CHARTBOOK ON THE HEALTH OF LESBIAN, GAY, AND BISEXUAL VETERANS

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Preface

Earlier this year, Secretary Denis McDonough ordered a review of VA policies to ensure that LGBTQ+ Veterans and employees do not face discrimination on the basis of their sexual orientation, gender identity and expression. Once completed, this review would put VA policies in line with Department of Defense policies and President Biden's executive order[1] ensuring that LGBTQ+ Americans are treated with dignity and respect, and are able to live their lives free from worry that they could be discriminated against because of who they are.

The policy review is far-reaching, requiring VA to examine the entire slate of services that the department provides to Veterans to ensure maximum equity and inclusivity. Ensuring better access to VA services could vastly improve the lives of LGBTQ+ Veterans, who – as this chartbook shows for LGB Veterans specifically – still report having worse self-reported health, among other concerns, compared to other Veterans and to LGB non-Veterans. This disparity could be partly a result of having faced additional stigma and discrimination during and after military service, with long-term consequences resulting in LGBTQ+ Veterans forgoing needed medical care, a barrier that must be addressed as vigorously as possible in VHA facilities.

The good news about any changes that may result from this policy review is that the department is not starting from scratch. Although VA still has a long way to go in ensuring that LGBTQ+ Veterans are afforded the full scope of VA services that other Veterans are afforded, this policy review would build on the disparate efforts and programs across the department that are currently in place to ensure that VA is welcoming to all Veterans regardless of their sexual orientation, gender identity and expression.

All VA Medical Centers, for example, have LGBT Veteran Care Coordinators (VCC) who work with staff to ensure that LGBTQ+ Veterans receive the same level of care even after "coming out" to their providers. And an increasing number

[1] https://www.whitehouse.gov/briefing-room/presidential-actions/2021/01/20/executive-order-preventing-and-combating-discrimination-on-basis-of-gender-identity-or-sexual-orientation/

of VA medical centers are being recognized by the Human Rights Campaign as Leaders and Top Performers in LGBT Healthcare Equality.[2]

Despite these efforts, as this chartbook clearly shows, VA must continue working vigorously toward the goal of equity for LGB Veterans, because gaps remain. A review of policies and procedures across VA will help standardize the services and support that we provide to LGBTQ+ Veterans and amplify the pre-existing programs that are already creating a more inclusive environment for all Veterans. Leaders at every level must then implement recommended changes, in order to bring us closer to fulfilling our commitment to care for **all** those "who shall have borne the battle."

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[2] https://www.va.gov/healthequity/Healthcare_Equality_Index.asp

Introduction

LGBTQ+ Veterans as a Priority Population

The Veterans Health Administration (VHA) serves a Veteran population that is increasingly diverse. Equitable access to high-quality care for all Veterans is a major tenet of the VA healthcare mission. The Office of Health Equity (OHE) champions the elimination of health disparities and achieving health equity for all Veterans, including LGBTQ+ Veterans. LGBTQ+ refers to lesbian, gay, bisexual, transgender, queer/questioning identities. The '+' sign also captures identities beyond LGBTQ, including pansexual, asexual, agender, gender diverse, nonbinary, gender neutral and other identities.

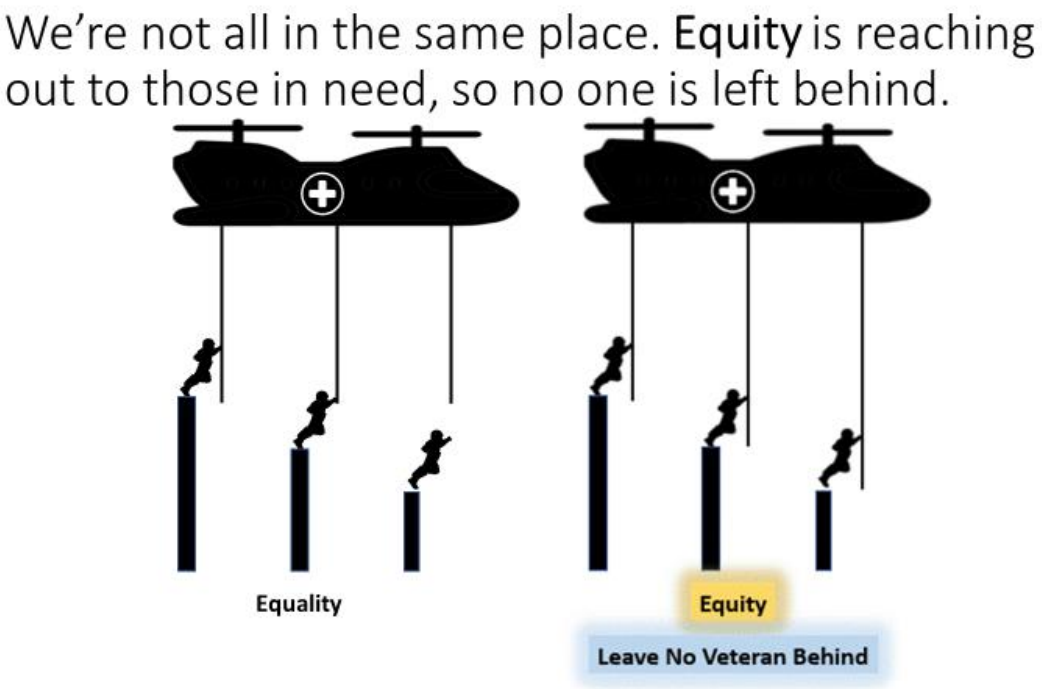
While the health of all LGBTQ+ Veterans are a priority for the VHA, this chartbook utilizes the 2013-2018 National Center for Health Statistics (NCHS) National Health Interview Survey (NHIS) which only has data available for a subset of the LGBTQ+ population. In this chartbook, the term *LGB* refers to individuals that identified themselves as lesbian, gay, or bisexual and the term *non-LGB* refers to individuals that identified themselves as "straight, that is not gay" in their responses to the survey.

LGBTQ+ Veterans and Health Equity

According to the Centers for Disease Control and Prevention, health equity is achieved when every person has the opportunity to "attain his or her full health potential" and no one is "disadvantaged from achieving this potential because of social position or other socially determined circumstances." In OHE, the goal of health equity is to ensure that all Veterans get care that helps them achieve their highest level of health.

It is important to note that equity is not the same as equality. Treating everyone the same will not get us to equity because we are not all in the same place; different people need more or less support to achieve their optimal health (Figure 1). Treating everyone the same often leaves those with greatest need behind. Those with greatest need often achieve worse health outcomes even when they receive the exact same services as those with less need. Equity requires addressing all of a Veteran's needs.

Figure 1. Health Equality vs. Health Equity



LGB individuals may be particularly vulnerable to being left behind. As explained by the minority stress theory, LGB individuals often face inequities in health outcomes, in part due to the stressful social environment caused by stigma and discrimination (Meyer, 2003). During active duty, LGB service members more frequently report psychological distress, probable PTSD, and suicidal ideation compared to non-LGB counterparts (Meadows et al., 2021). In addition, a higher percentage of LGB service members report binge drinking, using e-cigarettes, and having less quality sleep compared to non-LGB counterparts (Meadows et al., 2021). As Veterans, LGB individuals continue to report higher rates of smoking compared to non-LGB counterparts as well as higher rates of activity limitations (Blosnich & Silenzio, 2013). Female LGB Veterans in particular face a substantially greater risk of mental distress and poor physical health than female non-LGB Veterans (Blosnich et al., 2013).

