



NATIONAL ASSOCIATION OF
Community Health Centers®

Recommended Wording for Veteran Status Screening Question

UDS Table 4: Selected Patient
Characteristics, Line 25 (Total Veterans)

Prepared: October 2023

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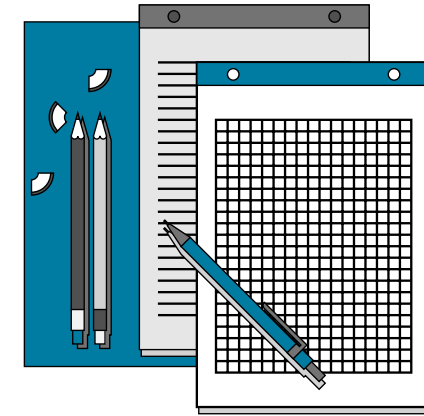
NACHC Veterans Interest Group Lead

Senior Vice President



Health centers are required to conduct and use regular needs assessments and patient intake screenings

- To identify special and vulnerable populations
- To identify needed partnerships
- To inform sites, services, changes in hours, etc.
- To make the case for new or different funding
- To engage the board in strategic decision-making
- To inform strategic planning



QUESTION: Is your health center accurately assessing the number and percentage of Military Veterans in your community or existing patient population?

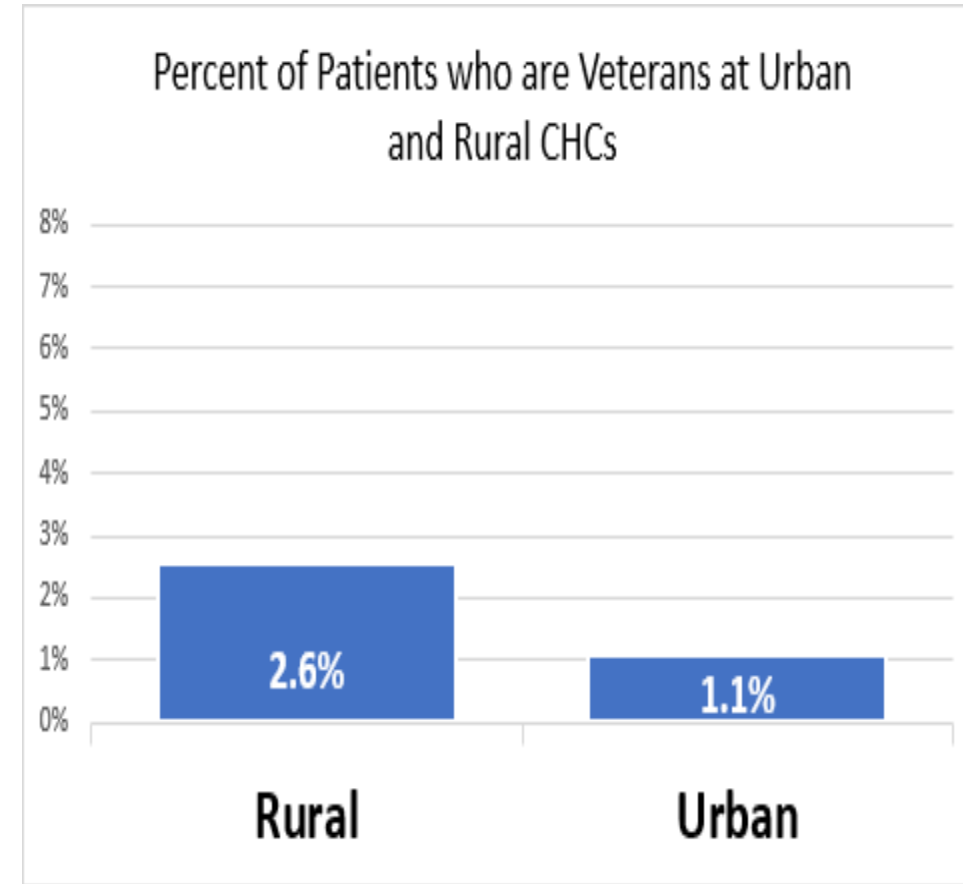
WHY ACCURACY MATTERS: Veterans can be a vulnerable population that may need tailored services or require your staff to have military cultural awareness. If you are aware of your patients' Veteran status, you can prepare and better support them/their family's unique needs and concerns.

