact the healthcare experience overall
• Contributing topics to an organization’s journey to patient experience excellence includes:
  – managing, recruiting and retaining volunteers
  – encouraging staff involvement
  – highlighting the value of volunteer programs
Volunteers are Key Contributors

- Require additional supervision and time
- Underutilized and contributions are unaccounted for or under-recognized
- "nice to have" ... to an essential member of the health care delivery team
- Large responsibility providing emotional support to patients and family members
- Facilitate recreational activities and assist staff with administrative tasks
- Enable clinical teams to do more in meeting patient needs
Volunteers are Key Contributors

Evidence based outcomes of how Volunteers strategically support patient outcomes:

- Reducing avoidable readmissions
- Improving the patient experience
- Improving Patient Satisfaction scores
- Enhancing community engagement
- Improving quality
- Increasing health care access
- Lowering health care costs
- Improving patient safety
How can Volunteers assist with this change?
Volunteers and Health Care Outcomes

Triple Aim Framework

- Improving the patient experience of care
- Improving the health of populations
- Reducing the per-capita cost of health care
Volunteers and Health Care Outcomes

Case examples:

• Bed Safety/Fall Prevention

• Veterans Health Administration Volunteer Transportation Network

• Congestive Heart Failure Volunteer Intervention Program
Collaborating with Volunteers

• Focus On Community

• Collaborate with Internal and External Partners
I would like you to focus on 3 things about yourself personally when viewing this video:

❖ What is your Passion?
❖ What is your Purpose?
❖ What’s your Why?

❖ Video Presentation- What’s your Why?
https://www.youtube.com/watch?v=JZlV4qY08QU
Please Engage Our Presenters & Meet Fellow MVPCs
Jeanette Mendy
Deputy Director
VA National Veterans Outreach
Question & Answer
LUNCH BREAK

Please Return by 12:30PM
Office of Patient Advocacy

Ann E. Doran
Executive Director
VHA Office of Patient Advocacy
– and –
D’Rondrell Hamner
Program Manager
VHA Office of Patient Advocacy
Veterans Health Administration
Office of Patient Advocacy

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OFFICE OF PATIENT ADVOCACY MISSION
HONOR AMERICA’S VETERANS THROUGH THE DELIVERY OF
WORLD CLASS ADVOCACY SERVICES TO ADVANCE AND
INFLUENCE THE HEALTH CARE OF OUR VETERANS
• Problems identified:
  • Increase in number of congressional complaints regarding Opioids/VA Choice/Caregivers
  • No organizational systematic process for responding to these complaints
  • No organizational systematic review of the issues with positive resolution for Veterans

• Comprehensive Addiction and Recovery Act of 2016

• OPA was stood up to:
  1. Develop and standardize a Veteran-centered complaint resolution process
  2. Identify trends at the local, VISN and National level and ensure system improvements are taken to reduce trends
OVERARCHING GOALS

PEOPLE: Regain the Trust of our Veterans by providing world class customer service while resolving their concerns expeditiously.

PROCESS: Systemically analyze trends and evaluate opportunities to improve processes and provide guidance on the journey towards high reliability.

TECHNOLOGY: Modernize systems to provide accurate, aggregate, and trended patient complaint data to leadership at all levels (VAMC, VISN, VACO)
1. **COMPLAINT RESOLUTION PROCESS**: Implement a veteran-centered complaint resolution process, providing world class customer service.

2. **WORKFORCE DEVELOPMENT**: Develop, implement, and continuously assess a patient advocacy workforce development approach that ensures staff directly engaged in the patient advocacy program, receive consistent, universal, high quality, and mandatory training.

3. **STAFFING MODEL**: Establish controls and guidelines to ensure that patient advocate staffing levels are sufficient to support workload estimates.

4. **DOCUMENTATION COMPLIANCE AND ACCURACY**: Define and improve data entry practices to ensure all complaints are entered into PATS and that veterans feedback is coded consistently and that data insight is accurate, accessible, and actionable.

5. **DIRECTIVE/POLICY**: Update the Patient Advocacy Directive to ensure it meets program needs.

6. **AUDITING AND MONITORING**: Systematically assess patient advocacy program implementation and performance to ensure proper training, documentation, customer service, and continuous improvement at the local, VISN, and National level.
April 2019 - VHA Office of Client Relations reports to the Office of Patient Advocacy, which aligns policy and operations to improve resource efficiencies and streamline processes.
INITIATIVES CURRENTLY IN PROGRESS

OPA

- Patient Advocate Tracking System-Replacement
- Standardized Staffing Model
- Taxonomist for PATS Issue Codes
- Veteran Centered Complaint Resolution Process
PATIENT ADVOCATE TRACKING SYSTEM REPLACEMENT (PATS-R)
IMPLEMENTATION

• Cultural Transformation at its best!

• Requires the Medical Centers to implement Service Level Advocates-providing resolution of issues at the lowest level (and earliest moment) possible

• Patient Advocacy is Everyone’s Responsibility

• Improves Veteran satisfaction, service recovery and the Veteran Experience

• Will provide comprehensive trended data on patient compliments and complaints – at the local, VISN and National level
PATS-R WILL IMPROVE THE VETERAN EXPERIENCE

- Real time feedback allows for faster continuous improvements in targeted areas
- Compiling a Veteran’s record of interactions will provide faster and more effective service recovery for the Veteran
- Eliminates redundant data entry through system integrations
- Improves the quality of the information provided/actions taken
- Provides single consolidated view of patient information (medical and demographics)

Our shared responsibility and commitment to the Veterans:

*Ensuring that Veteran complaint data is collected, trended, analyzed, and communicated at least quarterly among management.*
Objective:
Define Patient Advocate complaint resolution and service recovery future-state processes, roles & responsibilities, and identify future strategic recommendations.

OPA Keys to Success

Developing and delivering training based on clear protocols and standard operating procedures

- Providing knowledge management resources, including tools and references;
- Generating organizational awareness about the processes and protocols through all employee orientation; and
- Empower employees to perform complaint resolution and service recovery as close to the point of service as possible.

Systemically operationalizing continuous process improvement from PATS-R data

- Employees must be empowered to not only identify systemic issues, but to have the authority to communicate these to service leadership.
Service recovery and positive Veteran experience can be achieved with good customer service even when there are barriers to achieving the desired outcome (Complaint Resolution)

Contacting the Veteran with the resolution and verifying that the Veteran was notified with the resolution prior to closing the case.

Veteran’s satisfaction is a measure of VA’s ability to manage expectations and perform effective complaint resolution and service recovery and can be used to empower staff and inspire systemic improvement.

Patient Advocacy includes emotionally and psychologically challenging encounters and requires a supportive work environment and community of practice.

Protected time for developing the skills required to address the complexity of complaint resolution management need to be uncompromised. The process requires knowledge of a complex process and ongoing awareness on national and local policy and a wide range of services and policies at any given facility.
VETERAN CENTERED COMPLAINT RESOLUTION PROCESS

Customer Unhappy With Service
- Customer Contact with Advocacy Specialist (PA or SLA)
- Employees Work Collectively on Timely Resolution
- Customer is Informed of the Resolution and Options
- Customer Experience Data is Used to Address Systemic Issues and Improve Service

Patient Advocate Service Recovery Initial Encounter Protocol
- Customer Intake & Documentation Protocol
- Patient Advocate Service Line Engagement Protocol
- Customer Complaint Escalation Protocol
- [Service Line] Complaint Resolution Protocol
- Patient Advocate Resolution Confirmation Protocol
- Complaint Closure Protocol
- Operationalizing Data Insight Standard Operating Procedure (Post Closure)

VEO slides by Mr. Kawa Shwaish
To support VA facility Executive Leadership in creating a model Patient Advocacy driven culture, the VHA Office of Patient Advocacy (OPA) partnered with the Center for Healthcare Organization and Implementation Research (CHOIR) to better understand the current state of Patient Advocacy in VHA and develop Patient Advocacy staffing and reporting line recommendations.

The recommendations put forth identified roles existing within a facility and appropriate training and oversight of their roles and responsibilities, as specified in VHA Directive 1003.04, VHA Patient Advocacy.

In addition, the recommendations are strengthened when a facility has created a strong culture of shared responsibility among staff, where everyone feels personally responsible for addressing patient issues and concerns within the service line from which the concerns emerge.
FUTURE NATIONAL PROJECTS

• Taxonomy for PATS Issue Codes
• VA-wide Beryl Institute Membership & Engagement
• VA-wide Process Improvement Projects
  – Patient Billing
  – Medication
• VA Patient Rights and Responsibilities Update
What is a Patient Advocate?

