



HEALTH CARE DISPARITIES

VA's portfolio of research addresses the challenges posed by the health care needs of diverse populations and the disparities that may potentially arise in healthcare delivery, access, quality, and outcomes. VA aims to understand the reasons for healthcare disparities, develop interventions to reduce them, and develop better implementation strategies to translate findings into practice. Studies address multiple ethnic and racial groups. System-level disparities also are being investigated.

EXAMPLES OF VA RESEARCH ADVANCES

TELEHEALTH CLOSES GAPS IN HAWAIIAN ISLANDERS' CARE—Psychology researchers at the Honolulu VA Medical Center used video teleconferencing to deliver group-based cognitive behavioral therapy to Veterans with PTSD who live on the Hawaiian Islands. The method proved comparable to in-person therapy in terms of safety and effectiveness, and the researchers have shared “lessons learned” about how to adapt this manual-based therapy for telehealth settings.

OBESE NOT SHUT OUT OF HEALTH MEASURES—Obese Veterans receive the same quality of care as normal-weight Veterans do, says a Philadelphia VA team. The four-year study has found no influence of weight status on the quality of care for eight measures: three measures of diabetes care (eye exam, lipid screening, and HbA1c testing) along with pneumococcal vaccination, influenza vaccination, colorectal cancer screening, mammography, and Pap smear. In fact, in some cases, overweight and obese Veterans were more likely than normal-weight ones to receive these types of care when indicated. The study's second phase, now under way, focuses on patient satisfaction and patient-provider communication.

QUALITY IMPROVING, BUT DIFFERENCES REMAIN—VA researchers from Providence, R.I., found that quality of care has increased for black and white Veterans over the past decade, but that some racial disparities persist in control of cholesterol, diabetes, and high blood pressure. The VA team looked at 10 measures using a sample of more than 1.2 million Veterans who used VA health care between 2000 and 2009. Certain health measures improved: For example, in 2005, 52 percent of black Veterans with diabetes and 61 percent of whites had controlled cholesterol levels. By 2009, those numbers had risen to 63 percent and 71 percent, respectively. But the researchers found as much as a 9 percentage point difference between black and white Veterans in measures such as having controlled blood pressure, controlled cholesterol, or controlled diabetes. The reasons for the racial disparities are not yet known; further research is needed.

★ **FACTS ABOUT HEALTH CARE DISPARITIES**—*Health care disparities exist in a range of settings in the United States. They include disparities by race or ethnicity, age, income, sex, and other characteristics. Disparities have multiple origins, including but not limited to access barriers, communication issues, cultural factors, economics, genetics, and lifestyle factors. Research suggests that reducing these disparities will require not only improving equity within the health care system, but extending beyond the system and into the communities where patients live and work. VA has traditionally been at the forefront of research in reducing disparities, and is uniquely suited for such study, given its integrated health care system that provides universal access for Veterans.*