Key Findings

This chartbook summarizes information on LGB Veterans and their health. It describes efforts by VA facilities to be more welcoming and inclusive of LGBTQ+ Veterans through participation in the Health Equality Index.

Demographics of LGB Veterans

The NHIS provides estimates of the numbers and characteristics of LGB Veterans.

- **Numbers of LGB**
  - There are an estimated 435,000 Veterans who would self-report as LGB.
  - There are an estimated 297,000 male and 139,000 female LGB Veterans.
- **Characteristics of LGB Veterans**
  - Compared to non-LGB Veterans, LGB Veterans are more likely to be younger, to be female, and to live in urban counties.
  - Differences related to race and Hispanic origin and to disability status were not observed.

Health of LGB Veterans

Some health behaviors and outcomes of LGB Veterans differ from those of non-LGB Veterans and LGB non-Veterans.

- **Self-Reported Health & Chronic Conditions**
  - Compared to non-LGB Veterans, LGB Veterans report having less good health and more chronic conditions
- **Health-Related Behaviors**
  - A higher percent of LGB Veterans report being a current smoker, drinking excessively, and having less quality sleep compared to non-LGB Veterans
- **Depression & Anxiety**
  - Female LGB Veterans face depressive and anxiety symptoms at double the rate of female non-LGB Veterans
- **Work Limitations**
  - Roughly a third of female LGB Veterans report work limitations compared to 17.2% of female non-LGB Veterans

Healthcare Equality Index

The Healthcare Equality Index (HEI) informs healthcare facilities on how well they provide care and create an inclusive and welcoming environment for LGBTQ+ patients, staff, and their families. Specifically, the HEI examines the following areas: patient non-discrimination, equal visitation, employment non-discrimination, training in LGBTQ+ patient-centered care, patient services and support, employee benefits and policies, transgender-inclusive health insurance, and patient/community engagement.

- **VA Medical Center Participation**
  - Almost all VA medical centers have participated in HEI.
- **HEI-Related LGBTQ+ Training**
  - In 2018-2020, 11,835 VHA staff at 143 facilities received 13,343 training hours to contribute to their facility's involvement in HEI.
- **Top Performers and Leaders**
  - In 2020, 98 VA medical centers received designation as Top Performers or Leaders, 93% of VA medical centers that participated.

Demographics of LGB Veterans

Based on respondents to the 2013-2018 National Health Interview Survey (total respondents n=180,861), the National Center for Health Statistics has estimated that there are 435,000 Veterans who would self-report as LGB or about 2% of the noninstitutionalized Veteran population (Table 1). This consists of an estimated 297,000 male LGB Veterans and 139,000 female LGB Veterans. It is important to note that this may be an underestimation of the total LGBTQ+ Veteran population due to the fact that LGB is only a subset of LGBTQ+ and there may be a reluctance to self-report as LGB. The notion that this number may be an underrepresentation is strengthened by the report that 6.1% of active-duty U.S. military members self-reported as LGBT in 2015 (Meadows et al., 2021).

In terms of demographics, it is estimated that the self-reporting LGB Veteran population skews more heavily female than the non-LGB Veteran population with 31.9% of LGB Veterans being female compared to just 7.6% of non-LGB Veterans being female. In addition, the Veterans who self-report as LGB are more likely to be younger and live in urban counties compared to Veterans who self-report as non-LGB.

Table 1. Estimated Number & Percentages of U.S. Adults Aged 20 and Over, by Veteran Status, LGB Status, and Selected Demographics (2013-2018)

	Veteran		Non-Veteran	
	LGB[1]	Non-LGB	LGB[1]	Non-LGB
	n (%)	n (%)	n (%)	n (%)
Sex				
Male	297,000 (68.1)	19,650,000 (92.4)	2,912,000 (45.1)	90,196,000 (43.6)
Female	139,000 (31.9)	1,623,000 (7.6)	3,545,000 (54.9)	116,674,000 (56.4)
Age (years)				
20-34	64,000 (14.6)	1,907,000 (9.0)	2,958,000 (45.8)	59,632,000 (28.8)
35-49	83,000 (19.1)	3,376,000 (15.9)	1,635,000 (25.3)	55,737,000 (26.9)
50-64	142,000 (32.6)	5,618,000 (26.4)	1,394,000 (21.6)	55,221,000 (26.7)
65 and Over	147,000 (33.7)	10,372,000 (48.8)	470,000 (7.3)	36,279,000 (17.5)
Race and Hispanic Origin[2]				
Hispanic	24,000 (5.6)	1,323,000 (6.2)	959,000 (14.9)	34,011,000 (16.4)
Non-Hispanic White	335,000 (76.9)	16,726,000 (78.6)	4,231,000 (65.5)	131,694,000 (63.7)
Non-Hispanic Black	50,000 (11.4)	2,428,000 (11.4)	760,000 (11.8)	23,730,000 (11.5)
Non-Hispanic Asian	8,000 (1.8)	355,000 (1.7)	260,000 (4.0)	12,871,000 (6.2)
County of Residence[3]				
Urban	382,000 (87.8)	17,790,000 (83.6)	5,898,000 (91.4)	179,587,000 (86.8)
Rural	53,000 (12.2)	3,484,000 (16.4)	558,000 (8.6)	27,283,000 (13.2)
Disability Status[4]				
With Disability	60,000 (13.7)	3,085,000 (14.5)	755,000 (11.7)	18,579,000 (9.0)
Without Disability	376,000 (86.3)	18,188,000 (85.5)	5,702,000 (88.3)	188,291,000 (91.0)
Total Number	435,000	21,273,000	6,457,000	206,869,000
Sample Size	422	17,959	5,091	157,389

[1] Sexual orientation of respondents who responded "something else" or "I don't know" was imputed as either non-LGB or LGB.
[2] Refers to adults who are of Hispanic or Latino origin and may be of any race or combination of races. "Non-Hispanic" refers to persons who are not of Hispanic or Latino origin, regardless of race. Adults who are non-Hispanic multiple or other races are not shown.

[3] County of residence was classified as urban or rural based on the 2013 NCHS Urban–Rural Classification Scheme for Counties.
[4] Disability is defined by the reported level of difficulty (no difficulty, some difficulty, a lot of difficulty, or cannot do at all) in six functioning domains: seeing (even if wearing glasses), hearing (even if wearing hearing aids), mobility (walking or climbing stairs), communication (understanding or being understood by others), cognition (remembering or concentrating), and self-care (such as washing all over or dressing). Sample adults who responded "a lot of difficulty" or "cannot do at all" to at least one question were considered to have a disability. For each year in 2013-2017, approximately one half of sample adults were randomly selected to receive the questions on disability. In 2018, all sample adults received questions on disability.
NOTES: Estimates are based on household interviews of a sample of the civilian non-institutionalized population.
SOURCE: National Center for Health Statistics, National Health Interview Survey, 2013-2018
ACKNOWLEDGEMENT: This table was produced by Peter Boerma and Robin A. Cohen. National Center for Health Statistics, Division of Health Interview Statistics.