- Represents the patient (and caregiver) on a variety of difficult and complex issues/concerns
- Acts to resolve problems and identify institutional barriers
- Partners with Service-Line Advocates (SLAs) to resolve issues at the Point-of-Service
- Collaborates with Program Managers to communicate concerns and identify trends
MVP Coordinators  X  Patient Advocates

- Identify and communicate minority-related complaints submitted by patients to SLAs and the Coordinator
- Document and track complaints received from MVP Coordinators in the Patient Advocate Tracking System (PATS)
Is this Collaboration Important?

Yes

No
PATS data can be used for a number of process improvement activities.

– Trend Reporting
  • Leadership
  • Governance Structure
– Environmental Scans
– Strategic Planning
– Program Improvement Initiatives

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<tr>
<th>Fiscal Year</th>
<th>17</th>
<th>18</th>
<th>19 (FYTD)</th>
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<td>RI08: Discrimination Concerns</td>
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<td>260</td>
<td>255</td>
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<td>FR10: Special Emphasis/Diversity Concerns</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>
Patient Advocacy is Everyone’s Responsibility.
Special Tax Considerations for Veterans

Jeffery Jackson
Senior Tax Analyst
Internal Revenue Service
Jeffery.Jackson@IRG.GOV
AGENDA

• Special Tax Consideration for Veterans
• Disabled Veteran Resources
• Tax Exclusion for Veterans Education Benefits
• Earned Income Tax Credit (EITC)
• Volunteer Income Tax Assistance (VITA)
• Military OneSource
Veterans may be eligible to claim a federal tax refund based on:

- Percentage of disability or
- The Combat-Disabled Veteran
- Special tax considerations for disabled Veterans occasionally result in a need for amended returns.
• Millions of Veterans in the U.S. have disabilities (with nearly half of all Veterans returning from conflicts with service-connected disabilities).
• There are also a lot of crossovers in both challenges faced and resources available to persons with disabilities and Veterans.
• NDI and IRS have partnered since 2004 to ensure free tax preparation services are available and utilized by Americans with disabilities and Veterans with and without disabilities to improve their economic self-sufficiency.

• This education and outreach offers the opportunity to provide access to financial education and resources available for enhancing the overall future financial outcomes for members of these communities.
The IRS excludes this income from taxation. Publication 970, Tax Benefits for Education, the authoritative source for all education tax matters, covers this tax exclusion.
Earned Income Tax Credit (EITC)

- Eligibility Requirements
- Basic EITC Statistics
- Benefits
Tax Preparation Services

- Each year, millions of people have their taxes prepared for free by IRS volunteers.
- The Volunteer Income Tax Assistance (VITA) and Tax Counseling for the Elderly (TCE) programs have helped people for more than 40 years.
- Since the inception of the Memorandum of Understanding, over 1.3 million free tax returns have been prepared for Veterans at nearly 8,000 free tax preparation sites across the country.
VITA and TCE Tips

• VITA - Volunteer Income Tax Assistance
• TCE  - Tax Counseling for the Elderly
• Trained and certified
• Free E-file
Military OneSource Resources for Transitioning Service Members and Families

• Free resources
• MilTax,
• MilitaryOneSource.mil.
Leslie Hausmann, PhD.
Associate Professor of Medicine & Core Investigator
VA Pittsburgh Healthcare System
Leslie.Hausmann@VA.GOV
Using Data to Drive Health Equity

Leslie R.M. Hausmann, PhD
VA Pittsburgh Healthcare System
Center for Health Equity Research and Promotion
BEGIN A CONVERSATION ABOUT HOW WE CAN WORK TOGETHER TO IMPROVE MINORITY VETERAN HEALTH
Health disparity: A particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage (Healthy People 2020)
Masters student working towards equity and justice in our healthcare and educational institutions

VA researcher dedicated to identifying and eliminating health disparities among Veterans

Research staff and social worker with a direct practice background related to social justice
West Unity, OH

Population of 1,777
96.2% white race
$38,224 median income
<10% have 4-year college degree
Factory Worker
Nurse (LPN)

Machinist
Labor Union Steward
Vietnam Era Army Veteran
Developing tools to identify disparities and support equity-focused quality improvement (QI)
Equity-focused QI...

...is when the reduction of a disparity is the explicit goal of a QI initiative.
An Example from VISN4

Black-White Differences in 19 Primary Care Quality Measures as of April 20, 2013
VISN4 Disparity QI Strategy

VISN Lead

Site Lead
  - Providers
    - Pharmacists
    - Nurses
  - Nurses

Site Lead
  - Providers
  - Pharmacists
  - Nurses

Site Lead
  - Providers
  - Nurses

Site Lead
  - Providers
  - Pharmacists
  - Nurses

Site Lead
  - Providers
  - Nurses

Site Lead
  - Nurses

Site Lead
  - Providers
  - Pharmacists
  - Nurses
Time Trends in Stage 2 HTN among Black and White Veterans in VISN4

Stage 2 HTN = average BP >160/100 mmHg
Why was the VISN4 disparity QI initiative successful?

- Leadership support
- Site-level disparities data
- Flexibility across sites
How could the initiative have been MORE successful?

- Better tracking tools
- Stronger site champions
- Veteran engagement
Research to Impact for Veterans (RIVR)

5-year project to integrate equity into QI efforts in VISN4 by:

• Building a user-centered **equity dashboard** to track disparities based on **race/ethnicity**, **gender**, and **urban/rural residence**

• Developing a process that seamlessly integrates the dashboard into workflow

How are Veterans with diabetes in our facility doing at controlling HbA1c?

How are **African American** Veterans with diabetes in our facility doing at controlling HbA1c?

What can we do to reduce a health disparity in HbA1c based on race?
We interviewed stakeholders and potential users at 4 VA Medical Centers of varying complexity.

<table>
<thead>
<tr>
<th>Medical Center</th>
<th>Complexity Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>VA Pittsburgh Healthcare System</td>
<td>1a – High Complexity</td>
</tr>
<tr>
<td>Philadelphia VA Medical Center</td>
<td>1b – High Complexity</td>
</tr>
<tr>
<td>Wilmington VA Medical Center</td>
<td>2 – Medium Complexity</td>
</tr>
<tr>
<td>Coatesville VA Medical Center</td>
<td>3 – Low Complexity</td>
</tr>
</tbody>
</table>

We interviewed staff in medical center executive leadership, and from a variety of roles.

<table>
<thead>
<tr>
<th>Professional Role</th>
<th>#</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chiefs of Staff</td>
<td>4</td>
</tr>
<tr>
<td>Service Line Chief</td>
<td>2</td>
</tr>
<tr>
<td>Associate Director</td>
<td>1</td>
</tr>
<tr>
<td>Director Primary Care Service-Patient Care Services</td>
<td>1</td>
</tr>
<tr>
<td>Primary Care Operations Manager</td>
<td>1</td>
</tr>
<tr>
<td>Business Manager</td>
<td>1</td>
</tr>
<tr>
<td>Clinical Nurse Specialist</td>
<td>1</td>
</tr>
<tr>
<td>Nurse Manager</td>
<td>2</td>
</tr>
<tr>
<td>Physician</td>
<td>7</td>
</tr>
<tr>
<td>Pharmacist</td>
<td>1</td>
</tr>
<tr>
<td>Clinical Psychologist</td>
<td>1</td>
</tr>
<tr>
<td>Quality Performance Specialist</td>
<td>1</td>
</tr>
</tbody>
</table>
Equity-focused QI Themes

- Awareness of staff about health disparities at their facility varies
  - None Identified (7)
  - Suspected or Observed (6)
  - Formally Identified (3)

- Equity-focused QI has several challenges
  - Generic QI efforts are often the default
  - Resources and leadership buy-in to address the disparity are often lacking
Disparity data is infrequently reviewed

*Only 18% of interviewees reported routinely looking at measures broken down by disparity-related variables*

Staff do not want a separate QI tool for health equity

*A separate tool about disparities might be useful to some people, but service lines want their own tools and the disparities data would need to be incorporated into those tools.*

- Business Manager
Staff are interested in health disparities, but it’s not high on their priority list. If staff do find a disparity, they are not sure what action to take.

"If you want physicians to review these data, it is not going to happen because of competing priorities for their time. Everyone agrees it’s something we should do, but you’ve got to find the best way to work it into the process." - Physician

If staff do find a disparity, they are not sure what action to take.

"I’m not sure what I would do. If we had a disparity, I would not recommend only focusing on the group with the disparity and ignore the other patients who were not doing well on that metric. I would need guidance on how to address that specific disparity while also addressing all outliers." - Nurse Manager
Building better tools to identify disparities through user-centered design

1. Understand & specify the context of use
2. Specify the user requirements
3. Produce prototype designs to meet user requirements
4. Evaluate prototype designs against requirements
5. Design meets user requirements

Iterate, where appropriate
### Step 1: Where does our facility rank?

