

# VETERANS HEALTH ADMINISTRATION

## Office of Health Equity

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Translation Lead, Office of Health Equity

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202-615-8727



Choose **VA**

**VA**



U.S. Department  
of Veterans Affairs

# 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.



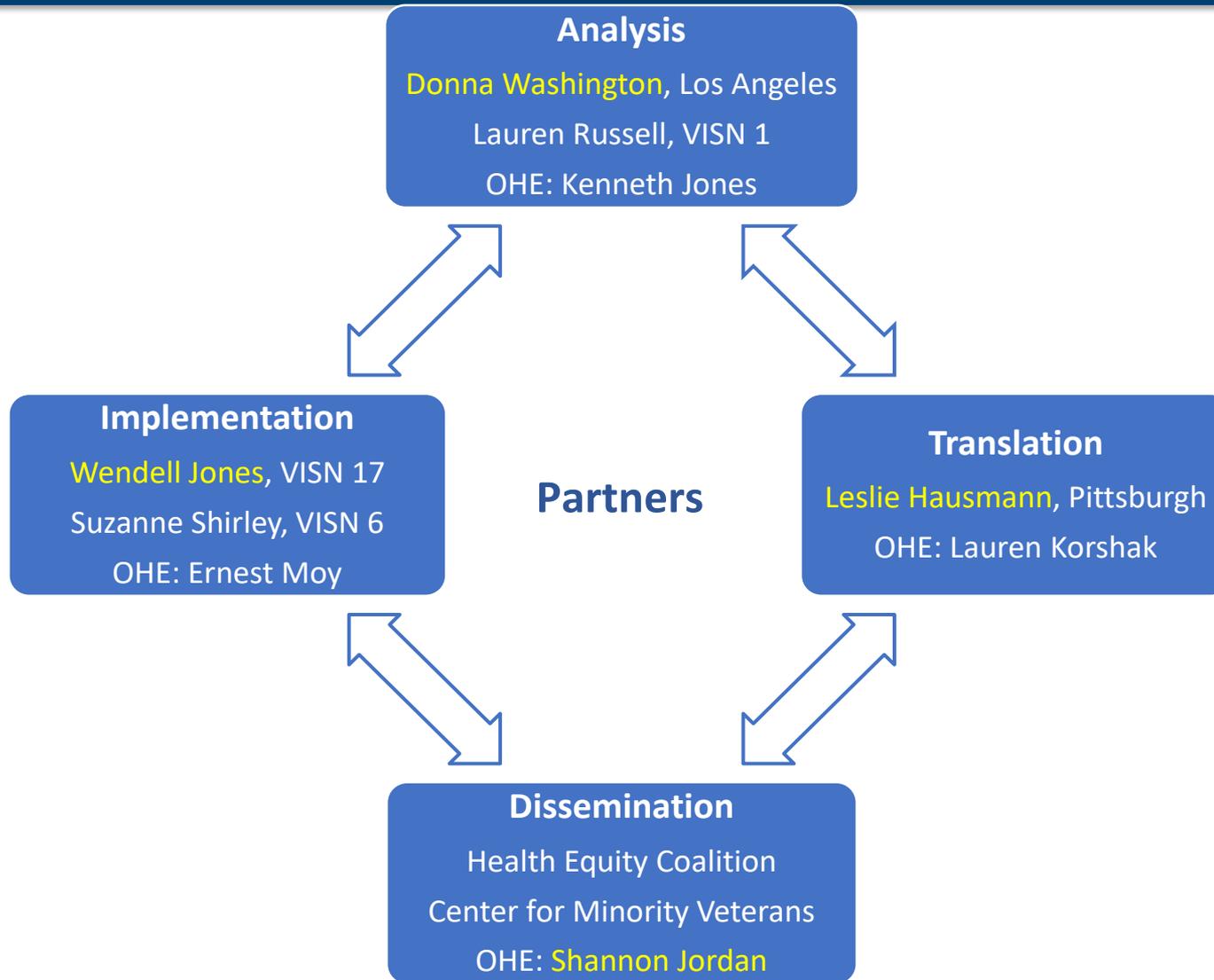
# OFFICE OF HEALTH EQUITY POPULATIONS

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 TEAM



# OFFICE OF HEALTH EQUITY WEBSITE

<https://www.va.gov/healthequity>

An official website of the United States government [Here's how you know](#) Talk to the Veterans Crisis Line now

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VA » Health Care » Office of Health Equity

## Office of Health Equity

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### EQUALITY

### EQUITY

### Equality vs. Equity

Many incorrectly use equality and equity in their conversations by believing that these concepts have the same meaning. Do you know the difference?

[Learn more »](#)

[Learn More](#) [Equality vs. Equity](#) [Telehealth Fact Sheet](#)

### VHA Office of Health Equity

Equitable access to high-quality care for all Veterans is a major tenet of the VA

**CONNECT WITH VHA**

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## **Mental Health Disparities Among Racial and Ethnic Minorities and LGBT Veterans and the Impacts of Experiencing Discrimination**



# OUR PRESENTERS



**Nicholas Livingston, PhD, MA** Research Psychologist, National Center for PTSD, Behavioral Science Division, Staff Psychologist, PTSD Clinical Team, VA Boston Healthcare System, and Assistant Professor of Psychiatry, Boston University School of Medicine

Email: [Nicholas.Livingston@va.gov](mailto:Nicholas.Livingston@va.gov)



**Juliette McClendon, PhD** Psychologist in the National Center for PTSD, Women's Health Sciences Division and Clinician in the Women's Trauma Recovery Team at VA Boston, and Teaching Fellow, Boston University School of Medicine

Email: [Juliette.Mcclendon-lacovino@va.gov](mailto:Juliette.Mcclendon-lacovino@va.gov)



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National Center for  
**PTSD**

POSTTRAUMATIC STRESS DISORDER

**BOSTON  
UNIVERSITY**

**VA Boston**  
Healthcare System

**Minority stress, mental health disparities, and unmet treatment need among sexual and gender minority veterans**

**Nicholas A. Livingston, Ph.D.**

*Research Psychologist, National Center for PTSD, Behavioral Science Division*  
*Assistant Professor, Boston University School of Medicine*

nicholas.livingston@va.gov  
Twitter: [@DrNLivingston](https://twitter.com/DrNLivingston)



# We Serve All Who Served

Excellent care has no boundaries. VHA is committed to serving Lesbian, Gay, Bisexual and Transgender Veterans.

## Poll

How many of you have worked with a veteran who identifies as SGM?