Reported Health Center Veteran Patients = 395,216 (CY22)

Is this an underreport?

State	Percent of Patients that are Veterans
ME	5.7%
MT	4.5%
ID	4.3%
AK	4.0%
VT	3.6%
OR	3.3%
WY	3.1%

State	Highest Number of Veterans served
CA	32,791
WA	23,803
NY	21,624
TX	17,222
PA	14,926
AZ	14,042



Rural Health Centers see more Veterans as % of their total patient population

Veteran Status Screening Question: Wording Matters!

Improved accuracy in Veteran Patient Characteristic is proven when using the recommended wording

RECOMMENDED *(SHORT VERSION)*

Have you served in the United States military, armed forces, or uniformed services? (yes/ no)

RECOMMENDED [ADD ON to SHORT VERSION]

This includes: Air Force, Army, Coast Guard, Marines, Navy, Space Force, National Guard, Reserves, or the US Public Health Service and National Oceanic & Atmospheric Association. (yes/ no)

NOT RECOMMENDED
Are you a Veteran?

RATIONALE: The US Department of Veterans Affairs (VA) has conducted research that shows individuals do not always consider themselves a “Veteran” for a variety of reasons (ie: unsure what a “Veteran” is; misunderstanding that it’s a “VA-designation” or applied only to individuals with honorable discharge).

As a result, VA recommends simply asking “Have you Served”, with the wording provided above.

Example: Community Health Centers of Southeastern Iowa (CHC/SEIA)

Research project between CHC/SEIA and Veterans Rural Health Resource Center/Iowa City VA Medical Center showed doubling and then consistent annual increase of Veteran status in patients upon universal implementation of “HAVE YOU SERVED” in CY2017 (UDS).

Patients Identified as Veterans at CHC/SEIA

Reporting Year	Number of Unique Patients (less children under age 18)	Number of Veterans identified	Percentage of total patients	Percentage of adult patients
2015	17,459 (11,937)	56	.32%	.46%
2016	16,221 (11,306)	229	1.41%	2.01%
2017	16,827 (11,370)	506	3.01%	4.45%
2018	17,976 (12,182)	527	2.93%	4.37%
2019	17,641 (11,461)	555	3.14%	4.84%

The change was made to the EMR in February 2017

Publication: Introduction of Military Veterans Upon Implementation of a Standardized Screening Process in a Federally Qualified Health Center, M. Bryant Howren, et al. Journal of Community Health Published online 16 October 2019
https://articulateusercontent.com/rise/courses/5msBCyAQYyS77tCB7MPuXpfjlpoc-bi/0-2H2XNtEx3ci4rO-Article_Identificationof-MilitaryVeterans_J-Comm-Health.pdf

Call to Action: Utilize the Recommended Veteran Screening Question in CY2024 across your Health Center – Update your Tool

“Have you served in the United States military, armed forces or unformed services”?

For additional clarification and to be consistent with the all-inclusive intent of UDS:

“This includes: Air Force, Army, Coast Guard, Marines, Navy, Space Force, National Guard, or Reserves or the US Public Health Service (PHS) and National Oceanic and Atmospheric Administration (NOAA).”

CURRENT HAPPENINGS NATIONALLY:

- NACHC in conversation with HRSA/BPHC to provide this recommended wording as a technical note in the CY2024 UDS Manual
- PCAs/JSI encouraged to raise awareness with health centers during UDS trainings
- PRAPARE Social Determinants of Health (SDOH) screening tool is revising its Veterans question to reflect the recommended wording in its next update SPRING 2024

Health Centers Serving Veterans: Other Resources and Networking Opportunities from NACHC

Join the Veterans Interest Group

Sign up for quarterly updates and opportunities related to serving Veterans! Email trainings@nachc.org to subscribe.

