

Racial and Ethnic Disparities in the VA Healthcare System

The Evidence-Based Synthesis Project (ESP) was established to provide timely and accurate syntheses of targeted health care topics of particular importance to VA managers and policymakers—and to disseminate these reports throughout VA. This ESP reports on racial and ethnic disparities within the VA.

Numerous studies have demonstrated racial and ethnic disparities in U.S. health care. These disparities have been demonstrated in the VA healthcare system, where financial barriers to receiving care are minimized. The VA is committed to delivering high-quality care in an equitable manner, and, thus to eliminating racial and ethnic disparities in health care. To inform this effort, the existing evidence on disparities within VA was systematically reviewed to:

- Determine in which clinical areas racial and ethnic disparities are prevalent,
- Describe what is known about the sources of those disparities, and
- Synthesize that knowledge to determine the most promising areas for future research aimed at improving quality in VA healthcare.

The ESP report covers a broad array of areas that include: arthritis and pain management, cancer, cardiovascular disease, diabetes, HIV, hepatitis C, mental health, substance use disorders, preventive and ambulatory care, rehabilitative and palliative care, as well as other clinical topics.

Investigators found:

- No clear indication that disparities are more prevalent in some clinical areas than others;
- Disparities were more consistently observed for processes that entail more risk or require more intensive decision-making, communication, or effort on the part of patients and/or providers (i.e., surgery, medication adherence);
- Studies that examined quality indicators (i.e., blood pressure control, cholesterol) suggest that non-white veterans generally fare worse than whites; and
- In at least one study, differences in the use of cardiovascular procedures reflect overuse among whites rather than underuse among African Americans.

Investigators caution that some studies in this report did not capture non-VA healthcare use, and thus may underestimate or overestimate the degree of disparities.

For more information about the report's methodology and/or findings, the full report is available at <http://www.hsrd.research.va.gov/publications/esp/>.

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