Never

Yes, in the past year

Yes, more than a year ago

I don't know





# **We Serve All Who Served**

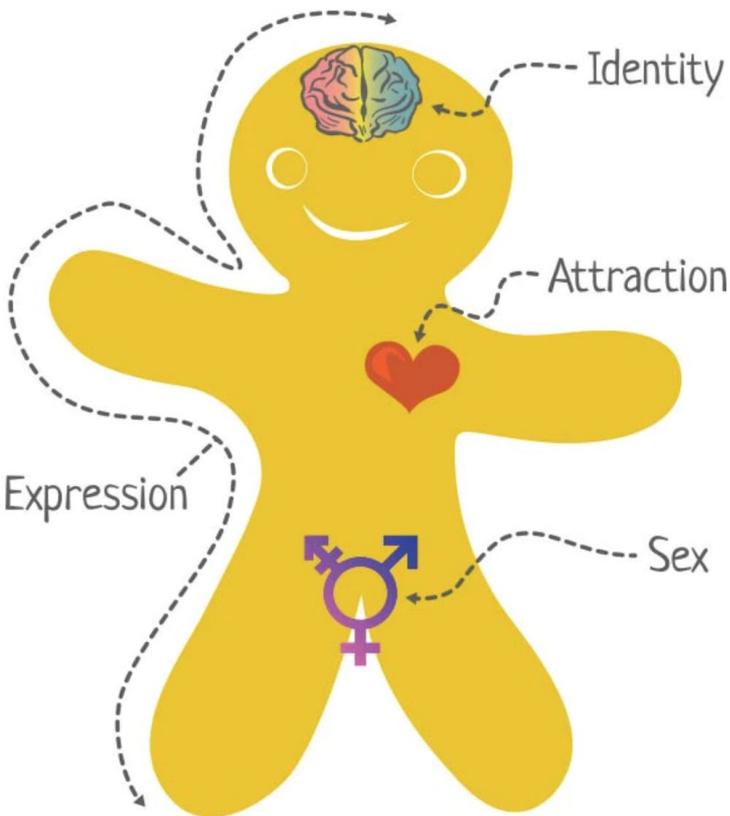
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1. Terms to Know
2. Health Disparities and Minority Stress
3. Existing Service Gaps
4. Future Directions



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- **Sexual orientation**

- Sexual identity
- Sexual vs. romantic attraction
- Sexual behavior

- **Gender**

- Cisgender (sex, gender align)

- Sex

- **Gender identity**

- Gender diverse
- transgender
- Trans\*
- Non-binary
- Gender fluid

- **Gender expression (aka “performance”)**

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## SGM individuals in the military

- VA largest HCS
- **1 in 5** (or more) transgender individuals have served in the military, compared to **1 in 10**

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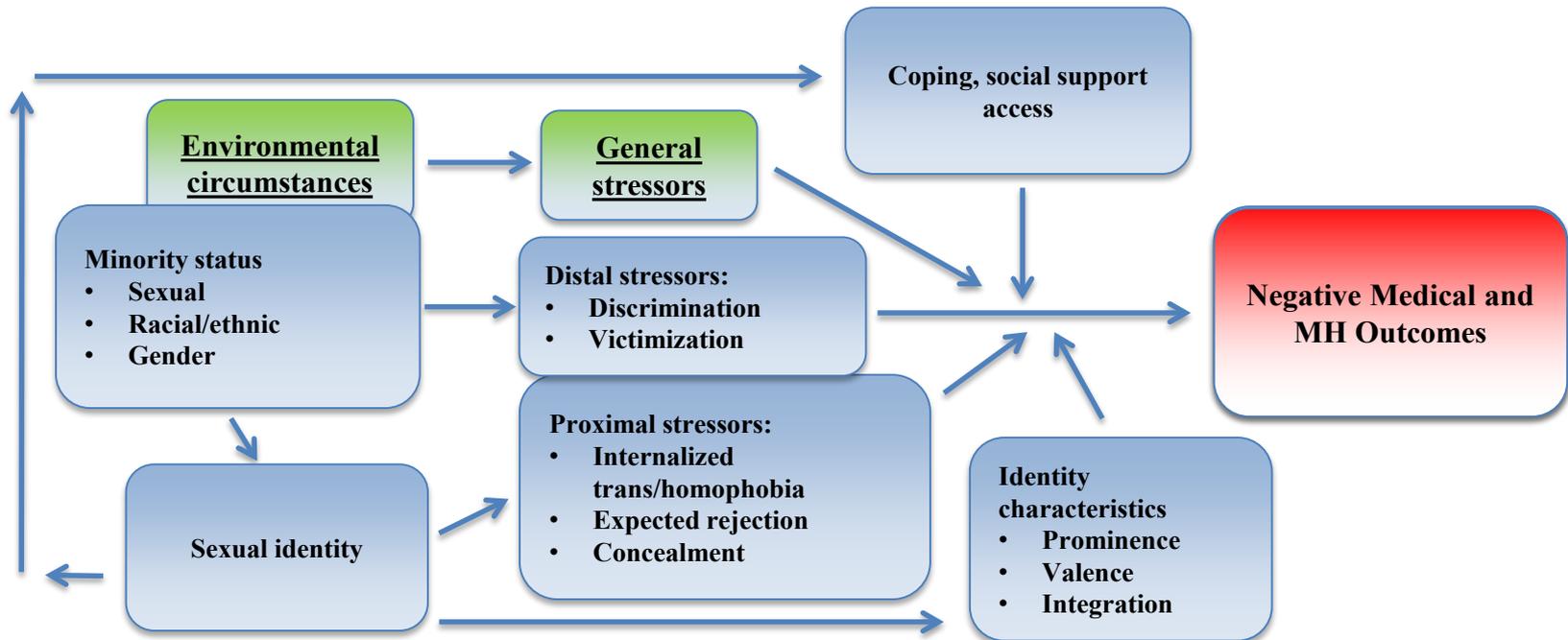
## SGM Veterans at Elevated Risk for...

- **Trauma exposure**, including physical/sexual violence in childhood and adulthood
- **Substance use**
- **Depression, PTSD**, other mental health outcomes
- **Medical concerns** and physical complaints (e.g., chronic pain)
- **Co-occurring conditions** (and more complex)
- Increased risk for **suicide**