**Facility Comparisons**

#### Facility
- **VA Pittsburgh Healthcare System**

#### Timeframe
- **FY2018 Q1**

#### Measures
- **All Measures**

#### Distance from Target by Facility/Division

<table>
<thead>
<tr>
<th>Measure</th>
<th>Facility/Division</th>
<th>Average Patients Per Month</th>
<th>Score</th>
<th>Distance from Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>Statn1_ec</td>
<td>[ - ] VA Pittsburgh Healthcare System</td>
<td>3,063</td>
<td>75%</td>
<td>- 4%</td>
</tr>
<tr>
<td>Statin therapy for patients with cardiovascular disease</td>
<td>University Drive</td>
<td>591</td>
<td>81%</td>
<td>+ 2%</td>
</tr>
<tr>
<td></td>
<td>Heinz</td>
<td>679</td>
<td>80%</td>
<td>+ 1%</td>
</tr>
<tr>
<td></td>
<td>Belmont</td>
<td>322</td>
<td>73%</td>
<td>- 2%</td>
</tr>
<tr>
<td></td>
<td>Westmorland</td>
<td>537</td>
<td>65%</td>
<td>- 14%</td>
</tr>
<tr>
<td></td>
<td>Beaver</td>
<td>425</td>
<td>73%</td>
<td>- 6%</td>
</tr>
<tr>
<td></td>
<td>Washington</td>
<td>257</td>
<td>72%</td>
<td>- 7%</td>
</tr>
<tr>
<td></td>
<td>Fayette</td>
<td>252</td>
<td>74%</td>
<td>- 5%</td>
</tr>
<tr>
<td>Statn2_ec</td>
<td>[ + ] VA Pittsburgh Healthcare System</td>
<td>3,063</td>
<td>80%</td>
<td>0%</td>
</tr>
<tr>
<td>Statn3_ec</td>
<td>[ + ] VA Pittsburgh Healthcare System</td>
<td>3,063</td>
<td>83%</td>
<td>+ 5%</td>
</tr>
<tr>
<td>Statn4_ec</td>
<td>[ + ] VA Pittsburgh Healthcare System</td>
<td>3,063</td>
<td>81%</td>
<td>+ 1%</td>
</tr>
</tbody>
</table>
Step 2: Does our facility have disparities?

### Measure Details

**Description:** Statin therapy for patients with cardiovascular disease

**Target:** 79%

**Preferred Direction:** Higher

**Outliers:** XX%

#### Distance from Target and Population Size by Patient Demographics

##### RACE

<table>
<thead>
<tr>
<th>Division</th>
<th>Measure</th>
<th>Statn1_ec</th>
<th>Score</th>
<th>Distance from Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>University Drive</td>
<td></td>
<td></td>
<td>White</td>
<td>6,194</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Black</td>
<td>1,140</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Hispanic</td>
<td>45</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Asian</td>
<td>10</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>AI/AN</td>
<td>13</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>NH/PI</td>
<td>22</td>
</tr>
</tbody>
</table>

##### GENDER

<table>
<thead>
<tr>
<th>Division</th>
<th>Average Patients Per Month</th>
<th>Score</th>
<th>Distance from Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>5,694</td>
<td>76%</td>
<td>-3%</td>
</tr>
<tr>
<td>Female</td>
<td>845</td>
<td>75%</td>
<td>-4%</td>
</tr>
</tbody>
</table>

##### GEOGRAPHICAL LOCATION

<table>
<thead>
<tr>
<th>Division</th>
<th>Average Patients Per Month</th>
<th>Score</th>
<th>Distance from Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>Urban</td>
<td>6,875</td>
<td>79%</td>
<td>0%</td>
</tr>
<tr>
<td>Rural</td>
<td>345</td>
<td>60%</td>
<td>+2%</td>
</tr>
</tbody>
</table>
Step 3: Who is affected by the disparity?

### Patient Outliers by Measure

<table>
<thead>
<tr>
<th>Patient Name</th>
<th>SSN</th>
<th>Gender</th>
<th>Race</th>
<th>Geographical Location</th>
<th>Statn1_ec</th>
<th>VARIABLE</th>
<th>VARIABLE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doe, John</td>
<td>0123</td>
<td>M</td>
<td>White</td>
<td>Rural</td>
<td>Not Met</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dot, Janice</td>
<td>4356</td>
<td>F</td>
<td>Black</td>
<td>Urban</td>
<td>Not Met</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eden, Ester</td>
<td>1245</td>
<td>F</td>
<td>White</td>
<td>Urban</td>
<td>Not Met</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Earing, Helen</td>
<td>7845</td>
<td>F</td>
<td>White</td>
<td>Urban</td>
<td>Not Met</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gregg, Tom</td>
<td>7699</td>
<td>M</td>
<td>White</td>
<td>Rural</td>
<td>Not Met</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Miller, Michelle</td>
<td>9870</td>
<td>F</td>
<td>Asian</td>
<td>Urban</td>
<td>Not Met</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Thomas, Candy</td>
<td>2358</td>
<td>F</td>
<td>Black</td>
<td>Urban</td>
<td>Not Met</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Smith, Cindy</td>
<td>8098</td>
<td>F</td>
<td>White</td>
<td>Rural</td>
<td>Not Met</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Westmorland, Tom</td>
<td>4432</td>
<td>M</td>
<td>White</td>
<td>Urban</td>
<td>Not Met</td>
<td></td>
<td></td>
</tr>
<tr>
<td>White, Ron</td>
<td>8503</td>
<td>M</td>
<td>Black</td>
<td>Urban</td>
<td>Not Met</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Washington, George</td>
<td>8859</td>
<td>M</td>
<td>White</td>
<td>Urban</td>
<td>Not Met</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
The path ahead...

• In 2020, begin a series of equity-focused QI demonstration projects using the dashboard

• Work with QI champions to identify areas for improvement and track intervention progress

• Refine our dashboard and the process for engaging QI champions to reduce disparities
What health or healthcare issues are the most important to Veterans you work with?

Who are the critical stakeholders to involve when conducting equity-focused QI?

What are your ideas for ways to engage others in your facility in the effort to reduce disparities?

How might we incorporate Veteran perspectives into this effort?
Please introduce yourself. We want to meet you!

Janke B. Mains-Mason
Janke.Mains-Mason@va.gov

Leslie R.M. Hausmann
Leslie.Hausmann@va.gov

Carolyn M. Lamorte
Carolyn.Lamorte@va.gov
Current Race Differences in Quality
% of VAMCs with at least 5-point differences in performance favoring White Veterans or favoring Veterans of Color

White vs Nonwhite

- Cardiovascular Disease
- Depression
- Diabetes
- Hypertension
- Prostate Cancer

Code:
- Advantage White
- No Advantage
- Advantage Nonwhite

% of Facilities

- Statin Therapy
- Statin Adherence
- Acute Phase Treatment (1st)
- Continuation Phase Treatment (6 mos.)
- HbA1c Annual Test
- HbA1c Poor Control
- Controlled High Blood Pressure
- Non-Recommended PSA Based Screening

% of Total Number of Records for each Mnemonic broken down by Group. Color shows details about adv. The data is filtered on Facility name, which excludes Null and Unknown. The view is filtered on Mnemonic and adv. The Mnemonic filter keeps 8 of 28 members. The adv filter excludes Null.
% of VAMCs with 0 to 8 measures that...

Favor White Veterans

Show no differences larger than 5 points

Favor Veterans of Color
Current White-Black Differences in Quality

Difference in Outcome by Measure

- Cardiovascular Disease
- Depression
- Diabetes
- Hypertension
- Prostate Cancer

- CVD: Statin Therapy
- CVD: Statin Adherence
- Acute Phase Treatment (12 weeks)
- Continuation Phase Treatment (6 months)
- HbA1c Annual Test
- HbA1c Poor Control
- Controlled High Blood Pressure
- Non-Recommended PSA-Based Screening

Sum of delta2 for each mnemonic broken down by Group. Details are shown for Facility name. The data is filtered on minimum of Nonwhite Count, which ranges from 30 to 16,699.33.
% of VAMCs with at least 5-point differences in performance favoring White Veterans or favoring African American Veterans

Black vs White

- Cardiovascular Disease
- Depression
- Diabetes
- Hypertension
- Prostate Cancer

Chart colors:
- Green: Advantage White
- Blue: No Advantage
- Orange: Advantage Black

% of Total Count for each label broken down by label (group). Color shows details about code.
% of VAMCs with 0 to 6 Measures that...

