VETERANS HEALTH ADMINISTRATION

Office of Health Equity

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OFFICE OF HEALTH EQUITY

Created in 2012

Vision: To ensure that VHA provides appropriate individualized health care to each Veteran in a way that-

- Eliminates disparate health outcomes and
- Assures health equity

OFFICE OF HEALTH EQUITY GOALS

1. **Leadership:** Strengthen VA leadership to address health inequalities and reduce health disparities.

2. **Awareness:** Increase awareness of health inequalities and disparities.

3. **Health Outcomes:** Improve outcomes for Veterans experiencing health disparities.

4. **Workforce Diversity:** Improve cultural and linguistic competency and diversity of the VHA workforce.

5. **Data, Research and Evaluation**: Improve data and diffusion of research to achieve health equity.

Veterans who experience greater obstacles to health related to:

- Race or ethnicity
- Gender
- Age
- Geographic location
- Religion
- Socio-economic status
- Sexual orientation

- Mental health
- Military era
- Cognitive /sensory / physical disability

OFFICE OF HEALTH EQUITY WEBSITE

https://www.va.gov/healthequity

Selected Findings from the 2021 National Veteran Health Equity Report: Disparities by Veteran Race/Ethnicity and Socio-economic Status

Donna L. Washington, MD, MPH, FACP is the Director of the Office of Health Equity/Quality Enhancement Research Initiative, National Partnered Evaluation Initiative. She is also the Women's Health Focused Research Area Lead, VA HSR&D Center for the Study of Healthcare Innovation, Implementation and Policy (CSHIIP). And is a Professor of Medicine at the UCLA Geffen School of Medicine.

Selected Findings from the 2021 National Veteran Health Equity Report: Disparities by Veteran Race/Ethnicity and Socio-Economic Status

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Women's Health Focused Research Area Lead, VA HSR&D Center for the Study of Healthcare Innovation, Implementation and Policy (CSHIIP)

Professor of Medicine, UCLA Geffen School of Medicine

Focus on Health Equity and Action
Cyberseminar Series • November 10, 2021

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Acknowledgements

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- Office of Quality and Patient Safety (QPS) – Analytics and
  Performance Integration (API): SHEP and EPRP data use

- OHE/QUERI PEI NVHER analyst team:
  Anita Yuan, W. Neil Steers, Joy Toyama

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National Veteran Health Equity Report 2021 Chapter Authors

- <u>Overview, Technical Appendix</u>: DL Washington

- <u>Race/Ethnicity</u>: L. López

- <u>Gender</u>: KM Cordasco, JY Breland, SM Frayne

- <u>Age</u>: AM Cogan, K Lynch, S Frochen, D Ganz, D Saliba

- <u>Rurality</u>: R Adekunle, RN Axon

- <u>Socio-economic Status</u>: UR Essien, JA Long

- <u>Service-connected Disability</u>: LS Tcheung, MA Cameron, T Owens, F Batuman

- <u>Cardiovascular Risk Factors</u>: MM Farmer, B Bean-Mayberry

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Poll Question #1

I am interested in VA health equity primarily due to my role as:

a. Clinician or Clinical Staff

b. Operations Leader or Staff

c. Researcher

d. Research Staff

e. Other – specify in the Q & A function

Session Outline

- Background

- Veteran VA Patient Socio-demographic Characteristics

- NVHER 2021 Key Findings

- Disparities by Veteran Race/Ethnicity

- Disparities by Socio-Economic Status

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Health Equity in VA

- Health equity. "Equity is the absence of avoidable, unfair, or remediable differences among groups of people, whether those groups are defined socially, economically, demographically or geographically or by other means of stratification."

  Source: www.who.int/topics/health_equity/en/

- Increasing knowledge and awareness of the state of VHA health equity provides a common evidence base for elucidating barriers, data needs, & recommended actions for improving health equity systemwide

  Source: National Veteran Health Equity Report 2021

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Veteran Health Equity Reports

- **VHA Office of Health Equity (OHE): National Veteran Health Equity Report, 2016**

  - Focus on VHA user socio-demographic characteristics, health care utilization, and diagnosed conditions

- **National Veteran Health Equity Report 2021**

  - Focus on VHA patient experience and health care quality

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Poll Question #2

How have you used the past (2016) National Veteran Health Equity Report?

Please specify in the chat box

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National Veteran Health Equity Report (NVHER) 2021

- NVHER 2021 focus
  - **Patient experiences of VA care**   } 62 measures across
  - **Veteran health care quality**   6 dimensions

- Comparative information for Veteran VA users who vary by
  - Race/ethnicity
  - Gender
  - Age group
  - Rurality of residence
  - Socio-economic status
  - Service-connected disability
  - Selected chronic medical conditions

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NVHER 2021 Methodology

- Data sources

  - ➢ Survey of Health Care Experiences of Patients – Primary Care: customer experience survey of VA healthcare users

  - ➢ External Peer Review Program for quality measures

  - ➢ Corporate Data Warehouse for Veteran characteristics

  - ➢ Four fiscal years of data linked FY2016–FY2019

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Patient Experiences of VA Care

- Access – getting timely appointments, care, and information

- Patient Centered Care –
  - Communication – how well providers communicate with patients; office staff helpful and respectful
  - Comprehensiveness – providers paying attention to patient's mental or emotional health
  - Self-management support – providers support patient in taking care of their own health

- Care Coordination – provider's use of information to coordinate patient care, including discussing medication decisions

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Quality of VA Care

- **Effective Treatment**
  - ➢ Promoting the most effective prevention and treatment practices for the leading causes of mortality , starting with cardiovascular disease

- **Healthy Living – Lifestyle Modification**
  - ➢ Promoting lifestyle changes to address behavioral risk factors for chronic conditions

- **Healthy Living – Clinical Preventive Services**
  - ➢ Promoting wide use of best practices to enable healthy living

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NVHER 2021 Methodology

- Metrics aligned so that a higher rate is better, then dichotomized to response indicating best care vs. less

- All groups age stratified into three age groups: 18-44 years; 45-64 years; 65 years and older

- Age-stratified comparisons made between priority group(s) and reference group in percent of age-concordant groups achieving the metric

  - e.g., Socio-economic status (SES): Low SES Veterans (priority group) compared to higher SES Veterans (reference group) within each age strata

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Difference vs. Disparity

- Criteria for disparity (meaningful difference) between two groups:

  ➤ **Absolute difference** statistically significant with $p<0.05$ on two-tailed test

  AND

  ➤ **Relative difference** of at least 10%

$$\text{Relative Difference} = \left[\frac{\text{Priority group gap in care} - \text{Reference group gap in care}}{\text{Reference group gap in care}} \right]$$

Source: Agency for Healthcare Research and Quality (AHRQ)
National Healthcare Quality and Disparities Report methodology

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- **Veteran VA Patient Socio-demographic Characteristics**

- NVHER 2021 Key Findings

- Disparities by Veteran Race/Ethnicity

- Disparities by Socio-Economic Status

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Racial/Ethnic Distribution by Sex of Veteran VHA Patients, FY20
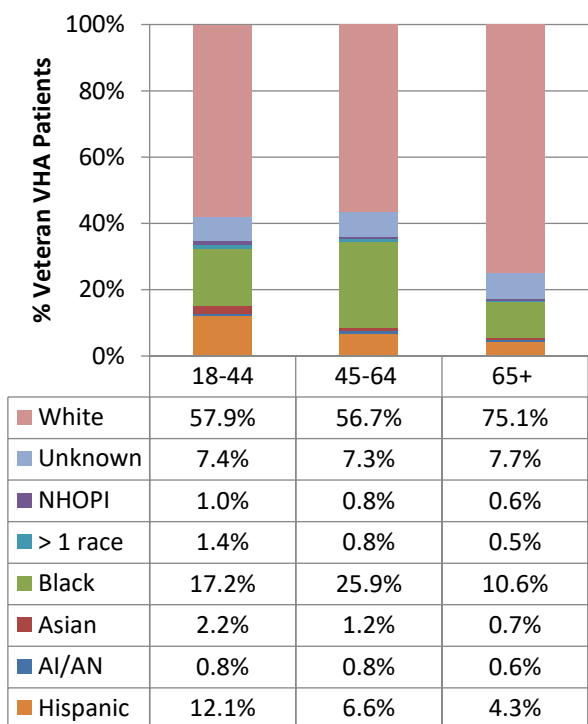
- Overall: 25.6% racial/ethnic minority Veterans; 7.5% unknown race/ethnicity; 66.9% non-Hispanic White

- Female 8.4%; Male 91.6%
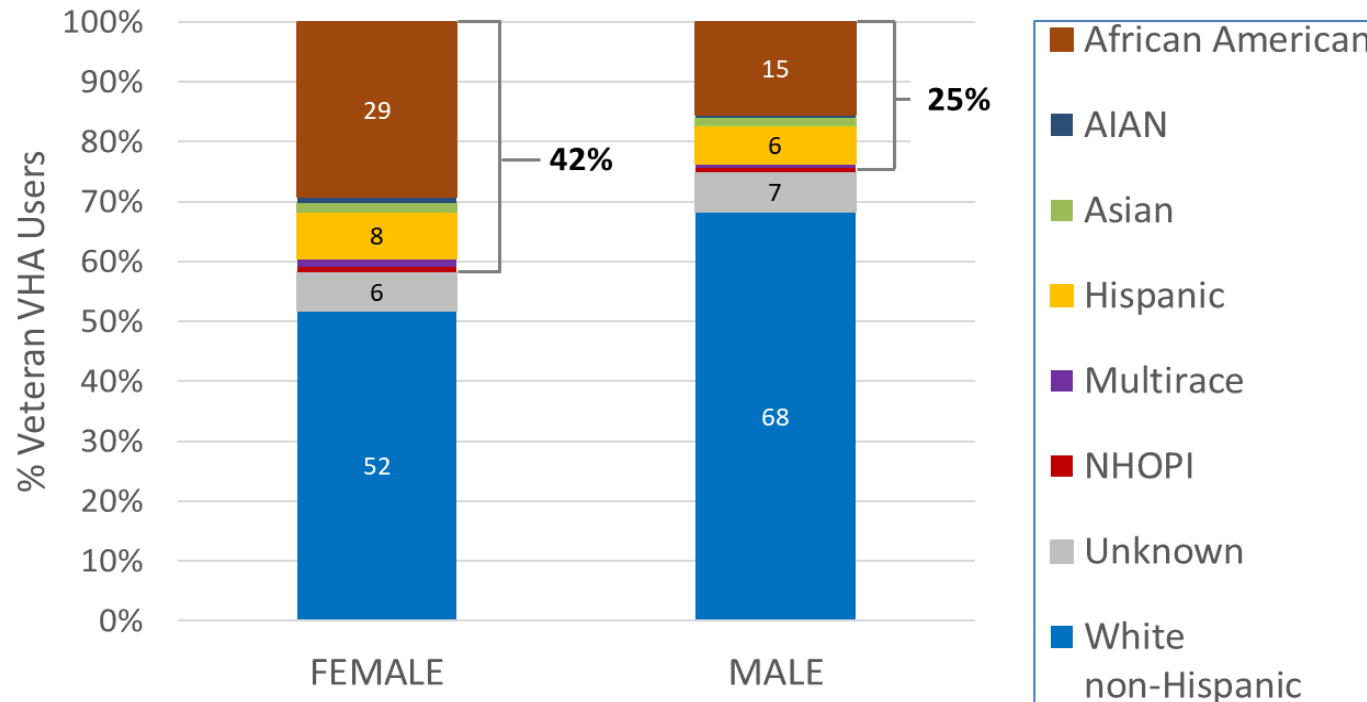
Source: OHE/QUERI PEI analysis of CDW and OMOP data