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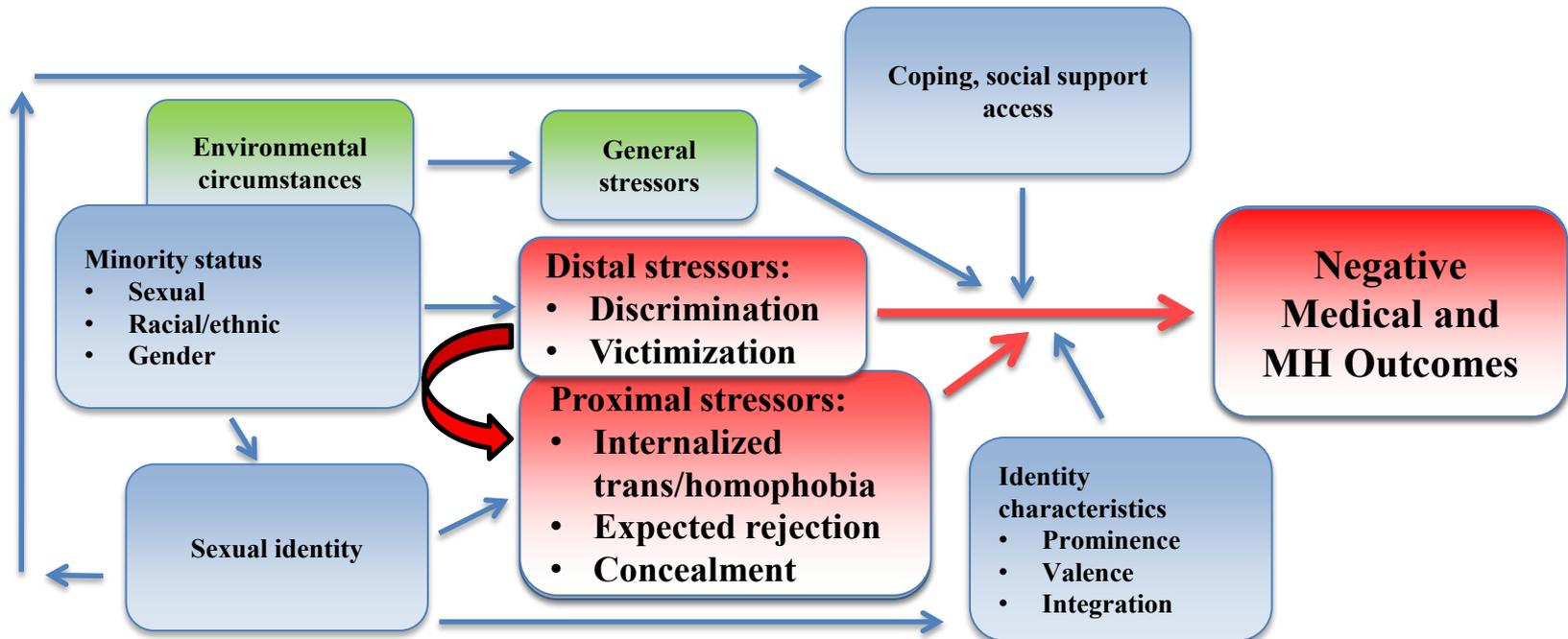
## Meyer's Minority stress model (2003)



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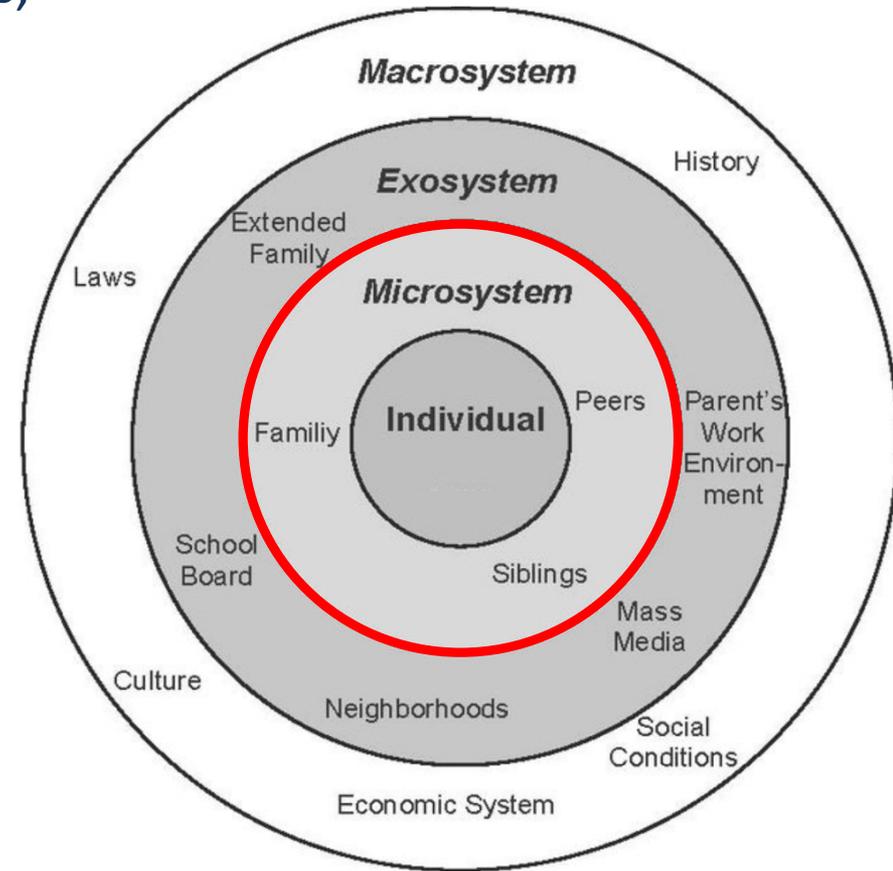
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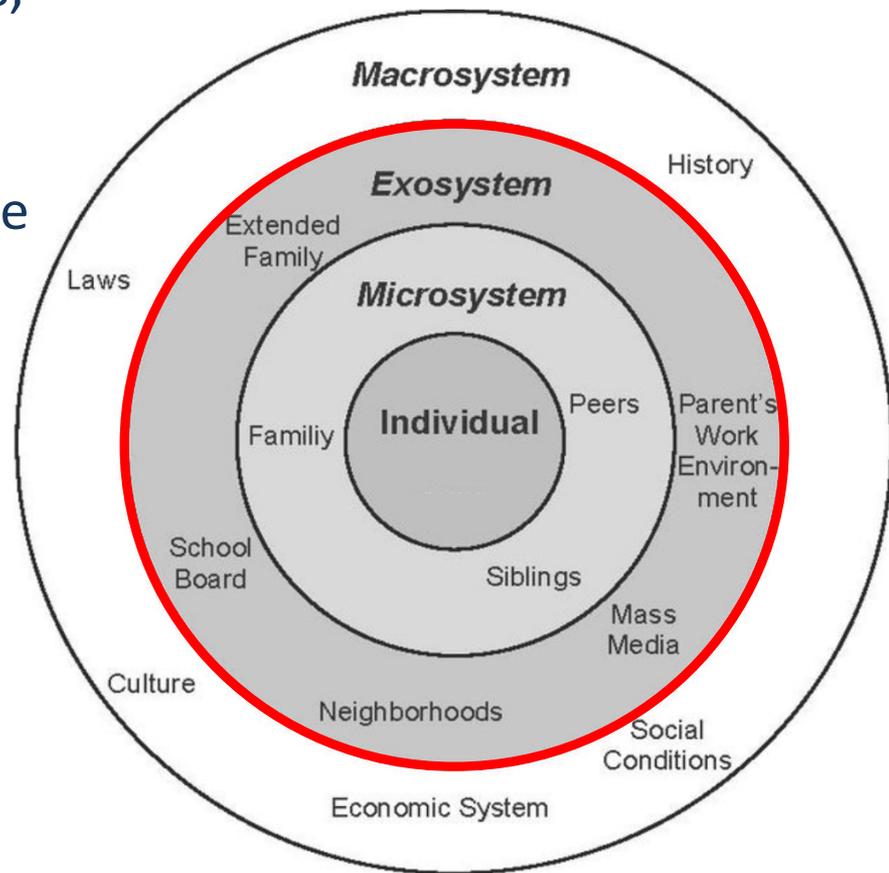
- **Microsystem:** Immediate family, friends, fellow service members, healthcare providers