Health of LGB Veterans

Self-Reported Health

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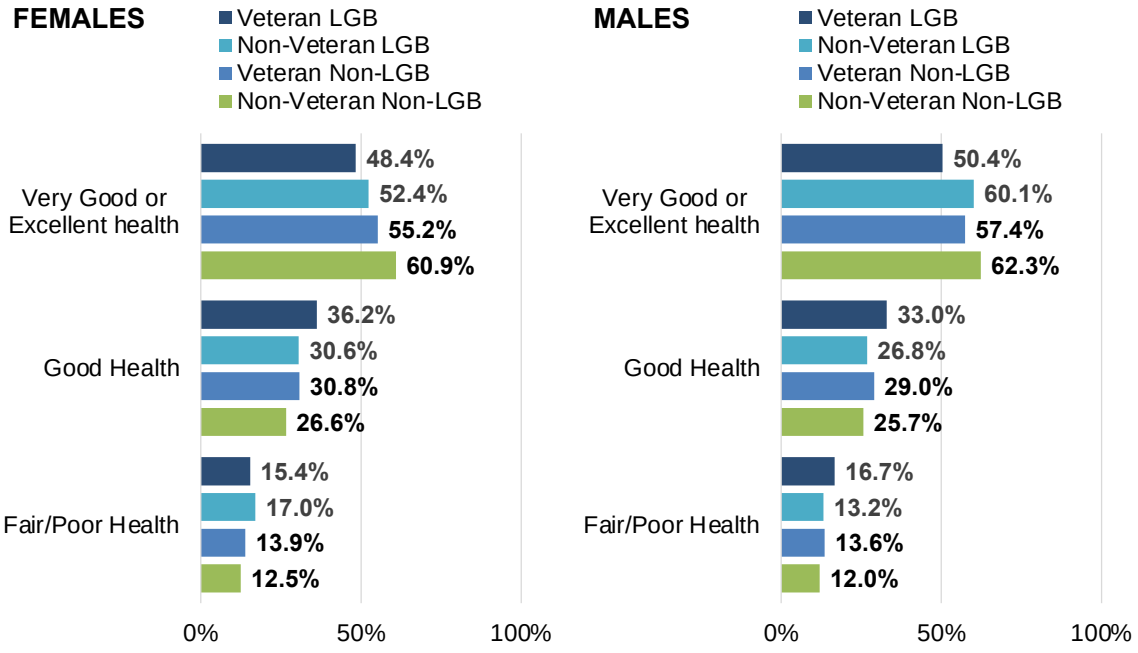

Key: LGB refers to individuals that identified themselves as Lesbian, Gay, or Bisexual
Source: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health Interview Survey, 2013-2018.

- **Importance:** Self-reported health is an important assessment of health as self-reported fair or poor health has been associated with a two-fold increase in mortality across all ethnic groups (Mcgee et al., 1999).
- **Groups with Disparities:** In terms of **self-reported health**, lower percentages of female and male LGB Veterans report very good or excellent health than any other group. In addition, a higher percentage of male LGB Veterans reported fair or poor health than any other group, and female LGB Veterans reported fair or poor health at a higher rate than female non-LGB Veterans (15.4% vs. 13.9%).

Chronic Conditions

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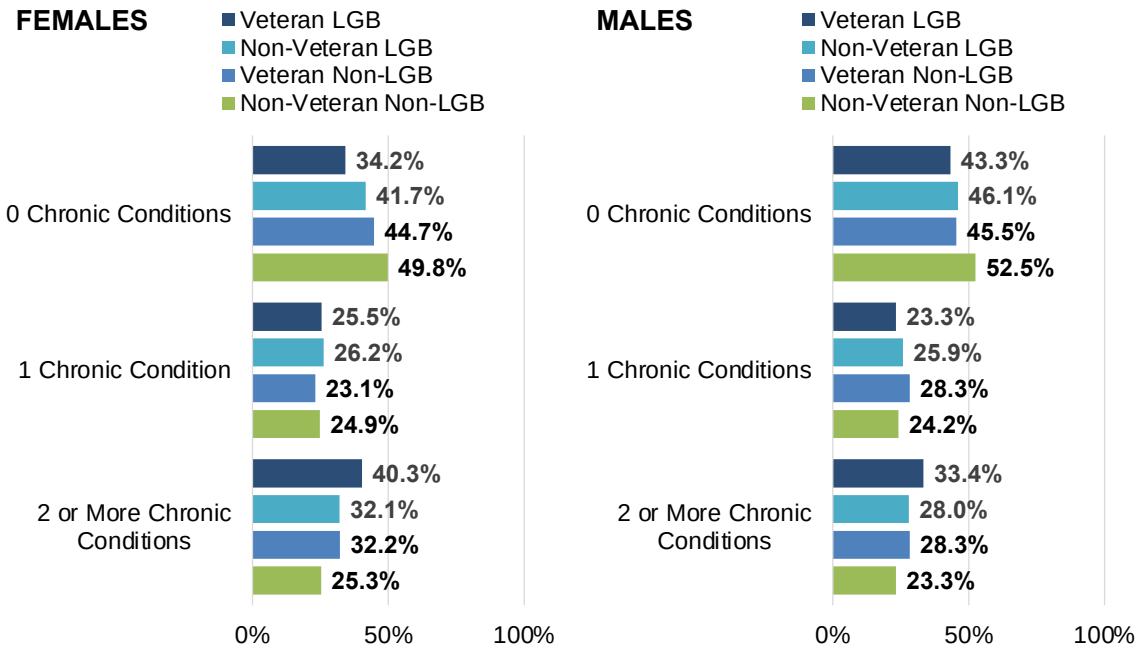
Office of Health Equity

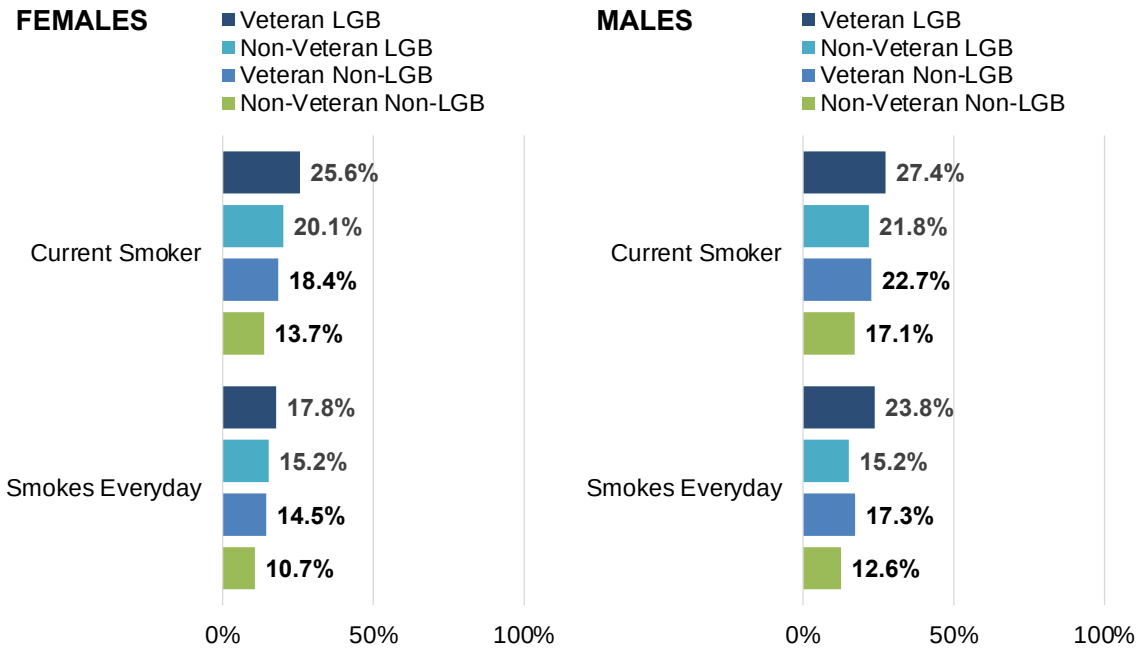


Key: LGB refers to individuals that identified themselves as Lesbian, Gay, or Bisexual
Source: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health Interview Survey, 2013-2018.