Race/Ethnicity Distribution by Age Group Veteran VHA Patients, FY16-FY19

- Overall: 19% 18-44 years; 27% 45-64 years; 54% age 65-or-older

- Greater racial/ethnic diversity among Veterans younger than age 65

	18-44	45-64	65+
White	57.9%	56.7%	75.1%
Unknown	7.4%	7.3%	7.7%
NHOPI	1.0%	0.8%	0.6%
> 1 race	1.4%	0.8%	0.5%
Black	17.2%	25.9%	10.6%
Asian	2.2%	1.2%	0.7%
AI/AN	0.8%	0.8%	0.6%
Hispanic	12.1%	6.6%	4.3%

Source: OHE/QUERI PEI analysis of CDW and OMOP data

Race/Ethnicity Distribution by Age Group Veteran VHA Patients, FY16-FY19
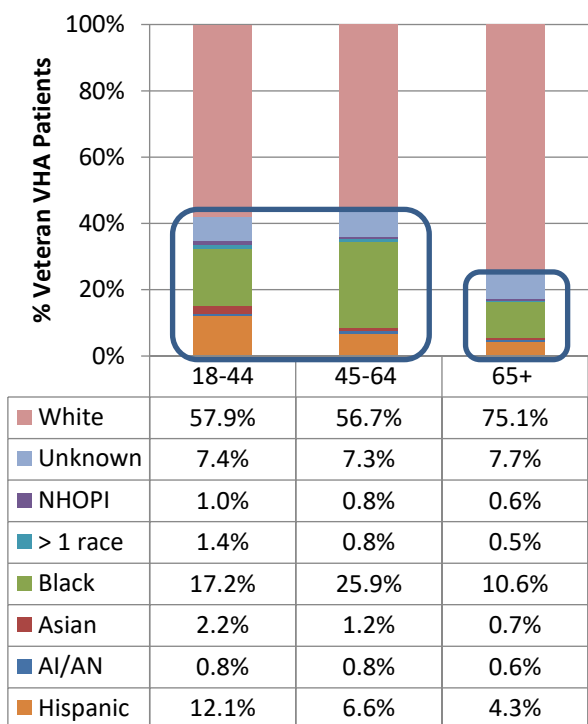
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White	57.9%	56.7%	75.1%
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Hispanic	12.1%	6.6%	4.3%

Source: OHE/QUERI PEI analysis of CDW and OMOP data

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Service-Connected Disability & Socio-Economic Status (SES) among Veteran VHA Patients

Percent Distribution of Service-connected Disability Ratings (SC) among Veteran VHA Patients, FY2016-2019

Legend:
- No SC
- 0-40% SC
- 50-90% SC
- 100

Pie chart values: 42%, 23%, 24%, 11%
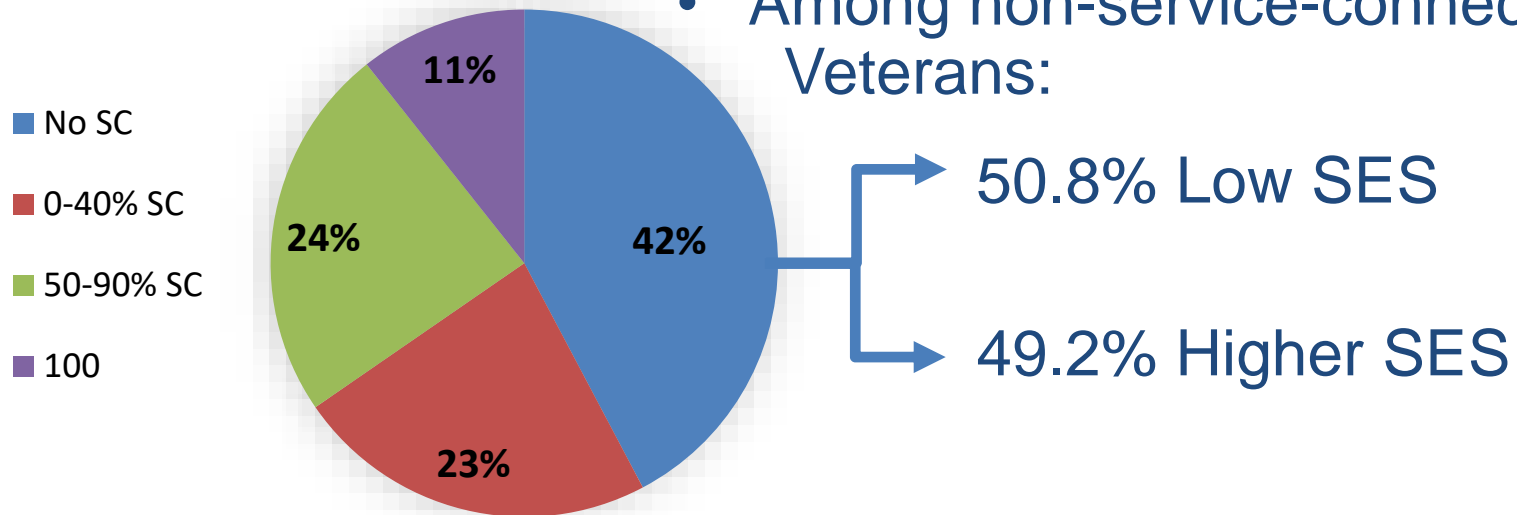
- Overall, 58% had service-connected disability rating
- Among non-service-connected Veterans:
  - 50.8% Low SES
  - 49.2% Higher SES

Source: OHE/QUERI PEI analysis of CDW data

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Other Characteristics of Veteran VHA Patients, FY16-FY19

- Rurality:
  - 34% rural residence
  - 66% urban residence

- Cardiovascular risk factors present:
  - Hypertension 48.2%
  - Hyperlipidemia 47.3%
  - Diabetes 22.2%

Source: OHE/QUERI PEI analysis of CDW data

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Poll Question #3

Which health equity Veteran comparisons are of greatest interest to you?
(Select all that apply) Comparisons by:

a. Race/ethnicity

b. Gender

c. Age group

d. Rurality

e. Income

f. Service-connected disability

g. Chronic medical conditions

h. Other – specify in the Q&A function

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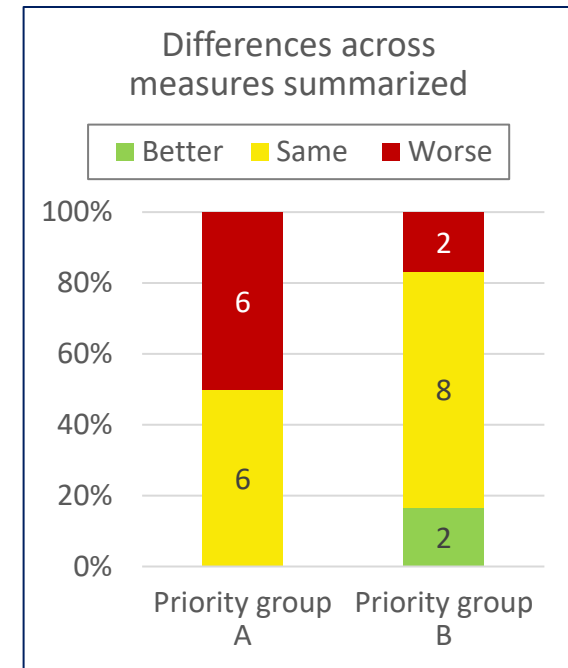Quality Enhancement Research Initiative

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Session Outline

- Background

- Veteran VA Patient
  Socio-demographic Characteristics

- **NVHER 2021 Key Findings**

- Disparities by Veteran Race/Ethnicity

- Disparities by Socio-Economic Status

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Comparison Group(s) by Veteran Characteristic

Veteran Characteristic	Comparison Groups	Reference Group
Race/Ethnicity	• American Indian or Alaska Native; • Asian; • Black or African American; • Hispanic; • Native Hawaiian or Other Pacific Islander; • More than one race (Multi-race)	White non-Hispanic
Gender	• Female	Male
Age group	• 45-64 years; • 65+ years	18-44 years
Rurality	• Rural	Urban
Socio-economic status	• Low SES	Higher SES
Service-connected (svc conn.) disability	• 50-90% svc-connected disability; • 100% svc-connected disability	0-40% svc conn. disability
Cardiovascular Risk Factors – HTN, DM, HL	Presence of: • Hypertension (HTN); • Hyperlipidemia (HL); • Diabetes (DM)	No HTN; no HL; no DM

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Comparisons Illustrated

Quality comparison illustrated — Legend: Better, Same, Worse

Differences across measures summarized — Legend: Better, Same, Worse

- Most widespread disparities: priority group with 1 or more domains with 40% or more measures worse (red) than reference group