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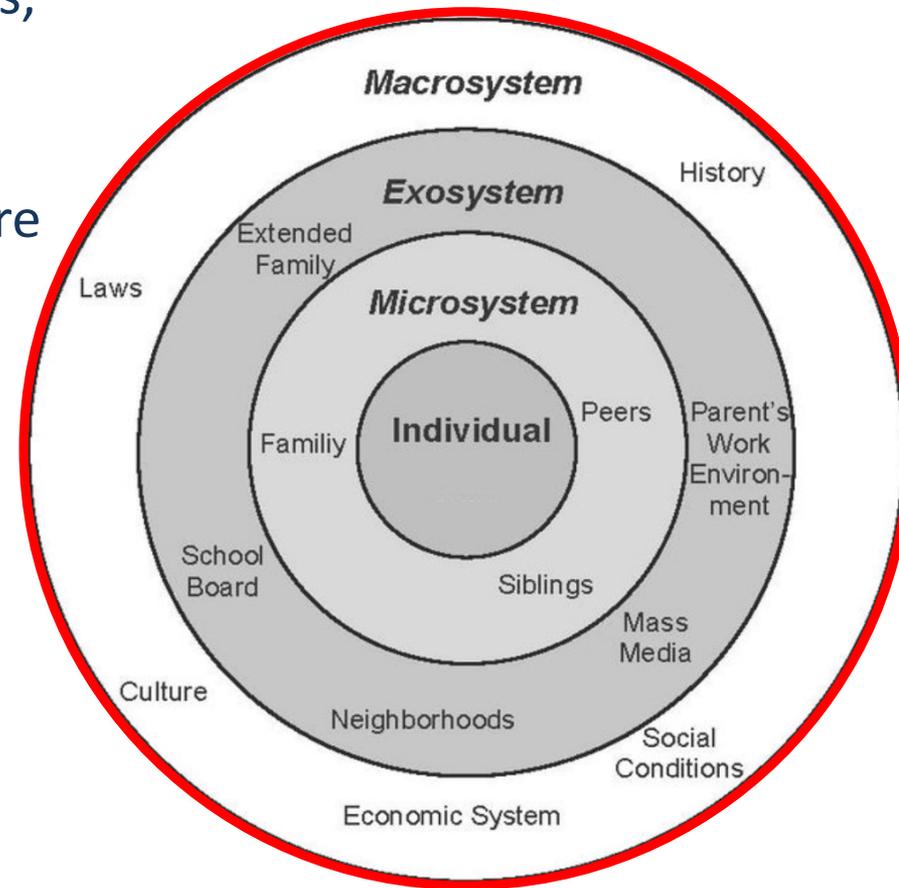
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- **Exosystem:** Local community, healthcare settings, extended family, schools



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- **Microsystem:** Immediate family, friends, fellow service members, healthcare providers
- **Exosystem:** Local community, healthcare settings, extended family, schools
- **Macrosystem:** Culture, laws, policies (DADT)





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– **Microaggressions** – brief, common, and subtle slights or indignities

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- **Microaggressions** – brief, common, and subtle slights or indignities
  - Depression
  - Anxiety
  - Alcohol and illicit drug use

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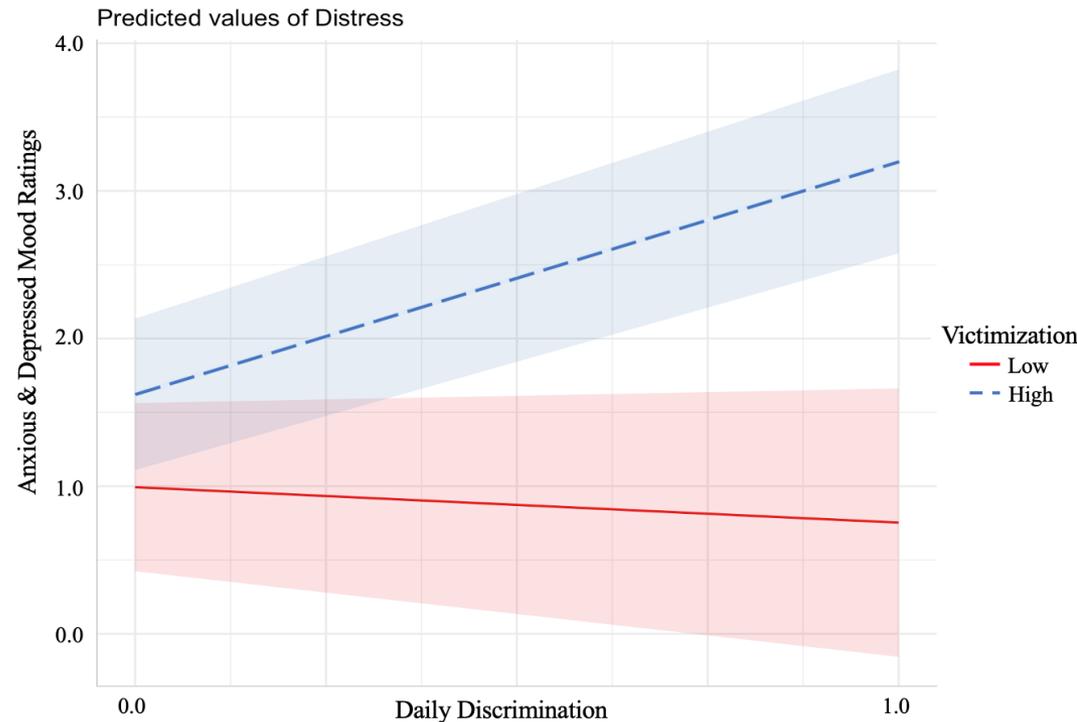
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→ Depression

→ Anxiety

→ Alcohol and illicit drug use

...And especially among SGM individuals with previous victimization & exposure ...