- **Importance:** Among a study of Veterans, individuals with two or more chronic conditions have between a two to four-fold increased rate of mortality compared to individuals with no chronic conditions (Lee et al., 2007).
- **Groups with Disparities:** In terms of **chronic conditions**, lower percentages of female and male LGB Veterans report zero chronic conditions than any other group. Moreover, higher percentages of female and male LGB Veterans report two or more chronic conditions than any other group.

Smoking Status

Veterans Health Administration
Office of Health Equity



Key: LGB refers to individuals that identified themselves as Lesbian, Gay, or Bisexual
Source: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health Interview Survey, 2013-2018.

- **Importance:** Smoking has been well-established to have a detrimental effect on health, with smokers facing three times higher rates of pre-mature death than non-smokers, mainly as a result of lung cancer and cardiovascular conditions (Gavin, 2004).
- **Groups with Disparities:** In terms of **smoking status**, higher percentages of female and male LGB Veterans report being a current smoker and/or smoking everyday than any other group.

Alcohol Consumption

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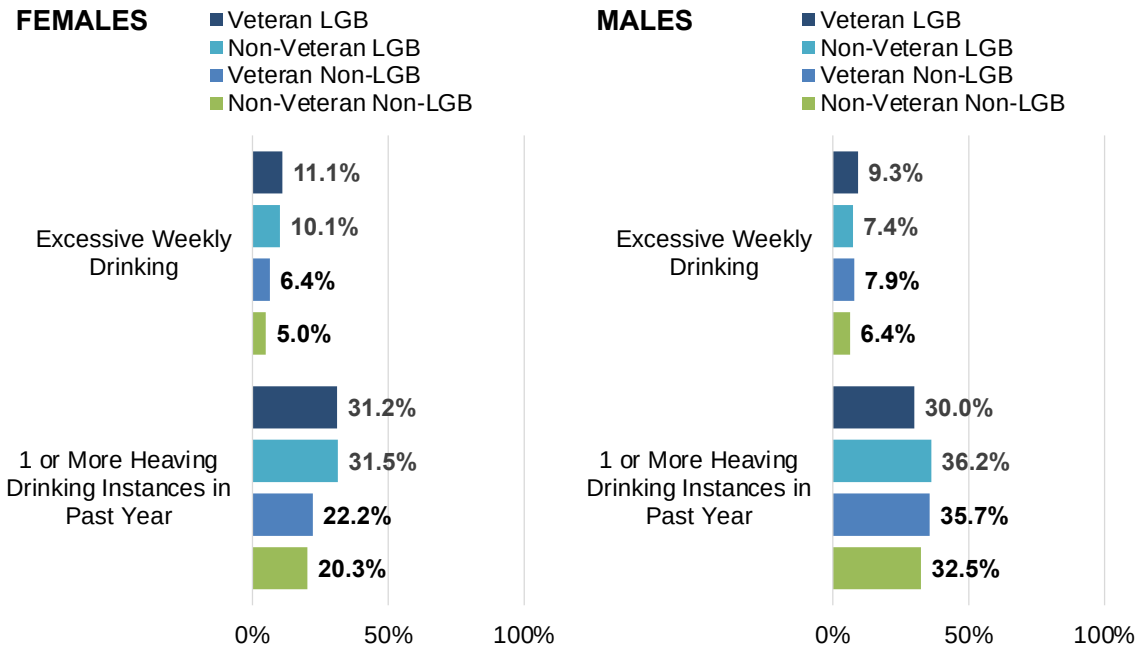
Office of Health Equity

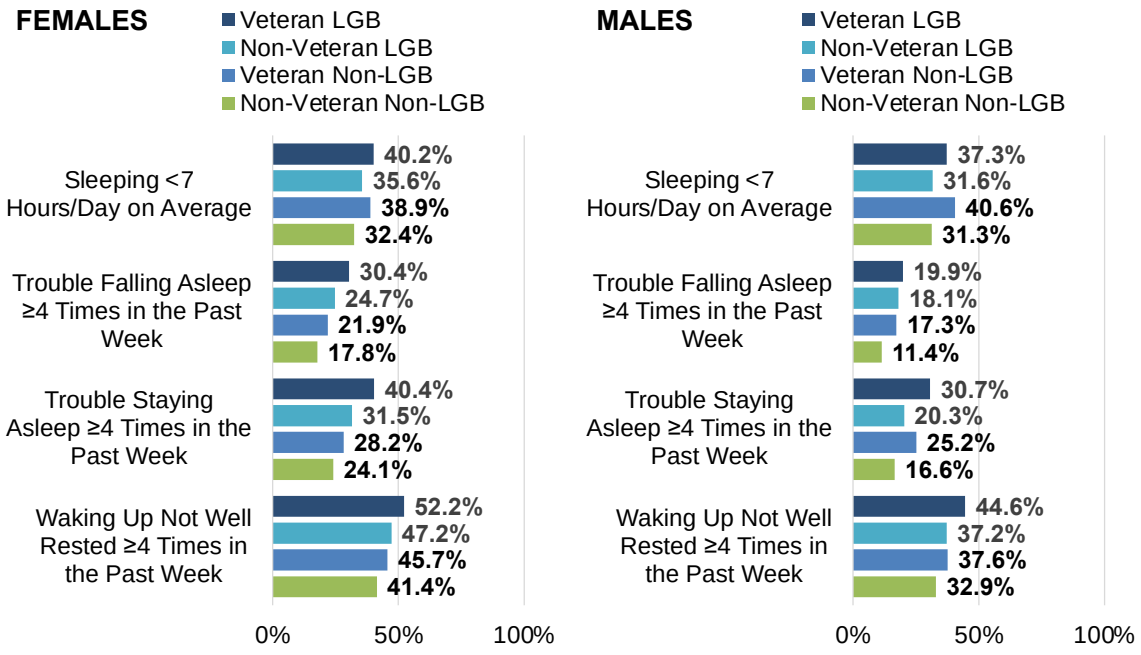


Key: LGB refers to individuals that identified themselves as Lesbian, Gay, or Bisexual
Source: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health Interview Survey, 2013-2018.

- **Importance:** Alcohol consumption plays an important role in the development of several chronic conditions and has been linked to cardiovascular disease, neuropsychiatric conditions, and certain types of cancer (Shield et al., 2013).
- **Groups with Disparities:** In terms of **alcohol consumption**, higher percentages of female and male LGB Veterans report excessive weekly drinking than any other group.