- Next most widespread: domains with 30%-39% of measures worse

Most Widespread Disparities by Domain

Domain	≥ 40% disparities (n=11)
Patient Experience	
• Access	
• Person-Centered Care	• Race/Eth: AI/AN, Asian • Low SES • SCD: 50-90%, 100%
• Care Coordination	
Health Care Quality	
• Effective Treatment	• Race/Eth: Black
• Lifestyle Modification	
• Clinical Preventive Services	• Race/Eth: AI/AN, Black • Low SES • Women • SCD: 100%

{ 5 groups with disparities for ≥ 40% of measures in this domain

{ 1 group with disparities for ≥ 40% of measures

{ 5 groups with disparities for ≥ 40% of measures

Note: AI/AN denotes American Indian or Alaska Native; NHOPI denotes Native Hawaiian or Other Pacific Islander; >1 race denotes more than one race; SES is socio-economic status; SCD is service-connected disability category

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Most Widespread Disparities by Domain

Domain	≥ 40% disparities (n=11)
Patient Experience	
• Access	
• **Person-Centered Care**	• Race/Eth: AI/AN, Asian • Low SES • SCD: 50-90%, 100%
• Care Coordination	
Health Care Quality	
• Effective Treatment	• Race/Eth: Black
• Lifestyle Modification	
• **Clinical Preventive Services**	• Race/Eth: AI/AN, Black • Low SES • Women • SCD: 100%

5 groups with disparities for ≥ 40% of measures in this domain

1 group with disparities for ≥ 40% of measures

5 groups with disparities for ≥ 40% of measures

Note: AI/AN denotes American Indian or Alaska Native; NHOPI denotes Native Hawaiian or Other Pacific Islander; >1 race denotes more than one race; SES is socio-economic status; SCD is service-connected disability category

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Very Widespread Disparities by Domain

Domain	≥ 40% disparities (n=11)	30-39% disparities (n=17)	n
Patient Experience			
• Access		• Race/Eth: Asian, Black, Hispanic, >1 race • Women	**5**
• Person-Centered Care	• Race/Eth: AI/AN, Asian • Low SES • SCD: 50-90%, 100%	• Race/Eth: >1 race • Women • CV RF: Diabetes	**8**
• Care Coordination		• Race/Eth: AI/AN, Asian • Women • Low SES	**4**
Health Care Quality			
• Effective Treatment	• Race/Eth: Black	• Race/Eth: NHOPI • Women	**3**
• Lifestyle Modification		• Rural • Low SES	**2**
• Clinical Preventive Services	• Race/Eth: AI/AN, Black • Low SES • Women • SCD: 100%	• SCD: 50-90%	**6**

Note: AI/AN denotes American Indian or Alaska Native; NHOPI denotes Native Hawaiian or Other Pacific Islander; >1 race denotes more than one race; SES is socio-economic status; SCD is service-connected disability category

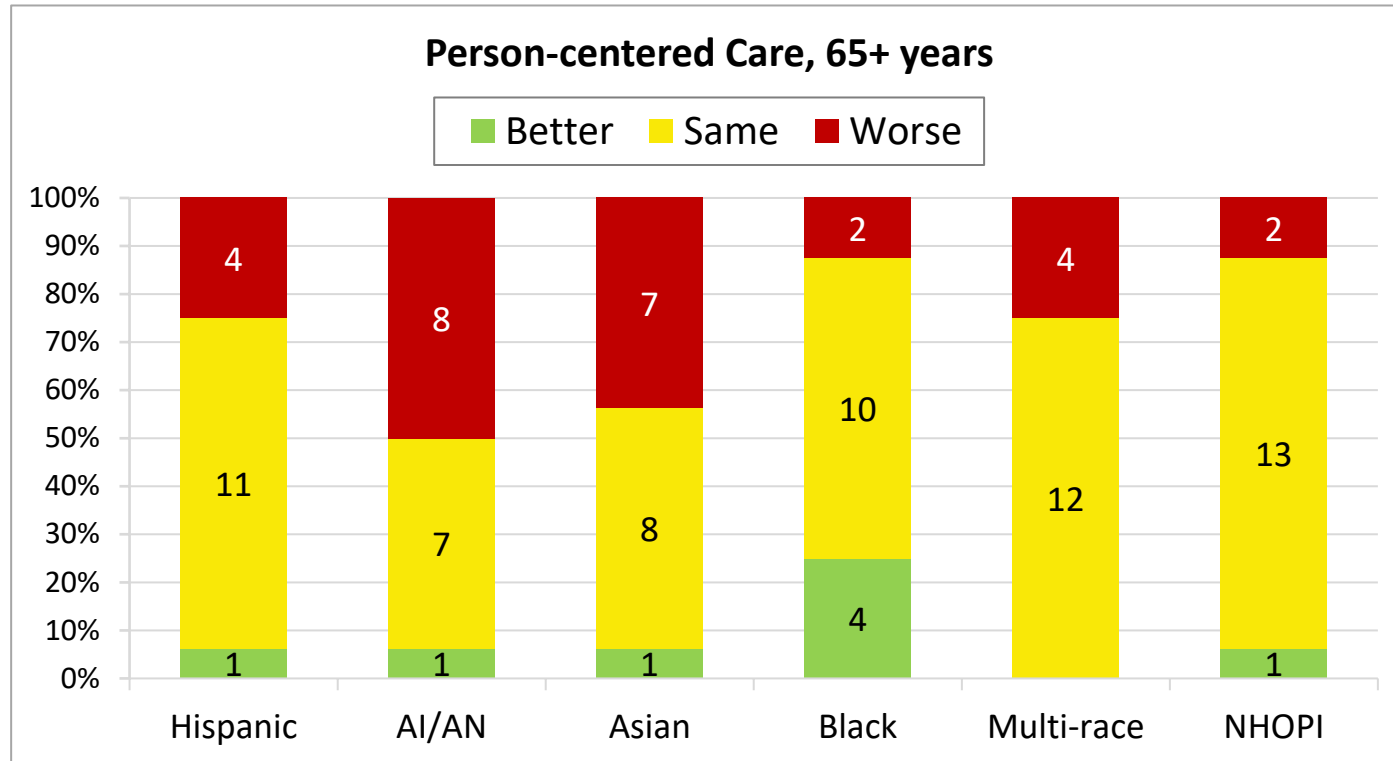# Very Widespread Disparities by Comparison Group

Veteran Characteristic	Number domains with ≥ 30% disparities	n=28
Race/Ethnicity	• AI/AN (3) • Asian (3) • Black (3) • Hispanic (1) • NHOPI (1) • > 1 race (2)	13
Gender	• Female (5)	5
Age group	• 45-64 years (0) • 65+ years (0)	0
Rurality	• Rural (1)	1
Socio-economic status	• Low SES (4)	4
Service-connected disability	• 50-90% svc-connected disability (2) • 100% svc-connected disability (2)	4
Cardiovascular Risk Factors – HTN, DM, HL	• Hypertension (0) • Hyperlipidemia (0) • Diabetes (1)	1

Note: AI/AN denotes American Indian or Alaska Native; NHOPI denotes Native Hawaiian or Other Pacific Islander; >1 race denotes more than one race; SES is socio-economic status

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- Background

- Veteran VA Patient Socio-demographic Characteristics

- NVHER 2021 Key Findings

- **Disparities by Veteran Race/Ethnicity**

- Disparities by Socio-Economic Status

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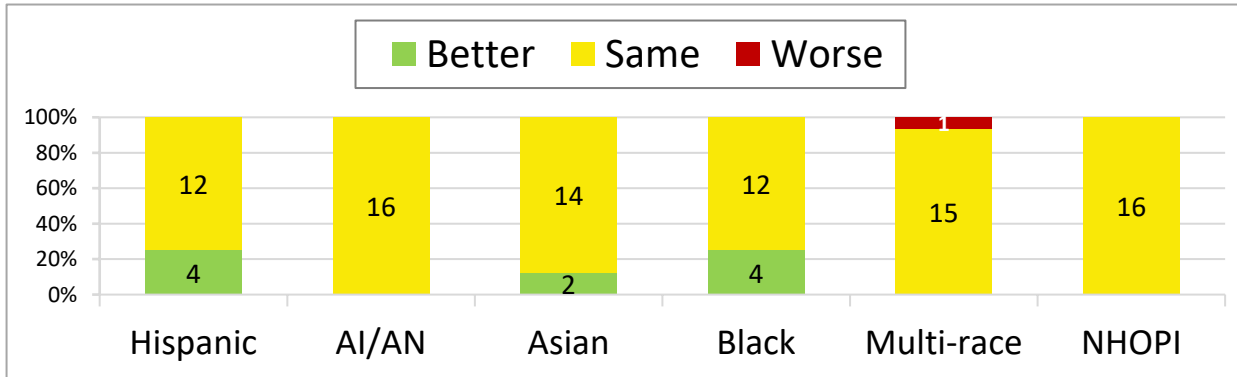Veterans Health Administration
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Variations in VHA Patient-Centered Care by Veteran Race/Ethnicity

Person-centered Care, 65+ years

Legend: ■ Better ■ Same ■ Worse

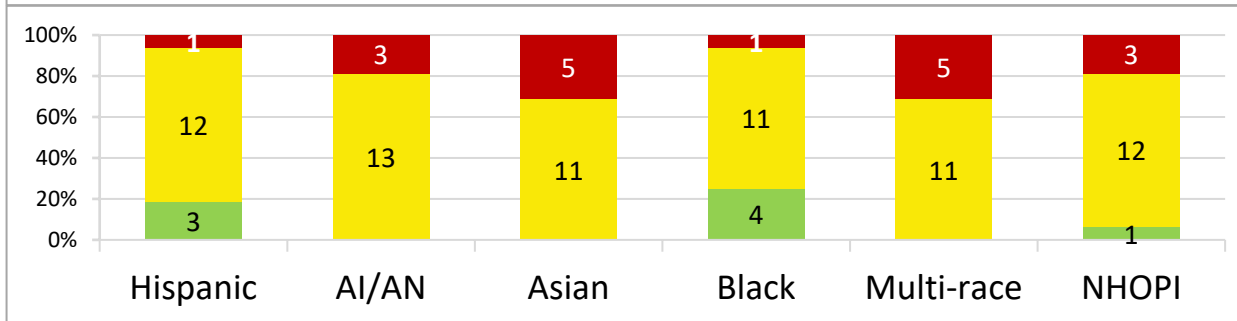| Race/Ethnicity	Better	Same	Worse
Hispanic	1	11	4
AI/AN	1	7	8
Asian	1	8	7
Black	4	10	2
Multi-race		12	4
NHOPI	1	13	2