Livingston, Flentje, Heck, Szalda-Petree, & Cochran, 2017;

Livingston, Flentje, Brennan, Mereish, Reed, & Cochran, 2020

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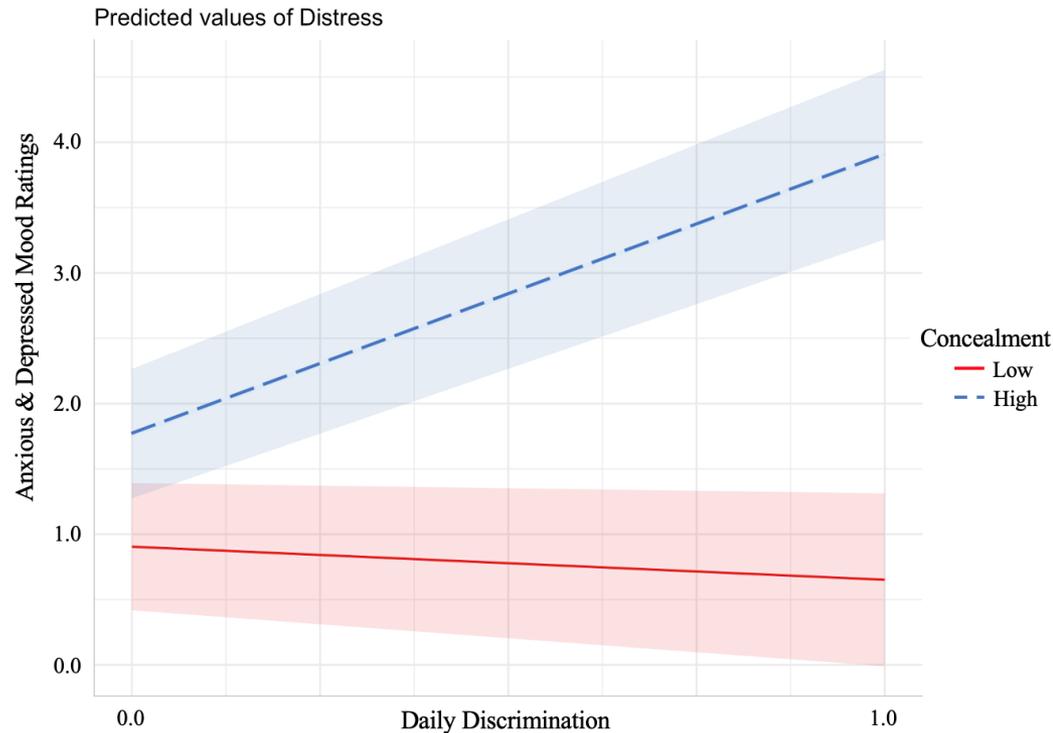
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→ Depression

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...And especially among SGM individuals with previous victimization exposure ... and higher identity concealment

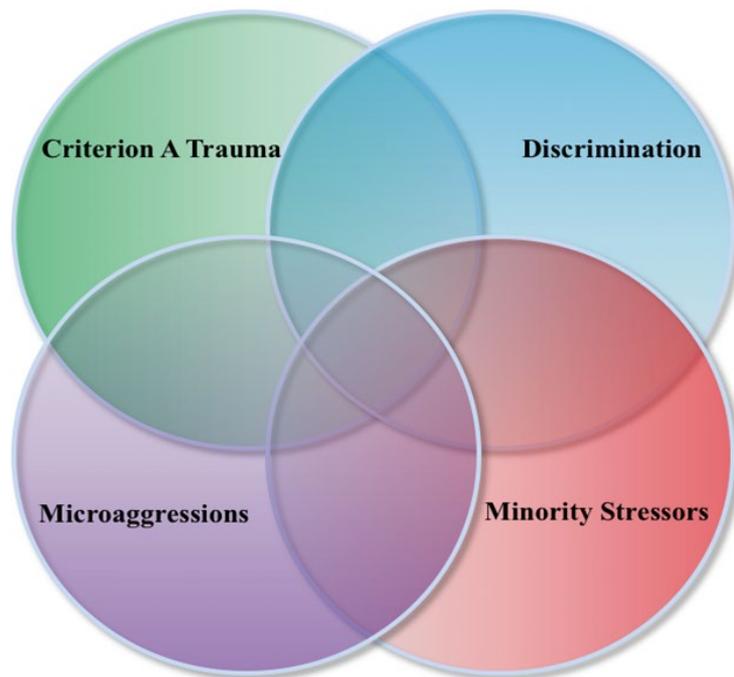


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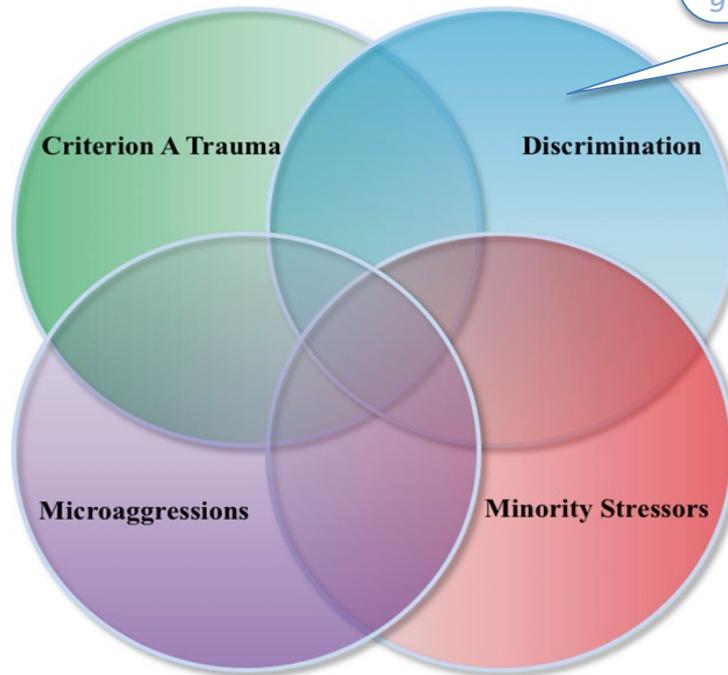
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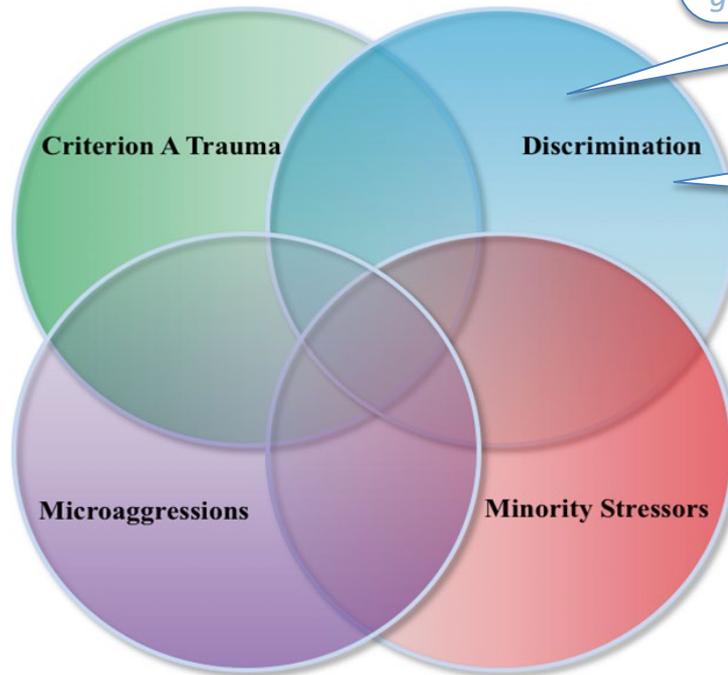