Favor White Veterans

Show no differences larger than 5 points

Favor African American Veterans
Please Engage Our Presenters & Meet Fellow MVPCs
National Minority Veterans Summit

Standard Operation Plan

Presenters

Ron Sagudan, CMV Asian and Pacific Islander Veterans Liaison
Julian Wright, VBA VACO MVPC Liaison
Victor Nunez-Ortiz, MVPC, Central Western Massachusetts VAMC

September 26, 2019
Standard Operation Plan

Operations Element
- Develop a written Operation Plan outlining outreach and activities to be conducted targeting minority Veterans
- Meet with facility Director/Director Designee at least once a quarter

Program Objectives
- Provide actionable objectives
- Provide detailed information about outreach events

Responsible and Resources
- Who are the responsible party(ies) for completing duties of objectives
- Coordinators request time and funding for outreach events
<table>
<thead>
<tr>
<th>Operations Element</th>
<th>Program Objectives /Proposed Outreach</th>
<th>Responsible Official(s)</th>
<th>Target Date/ Frequency</th>
<th>Estimated Costs (Yearly)</th>
<th>Estimated Staff Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>I. Training</strong></td>
<td>1. Participate in quarterly MVPC Tri-Administration Conference calls</td>
<td>MVPC</td>
<td>As scheduled</td>
<td>Funding as needed</td>
<td>1 hour. per quarter</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>2. Conduct information sessions/briefings on VA benefits for minority Veterans groups</td>
<td>Facility Director/MVPC</td>
<td>Quarterly</td>
<td>None</td>
<td>1.5 hrs. once a quarter</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>3. Complete TMS training that support performance as a MVPC i.e. customer service training</td>
<td>MVPC</td>
<td>Annually</td>
<td>None</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>II. Program Development</strong></td>
<td>1. Participate in minority Veterans committees and faith-based groups</td>
<td>MVPC</td>
<td>Monthly</td>
<td>None</td>
<td>1 hour per month</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>2. Contact administration liaisons and/or Center for Minority Veterans (CMV) analysts for assistance with minority Veterans outreach</td>
<td>MVCP</td>
<td>On-going</td>
<td>None</td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>3. Support and initiate activities that inform and sensitize facility staff to the unique needs of minority Veterans</td>
<td>MVPC</td>
<td>On-going</td>
<td>None</td>
<td>3-4 hrs. a month</td>
</tr>
<tr>
<td><strong>III. Organization, Visibility, and Communication</strong></td>
<td>1. Maintain and update bulletin board and brochures on Minority Veterans Program throughout the facility</td>
<td>MVPC, Public Affairs/Media</td>
<td>On-going</td>
<td>None</td>
<td>approx. 2 hours per month</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>2. Partner with MVPC counterparts to participate in targeted minority outreach</td>
<td>MVPC</td>
<td>On-going</td>
<td>Funding as needed</td>
<td>2-3 hrs. per month</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>3. Participate in special emphasis month observances in catchment area</td>
<td>MVPC</td>
<td>On-going</td>
<td>Funding as needed</td>
<td>1.5 hrs. per month</td>
</tr>
<tr>
<td>Objectives</td>
<td>Strategies</td>
<td>Proposed Outreach</td>
<td>Target Date &amp; Frequency</td>
<td>Estimated Staff Hours</td>
<td>Estimated Cost</td>
</tr>
<tr>
<td>------------</td>
<td>------------</td>
<td>-------------------</td>
<td>-------------------------</td>
<td>----------------------</td>
<td>----------------</td>
</tr>
<tr>
<td>MVPC Objective 1.1</td>
<td>Partner and collaborate with community and faith-based organizations. Connect with: DVS, DAV, VFW’s, Military Order of the Purple Heart, American Legion, local churches, NAACP, libraries and cultural centers. Request VA, VBA and NCA literature in languages that represent the targeted veterans. Enhance awareness of benefits and services. Identify local barriers to access. Conduct Focus groups. Review Veteran Satisfaction surveys. Capture employee views and perceptions.</td>
<td>1. Participate in outreach engagement committee meetings to coordinate MVP's participation. 2. Disseminate literature to potential new enrollees. 3. Collaboration with VA, VBA, DOD, NCA and community stakeholders. - Active participation in Stand Downs - Conduct presentations at local organizations to promote the VA. - Participation at the Big E - Asian American Cultural Center - Veterans of Foreign Wars Post Meetings</td>
<td>Ongoing</td>
<td>5 hours per week, to cover all objectives</td>
<td>.25 FTE Travel Costs</td>
</tr>
</tbody>
</table>

<p>| | | | | | |
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| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |</p>
<table>
<thead>
<tr>
<th>Objectives</th>
<th>Strategies</th>
<th>Proposed Outreach</th>
<th>Target Date &amp; Frequency</th>
<th>Estimated Staff Hours</th>
<th>Estimated Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>MVPC Objective 2.1 Identify gaps in transition assistance for all service members and veterans.</td>
<td>Establish rapport with NCA counterparts, local military bases/units and veterans organizations. Coordinate/collaborate about educational information distributed about transition. Develop rapport with active duty, reserve, and National Guard. Investigate other sources of media to project interest to Minority Veterans in consultation with Public Affairs Office.</td>
<td>Continue current efforts through identified strategies as defined in this objective. Work with Public Affairs and facility committees to identify gaps in services.</td>
<td>Ongoing &amp; Monthly</td>
<td>5 hours per month, to cover all objectives</td>
<td>.25 FTE Travel costs</td>
</tr>
<tr>
<td>MVPC Objective 3.1 Train VA employees focusing on the needs of Minority Veterans.</td>
<td>Participate in New Employee Orientation Programs. Assist in implementing a Cultural Competency Training Program that would help staff better understand and serve minority populations.</td>
<td>Encourage mandatory participation in Cultural Competency Training Programs. Disseminate information about minority Veteran interests via: -Outlook email -Weekly bulletin -Screen saver -TMS trainings and others.</td>
<td>Ongoing</td>
<td>1-2 hours per week</td>
<td>.25 FTE Travel costs</td>
</tr>
</tbody>
</table>
Track and Trending Reports

Presenters

D’Andrea Jacobs, CMV Hispanic Veterans Liaison
Catherine Walker, NCA VACO MVPC Liaison
Vanetta Jamison, MVPC, Cleveland RO

September 26, 2019
Track & Trending Definition

• Track & Trending Reports capture and track any trends noticed by the MVPC at the outreach events completed that quarter.

• This report indicates how the MVPC followed up on the issue and how the issues were resolved.
Track & Trending Purpose

- **Review and evaluate** statistical and narrative information of the facility to determine use of services and benefits by the minority Veteran populations.

- **Analyze trends and patterns** and works with facility management officials to alter perceptions and/or correct deficiencies.
<table>
<thead>
<tr>
<th>Date</th>
<th>Name of Event</th>
<th>Issue/Trend</th>
<th>Follow-up</th>
<th>Resolution</th>
</tr>
</thead>
<tbody>
<tr>
<td>4/17/19</td>
<td>Y-Haven Homeless Outreach</td>
<td>Veterans filing claims and forgetting to update address upon being housed at the homeless shelter or moving from the shelter.</td>
<td>When meeting with Veterans that are housed at all shelters, consistently informing them to keep their address current with us and all VA providers.</td>
<td>Share with all shelters that are on our outreach schedule so that counselors and participants are aware of the importance of having a current address on file with VA/VBA/VHA.</td>
</tr>
<tr>
<td>4/26/19</td>
<td>Breaking Down Barriers Job Fair</td>
<td>Many dependents were not aware of their eligibility to apply for VA Benefits.</td>
<td>Contact made with agency hosting event to ensure that PCT would be invited to future events.</td>
<td>Investigate other opportunities to be available in nontraditional settings to discuss VA benefits.</td>
</tr>
<tr>
<td>4/29/19</td>
<td>Community Resource and Referral Center</td>
<td>Veterans unaware of the ability to add dependents to the award upon achieving 30% SC.</td>
<td>Pamphlets, fact sheets, and info sessions made available for perusal.</td>
<td>Question/inform Veterans when filing claim and informing of the possibility to add dependents to award.</td>
</tr>
<tr>
<td>5/18/19</td>
<td>Lake Erie Native American Council (Pow-Wow)</td>
<td>Many tribal members were not aware of VA benefits or how to apply.</td>
<td>Resource pamphlets and assistance to participants regarding the process.</td>
<td>Increase outreach to community events that are targeting the special emphasis groups.</td>
</tr>
<tr>
<td>6/9/19</td>
<td>Family Day, HHC 2nd Psychological Operations Group</td>
<td>Informing and assuring the military members of the importance of submitting a claim within one year of discharge and seeing medic during tour.</td>
<td>Attending future events at the Army Reserve Center to provide information regarding VA benefits.</td>
<td>Contact area wide Army Reserve base to set up outreach opportunities.</td>
</tr>
</tbody>
</table>
National Minority Veterans Summit

Locating Census Information Using American Fact Finder

Presenters

Dwayne E. Campbell, CMV Hispanic Veterans Liaison
Tony Powell, VHA VACO MVPC Liaison

September 26, 2019
Department of Veterans Affairs

https://factfinder.census.gov/faces/nav/jsf/pages/community_facts.xhtml#
Community Facts - Find popular facts (population, income, etc.) and frequently requested data about your community.