Reference group: non-Hispanic White Veteran VHA Patients of corresponding age group
AI/AN is American Indian or Alaska Native; NHOPI is Native Hawaiian or Other Pacific Islander
Source: OHE/QUERI PEI analysis of SHEP-PCMH FY2016 – FY2019 data

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Variations in VHA Patient-Centered Care by Veteran Race/Ethnicity

Legend: ■ Better ■ Same ■ Worse

Age 18-44

	Hispanic	AI/AN	Asian	Black	Multi-race	NHOPI
Worse					1	
Same	12	16	14	12	15	16
Better	4		2	4		

Age 45-64

	Hispanic	AI/AN	Asian	Black	Multi-race	NHOPI
Worse	1	3	5	1	5	3
Same	12	13	11	11	11	12
Better	3			4		1

Age 65-plus

	Hispanic	AI/AN	Asian	Black	Multi-race	NHOPI
Worse	4	8	7	2	4	2
Same	11	7	8	10	12	13
Better	1	1	1	4		1

Reference group: non-Hispanic White Veteran VHA Patients of corresponding age group

AI/AN is American Indian or Alaska Native; NHOPI is Native Hawaiian or Other Pacific Islander

Source: OHE/QUERI PEI analysis of SHEP-PCMH FY2016 – FY2019 data

Patient-Centered Care by Veteran Race/Ethnicity
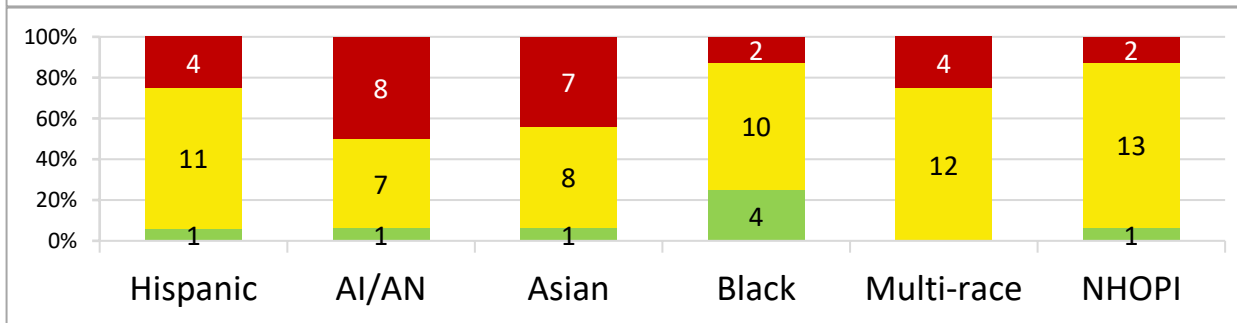## VHA users who indicated, in the last 6 months, their provider always spent enough time with them

Person-Centered Care: Provider Enough Time Spent

Age 18-44

Hispanic	AI/AN	Asian	Black	Multi-race	NHOPI	White
64.3%	63.9%	63.3%	62.7%	57.7%	57.1%	65.8%

Age 45-64

Hispanic	AI/AN	Asian	Black	Multi-race	NHOPI	White
72.0%	69.5%	69.1%	69.5%	67.2%	68.4%	73.6%

Age 65-plus

Hispanic	AI/AN	Asian	Black	Multi-race	NHOPI	White
75.9%	74.1%	75.6%	74.5%	75.7%	77.9%	79.2%

Reference group: non-Hispanic White Veteran VHA Patients of corresponding age group

AI/AN is American Indian or Alaska Native; NHOPI is Native Hawaiian or Other Pacific Islander

Source: OHE/QUERI PEI analysis of SHEP-PCMH FY2016 – FY2019 data

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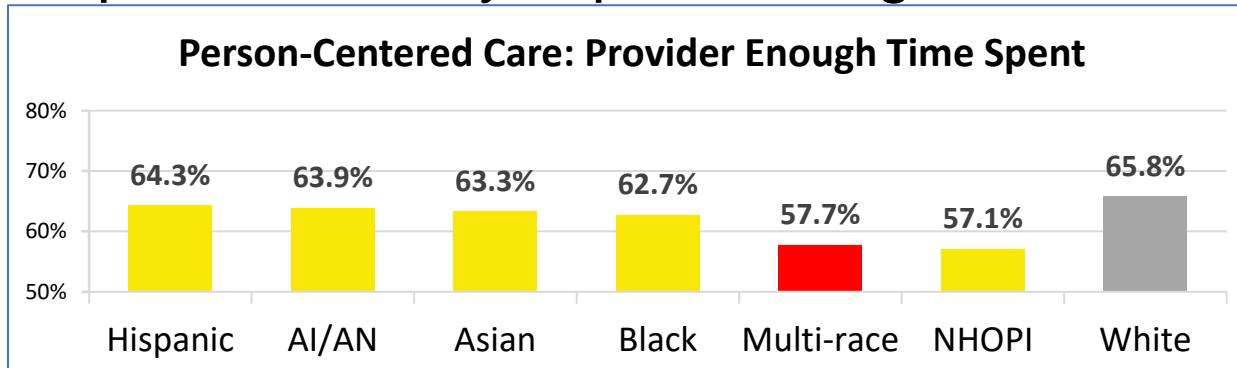National Partnered Evaluation Initiative

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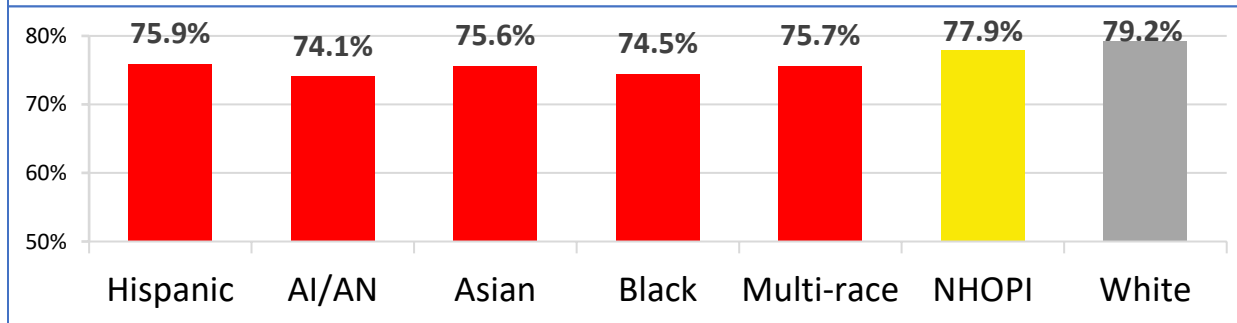# Variations in VHA Healthy Living – Clinical Preventive Services by Veteran Race/Ethnicity

Healthy Living - Clinical Preventive Services, 65+ years

Legend: ■ Better ■ Same ■ Worse

Race/Ethnicity	Better	Same	Worse
Hispanic	2	8	1
AI/AN		6	4
Asian	3	5	1
Black	2	1	8
Multi-race	1	9	
NHOPI	1	8	1

Reference group: non-Hispanic White Veteran VHA Patients of corresponding age group
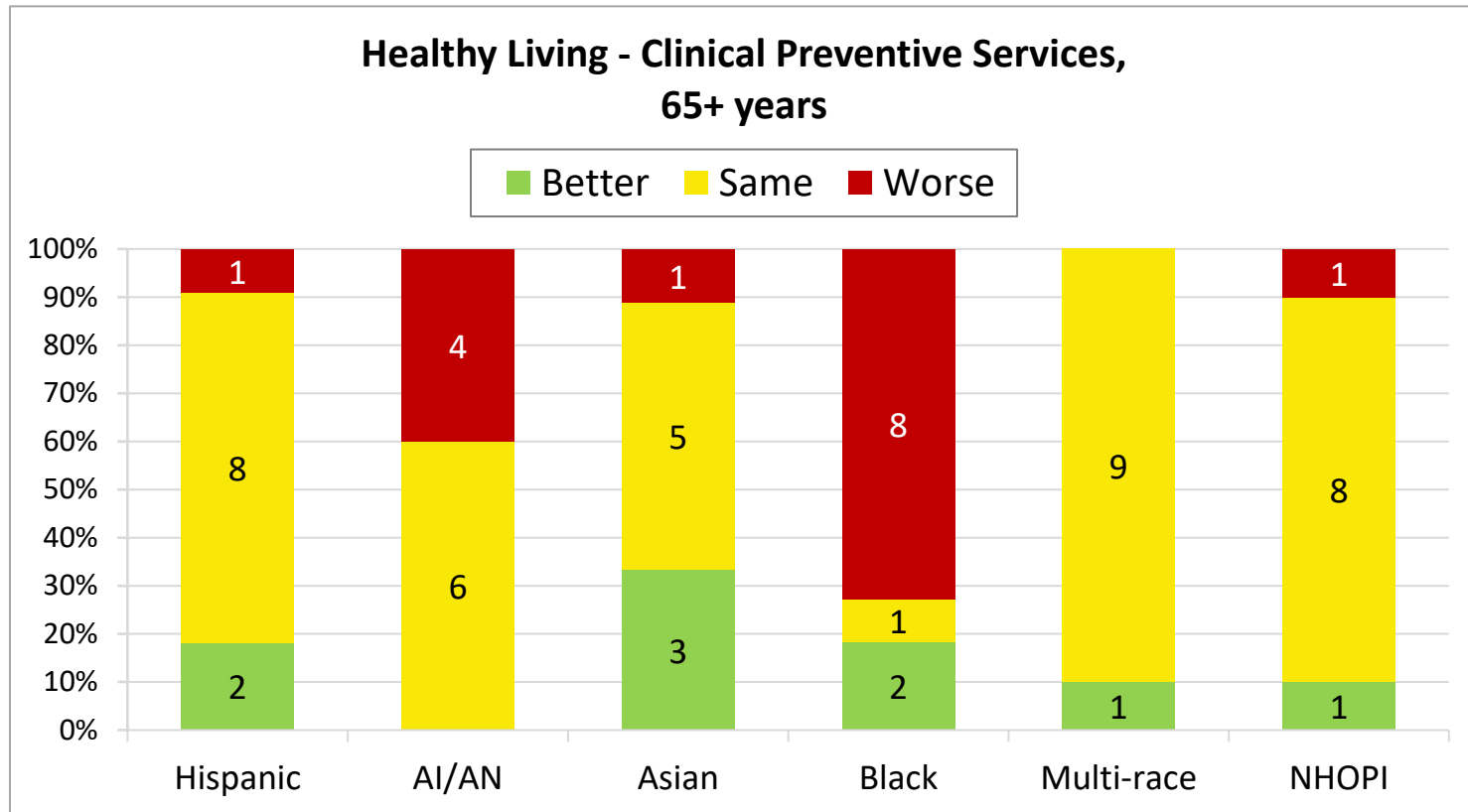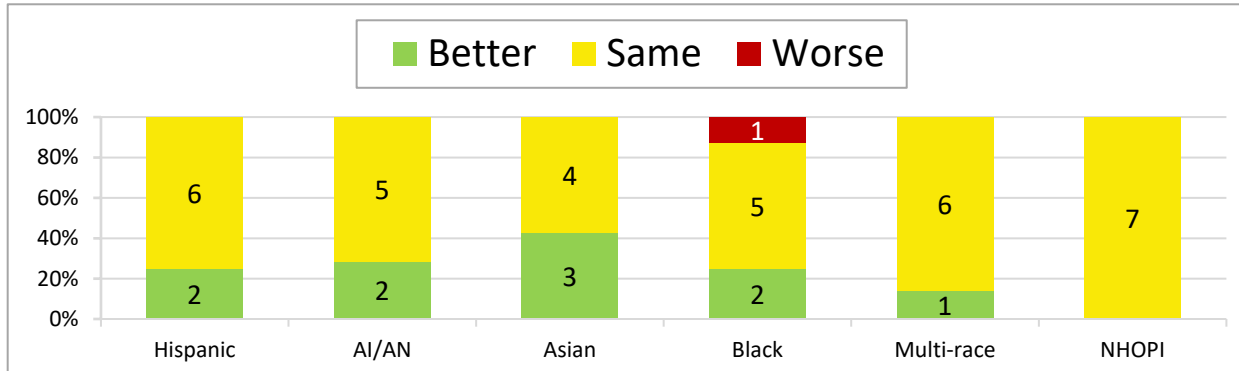AI/AN is American Indian or Alaska Native; NHOPI is Native Hawaiian or Other Pacific Islander
Source: OHE/QUERI PEI analysis of EPRP FY2016 – FY2019 data