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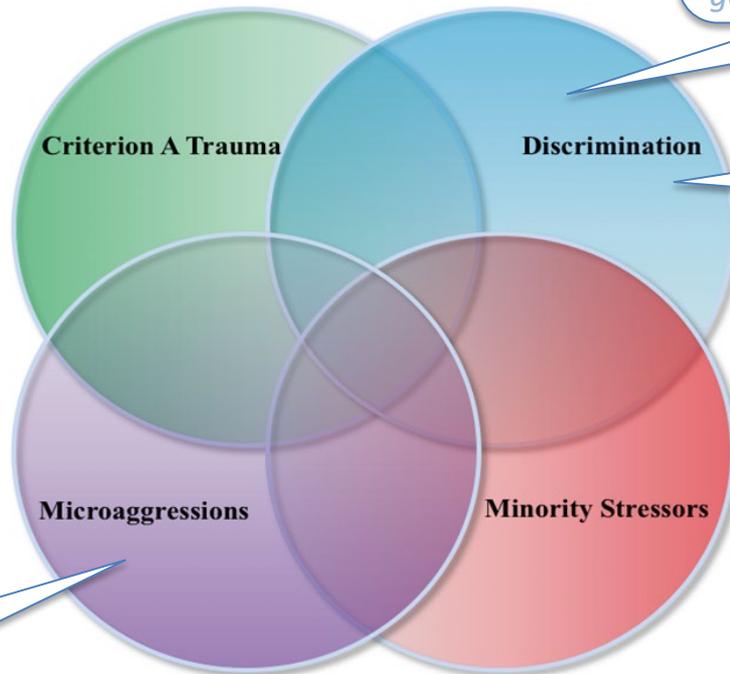
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*"I was denied admission into a residential SUD treatment program because of my gender identity"*



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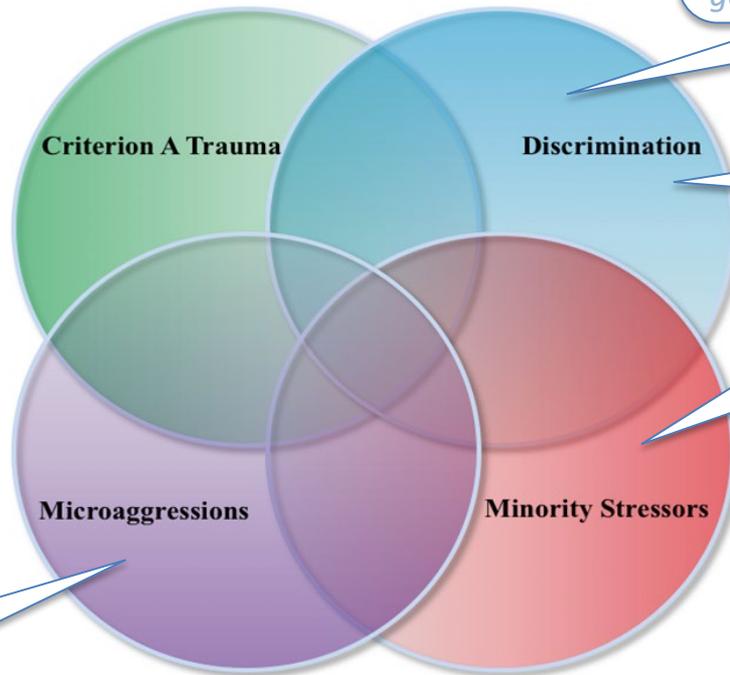
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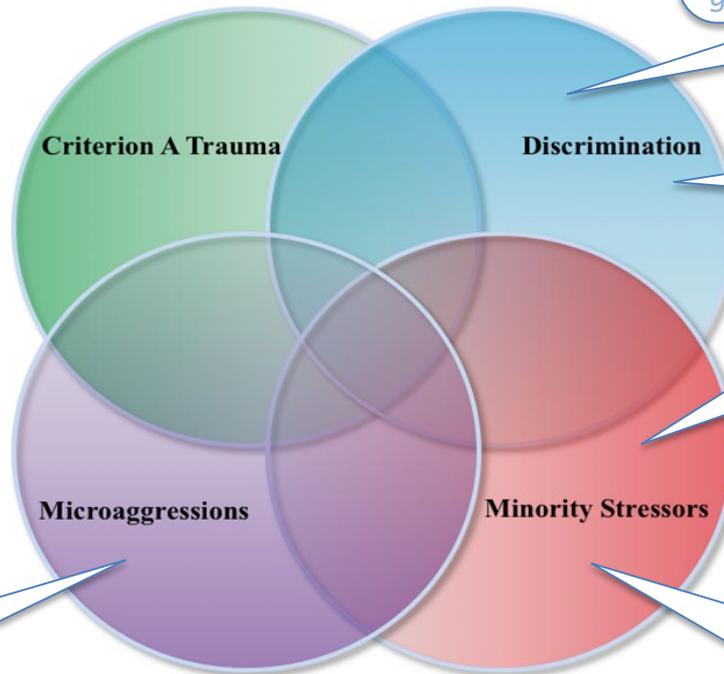
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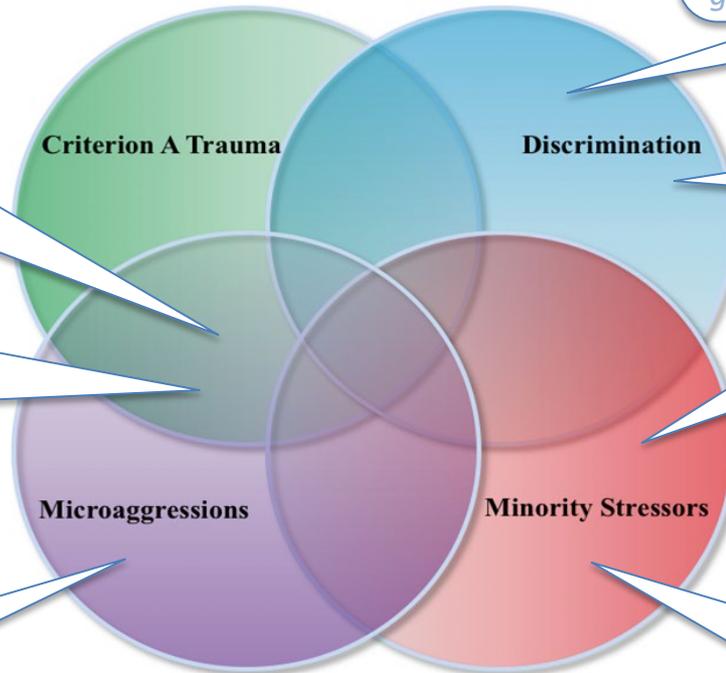
*"I had my straight clean life that I was living simultaneously with a gay drug life..."*