Sleep Status

Veterans Health Administration
Office of Health Equity

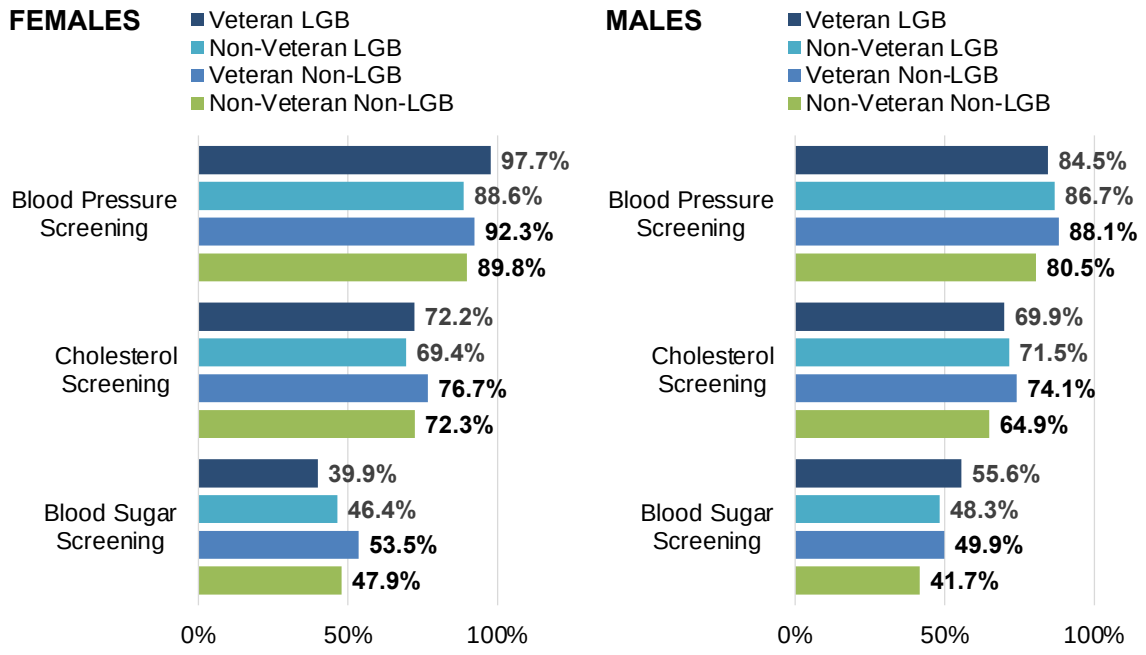


Key: LGB refers to individuals that identified themselves as Lesbian, Gay, or Bisexual
Source: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health Interview Survey, 2013-2018.

- **Importance:** Lack of adequate sleep has been associated with poor mental health and a lower well-being (Hamilton et al., 2006). In addition, among LGB adults, sleep problems have also been associated with increased risk of stroke, cardiovascular disease, arthritis, and cancer (Dai & Hao, 2017).
- **Groups with Disparities:** In terms of **sleep status**, higher percentages of female and male LGB Veterans report trouble falling asleep, trouble staying asleep, and waking up not feeling well rested than any other group. In addition, a higher percentage of female LGB Veterans report sleeping less than 7 hours a day on average than any other group.

Screening Status

Veterans Health Administration
Office of Health Equity



Key: LGB refers to individuals that identified themselves as Lesbian, Gay, or Bisexual
Source: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health Interview Survey, 2013-2018.

- **Importance:** According to the CDC, blood pressure and cholesterol screenings are important for prevention of cardiovascular disease and stroke, whereas screening for high blood sugar is important to prevent diabetes, especially among high risk groups.
- **Groups with Disparities:** In terms of **screening status**, a higher percentage of female LGB Veterans report having a blood pressure screening than any other group. However, a lower percentage of female LGB Veterans report having a blood sugar screening than any other group. In addition, a higher percentage of male LGB Veterans report having a blood sugar screening than any other group.

Work Limitations

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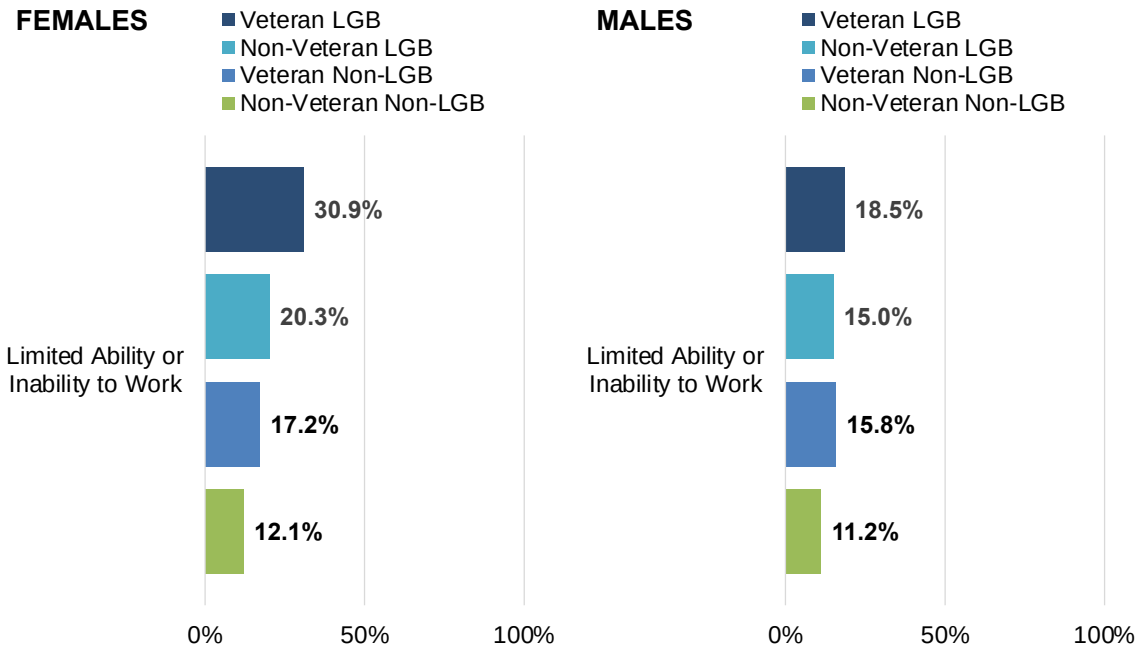
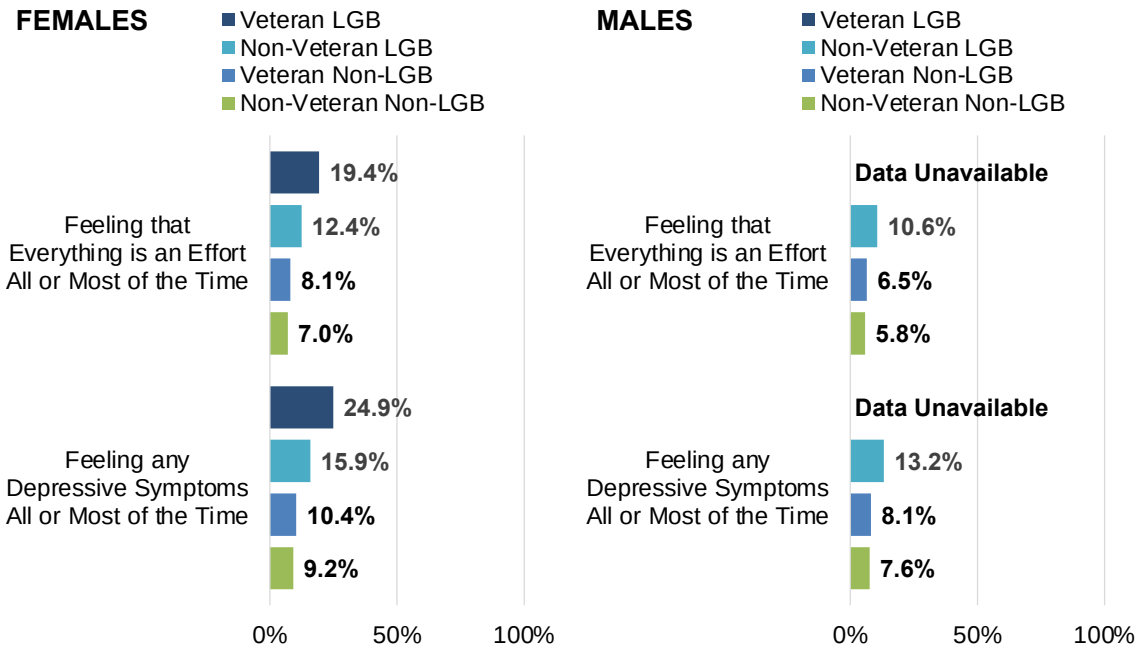