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Variations in VHA Healthy Living – Clinical Preventive Services by Veteran Race/Ethnicity

Reference group: non-Hispanic White Veteran VHA Patients of corresponding age group

AI/AN is American Indian or Alaska Native; NHOPI is Native Hawaiian or Other Pacific Islander
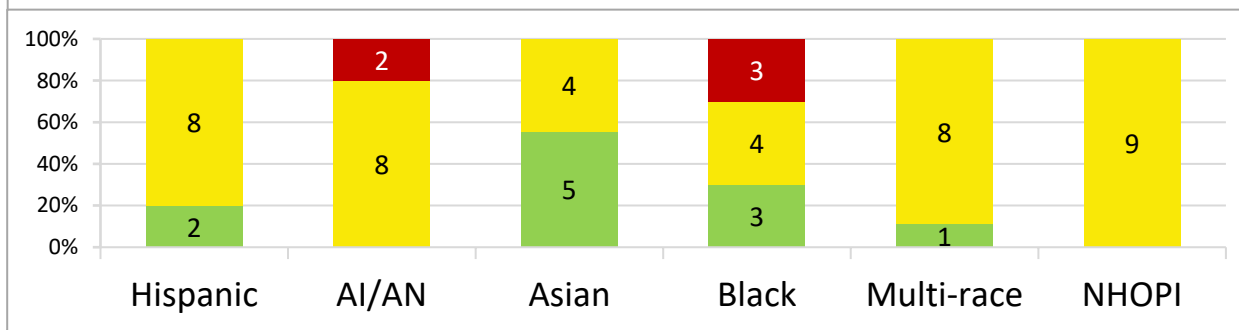
Source: OHE/QUERI PEI analysis of EPRP FY2016 – FY2019 data

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Healthy Living – Clinical Preventive Services by Veteran Race /Ethnicity. VHA patients who accepted influenza immunization

Healthy Living - Clinical Preventive Services: Influenza Immunization Accepted, Age 18-44

Age 18-44

	Hispanic	AI/AN	Asian	Black	Multi-race	NHOPI	White
	72.8%	80.2%	79.2%	67.5%	71.1%	71.4%	72.6%

Age 45-64

	Hispanic	AI/AN	Asian	Black	Multi-race	NHOPI	White
	76.7%	77.4%	81.8%	70.3%	72.2%	78.2%	75.9%

Age 65-plus

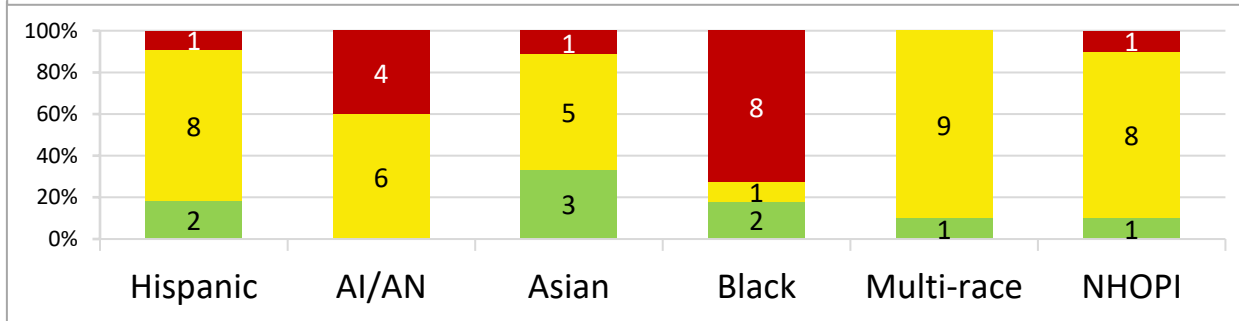|	Hispanic	AI/AN	Asian	Black	Multi-race	NHOPI	White
	84.9%	82.5%	85.0%	78.7%	84.2%	81.5%	85.2%

Reference group: non-Hispanic White Veteran VHA Patients of corresponding age group

AI/AN is American Indian or Alaska Native; NHOPI is Native Hawaiian or Other Pacific Islander

Source: OHE/QUERI PEI analysis of EPRP FY2016 – FY2019 data

Session Outline

- Background

- Veteran VA Patient Socio-demographic Characteristics

- NVHER 2021 Key Findings

- Disparities by Veteran Race/Ethnicity

- **Disparities by Socio-Economic Status**

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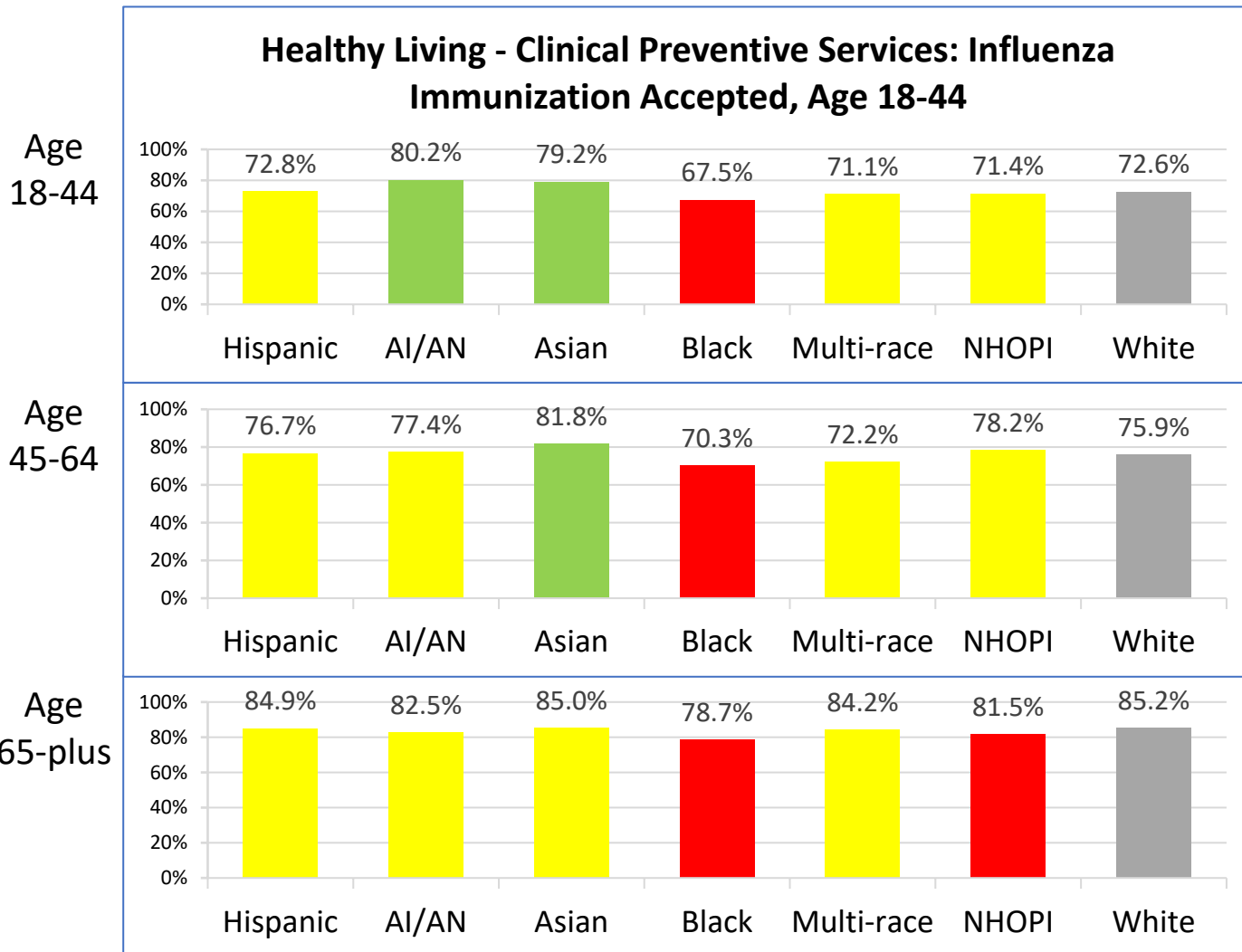Veterans Health Administration
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Variations in VHA Patient-Centered Care by Veteran Socio-Economic Status (SES)