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*"We were both gay but we didn't want to get fired and we wanted to make a career out of it, so we got married."*

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*"... **He was beat and thrown in the river, where he drowned.** He was a good friend of mine."*

*"I was in a unit where a guy was **beaten to death with a baseball bat for suspicion of dating a transgender partner.**"*

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*"I've had people point M16's at me, try to kill me... I was more afraid of my own unit than [the enemy]"*

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Criterion A Trauma

Discrimination

*"I had my straight clean life that I was living simultaneously with a gay drug life..."*

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Microaggressions

Minority Stressors

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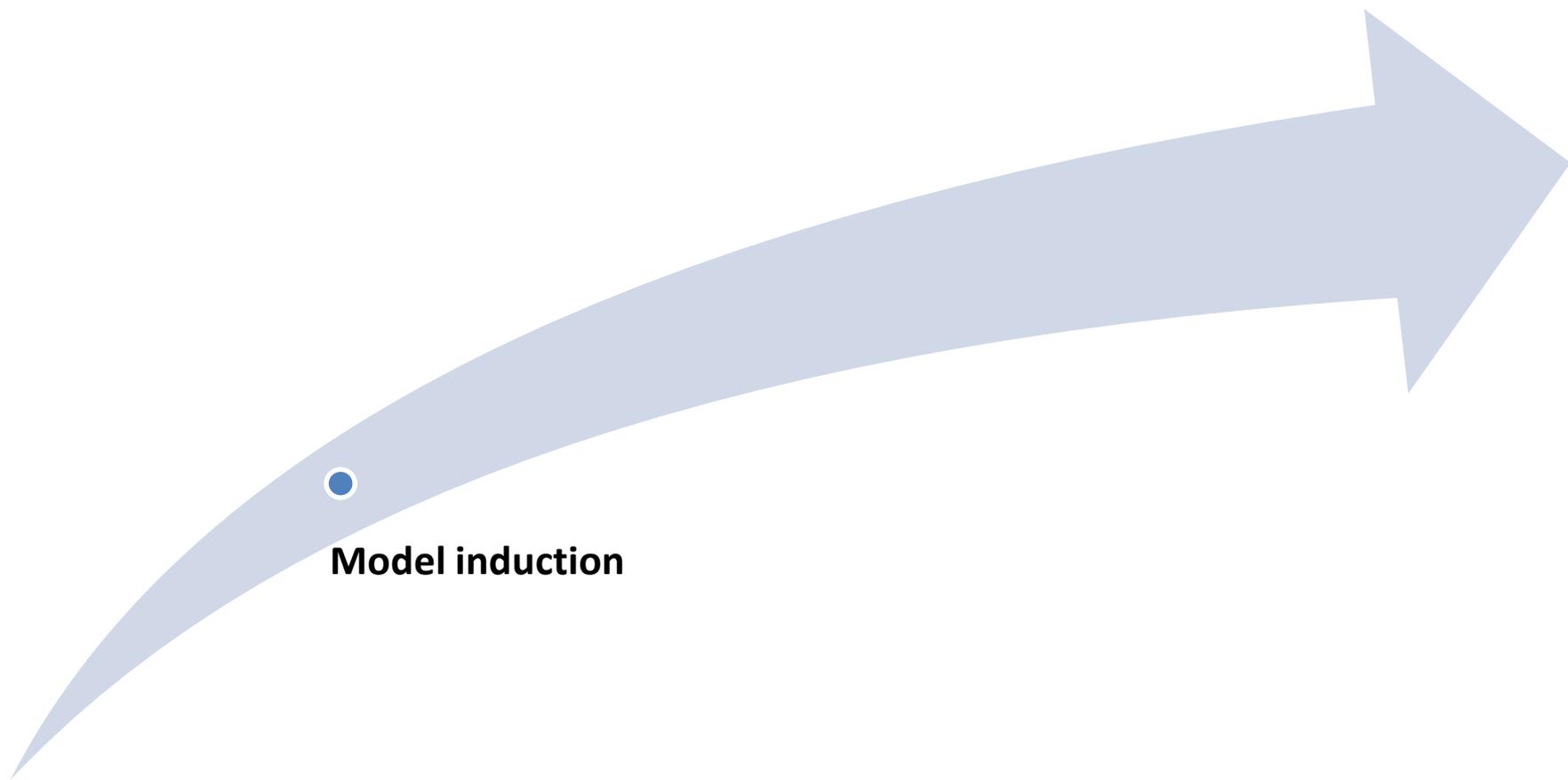
*"They mis-gendered me in the waiting room"*

*"Being in the closet is itself a traumatic event, but it doesn't fit the definition of trauma, which is problematic. There's no code for 'traumatized by the closet.'"*