Key: LGB refers to individuals that identified themselves as Lesbian, Gay, or Bisexual
Source: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health Interview Survey, 2013-2018.

- **Importance:** Work limitations can lead to less financial stability and poor psychological well-being and mental health (Turner & Turner, 2004).
- **Groups with Disparities:** In terms of **work limitations**, higher percentages of female and male LGB Veterans report a limited ability or inability to work than any other group.

Depression Symptoms

Veterans Health Administration
Office of Health Equity

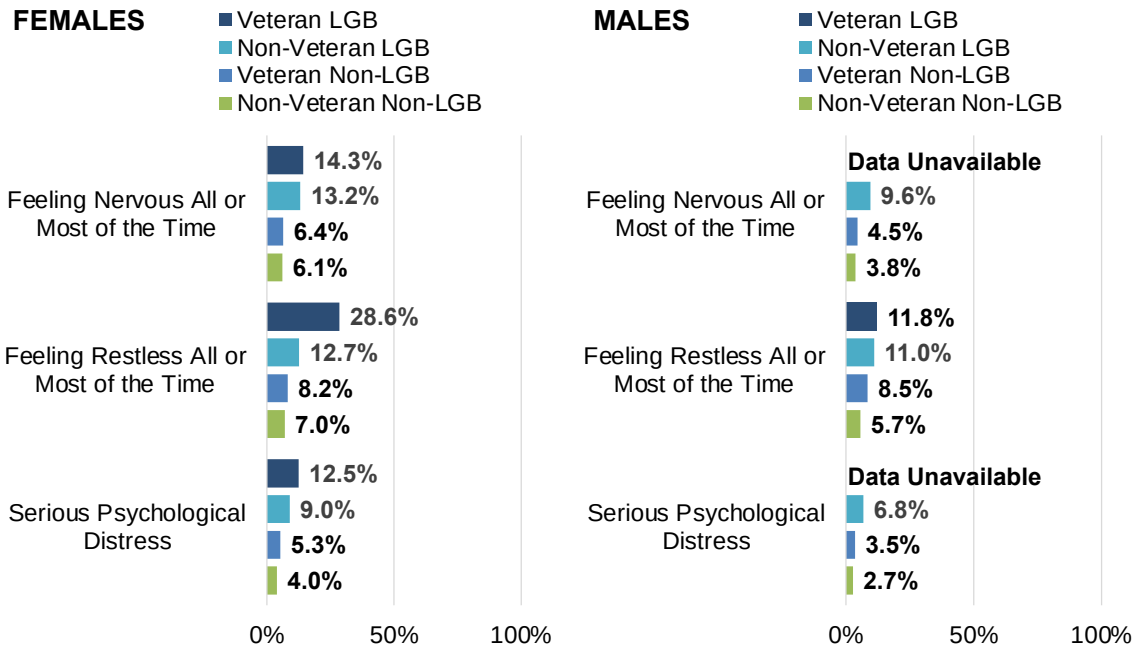


Key: LGB refers to individuals that identified themselves as Lesbian, Gay, or Bisexual
Source: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health Interview Survey, 2013-2018.

- **Importance:** Veterans with depression have a 17% greater risk of mortality not only from suicide, but from almost all main causes of death (Zivin et al., 2015).
- **Groups with Disparities:** In terms of **depression symptoms**, a higher percentage of female LGB Veterans report feeling that everything is an effort and feeling any depressive symptoms all or most of the time compared to any other group.

Anxiety Symptoms

Veterans Health Administration
Office of Health Equity

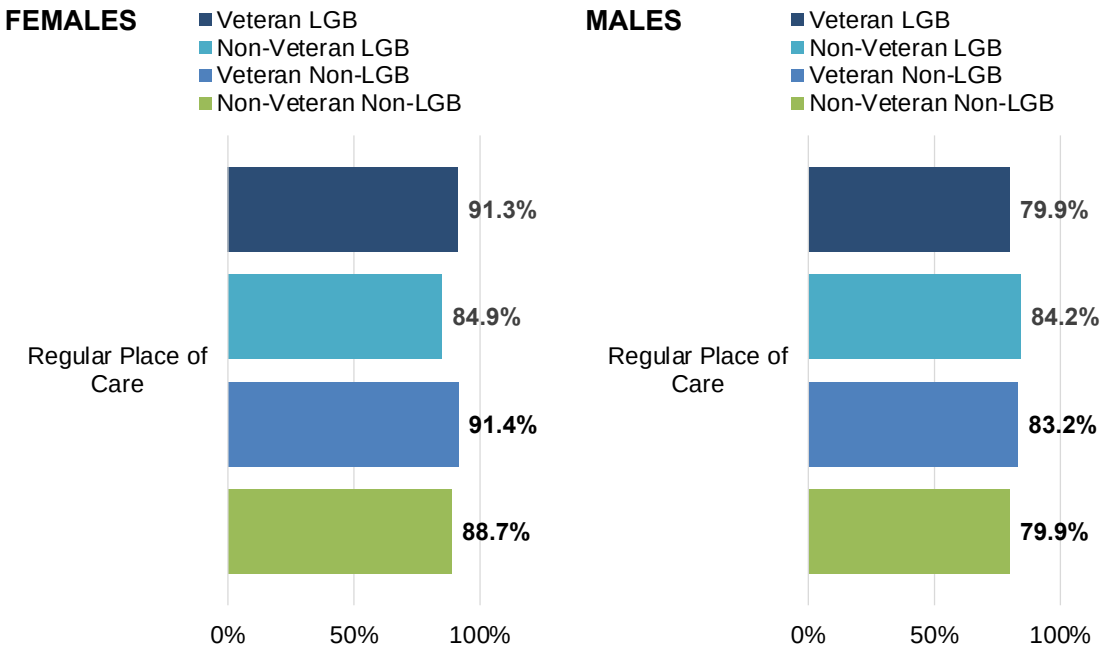


Key: LGB refers to individuals that identified themselves as Lesbian, Gay, or Bisexual
Source: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health Interview Survey, 2013-2018.

- **Importance:** In Veterans, individuals with anxiety disorders have an increased risk for cardiovascular events and the risk increases with comorbid depression (Lavretsky et al., 2002; Scherrer et al., 2010).
- **Groups with Disparities:** In terms of **anxiety symptoms**, a higher percentage of female LGB Veterans report feeling nervous all or most of the time, feeling restless all or most of the time, and serious psychological distress compared to any other group. In addition, a higher percentage of male LGB Veterans report feeling restless all or most of the time compared to any other group.