Enter a state, county, city, town, or zip code: [ ]

20002

Veterans
2,813

Source: 2011-2015 American Community Survey 5-Year Estimates

Popular tables for this geography:

- 2015 American Community Survey
  - Veteran Status (Period of Service, Sex, Age, Race, Education, Poverty, Disability, ...)
  - Service-Connected Disability Rating Status and Ratings for Civilian Veterans 18 Years and Over

Economic Census
- Statistics for All U.S. Firms by Industry, Veteran Status, and Gender (Number of Firms, Employees, Payroll, ...)

Census 2000
- Veteran Status (Sex, Age, ...)

Want more? Need help? Use Guided Search or visit Census.gov's Quick Facts.
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<tr>
<th>Subject</th>
<th>Total</th>
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<td><strong>AGE</strong></td>
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<tr>
<td>18 to 34 years</td>
<td>21,027</td>
<td>+/-621</td>
<td>43.4%</td>
<td>+/-1.1</td>
<td>479</td>
<td>+/-73</td>
<td>17.0%</td>
<td>+/-4.8</td>
<td>80,404</td>
<td>45.0%</td>
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<td>35 to 54 years</td>
<td>15,994</td>
<td>+/-662</td>
<td>33.0%</td>
<td>+/-1.1</td>
<td>824</td>
<td>+/-73</td>
<td>29.3%</td>
<td>+/-4.7</td>
<td>5,650</td>
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<td>+/-1.1</td>
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<td>55 to 64 years</td>
<td>6,311</td>
<td>+/-409</td>
<td>13.0%</td>
<td>+/-0.8</td>
<td>769</td>
<td>+/-73</td>
<td>27.3%</td>
<td>+/-4.0</td>
<td>4,104</td>
<td>12.1%</td>
<td>+/-0.9</td>
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<td>65 to 74 years</td>
<td>3,095</td>
<td>+/-260</td>
<td>6.4%</td>
<td>+/-0.5</td>
<td>360</td>
<td>+/-73</td>
<td>12.8%</td>
<td>+/-2.9</td>
<td>1,192</td>
<td>6.0%</td>
<td>+/-0.5</td>
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<td>75 years and over</td>
<td>2,087</td>
<td>+/-212</td>
<td>4.3%</td>
<td>+/-0.4</td>
<td>381</td>
<td>+/-73</td>
<td>13.5%</td>
<td>+/-3.3</td>
<td>1,706</td>
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<td>+/-0.4</td>
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<td><strong>RACE AND HISPANIC OR LATINO ORIGIN</strong></td>
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<tr>
<td>White alone</td>
<td>20,260</td>
<td>+/-774</td>
<td>41.6%</td>
<td>+/-1.4</td>
<td>938</td>
<td>+/-73</td>
<td>33.3%</td>
<td>+/-5.0</td>
<td>19,322</td>
<td>42.3%</td>
<td>+/-1.5</td>
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<td>Black or African American alone</td>
<td>24,564</td>
<td>+/-991</td>
<td>50.6%</td>
<td>+/-1.5</td>
<td>1,689</td>
<td>+/-73</td>
<td>60.0%</td>
<td>+/-5.7</td>
<td>22,875</td>
<td>50.1%</td>
<td>+/-1.6</td>
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<tr>
<td>American and Alaska Native alone</td>
<td>125</td>
<td>+/-61</td>
<td>0.3%</td>
<td>+/-0.1</td>
<td>0</td>
<td>+/-73</td>
<td>0.0%</td>
<td>+/-1.1</td>
<td>125</td>
<td>0.3%</td>
<td>+/-0.1</td>
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<tr>
<td>Asian alone</td>
<td>1,646</td>
<td>+/-275</td>
<td>3.4%</td>
<td>+/-0.5</td>
<td>90</td>
<td>+/-73</td>
<td>3.2%</td>
<td>+/-2.6</td>
<td>1,556</td>
<td>3.4%</td>
<td>+/-0.6</td>
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<tr>
<td>Native Hawaiian and Other Pacific Islander alone</td>
<td>17</td>
<td>+/-27</td>
<td>0.0%</td>
<td>+/-0.0</td>
<td>0</td>
<td>+/-73</td>
<td>0.0%</td>
<td>+/-1.1</td>
<td>17</td>
<td>0.0%</td>
<td>+/-0.1</td>
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<tr>
<td>Some other race alone</td>
<td>607</td>
<td>+/-271</td>
<td>1.7%</td>
<td>+/-0.6</td>
<td>24</td>
<td>+/-73</td>
<td>0.9%</td>
<td>+/-1.0</td>
<td>783</td>
<td>1.7%</td>
<td>+/-0.6</td>
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<tr>
<td>Two or more races</td>
<td>1,085</td>
<td>+/-211</td>
<td>2.2%</td>
<td>+/-0.4</td>
<td>72</td>
<td>+/-73</td>
<td>2.6%</td>
<td>+/-1.9</td>
<td>1,013</td>
<td>2.2%</td>
<td>+/-0.4</td>
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<tr>
<td>Hispanic or Latino (of any race)</td>
<td>2,425</td>
<td>+/-411</td>
<td>5.0%</td>
<td>+/-0.8</td>
<td>205</td>
<td>+/-73</td>
<td>7.3%</td>
<td>+/-3.3</td>
<td>2,220</td>
<td>4.9%</td>
<td>+/-0.8</td>
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<td>White alone, not Hispanic or Latino</td>
<td>18,896</td>
<td>+/-747</td>
<td>39.0%</td>
<td>+/-1.4</td>
<td>781</td>
<td>+/-73</td>
<td>27.8%</td>
<td>+/-4.5</td>
<td>18,115</td>
<td>39.6%</td>
<td>+/-1.4</td>
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<td><strong>MEDIAN INCOME IN THE PAST 12 MONTHS (IN 2015 INFLATION-ADJUSTED DOLLARS)</strong></td>
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<tr>
<td>Civilian population 18 years and over with income</td>
<td>41,960</td>
<td>+/-1,047</td>
<td>(x) (x) (x) (x)</td>
<td>44,701</td>
<td>+/-3,052 (x) (x) (x)</td>
<td>41,772</td>
<td>+/-1,020 (x) (x) (x)</td>
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<td>Male</td>
<td>(x) (x) (x) (x)</td>
<td>45,048</td>
<td>+/-3,371 (x) (x) (x)</td>
<td>46,221</td>
<td>+/-2,797 (x) (x) (x)</td>
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<tr>
<td>Female</td>
<td>(x) (x) (x) (x)</td>
<td>42,578</td>
<td>+/-19,540 (x) (x) (x)</td>
<td>39,709</td>
<td>+/-1,801 (x) (x) (x)</td>
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<td><strong>EDUCATIONAL ATTAINMENT</strong></td>
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<tr>
<td>Civilian population 25 years and over</td>
<td>42,749</td>
<td>+/-1,093</td>
<td>(x) (x) (x) (x)</td>
<td>2,773</td>
<td>+/-291 (x) (x) (x)</td>
<td>39,976</td>
<td>+/-1,107 (x) (x) (x)</td>
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<tr>
<td>Less than high school graduate</td>
<td>4,576</td>
<td>+/-556</td>
<td>11.4%</td>
<td>+/-1.1</td>
<td>176</td>
<td>+/-58</td>
<td>6.3%</td>
<td>+/-2.1</td>
<td>4,700</td>
<td>+/-487</td>
<td>11.6%</td>
<td>+/-1.2</td>
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<tr>
<td>High school graduate (includes equivalency)</td>
<td>7,395</td>
<td>+/-586</td>
<td>17.1%</td>
<td>+/-1.3</td>
<td>732</td>
<td>+/-58</td>
<td>26.4%</td>
<td>+/-4.6</td>
<td>6,563</td>
<td>+/-545</td>
<td>16.4%</td>
<td>+/-1.2</td>
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<tr>
<td>Some college or associate's degree</td>
<td>7,447</td>
<td>+/-533</td>
<td>17.4%</td>
<td>+/-1.2</td>
<td>750</td>
<td>+/-73</td>
<td>27.0%</td>
<td>+/-4.8</td>
<td>6,697</td>
<td>+/-516</td>
<td>16.6%</td>
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<tr>
<td>Bachelor's degree or higher</td>
<td>23,131</td>
<td>+/-664</td>
<td>54.1%</td>
<td>+/-1.6</td>
<td>1,115</td>
<td>+/-170</td>
<td>40.2%</td>
<td>+/-5.6</td>
<td>22,016</td>
<td>+/-641</td>
<td>55.1%</td>
<td>+/-1.6</td>
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<tr>
<td><strong>EMPLOYMENT STATUS</strong></td>
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<tr>
<td>Civilian population 18 to 64 years</td>
<td>43,322</td>
<td>+/-1,145</td>
<td>(x) (x) (x) (x)</td>
<td>2,072</td>
<td>+/-266 (x) (x) (x)</td>
<td>41,250</td>
<td>+/-1,157 (x) (x) (x)</td>
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<tr>
<td>Labor force participation rate</td>
<td>(x) (x)</td>
<td>79.3%</td>
<td>+/-1.3</td>
<td>(x) (x) (x)</td>
<td>74.6%</td>
<td>+/-6.4 (x) (x)</td>
<td>79.5%</td>
<td>+/-1.3 (x) (x)</td>
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<tr>
<td>Civilian labor force 18 to 64 years</td>
<td>34,348</td>
<td>+/-862</td>
<td>80.7%</td>
<td>+/-1.3</td>
<td>1,546</td>
<td>+/-254 (x) (x) (x)</td>
<td>32,802</td>
<td>+/-852 (x) (x)</td>
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<tr>
<td>Unemployment rate</td>
<td>(x) (x) (x) (x)</td>
<td>10.3%</td>
<td>+/-1.1</td>
<td>(x) (x) (x)</td>
<td>10.6%</td>
<td>+/-4.8 (x) (x)</td>
<td>10.3%</td>
<td>+/-1.1 (x) (x)</td>
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<tr>
<td><strong>POVERTY STATUS IN THE PAST 12 MONTHS</strong></td>
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<tr>
<td>Civilian population 18 years and over for whom poverty status is determined</td>
<td>47,187</td>
<td>+/-1,155</td>
<td>(x) (x) (x) (x)</td>
<td>2,786</td>
<td>+/-301 (x) (x) (x)</td>
<td>44,401</td>
<td>+/-1,182 (x) (x)</td>
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<tr>
<td>Subject</td>
<td>Total</td>
<td>Percent</td>
<td>Veterans</td>
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<tr>
<td>Civilian population 18 years and over</td>
<td>51,950</td>
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<td>PERIOD OF SERVICE</td>
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<tr>
<td>Gulf War (9/2001 or later) veterans</td>
<td>(X)</td>
<td>(X)</td>
<td>756</td>
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<td>Gulf War (8/1990 to 8/2001) veterans</td>
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<td>(X)</td>
<td>719</td>
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<td>Vietnam era veterans</td>
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<td>713</td>
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<td>Korean War veterans</td>
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<td>(X)</td>
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<td>World War II veterans</td>
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<td>(X)</td>
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<tr>
<td>Male</td>
<td>24,454</td>
<td>47.1%</td>
<td>2,437</td>
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<tr>
<td>Female</td>
<td>27,496</td>
<td>52.9%</td>
<td>384</td>
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<tr>
<td>18 to 34 years</td>
<td>23,252</td>
<td>44.8%</td>
<td>460</td>
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<tr>
<td>35 to 54 years</td>
<td>16,867</td>
<td>32.5%</td>
<td>886</td>
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<tr>
<td>55 to 64 years</td>
<td>6,198</td>
<td>11.9%</td>
<td>686</td>
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<tr>
<td>65 to 74 years</td>
<td>3,427</td>
<td>6.6%</td>
<td>456</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>75 years and over</td>
<td>2,206</td>
<td>4.2%</td>
<td>333</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>RACE AND HISPANIC OR LATINO ORIGIN</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>White alone</td>
<td>23,608</td>
<td>45.4%</td>
<td>1,025</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Black or African American alone</td>
<td>24,614</td>
<td>47.4%</td>
<td>1,633</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>American Indian and Alaska Native alone</td>
<td>106</td>
<td>0.2%</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Asian alone</td>
<td>1,792</td>
<td>3.4%</td>
<td>72</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Native Hawaiian and Other Pacific Islander alone</td>
<td>18</td>
<td>0.0%</td>
<td>7</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Some other race alone</td>
<td>704</td>
<td>1.4%</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Two or more races</td>
<td>1,108</td>
<td>2.1%</td>
<td>84</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hispanic or Latino (of any race)</td>
<td>2,727</td>
<td>5.2%</td>
<td>220</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>White alone, not Hispanic or Latino</td>
<td>21,887</td>
<td>42.1%</td>
<td>854</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Veterans' Ethnicity Data