Person-centered Care

Legend: ■ Better ■ Same ■ Worse

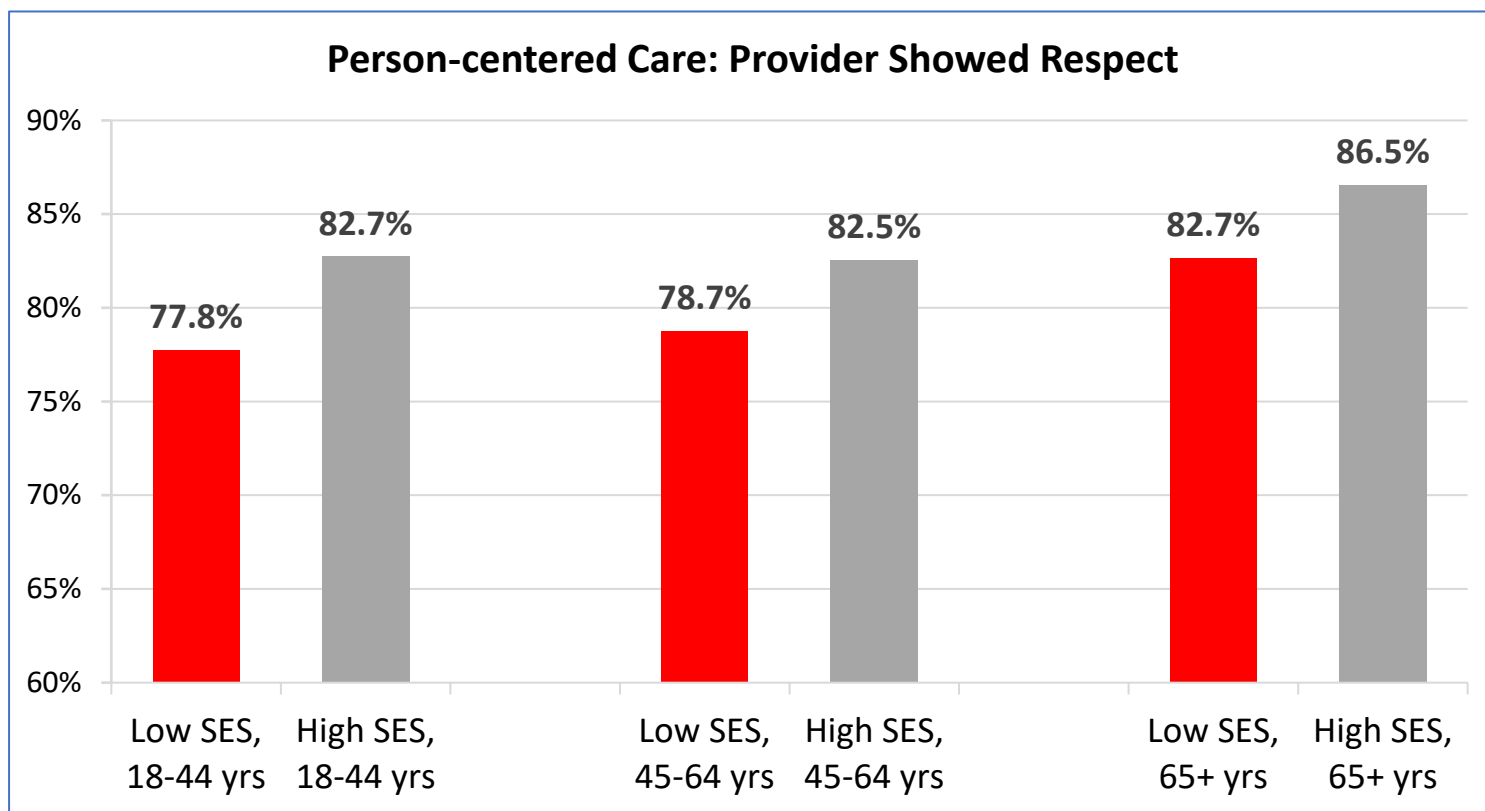|	Low SES, 18-44 yrs	Low SES, 45-64 yrs	Low SES, 65+ yrs
Worse	7	6	7
Same	9	9	7
Better		1	2
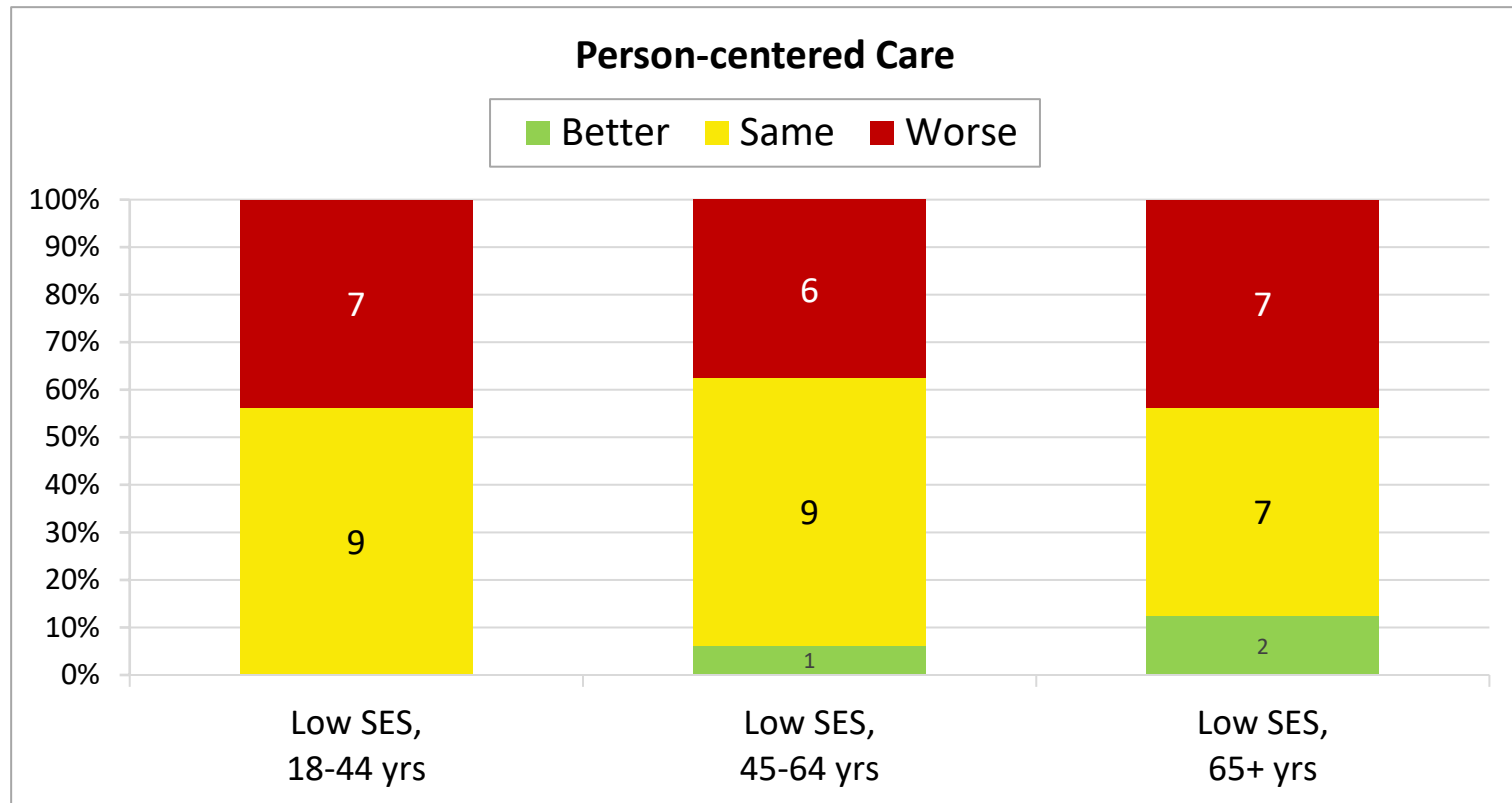
Reference group: Higher SES Veteran VHA Patients of corresponding age group
Source: OHE/QUERI PEI analysis of SHEP-PCMH FY2016 – FY2019 data

Patient-Centered Care by Veteran Socio-Economic Status
VHA users who indicated, in the last 6 months, their provider always showed respect for what they had to say