Regular Place of Care

Veterans Health Administration
Office of Health Equity



Key: LGB refers to individuals that identified themselves as Lesbian, Gay, or Bisexual
Source: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health Interview Survey, 2013-2018.

- **Importance:** Having a regular place of care has been associated with higher patient trust and satisfaction as well as higher quality of care (Baker et al., 2003; Beal & Hernandez, 2010).
- **Groups with Disparities:** In terms of **having a regular place of care**, female LGB Veterans reported having a regular place of care at similar rates to female non-LGB Veterans (91.3% vs. 91.4%). However, male LGB Veterans reported having a regular place of care at lower rates than male non-LGB Veterans (79.9% vs. 83.2%).

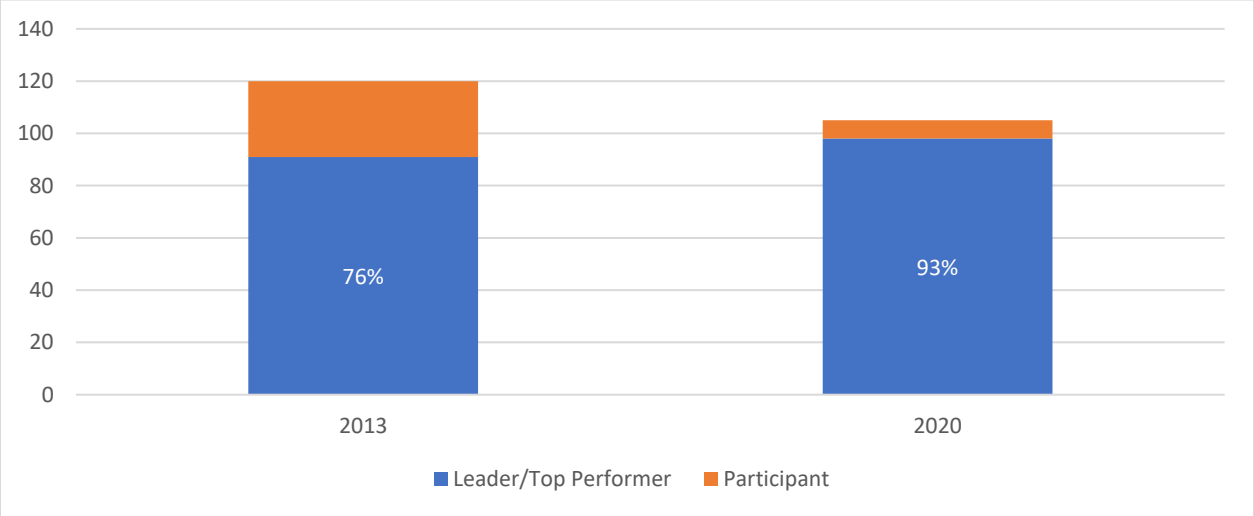
Healthcare Equality Index

VA Medical Center Participation in the Healthcare Equality Index

The VHA Office of Health Equity (OHE) has coordinated VA participation in the Human Rights Campaign Foundation's (HRC) Healthcare Equity Index (HEI). The HEI informs healthcare facilities on how well they provide care and create an inclusive and welcoming environment for LGBTQ+ patients, staff, and their families. Specifically, the HEI examines the following areas: patient non-discrimination, equal visitation, employment non-discrimination, training in LGBTQ+ patient-centered care, patient services and support, employee benefits and policies, transgender-inclusive health insurance, and patient/community engagement.

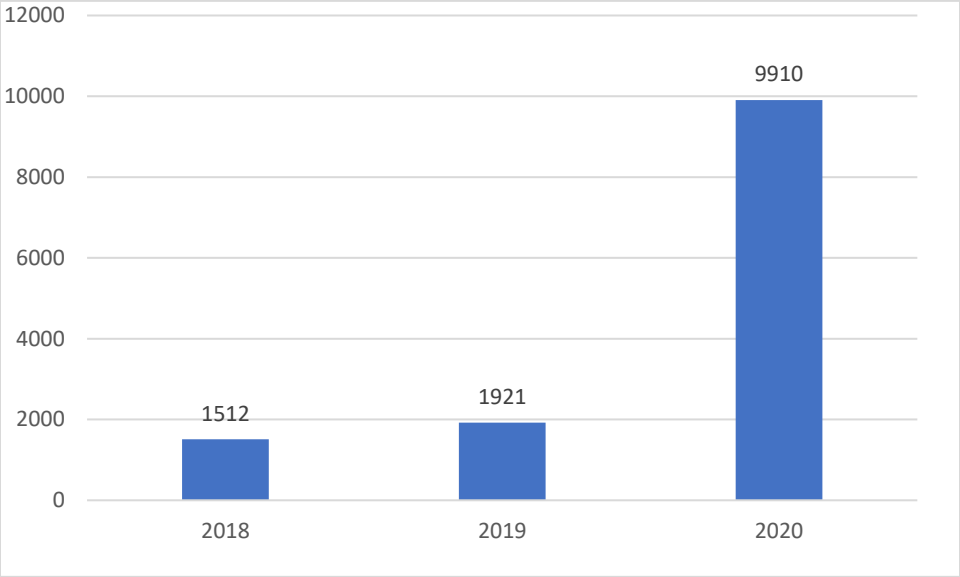
While the HEI scoring criteria and standards have changed in recent years, healthcare facilities that received a score of 100 were designated as a "Leader in LGBTQ+ Healthcare Equality." Facilities with a score of 80 to 95 were named as "Top Performers." A shown in Figure 2, 120 VA hospitals participated in HEI in 2013, and 76% (N=91) received the highest designations. In contrast, 105 participated in 2020, and 93% (N=98) were designated as leaders or top performers (See Table 1).

Figure 2. Comparison of Top VA Performers in the Healthcare Equality Index, 2013 and 2020



Most VA facilities (N=137) have voluntarily participated in the HEI since OHE began coordinating VA's participation. In the last three years, 2018-2020, 11,835 VHA staff at 143 facilities received 13,343 training hours to contribute to their facility's involvement in HEI (See Figure 3). VA's participation in the HEI and training efforts are essential to Veterans and non-Veterans in many regions across the county. VA health facilities are the only hospitals recognized as leaders or top performers in LGBTQ+ healthcare equality in some areas.

Figure 3. VHA Staff Hours in HEI-Related LGBTQ+ Trainings, 2018-2020



VHA's OHE will continue to partner across the VA to encourage every VA medical center to participate in the HEI. Participating in HEI aligns with OHE's operational mission to champion health equity issues for vulnerable Veterans, including sexual and gender minorities, identify factors that contribute to inequity in veteran populations and eliminate disparities.

Visit https://www.va.gov/HEALTHEQUITY/Healthcare_Equality_Index.asp for more information on VA's participation in the HEI.