<table>
<thead>
<tr>
<th>Veterans' Ethnicity</th>
<th>Approximate Number</th>
<th>Source of Information and Date Information Entered</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other (Specify)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
National Minority Veterans Summit

Outreach Activity Information

Presenters

Denise Wright, CMV MVPC Program Manager, African American Liaison
Annie Artis, MVPC Orlando VAMC

September 26, 2019
Section 11. OUTREACH ACTIVITY

- **Outreach Activity**: Clearly identify type of Event ie; Conference, Town Hall, Collaboration

- **Number of each activity for this period**: Accuracy is key 3 Meetings

- **Number of Veterans MVPC assisted**: How many Veterans you interacted with?

- **Number of minority veterans**: Out of the Number of Veterans you assisted how many were minority Veterans

- **Percentage of minority veterans**: This will automatically calculate once you enter Veterans Assisted and Minority Veterans

- **Enter Date of Each Event, Name of Event and Information Provided** (Do not enter Successful, Positive etc)
### Section 11. OUTREACH ACTIVITY

<table>
<thead>
<tr>
<th>Outreach Activity</th>
<th>Number of each activity for this period</th>
<th>Number of veterans MVPC assisted</th>
<th>Percent - age of minority veterans</th>
<th>Number of minority veterans</th>
<th>Enter Date of Each Event, Name of Event and Information Provided</th>
</tr>
</thead>
<tbody>
<tr>
<td>Convention/Conference/Benefit Fairs &amp; Exhibits attended</td>
<td>1</td>
<td>55</td>
<td>35</td>
<td>64</td>
<td>5/4/2019 Veteran Women's Tea Party. Veteran was educated by the Subject Matter Expert (SME) about women Program and Services and encouraged to enroll and attend. Veteran further received donated journals and items from Community Partners, maps, group and service information, Minority Veteran Program (MVP), upcoming events, Veteran Benefits (VBA) and National Cemetery (NCA).</td>
</tr>
<tr>
<td>Meetings with VSOs, Task Force, Veteran Groups</td>
<td>3</td>
<td>15</td>
<td>10</td>
<td>67</td>
<td>3x monthly meetings of Veterans Task Force Representatives discussed upcoming conferences.</td>
</tr>
<tr>
<td>Town Hall Meetings</td>
<td>1</td>
<td>35</td>
<td>33</td>
<td>94</td>
<td>6/15/2019 RAFMAN Veteran Town Hall Meeting 5th Annual Minority Veteran Town Hall meeting that was used to educate Veterans about the Mission Act, Burial questions and service connected benefits. Veteran received catchment map locator, group and service information, Minority Veteran Program (MVP), upcoming events and VBA and NCA information.</td>
</tr>
</tbody>
</table>
### Section 11. OUTREACH ACTIVITY

<table>
<thead>
<tr>
<th>Outreach Activity</th>
<th>Number of each activity for this period</th>
<th>Number of veterans MVPC assisted</th>
<th>Percent - age of minority veterans</th>
<th>Number of minority veterans</th>
<th>Enter Date of Each Event, Name of Event and Information Provided</th>
</tr>
</thead>
<tbody>
<tr>
<td>Homeless Veterans (meetings, conferences, counseling, and stand downs)</td>
<td>3</td>
<td>591</td>
<td>319</td>
<td>54</td>
<td>4/19, 5/17. 6/21/2019 Veteran Mobile Food Bank Through collaboration efforts with Soldier to Angels, the Veteran had an opportunity to take advantage of the Food Bank. Veterans further received a follow-up call from a Subject Matter Expert (SME) to address Veteran needs. Enrollment was provided for those Veterans who was not enrolled and received catchment map locator, group and service information, upcoming events and VBA and NCA information.</td>
</tr>
<tr>
<td>Education</td>
<td>1</td>
<td>200</td>
<td>160</td>
<td>80</td>
<td>5/10/2019 Veteran Benefits Me &amp; You &quot;Have You Ever Served?&quot; Sessions provides Veteran with information about the Veteran Administration. Educated the Veteran to understand the distinction between the three.</td>
</tr>
<tr>
<td>Briefing/Presentations Conducted</td>
<td>1</td>
<td>55</td>
<td>100</td>
<td>55</td>
<td>4/24/19 Health Consortium Outreach &amp; Enrollment Conference presentation. Provided enrollment information.</td>
</tr>
</tbody>
</table>
### Section 11. OUTREACH ACTIVITY