NACHC Veterans Interest Group

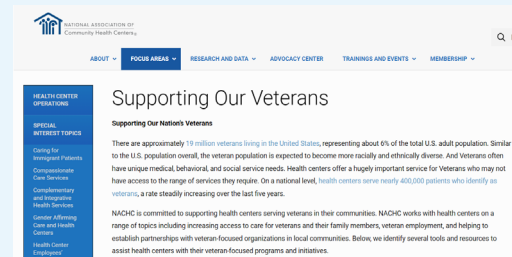
NACHC's Veterans Interest Group (VIG) is an informal networking and information group intended to share promising practices, policy updates, and operational information regarding increased access to care and services for the Veteran populations served in community health centers. If you would like to receive Veterans-related updates via email from NACHC, please send your contact info to trainings@nachc.org. Previous updates and web recordings can be found below.

- Veterans Interest Group Update – October 5, 2022
- Veterans Interest Group Update – August 1, 2022
- Veterans Interest Group Office Hour – April 14, 2022
- Veterans Interest Group Update – November 8, 2021
- Veterans Interest Group Update – August 9, 2021
- Veterans Interest Group Update – March 18, 2021
- Veterans Interest Group Update – November 11, 2020
- Veterans Interest Group Update – August 12, 2020

Resource Webpage

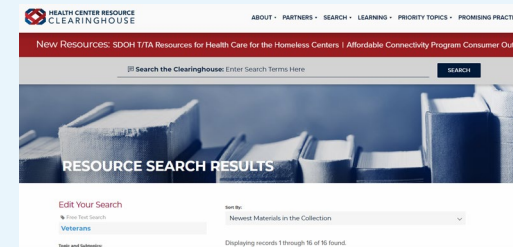
Visit www.nachc.org for publications, policy updates, and more!

<https://www.nachc.org/resource/supporting-our-nations-veterans/>



Health Center Resource Clearinghouse

Search 'veterans' to access toolkits, archived webinars, fact sheets and other resources!

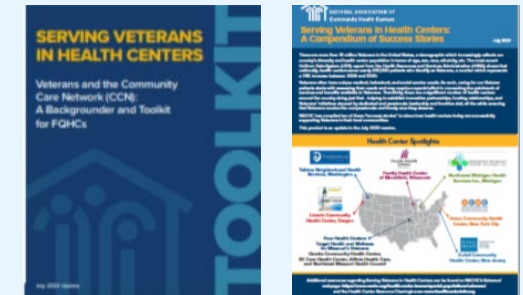


On-Demand Resources

[Serving Veterans in Health Centers: A Compendium of Success Stories](#)

[Veterans and the Community Care Network \(CCN\): A Fact Sheet and](#)

[Toolkit for FQHCs](#)



Email trainings@nachc.org or Veterans point of contact:

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NACHC's STRATEGIC PILLARS

1



Equity and Social Justice

Center everything we do in a renewed commitment to equity and social justice

2



Empowered Infrastructure

Strengthen and reinforce the infrastructure for leading and coordinating the Community Health Center Movement, notably consumer boards and NACHC itself

3



Skilled and Mission-driven Workforce

Develop a highly skilled, adaptive, and mission-driven workforce reflecting the communities served

4



Reliable and Sustainable Funding

Secure reliable and sustainable funding to meet increasing demands for Community Health Center services

5



Improved Care Models

Update and improve care models to meet the evolving needs of the communities served

6



Supportive Partnerships

Cultivate new and strengthen existing mutually beneficial partnerships to advance the shared mission of improving community health

To learn more about NACHC's Strategic Pillars visit <https://www.nachc.org/about/about-nachc/>

THANK YOU!

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