Table 2. VA's Leaders and Top Performers in the 2020 Healthcare Equality Index (N=98)

State	City	VA Medical Center or Health Care System	HEI Status
Alabama	Birmingham	VA Birmingham Medical Center	Leader
Alabama	Montgomery	VA Central Alabama Health Care System	Leader
Alabama	Tuscaloosa	VA Tuscaloosa Medical Center	Leader
Alaska	Anchorage	VA Alaska Healthcare System	Top Performer
Arizona	Phoenix	VA Phoenix Health Care System	Leader
Arizona	Tucson	VA Southern Arizona Health Care System	Leader
Arkansas	Fayetteville	VA Health Care System of the Ozarks	Leader
Arkansas	Little Rock	VA Central Arkansas Healthcare System	Leader
California	San Francisco	VA San Francisco Medical Center	Top Performer
California	Loma Linda	VA Loma Linda Healthcare System	Leader
California	Los Angeles	VA Greater Los Angeles Healthcare System	Leader
California	Palo Alto	VA Palo Alto Health Care System	Leader
Colorado	Aurora	VA Eastern Colorado Health Care System	Top Performer
Colorado	Grand Junction	VA Grand Junction Medical Center	Top Performer
Connecticut	West Haven	VA Connecticut Health Care System	Leader
District of Columbia	Washington	VA Washington DC Medical Center	Top Performer
Florida	Bay Pines	VA Bay Pines Healthcare System	Leader
Florida	Gainesville	VA North Florida/South Georgia Veterans Healthcare System	Leader
Florida	Miami	VA Miami Healthcare System	Leader
Florida	Orlando	VA Orlando Medical Center	Leader
Florida	Tampa	VA James A. Haley Veterans Hospital	Leader
Florida	West Palm Beach	VA West Palm Beach Medical Center	Leader
Georgia	Dublin	VA Carl Vinson Medical Center	Top Performer
Hawaii	Honolulu	VA Pacific Islands Health Care System	Leader
Illinois	Danville	VA Illiana Health Care System	Top Performer
Illinois	Marion	VA Marion Medical Center	Top Performer
Illinois	North Chicago	VA Captain James A. Lovell Federal Health Care Center	Top Performer
Illinois	Chicago	VA Jesse Brown Medical Center	Leader
Illinois	Hines	VA Edward Hines Jr. Hospital	Leader
Indiana	Fort Wayne	VA Northern Indiana Health Care System	Leader
Indiana	Indianapolis	VA Richard L. Roudebush Medical Center	Leader
Iowa	Des Moines	VA Central Iowa Health Care System	Leader
Iowa	Iowa City	VA Iowa City Health Care System	Leader
Kentucky	Louisville	VA Robley Rex Medical Center	Leader

State	City	VA Medical Center or Health Care System	HEI Status
Louisiana	New Orleans	VA Southeast Louisiana Healthcare System	Leader
Louisiana	Pineville	VA Alexandria Health Care System	Leader
Louisiana	Shreveport	VA Overton Brooks Medical Center	Leader
Maine	Augusta	VA Maine Medical Center	Leader
Maryland	Baltimore	VA Baltimore Medical Center	Top Performer
Massachusetts	Boston	VA Boston Healthcare System	Leader
Massachusetts	Leeds	VA Central Western Massachusetts Healthcare System	Leader
Michigan	Detroit	VA John D. Dingell Medical Center	Top Performer
Michigan	Saginaw	VA Aleda E. Lutz Medical Center	Top Performer
Michigan	Battle Creek	VA Battle Creek Medical Center	Leader
Minnesota	Minneapolis	VA Minneapolis Health Care System	Leader
Minnesota	St. Cloud	VA St. Cloud Health Care System	Leader
Mississippi	Biloxi	VA Gulf Coast Health Care System	Leader
Mississippi	Jackson	VA G.V. (Sonny) Montgomery Medical Center	Leader
Missouri	Kansas City	VA Kansas City Medical Center	Top Performer
Missouri	Poplar Bluff	VA John J. Pershing Medical Center	Top Performer
Missouri	Columbia	VA Harry S. Truman Memorial Hospital	Leader
Nebraska	Omaha	VA Omaha-Nebraska-Western Iowa Health Care System	Leader
Nevada	North Las Vegas	VA Southern Nevada Healthcare System	Leader
Nevada	Reno	VA Sierra Nevada Health Care System	Leader
New Hampshire	Manchester	VA Manchester Medical Center	Leader
New Jersey	East Orange	VA New Jersey Health Care System	Top Performer
New Mexico	Albuquerque	VA New Mexico Health Care System	Top Performer
New York	Albany	VA Albany Medical Center: Samuel S. Stratton	Top Performer
New York	Bath	VA Bath Medical Center	Top Performer
New York	Bronx	VA James J. Peters Medical Center	Top Performer
New York	Buffalo	VA Western New York Healthcare System	Top Performer
New York	Canandaigua	VA Canandaigua Medical Center	Top Performer
New York	Montrose	VA Hudson Valley Health Care System	Top Performer
New York	Syracuse	VA Syracuse Medical Center	Top Performer
North Carolina	Asheville	VA Ashville Medical Center	Top Performer
North Carolina	Durham	VA Durham Medical Center	Leader
North Carolina	Fayetteville	VA Fayetteville Medical Center	Leader

State	City	VA Medical Center or Health Care System	HEI Status
North Carolina	Salisbury	VA W. G. (Bill) Hefner Medical Center	Leader
North Dakota	Fargo	VA Fargo Health Care System	Leader
Ohio	Columbus	VA Chalmers P. Wylie Ambulatory Care Center	Top Performer
Ohio	Dayton	VA Dayton Medical Center	Top Performer
Ohio	Chillicothe	VA Chillicothe Medical Center	Leader
Ohio	Cincinnati	VA Cincinnati Medical Center	Leader
Ohio	Cleveland	VA Louis Stokes Cleveland Medical Center	Leader
Oklahoma	Oklahoma City	VA Oklahoma City Medical Center	Leader
Oregon	Portland	VA Portland Medical Center	Leader
Pennsylvania	Wilkes-Barre	VA Wilkes-Barre Medical Center	Top Performer
Pennsylvania	Erie	VA Erie Medical Center	Leader
Pennsylvania	Pittsburgh	VA Pittsburgh Healthcare System	Leader
Puerto Rico	San Juan	VA Caribbean Healthcare System	Leader
Rhode Island	Providence	VA Providence Medical Center	Top Performer
South Dakota	Sioux Falls	VA Sioux Falls Health Care System	Top Performer
Tennessee	Murfreesboro	VA Tennessee Valley Healthcare System	Leader
Texas	El Paso	VA El Paso Health Care System	Top Performer
Texas	Harlingen	VA Texas Valley Coastal Bend Health Care System	Top Performer
Texas	Houston	VA Michael E. DeBakey Medical Center	Leader
Texas	San Antonio	VA South Texas Health Care System	Leader
Texas	Temple	VA Central Texas Health Care System	Leader
Utah	Salt Lake City	VA Salt Lake City Health Care System	Leader
Vermont	White River Junction	VA White River Junction Medical Center	Leader
Virginia	Richmond	VA Hunter Holmes McGuire Medical Center	Top Performer
Virginia	Hampton	VA Hampton Medical Center	Leader
Washington	Seattle	VA Puget Sound Health Care System	Top Performer
West Virginia	Huntington	VA Huntington Medical Center	Leader
West Virginia	Martinsburg	VA Martinsburg Medical Center	Leader
Wisconsin	Milwaukee	VA Clement J. Zablocki Medical Center	Top Performer
Wisconsin	Madison	VA William S. Middleton Memorial Veterans Hospital	Leader
Wisconsin	Tomah	VA Tomah Medical Center	Leader

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