<table>
<thead>
<tr>
<th>Outreach Activity</th>
<th>Number of each activity for this period</th>
<th>Number of veterans MVPC assisted</th>
<th>Percent - age of minority veterans</th>
<th>Number of minority veterans</th>
<th>Enter Date of Each Event, Name of Event and Information Provided</th>
</tr>
</thead>
<tbody>
<tr>
<td>Women Veterans</td>
<td></td>
<td>190</td>
<td></td>
<td></td>
<td>4/4, 5/7, 6/4/2019 Women Events and Women Roundtable Monthly events that focus on various Women issues. Women Program Manager addresses the Women Veteran Needs and provided brochures about VA/Vet Center programs and resources.</td>
</tr>
<tr>
<td>Collaboration with VBA/VHA/NCA MVPCs</td>
<td>1</td>
<td>60</td>
<td>58</td>
<td>35</td>
<td>6/13/2019 - Claims Clinic and VHA Information table, exhibitors from Vet Center provided Veterans information on eligibility enrollment.</td>
</tr>
<tr>
<td>Individual interviews conducted</td>
<td>25</td>
<td>25</td>
<td>15</td>
<td>60</td>
<td>Quarterly: Walk-ins and phone calls about various of topics from benefits, assistance with complaints and referrals.</td>
</tr>
<tr>
<td>Other (Specify)</td>
<td>1</td>
<td>35</td>
<td>57</td>
<td>20</td>
<td>4/9/19: Participated in the Post-Traumatic Stress Disorder Recovery Rehabilitation Program at the VA Health Care Clinic.</td>
</tr>
</tbody>
</table>
National Minority Veterans Summit

New Minority Veterans Reporting System

Presenter

Jordan Ketner, VBA System Developer

September 26, 2019
### MVPC & MVPC Leadership Information:

- **Minority Veterans Program Coordinator (MVPC) Information:**
  - Name & Title:
  - Role:
  - Grade:
  - Phone Number:

### Alternate MVPC Information:
- Name & Title:
- Email:

### Leadership Information:
- Facility Director Name:
- Director Email:

#### Facility Director Designee(s):
- Name & Title:
- Email Address:

#### Regional / District Director Name:
- Regional / District Director Email:

#### Regional / District Director Designee(s):
- Name & Title:
- Email Address:

---

### Facility & Administrative Information:

**Complete Facility Information to the best of your abilities.**
- If any questions result in a "No" a brief explanation is required.

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>MVPC duties part of position description (PD) or performance plan (PP)?</td>
<td>Yes</td>
</tr>
<tr>
<td>MVPC Meets With Facility Director/Designee At Least Once Per Quarter?</td>
<td>Yes</td>
</tr>
<tr>
<td>Do you currently have an Operations Plan?</td>
<td>Yes</td>
</tr>
<tr>
<td>Do you currently have a Track and Trending Report?</td>
<td>Yes</td>
</tr>
</tbody>
</table>

---

**ChooseVA**

The goal of the Minority Veterans Program Coordinator (MVPC) is to promote the use of VA benefits, programs and services for the following minority groups: Asian American/Pacific Islander, African American, Hispanic, and Native American (American Indian, Alaskan Native and Native Hawaiian).
Census Ethnicity Information:

Please select your most appropriate State of Jurisdiction for MVPC related Activities / Outreach (One selection allowed):
Choosing your state of jurisdiction, once, automatically links the related Minority Veteran Census Data for the State; alleviating the need for the MVPC to lookup and report such figures individually four times a year.

Displaying Census Data for: California

- State Ethnicity Statistical Breakdown -

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Total Population</th>
<th># Veterans</th>
<th>% Veterans</th>
</tr>
</thead>
<tbody>
<tr>
<td>White alone</td>
<td>18,385,954</td>
<td>1,261,362</td>
<td>6.8%</td>
</tr>
<tr>
<td>Black of African American</td>
<td>1,747,546</td>
<td>153,162</td>
<td>8.7%</td>
</tr>
<tr>
<td>Hispanic or Latino</td>
<td>10,349,849</td>
<td>262,846</td>
<td>2.5%</td>
</tr>
<tr>
<td>Asian alone</td>
<td>4,475,230</td>
<td>105,983</td>
<td>2.4%</td>
</tr>
<tr>
<td>Native Hawaiian and Other Pacific</td>
<td>116,750</td>
<td>7,273</td>
<td>6.2%</td>
</tr>
<tr>
<td>American Indian and Alaska Native</td>
<td>220,728</td>
<td>14,329</td>
<td>6.5%</td>
</tr>
<tr>
<td>Some other race</td>
<td>3,763,312</td>
<td>65,178</td>
<td>1.7%</td>
</tr>
<tr>
<td>Two or more races</td>
<td>1,030,967</td>
<td>54,976</td>
<td>5.3%</td>
</tr>
</tbody>
</table>

- Total State Population & Gender Statistics -

<table>
<thead>
<tr>
<th>Category</th>
<th>Total Population</th>
<th># Veterans</th>
<th>% Veterans</th>
</tr>
</thead>
<tbody>
<tr>
<td>State Population</td>
<td>29,740,487</td>
<td>1,601,433</td>
<td>5.5%</td>
</tr>
<tr>
<td>State Male Population</td>
<td>14,598,044</td>
<td>1,533,065</td>
<td>10.4%</td>
</tr>
<tr>
<td>State Female Population</td>
<td>15,141,583</td>
<td>1,268,427</td>
<td>8.4%</td>
</tr>
</tbody>
</table>
Outreach Activities:

Minority Veterans Program Coordinator (MVPC) PROGRESS Tracking System

+ New Item
  - Outreach
  - Operations
  - Track & Trending
  - Collaborations & Partnerships

* Type of Outreach Activity:
  - Event Name:
  - Event Date:
  - # of Veteran Interactions / Assisted
  - # of Minority Veterans
  - Level of Effort (in hours) Example
    - [Only] Actual Event Hours: 0.00
    - [Cumulative] Total Effort Hours: 0.00
  - Type of Information Provided

* Intended Audience:
  - African Americans
  - Asian Americans, Pacific Islanders
  - Hispanic Americans
  - Native Americans (American Indians, Alaska Natives, Native Hawaiians)
  - Women Veterans

+ Track & Trending to this MVPC Outreach Event

Please Note: Save & Submit Remains Disabled Until All Required Fields Hold Data
Outreach Activities:

<table>
<thead>
<tr>
<th>Type of Outreach Activity:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Event Name:</td>
</tr>
<tr>
<td>Event Date:</td>
</tr>
<tr>
<td># of Veteran Interactions/Assisted</td>
</tr>
<tr>
<td># of Minority Veterans</td>
</tr>
<tr>
<td>Level of Effort (in hours) [Example]</td>
</tr>
<tr>
<td>Actual Event Hour(s)</td>
</tr>
<tr>
<td>Total Effort Hours</td>
</tr>
</tbody>
</table>

| Type of Information Provided |

* Briefings/Training
* Burial Ceremonies
* Ceremonies
* Claims Clinics
* Collaboration with VBA/VHA/NCA
* College Campus Military Event
* Convention/Conferences
* Faith Based Veterans Events
* Film Screenings (Veterans Focused only)
* Individual Interactions with Veterans
* LGBTQ Veterans Events
* Meetings with Community Partners (Veterans Focused only)
* Meetings with Veterans Service Organizations (VSO)
* MVPQ Quarterly Calls
* Newcomers Orientation Presentation
* Radio Station Appearances (Veterans Focused only)
* Special Emphasis Program
* Stand Downs/Homeless
* Tour of Facility
* Town Halls
* Transition Assistance Program (TAPS) Event
* Veterans Focused Council/Committee Meeting
* Veterans Task Force Meetings
* Visits to Cemetery (Veterans Only)
* Weekly/Quarterly Meeting Pertaining to Veterans
* Women Veterans Events
<table>
<thead>
<tr>
<th>Briefings/Training</th>
</tr>
</thead>
<tbody>
<tr>
<td>Burial Ceremonies</td>
</tr>
<tr>
<td>Ceremonies</td>
</tr>
<tr>
<td>Claims Clinics</td>
</tr>
<tr>
<td>Collaboration with VBA/VHA / NCA</td>
</tr>
<tr>
<td>College Campus Military Event</td>
</tr>
<tr>
<td>Convention/Conferences</td>
</tr>
<tr>
<td>Faith Based Veterans Events</td>
</tr>
<tr>
<td>Film Screenings (Veterans Focused only)</td>
</tr>
<tr>
<td>Individual Interactions with Veterans</td>
</tr>
<tr>
<td>LGBTQ Veterans Events</td>
</tr>
<tr>
<td>Meetings with Community Partners (Veterans Focused only)</td>
</tr>
<tr>
<td>Meetings with Veterans Service Organizations (VSO)</td>
</tr>
<tr>
<td>MVPQ Quarterly Calls</td>
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<tr>
<td>Newcomers Orientation Presentation</td>
</tr>
<tr>
<td>Radio Station Appearances (Veterans Focused only)</td>
</tr>
<tr>
<td>Special Emphasis Program</td>
</tr>
<tr>
<td>Stand Downs/Homeless</td>
</tr>
<tr>
<td>Tour of Facility</td>
</tr>
<tr>
<td>Town Halls</td>
</tr>
<tr>
<td>Transition Assistance Program (TAPS) Event</td>
</tr>
<tr>
<td>Veterans Focused Council/Committee Meeting</td>
</tr>
<tr>
<td>Veterans Task Force Meetings</td>
</tr>
<tr>
<td>Visits to Cemetery (Veterans Only)</td>
</tr>
<tr>
<td>Weekly/Quarterly Meeting Pertaining to Veterans</td>
</tr>
<tr>
<td>Women Veterans Events</td>
</tr>
</tbody>
</table>
Operations Plan:

