

## 8 Refine Services for Under-Served & Minority Veterans

As a system that has slowly evolved to meet the needs of an increasingly diverse population, the Department of Veterans Affairs (VA) has struggled to keep up with changing demographics in its patient population and the evolving trends in health care that may make it easier to serve disparate needs.

Women now make up approximately 10 percent of VA's enrolled veterans; racial and ethnic minority veterans account for about 20 percent of VA's patient population; and an estimated 5 percent identify as LGBTQ. While the VA health care system has made a concerted effort over time to meet the needs of its increasingly diverse patient population, differences exist in access, usage, and health outcomes among these groups. This underscores the need for continued focus on the causes of health disparities and implementing health care practices and policies to address them. For example, cultural barriers may impede the use of VA services by racial, ethnic, or sexual minorities, as well as travel times and geographic barriers, which frequently impede access to care by veterans who live in more rural and remote locations.

**“ Black & Hispanic veterans contracted COVID-19 at twice the rate of other veterans**

As the population of minority veterans grows and their access to VA services and benefits increases, VA needs to anticipate and address their known challenges. The global pandemic has focused a sharp lens on disparities in health care outcomes for many Americans, including

veterans. Black and Hispanic veterans have contracted the novel coronavirus (COVID-19) at twice the rate of other veterans regardless of underlying health conditions, where they live, or where they receive health care. Reasons for this disparity are unclear and must be explored.<sup>20</sup>

Minority veterans are far more likely to be homeless, unemployed (44 percent higher than nonminority peers), have chronic health conditions, and be less aware of VA benefits and services.<sup>21</sup> Addressing these disparities among minority veteran populations will require comprehensive and systemic changes. We urge VA to adopt culturally sensitive and representative outreach strategies to increase veterans' awareness and eligibility for VA health care, benefits, and services.

### Ensure Equity of Access to Care & Improve Health Outcomes for Minority Veterans

Real or perceived bias may affect health outcomes for veterans in minority groups. A recent survey of veterans and VA medical providers found that 69 percent of respondents believe that minority patients receive lower-quality health care—but veterans and clinical providers had very different perspectives about the reasons. According to the study findings, patients attributed differences in quality primarily to provider behavior, whereas providers attributed it to patients' socioeconomic and lifestyle factors. Regardless, providers believe that the VA and other health care organizations have the responsibility to help reduce identified disparities. The authors of the study concluded that effective interventions offer providers concrete ways to help reduce disparities in minority populations, rather than simply raising awareness of disparities and their contributions to them.<sup>22</sup> Another article found that Black veterans perceived racial bias in both verbal and nonverbal cues during VA mental health care encounters. These perceptions influenced their trust in providers, engagement in treatment, and satisfaction with care. The study authors proposed diversifying staff and using patient-centered approaches to address these perceptions.<sup>23</sup> Outreach and environments of care must also be culturally sensitive. Specifically, awareness campaigns and outreach materials need to include veterans of different service eras, genders, races, and ethnic backgrounds.



According to Dr. Michael Kauth, co-director of the Veterans Health Administration's (VHA) LGBTQ program, after facing discrimination and stigma in military service, LGBTQ veterans may also have perceptions of bias in VA that affect their ability to develop trusting relationships and fully engage in treatment.<sup>24</sup> Research indicates that LGBTQ veterans using VA report experiencing gender preference-based discrimination in health care, which can affect their comfort in disclosing their LGBTQ identity to providers. This may, in turn, jeopardize their care and subsequent education about potential health risks that differ from other veteran groups—such as a higher risk of suicide. Within this population, some veterans have a higher risk of HIV/AIDS, high blood pressure, obesity, tobacco use, and overuse of other substances which can also affect care outcomes. Creating a welcoming and inclusive environment of care and building providers' core competencies in communicating and addressing this population's needs with respect and knowledge are key to addressing these issues.<sup>25</sup>

### Diversify the VHA Workforce

In 2020, 105 VA medical centers participated in the Healthcare Equality Index survey that demonstrates equitable treatment and inclusion for sexual and gender minority patients and staff. The VHA's current Health

Equity Action Plan aims to advance and achieve equitable health services and outcomes and assure providers can deliver the highest quality of care to all veterans who use the VHA. To improve cultural competency, VHA must also improve the diversity of its health-related workforce. VA should confirm its effort to work toward the goal of a more diversified VHA staff as part of improving health equity for minority veteran populations.

