Health care is distributed unevenly in the United States, and minority populations often receive less care than others, or care of lesser quality.

ABOUT HEALTH EQUITY

• Members of minority communities have higher rates of chronic illnesses such as diabetes and hypertension. According to the Centers for Disease Control and Prevention (CDC), 42 percent of adult blacks are hypertensive, compared to 28.8 percent of whites—and levels of control of hypertension are lowest for Mexican Americans. CDC also reported that 7.0 percent of adult white Americans are diabetic, compared to 11 percent of blacks, 10.2 percent of Hispanics, and 8.2 percent of Asian Americans.

• Minorities also have higher rates of many cancers and tend to get diagnosed at later stages, when those illnesses are harder to treat. In 2015, the National Cancer Institute estimated the death rate from all cancers is 25 percent higher for blacks than for whites.

• There are no simple reasons for disparities, and no simple solutions. Health care access is important, but it is not the only factor. Income, education, social context and support, life experience, perceived discrimination, and patient-level preferences may also contribute. Provider and health care system factors may also play a role.

• As the nation’s largest health care system, VA offers a unique opportunity to understand the complex reasons that health care disparities may occur. VA also offers an ideal setting in which to develop and evaluate patient-centered and culturally sensitive approaches to care.

VA RESEARCH ON HEALTH EQUITY: OVERVIEW

• VA researchers improve the lives of Veterans by identifying disparities in health care between populations of Veterans, understanding the factors that may underlie these differences, and developing and testing ways to reduce and eliminate them.

• One of the nation’s premier research sites for such work is the Center for Health Equity Research and Promotion (CHERP), supported mainly by VA’s Health Services Research and Development (HSR&D) service. CHERP has investigators at both the Pittsburgh and Philadelphia VA medical centers.

• In 2007, VA’s Evidence-Based Synthesis Program systematically reviewed existing evidence on disparities within VA to determine the clinical areas in which disparities were present and to describe what was known about the sources of these disparities. VA investigators have used the knowledge gained from that report to determine the most promising avenues for future research aimed at improving equity in VA health care.

SELECTED MILESTONES AND MAJOR EVENTS

2001 – Founded the Center for Health Equity Research and Promotion (CHERP) in Philadelphia and Pittsburgh, PA. In 2013, CHERP became a VA Center of Innovation (COIN)

2004 – The Health Equity and Rural Outreach Innovation Center (HEROIC) in Charleston, South Carolina, began as a targeted research initiative, focused on health equity for rural and minority Veterans and reducing disparities in health outcomes, and improving both access and the quality of care. In 2013, HEROIC became a VA Center of Innovation (COIN)

2006 – VA researchers at CHERP published a conceptual framework to guide future health disparities research: detection, understanding, and reduction and elimination of disparities

2007 – Completed a systematic review of the existing evidence on health care disparities within VA and identified promising areas for future research

2011 – Published a systematic review of Interventions to improve minority health care and racial and ethnic disparities

2013 – Established the VA Office of Health Equity

2014 – American Journal of Public Health

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Health (AJPH) published Health Equity Supplement on health disparities in VA and among Veterans

2015 – “Update on Prevalence of and Interventions to Reduce Racial and Ethnic Disparities in VA” evidence brief evaluates gaps in morbidity and mortality outcomes for major conditions and examines trends in quality of care across these conditions

2016 – Health Services Research & Development held a field-based research meeting to “engage diverse stakeholders and operational partners in advancing health equity in the VA Healthcare System”

2016 – Released first ever National Veterans Equity Report

RECENT STUDIES: SELECTED HIGHLIGHTS

• Women Veterans living in rural and highly rural areas were older and more likely to be married than their urban counterparts, according to VA’s Office of Rural Health and the University of Colorado. Diagnostic rates were about equal across the groups for several mental health conditions, hypertension, and diabetes. However, non-posttraumatic-stress anxiety was significantly lower for highly rural women Veterans. Rural and highly rural women Veterans were also less likely to visit VA for woman-specific care than urban women Veterans. Those in highly rural areas were less likely to visit for mental health care, compared with urban women. (Journal of Rural Health, Spring 2014)

• Medical and mental health disparities exist in VA for clinically diagnosed transgender Veterans, compared with a matched group of Veterans without that diagnosis. Researchers at the Mountain Home VA Medical Center and VA’s Office of Health Equity found that transgender Veterans were significantly more likely to suffer from all 10 mental health conditions the study examined, including depression, suicidal thoughts or intentions, serious mental illness, and PTSD. They also had a much higher prevalence of 16 of 17 medical diagnoses studied, with HIV infection accounting for the largest disparity. (American Journal of Public Health, September 2014)

• Reasons African Americans seek and receive fewer kidney transplants may include concerns for the donor; a general lack of knowledge about the process, including risks, the cost of surgery, and the impact on both the donor and the recipients’ future health; and the difficulty of approaching potential donors. Researchers from the Ralph H. Johnson VA Medical Center in Charleston and the University of South Carolina asked 27 African Americans who had received new kidneys for their perspectives on this issue. (Progress in Transplantation, June 2015)

• In more than 1,200 California Veterans with prostate cancer, no significant difference in tumor burden, treatment choice, or survival outcomes was found between whites and blacks cared for by VA. The study was done by researchers with VA and the University of California, Los Angeles. Another study, conducted by researchers with VA's New York Harbor Healthcare System and the State University of New York, found little difference in the aggressiveness of prostate tumor growth in black men and white men, and little to suggest that prostate cancer takes a more aggressive course in black men. (Prostate Cancer and Prostatic Disease, June 2015; Clinical Genitourinary Cancer, August 2015)

• Black Veterans have lower levels of satisfaction with their health care than whites, according to a CHERP study. The team conducted telephone interviews with 30 black and 31 white Veterans. They found that blacks reported less trust and confidence in their VA providers and the VA health care system, and were less satisfied with their communication with their VA health care providers. Blacks also reported less satisfaction with their outpatient care, but not with their inpatient care. (Journal of Racial and Ethnic Health Disparities, September 2015)

For more information on VA studies on health equity and other key topics relating to Veterans’ health, please visit www.research.va.gov/topics

As the nation’s largest health care system, VA offers a unique opportunity to understand the complex reasons why health care disparities may occur.

Updated September 2016 • For a digital version of this fact sheet with active links to sources, visit www.research.va.gov/topics