Person-centered Care: Provider Showed Respect

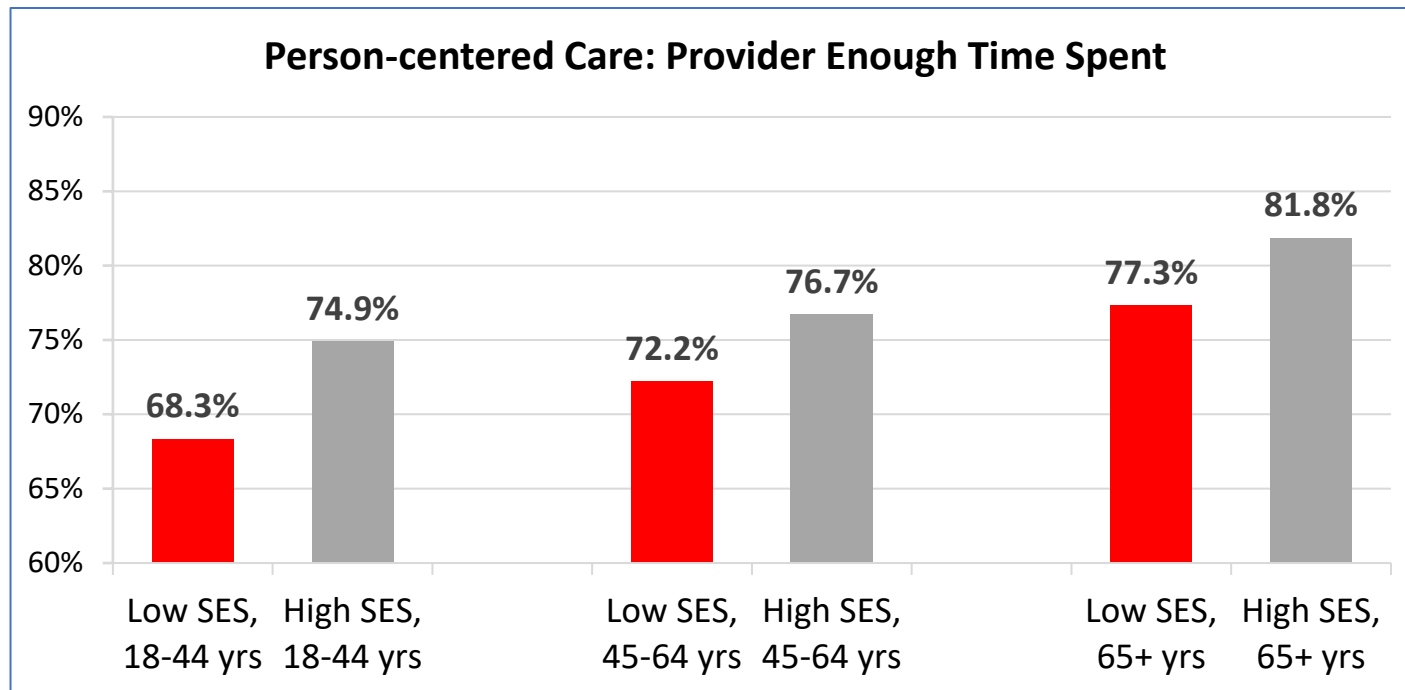| Category	Value
Low SES, 18-44 yrs	77.8%
High SES, 18-44 yrs	82.7%
Low SES, 45-64 yrs	78.7%
High SES, 45-64 yrs	82.5%
Low SES, 65+ yrs	82.7%
High SES, 65+ yrs	86.5%

Note: SES denotes socio-economic status

Source: OHE/QUERI PEI analysis of SHEP-PCMH FY2016 – FY2019 data

Patient-Centered Care by Veteran Socio-Economic Status VHA users who indicated, in the last 6 months, their provider always spent enough time with them

Person-centered Care: Provider Enough Time Spent

Category	Value
Low SES, 18-44 yrs	68.3%
High SES, 18-44 yrs	74.9%
Low SES, 45-64 yrs	72.2%
High SES, 45-64 yrs	76.7%
Low SES, 65+ yrs	77.3%
High SES, 65+ yrs	81.8%

Note: SES denotes socio-economic status

Source: OHE/QUERI PEI analysis of SHEP-PCMH FY2016 – FY2019 data

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Patient-Centered Care by Veteran Socio-Economic Status VHA users who indicated, in the last 6 months, that someone in their provider's office asked them if there was a period of time when they felt sad, empty, or depressed
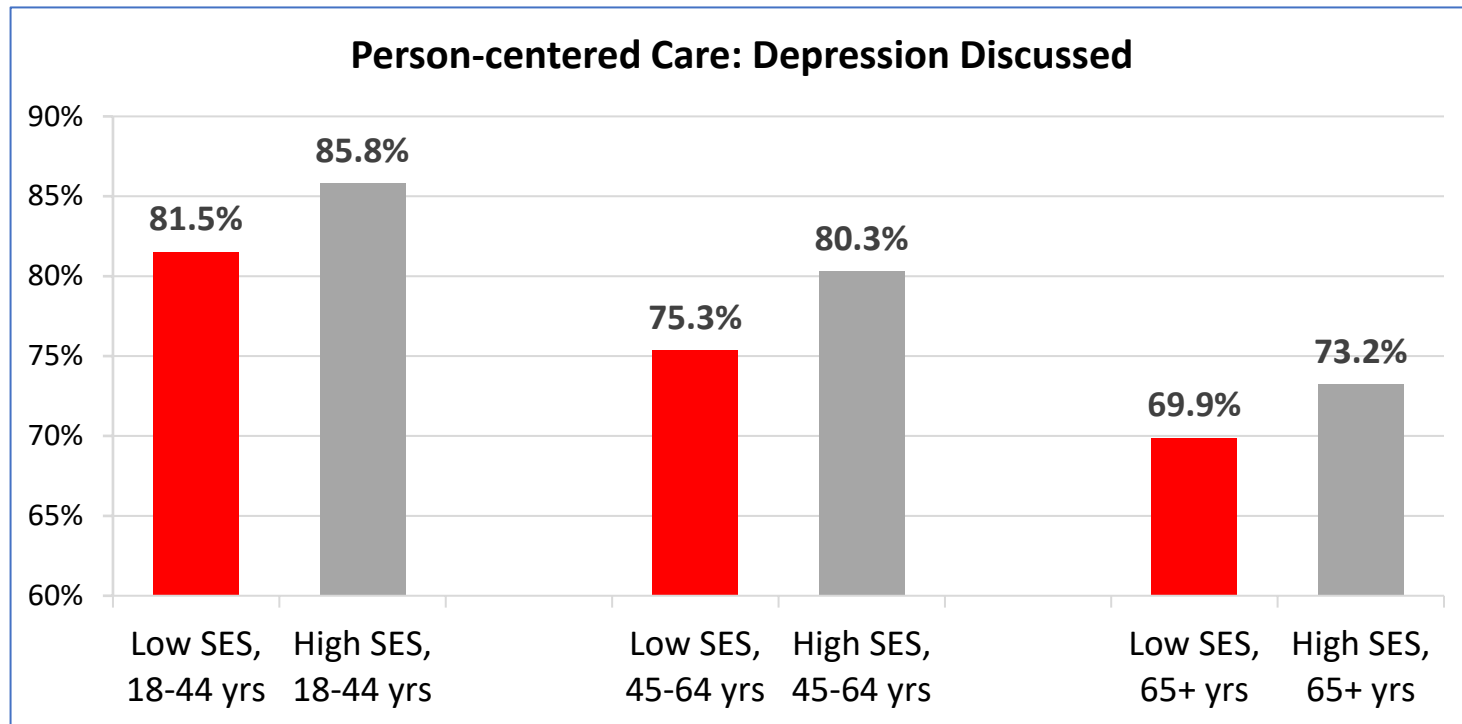
Person-centered Care: Depression Discussed

Category	Percentage
Low SES, 18-44 yrs	81.5%
High SES, 18-44 yrs	85.8%
Low SES, 45-64 yrs	75.3%
High SES, 45-64 yrs	80.3%
Low SES, 65+ yrs	69.9%
High SES, 65+ yrs	73.2%

Note: SES denotes socio-economic status

Source: OHE/QUERI PEI analysis of SHEP-PCMH FY2016 – FY2019 data

Variations in VHA Healthy Living – Clinical Preventive Services by Veteran Socio-Economic Status

Healthy Living - Clinical Preventive Services

Legend: ■ Better ■ Same ■ Worse

Group	Same	Worse
Low SES, 18-44 yrs	5	3
Low SES, 45-64 yrs	6	4
Low SES, 65+ yrs	3	8

Reference group: Higher SES Veteran VHA Patients of corresponding age group
Source: OHE/QUERI PEI analysis of EPRP FY2016 – FY2019 data

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Healthy Living – Clinical Preventive Services by Veteran Socio-Economic Status. VHA women patients age 52-74 wi/ evidence of mammography screening in prior 27 months

Healthy Living - Clinical Preventive Services: Breast Cancer Screening

Low SES, 50-64 yrs: 78.9%
High SES, 50-64 yrs: 82.2%
Low SES, 65-74 yrs: 78.8%
High SES, 65-74 yrs: 83.5%