Women veterans are yet another rapidly growing segment of VHA patients and they too are more likely to be from racial or ethnic minorities than male peers. While racial and ethnic disparities have been documented in the general population, prior research conducted in the VA focused primarily on male veterans. Additional studies are needed to assess health care disparities among women VA patients. Women veterans face a variety of unique issues that often leave them feeling outnumbered and less supported within the VA health care system. Women may require different diagnostic and treatment approaches to meet etiological, sociological, and cultural needs different from those of men. For example, a recent study of male and female veterans who attempted suicide indicated that women's reasons often stem from poor self-esteem. In contrast, men are more likely to believe "others" have let them down, and they can no longer fight the systems that have failed them.<sup>26</sup>



These perspectives require nuanced, gender-tailored interventions that address appropriate treatments and coping strategies.

VA continues to improve access to women's programs and services, but problems remain in ensuring women have access to comprehensive care and services consistently throughout the system. Implementation of Comprehensive Women's Primary Care Clinics at all VA medical centers would help ensure that women's access to coordinated and high-quality services is more seamless and timely.

### **Improve Minority Veterans' Patient Care**

The Veterans Experience Office (VEO) recently published its study of women's experience using VA health care.<sup>27</sup> The study identified five crosscutting themes to improve women's overall experience with care, including the need: 1) for respect and compassion in customer service; 2) for connection with their health care provider, health team, and other women veterans; 3) for health care not easily addressed by VA; 4) to address inequities between facilities by gender and employment status; and 5) to be involved in patient care experience improvements. We strongly recommend the VEO undertake similar studies of other minority veteran subpopulations, including Black, Latinx, LGBTQ, and rural veterans, and work to ensure actions are taken to redress the problems they identify.

Rural veterans often face a variety of barriers in accessing needed health services as well—including a lack of convenient hospitals and specialized health care services; geographic and distance barriers; and provider shortages—all of which can prevent them from accessing quality and timely medical care. VA is leading the nation in telemedicine advancement. Many rural veterans can now rely on improved telehealth technology to access clinical care from their homes or designated locations closer to where they live. However, roughly one in four rural residents say access to high-speed internet is a major problem in their area, according to PEW Research Center.<sup>28</sup> To help address this need, the VA's Office of Rural Health (ORH) collaborated with public and private partners in fiscal year 2018 to help expand broadband access to rural communities nationwide. Some retailers

have established onsite locations so that veterans can have secure and private telehealth access to VA providers in their communities. The ORH could support this type of innovation through a grant program expanding the number of sites available for veterans who need telehealth services but live in rural, remote areas, or urban deserts without sufficient broadband.

The VA Office of Tribal Government Relations must work to ease a troubled history between the Native American Nations and the federal government, which impacts tribal communities' perceptions and trust of VA. VA's Utilization Profile for 2017 indicates that Native American and Alaska Native veterans are significantly less likely than other minority veteran groups to use VA benefits, which may reflect this lack of trust and access challenges many of these primarily rural veterans face. VA must continue to work to build trust in these communities. It must also address ongoing challenges in partnering with the Indian Health Service and tribal councils and ensure it addresses logistical challenges to assist veterans with transportation and telecommunications needs to improve access to VA care, benefits, and support services.

## Foster a Culture of Trust and Action

Finally, VA must continue to improve its culture to ensure that all veterans feel safe and welcome at VA facilities. Veterans, regardless of their race, ethnicity, sex, sexual orientation, or religion must know that they will be treated with respect and dignity in a system designed to serve them and meet their unique health care needs. For successful culture change, VA must expeditiously create anti-harassment policies for both VA staff and veteran patients. These policies must be highly publicized and reports of harassment quickly addressed and handled with the dignity and respect that should be afforded to those who served their country. All veterans must be part of the solution to ending stranger harassment in VA facilities.

Diversifying the composition of VA's staff is essential to ensuring VA's services are culturally sensitive and appropriate. Expanding the use of peer support specialists who reflect subpopulations, including racial and ethnic minorities, LGBTQ, and women can also help veterans by offering peer models from similar backgrounds who have often overcome challenges similar to their own. ♦

### The IBVSOs Recommend:

- VA ensure that all veterans in its health care system have equitable access to care, specialized services, and positive health outcomes.
- VA review and update policies and directives in place to deliver improved services to minority, under-represented, and under-served veteran populations.
- VA expand research and data analysis to identify health utilization and attrition trends, health disparities, and outcomes among minority veteran populations. It must also ensure that all research endeavors include representative samples of minorities including geographically diverse, Black, ethnic, women, and LGBTQ veterans.
- VA investigate cultural differences that may be a barrier to care for veteran subpopulations and develop ways to improve outreach to groups at risk.
- VEO evaluate the overall patient care experience of minority and underserved veterans through focus groups to better understand the unique challenges they face in accessing VA benefits and health care services. The VEO should share that information with VA program offices to ensure that all veterans feel welcome and safe in VA facilities and that services are tailored to meet their needs.
- VA hire employees and veteran peer support providers that reflect the diverse veteran population VA serves to better understand and meet minority veteran populations' needs.