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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), 43 percent of <u>adult</u> <u>blacks</u> are hypertensive, compared with 28.8 percent of <u>whites</u>. CDC also <u>reported</u> that 7.4 percent of adult white Americans are diabetic, compared with 12.7 percent of blacks, 12.1 percent of Hispanics, and 8.0 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. CDC <u>reports</u> that, among male Americans, black men have the highest rates of cancer.

• 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

• 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 <u>Center for Health</u> <u>Equity Research and Promotion</u> (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 <u>reviewed</u> 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 <u>Center for Health</u> <u>Equity Research and Promotion</u> (CHERP) in Philadelphia and Pittsburgh. In 2013, CHERP became a VA Center of Innovation (COIN)

**2004** – Established the <u>Health Equity</u> and Rural Outreach Innovation Center (HEROIC), a targeted research initiative focused on health equity for rural and minority Veterans. In 2013, HEROIC became a VA COIN

**2006** - VA researchers at CHERP published a <u>conceptual framework</u> to guide future health disparities research: detection, understanding, and reduction and elimination of disparities

**2007** - Completed a systematic <u>review</u> of the existing evidence on health care disparities within VA and identified promising areas for future research

**2011** - Published a systematic <u>review</u> of Interventions to improve minority health care and racial and ethnic disparities

#### **2013** - Established the <u>VA Office of Health</u> <u>Equity</u>

**2014** - American Journal of Public Health <u>published</u> a supplement on health disparities in VA and among Veterans



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#### **HEALTH EQUITY**

**2015** – Published a health disparities evidence brief that <u>evaluated</u> gaps in morbidity/mortality outcomes for major health conditions

**2016** - Released first-ever <u>National</u> <u>Veterans Equity Report</u>

**2018** – Evidence review and map <u>identified</u> death rate disparities among racial and ethnic groups within VHA

#### RECENT STUDIES: SELECTED HIGHLIGHTS

Mortality disparities persist mainly for black Veterans in several clinical areas in the VA health care system, according to a VA Portland Health Care System review. While efforts to ensure equal access have reduced many racial/ ethnic mortality disparities, they do still exist for multiple patient populations and conditions. For example, black Veterans have higher mortality with kidney disease. More research is also needed on mortality disparities affecting American Indian, Alaska Native, Asian, and Hispanic Veterans, as well as larger studies on life-expectancy gaps based on race. (American Journal of Public Health, March 2018)

#### Most lesbian, gay, and transgender VHA users felt welcome at their

**facility** and comfortable disclosing their sexual orientation and gender identity to their provider, found a Michael E. DeBakey VA Medical Center study. This is a marked improvement over earlier studies. The results show that VA staff training efforts to raise awareness and competency have been successful. More research is needed to figure out why transgender men feel less welcome and comfortable disclosing their gender identity. (*Psychological Services*, Jan. 25, 2018)

Transgender people who had undergone transition-related medical interventions were less likely to have suicidal thoughts and symptoms of **depression**, in a study of transgender Veterans. People who had both hormone therapy and surgery on the chest and genitals had significantly lower levels of suicidal thoughts and depression, compared with those who had no medical intervention, hormone therapy only, or hormone therapy and surgery on either the chest or genitals but not both. Results suggest that combined medical treatment to affirm one's gender identity has a protective psychological effect. (*Psychological Medicine*, Jan. 14, 2018)

A survey of a diverse sample of Veterans at primarily minority-serving sites showed generally high levels of satisfaction with VA healthcare. Researchers with the VA Salt Lake City and Pittsburgh health care systems interviewed Veterans by phone. They found the highest levels of satisfaction with regards to cost, outpatient facilities, and pharmacy. The lowest satisfaction was with access, pain management, and mental health care. The results did not show differences in satisfaction based on race or gender. (*Journal of General Internal Medicine*, March 2018)

Veterans are just as likely as non-Veterans to complete sexual orientation and gender identity items in survey research, according to a survey by VA's Center for Healthcare Organization and Implementation Research. Despite a legacy of Department of Defense policy that prohibited disclosing this information, Veterans answered survey questions at similar rates as civilians. The researchers recommend experimenting with collecting this information in clinical settings to advance health equity research. (*Medical Care*, September 2017)

**The VA National Transplant System did not exhibit the racial disparities in evaluation for kidney transplants** as have been found in non-VA transplant centers, found a multi-center VA study. Minority group are affected by significant disparities in kidney transplantation, both within and outside VA. However, results show that race did not significantly affect the time to acceptance for a kidney transplant for VA patients. (*Transplantation*, June 2017)

HbA1c may underestimate glucose levels in black patients with sickle-cell trait, according to a study including a Providence VA Medical Center researcher. HbA1c is the standard measure of how well a patient's diabetes is being controlled. But the results suggest that sickle-cell may make patients test lower on HbA1 measures. Based on the findings, new methods may be needed to accurately gauge diabetes control for black patients with sickle-cell trait. (*JAMA*, Feb. 7, 2017)

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

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