**Operations Element**

1. **Training**
   - Program Objectives /Proposed Outreach: Attend training programs that will benefit the Minority Veterans Program.
   - Responsible Official(s): MVPC
   - Date of Occurrence: On-going
   - Estimated Costs (Yearly): Funding as needed
   - Estimated Staff Hours: N/A

2. **Program Development**
   - Program Objectives /Proposed Outreach: Support and initiate activities that inform and sensitize facility staff to the unique needs of minority Veterans.
   - Responsible Official(s): MVPC
   - Date of Occurrence: On-going
   - Estimated Costs (Yearly): None
   - Estimated Staff Hours: 3-4 hrs. a month

3. **Organization, Visibility, and Communications**
   - Program Objectives /Proposed Outreach: Maintain and update bulletin board and brochures on Minority Veterans Program throughout the facility.
   - Responsible Official(s): MVPC, Public Affairs/Media
   - Date of Occurrence: On-going
   - Estimated Costs (Yearly): None
   - Estimated Staff Hours: approx. 2 hours per month

Other notes:

- Ongoing Document Product: As items are continuously added to our system, they will automatically be categorized, controlled and recorded in an online Excel 'List Format'.

**Draft**
Track and Trending Report:

**Track & Trending Report Template:**

<table>
<thead>
<tr>
<th>Name of Event</th>
<th>Date of Event</th>
<th>Issue (trend)</th>
<th>Follow-up</th>
<th>Resolution</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Track & Trending Report: DRAFT / Examples**

<table>
<thead>
<tr>
<th>Name of Event</th>
<th>Date</th>
<th>Issue (trend)</th>
<th>Follow-up</th>
<th>Resolution</th>
</tr>
</thead>
<tbody>
<tr>
<td>NAACP</td>
<td>August 10, 2019</td>
<td>Veterans were not aware of NCA’s Presidential Memorial Certificate or Bronze Medal</td>
<td>Ensure that each outreach event facility take part in obtaining information about this benefit</td>
<td>Provides the information</td>
</tr>
<tr>
<td>Stand Down</td>
<td>September 1, 2019</td>
<td>Several homeless Veterans attending this event from the same homeless shelter were not enrolled in the VA medical facility</td>
<td>Ensure that homeless shelter to identify Veterans at this shelter is visiting.</td>
<td></td>
</tr>
<tr>
<td>Conventions</td>
<td>Jan 2, 2020 thru March 30, 2021</td>
<td>Veterans attending these events are not aware of the different VA programs, State Loan Guaranty programs and benefits</td>
<td>Provided pamphlets and other literature to help Veterans and their dependents gain a clear understanding of VA benefits and services</td>
<td>Ensure Veterans and their dependents are receiving information.</td>
</tr>
</tbody>
</table>

**Ongoing Document Product:** As items are continuously added to our system, they will automatically be categorized, controlled and recorded in an online Excel ‘List Format’.

**DRAFT**
Collaboration / Partnerships:

**Type of Collaboration / Partnership:**

<table>
<thead>
<tr>
<th><em>Entity Name</em></th>
<th><em>POC Name</em></th>
<th><em>POC Contact (phone #, Email Address, etc.)</em></th>
</tr>
</thead>
</table>

**Collaboration / Partnership Description (if any, not required):**

*Please Note:* Save & Submit remains disabled until all required fields hold data.
Choose Quarterly Reporting Period:

1st  2nd  3rd  4th

MVPC Reporting Process:

MVPC Lookup: Jordan Ketner, Systems Guy

Automated Communication & Approval Workflow(s)

MVPC

VACO

Facility Director

Regional Director

MVPC Program Assessment

Leadership Engagement

Do MVPC need with Facility Director or Designee during the reporting quarter? Yes No

* Add comments when needed

VA OIG Budget Resource Check

VA OIG Budget Resource Check

Regional Director Approval Section

Facility Director Approval Section

VA OIG Budget Resource Check
**Launch your personalized Outreach Activities Report**

*Clicking the hyperlink in launches your personalized Outreach Activities report which will aide you in completing your quarterly report.

**The Activities Report truncates all outreach data; leaving a single heading per outreach activity.

***Enter in 3 values into the Outreach Matrix (as shown in the image):
- **Total [Count]** Per Outreach Activity
- **Total [Sum]** Minority Veterans seen during the quarter
- **Total [Sum]** Veteran Interactions / Assisted

**Return to Quarterly Report**
Cultural Awareness

Beatrice Bernfeld
Director of Diversity & Inclusion
VA National Cemetery Administration
Beatrice.Bernfeld@VA.GOV
202-461-7129
Self Awareness

- Conscious experience provides only a small window into how the mind works.
- Recognize the window through which you see the world.
Implicit Attitudes

- Social Attitudes
  - Gender – Career
  - Race
  - Age
  - Sexuality

- Mental Health
  - Depression
  - Substance Abuse
  - Anxiety

https://implicit.harvard.edu/implicit/
• While driving on a highway, a father and son are involved in a terrible accident. The fire department is the first respondent at the scene.

• As the man is carefully removed from the wreckage, one of the firefighters exclaims, “That’s my husband!”

• Who is this firefighter?
Who is Right?
https://www.youtube.com/watch?v=NW5s-NI3JE

https://www.youtube.com/watch?v=Mh4f9AYRCZY
Who’s in Charge?
Moving the Elephant

Give the rider directions

Motivate the elephant

Clear the path.
Think About It

Stroop Effect

YELLOW  BLUE  ORANGE
BLACK  RED  GREEN
PURPLE  YELLOW  RED
ORANGE  GREEN  BLUE
BLUE  RED  PURPLE
YELLOW  RED  GREEN
Think About It

Stroop Effect

YELLOW BLUE ORANGE
BLACK RED GREEN
PURPLE YELLOW RED ORANGE GREEN BLUE
BLUE RED PURPLE YELLOW RED GREEN
Bias

- Unconscious Bias
  - Happens automatically
  - Guides our day to day interactions
  - Brain makes quick decisions

- Conscious Bias
  - Actively making a choice
  - Slow down the reaction time
“People like me are better than others.”

- In Group / Out Group

- Mitigate: Pay attention (and bring your team’s attention) to the goals, values, experiences, and preferences that you share with the outgroup.
– **Confirmation Bias**: Seeking and finding evidence that confirms your beliefs and ignoring evidence that does not.

– **Belief Bias**: Deciding whether an argument is strong or weak on the basis of whether you agree with its conclusion.

– **Availability Bias**: Making a decision based on the information that comes to mind most quickly, rather than on more objective evidence.
My perceptions are accurate.

**Blind Spot:** Identifying biases in other people but not in yourself.

**False Consensus Effect:** Overestimating the universality of your own beliefs, habits, and opinions.

**Mindbugs:** A mindbug is an ingrained habit of thought that leads to errors in how we perceive, remember, reason and make decisions.
Implicit Bias

- Who seems more trustworthy?
- Who will be more competent on the job?
- Who is more likely to dominate the others?
What Do You See
How many passes?

- https://www.youtube.com/watch?v=vJG698U2Mvo
Can you read this?
• **Affective Forecasting:** Judging your future emotional states based on how you feel now. ("I feel miserable about it, and I always will.")

• **Sunk Costs:** Having a hard time giving up on something (a strategy, an employee, a process) after investing time, money, or training, even though the investment can’t be recovered. ("I’m not shutting this project down; we’d lose everything we’ve invested in it.")
Painful memory is stronger than Pleasant

Where were you when the towers were hit?

Avoiding a loss is more powerful than achieving a gain
We see the world not as it is but as we are – or as we are conditioned to see it.
Next Steps

• Bias is universal.

• It is difficult to manage for bias while making a decision. Design practices and processes in advance.

• Place a premium on cognitive effort over intuition or gut instinct.

• Cultivate an organization-wide culture
Next Steps

• Don’t just join the gym, use what you’ve learned
Wrap Up

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