Note: SES denotes socio-economic status

Source: OHE/QUERI PEI analysis of EPRP FY2016 – FY2019 data

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Healthy Living – Clinical Preventive Services by Veteran Socio-Economic Status. VHA patients age 51-75 with documentation of colo-rectal cancer screening that is current based on the screening modality
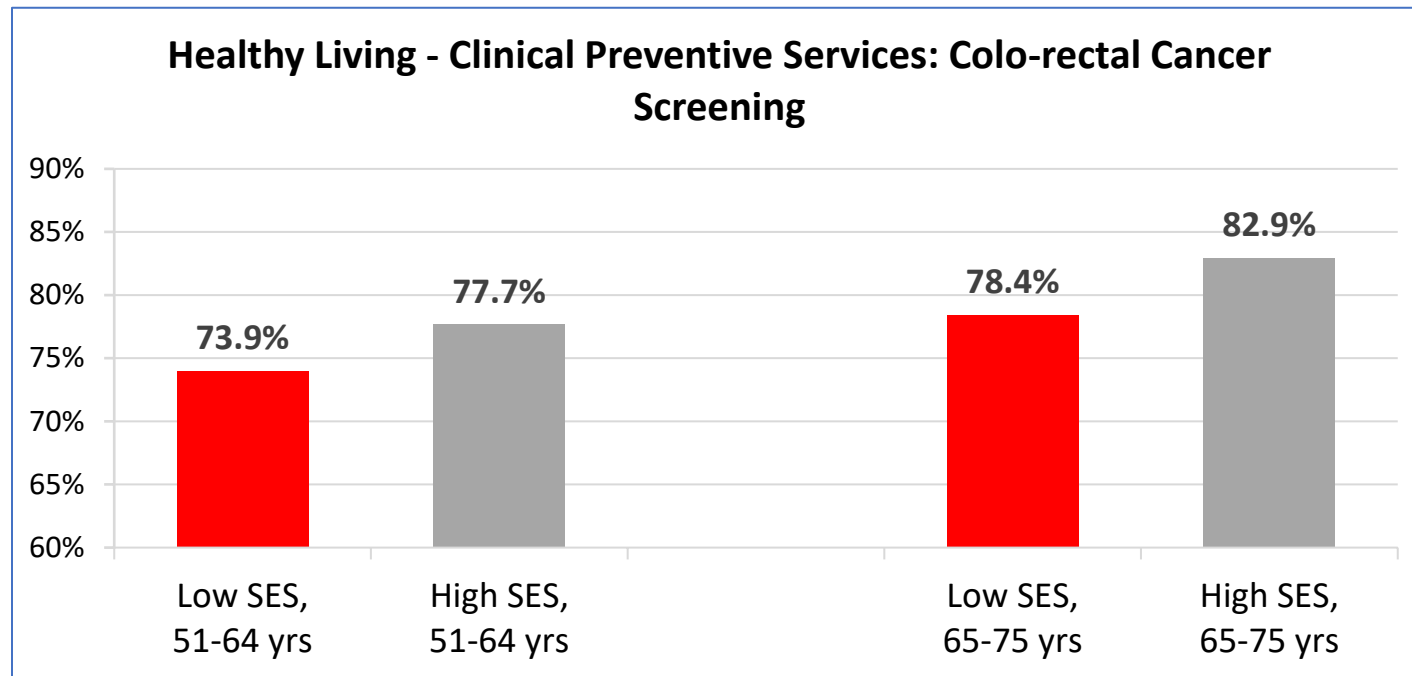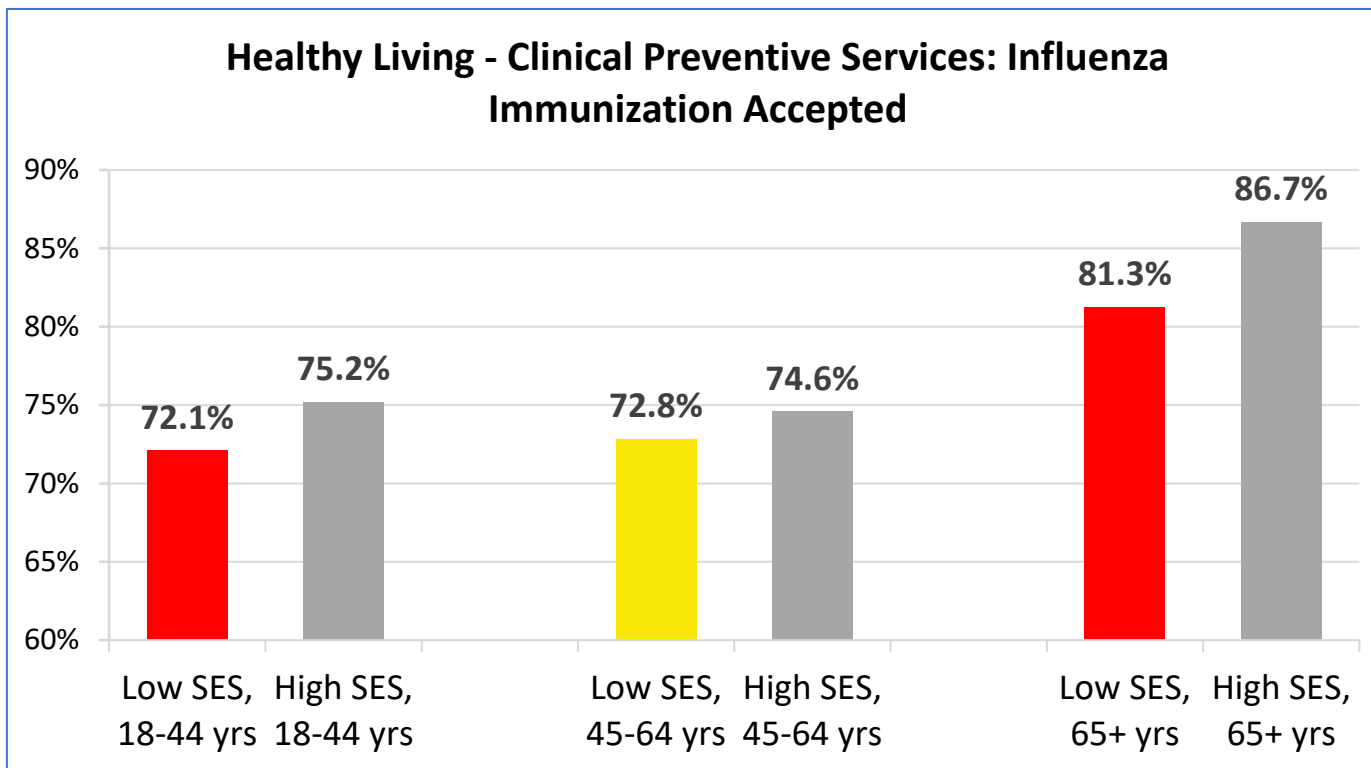
Healthy Living - Clinical Preventive Services: Colo-rectal Cancer Screening

Note: SES denotes socio-economic status

Source: OHE/QUERI PEI analysis of EPRP FY2016 – FY2019 data

Healthy Living – Clinical Preventive Services by Veteran Socio-Economic Status.
VHA patients who accepted influenza immunization

Healthy Living - Clinical Preventive Services: Influenza Immunization Accepted

- Low SES, 18-44 yrs: 72.1%
- High SES, 18-44 yrs: 75.2%
- Low SES, 45-64 yrs: 72.8%
- High SES, 45-64 yrs: 74.6%
- Low SES, 65+ yrs: 81.3%
- High SES, 65+ yrs: 86.7%

Note: SES denotes socio-economic status

Source: OHE/QUERI PEI analysis of EPRP FY2017 – FY2019 data [not measured FY2016]

Healthy Living – Clinical Preventive Services by Veteran Socio-Economic Status. VHA patients aged 65 or older who accepted pneumococcal immunization
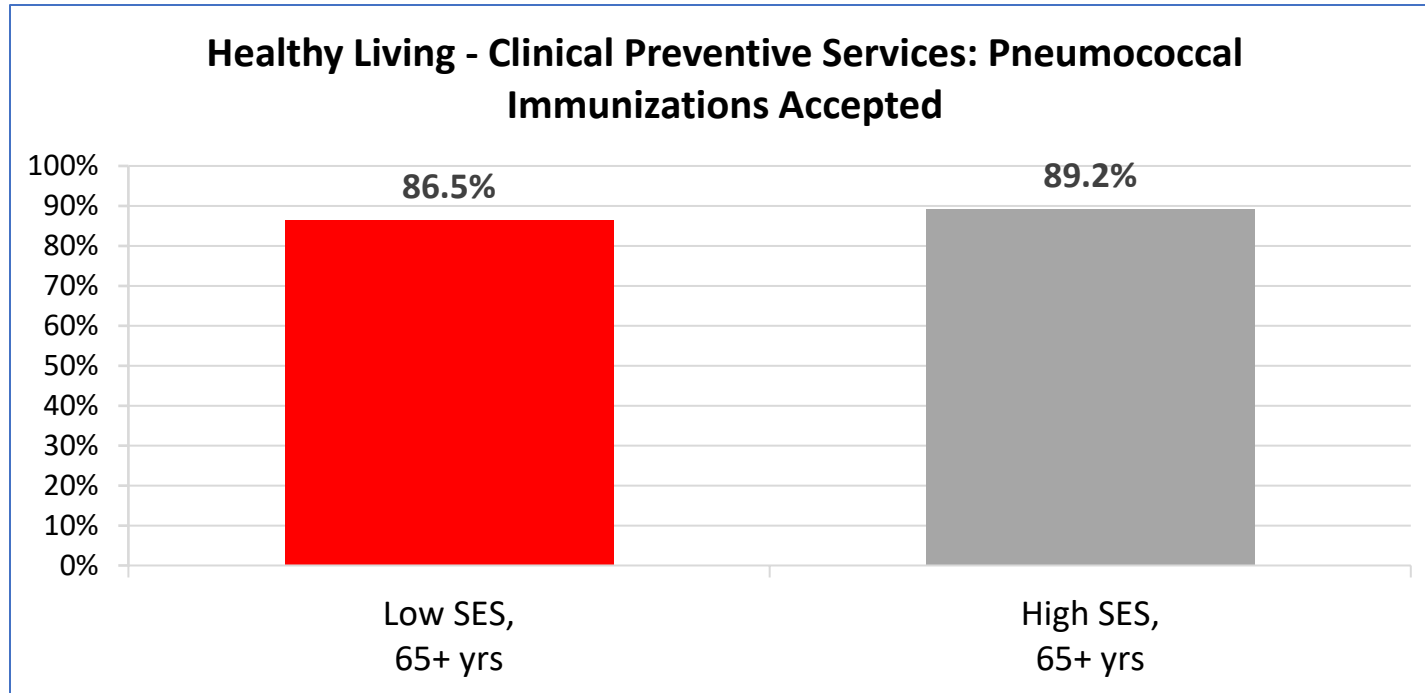
Healthy Living - Clinical Preventive Services: Pneumococcal Immunizations Accepted

Bar chart showing Low SES, 65+ yrs at 86.5% (red bar) and High SES, 65+ yrs at 89.2% (gray bar).

Note: SES denotes socio-economic status

Source: OHE/QUERI PEI analysis of EPRP FY2016 – FY2019 data

Summary – Disparities in Patient Experiences of VA Care

- Disparities present for several measures of person-centered care across multiple priority groups
  - Race/ethnicity: American Indian and Alaska Native, Asian, and more than one race Veterans
  - Veterans of low socio-economic status
  - Women
  - Higher service-connected disability groups

- Notable gaps also present for some aspects of access to care and care coordination

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Summary – Disparities in VA Care Quality

- Most frequent quality gaps in VA care were for healthy living / clinical preventive services
  - Black, American Indian and Alaska Native, and Women Veterans age 65+, and Veterans with low socio-economic status, or with 100% service-connected disability had worse care quality on 40% or more measures in this dimension

- Frequent disparities in the quality dimension of effective treatment also present for Black Veterans

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Summary – Disparities by Veteran Characteristics

- Veteran groups defined by selected socio-demographic characteristics experienced disparities in several domains of VA patient experience and health care quality

- Several social determinants of health; characteristics included:
  - Race/ethnicity, particularly American Indian and Alaska Native, Asian, and Black Veterans
  - Women
  - Low socio-economic status
  - Some service-connected disability categories

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Poll Question #4

How will you use the National Veteran Health Equity Report 2021? (check all that apply)

a. Patient education or patient care

b. Veteran engagement

c. Other operations program use

d. Teaching / medical education (e.g., of students)

e. Research project background

f. Other – please specify in the Q&A function

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- Office of Health Equity / QUERI National Partnered Evaluation Initiative

  [Health Equity QUERI Center (va.gov)](#)

  https://www.queri.research.va.gov/centers/HealthEquity.pdf

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