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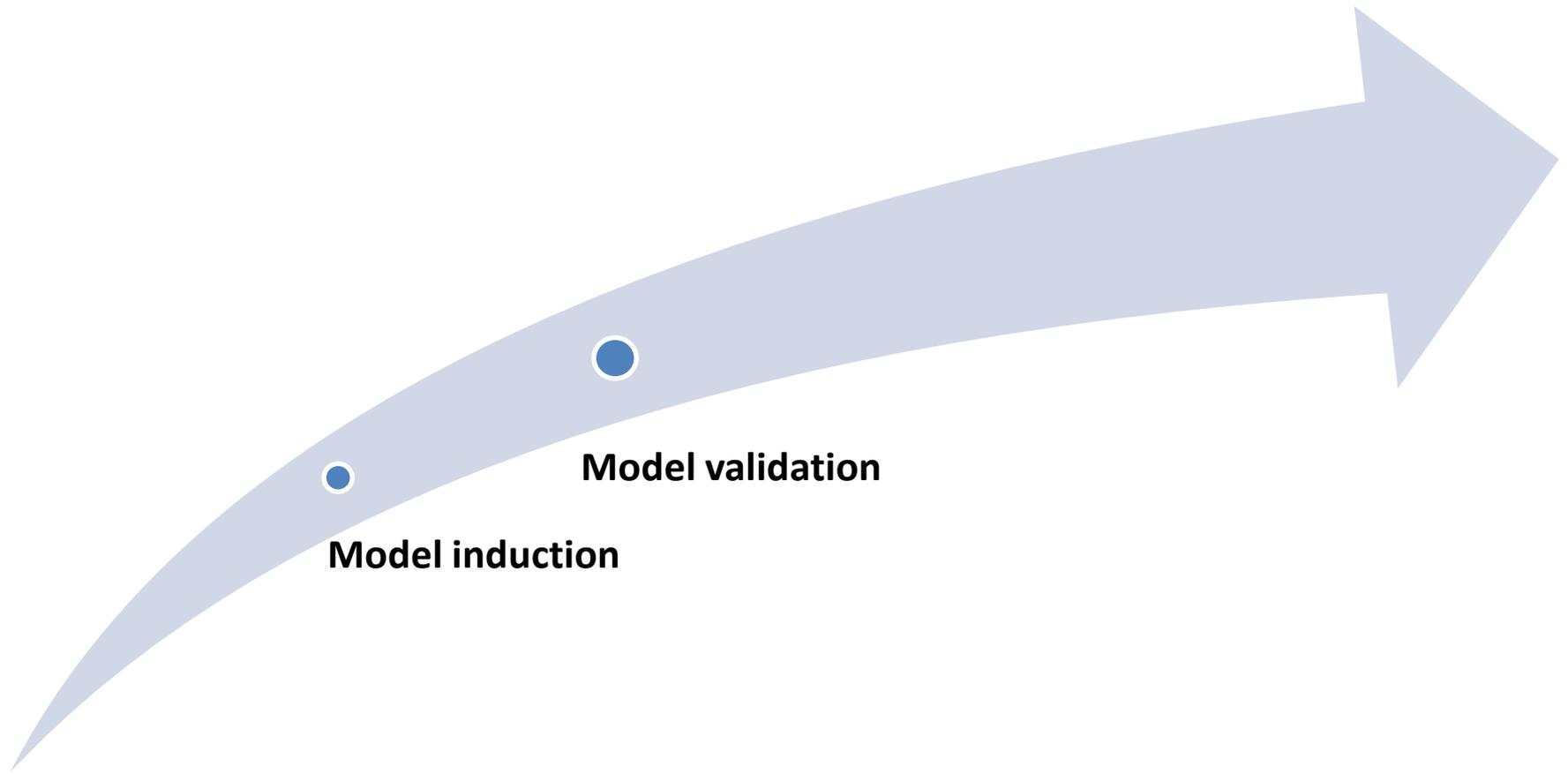


**Model induction**



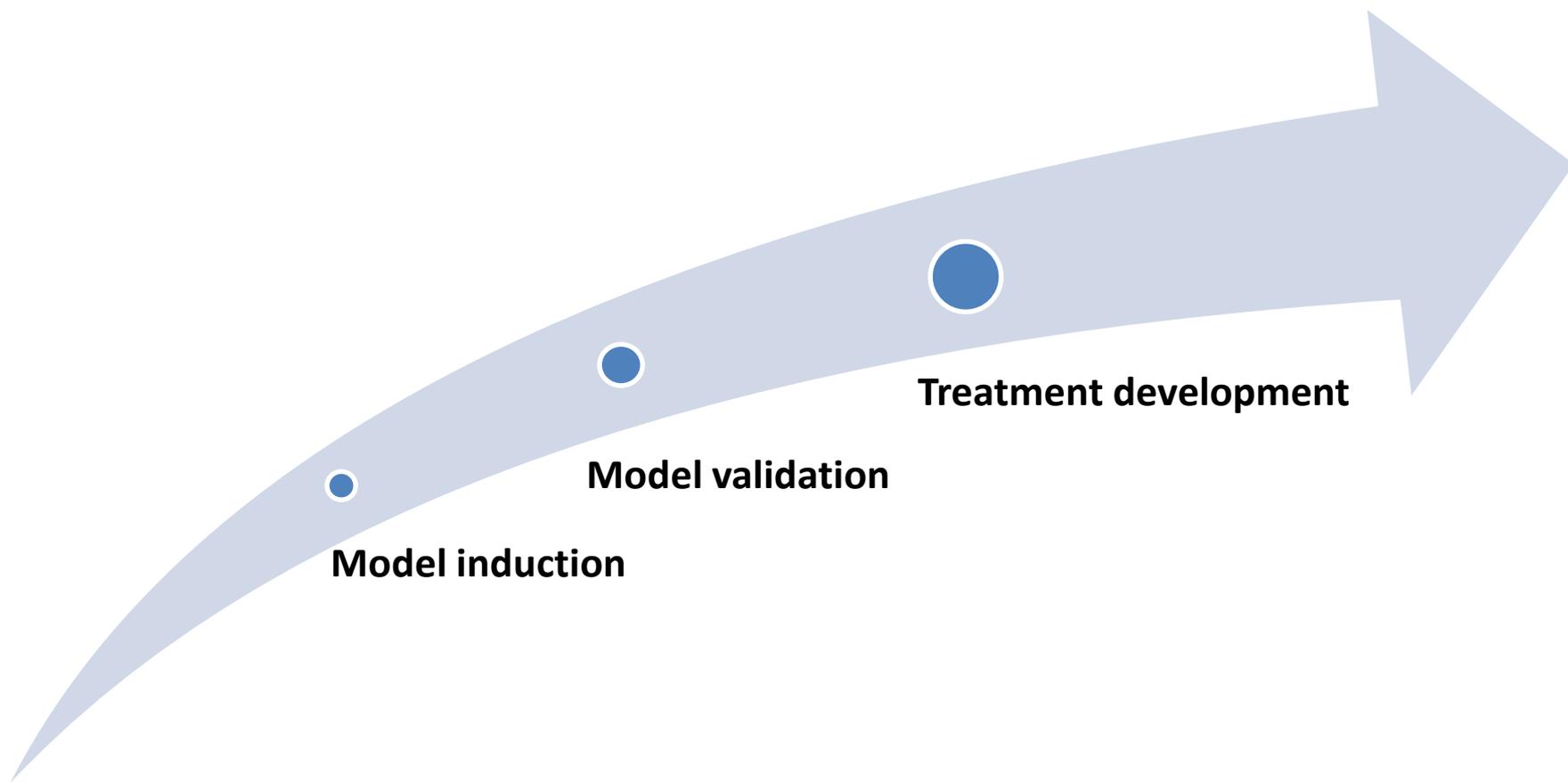
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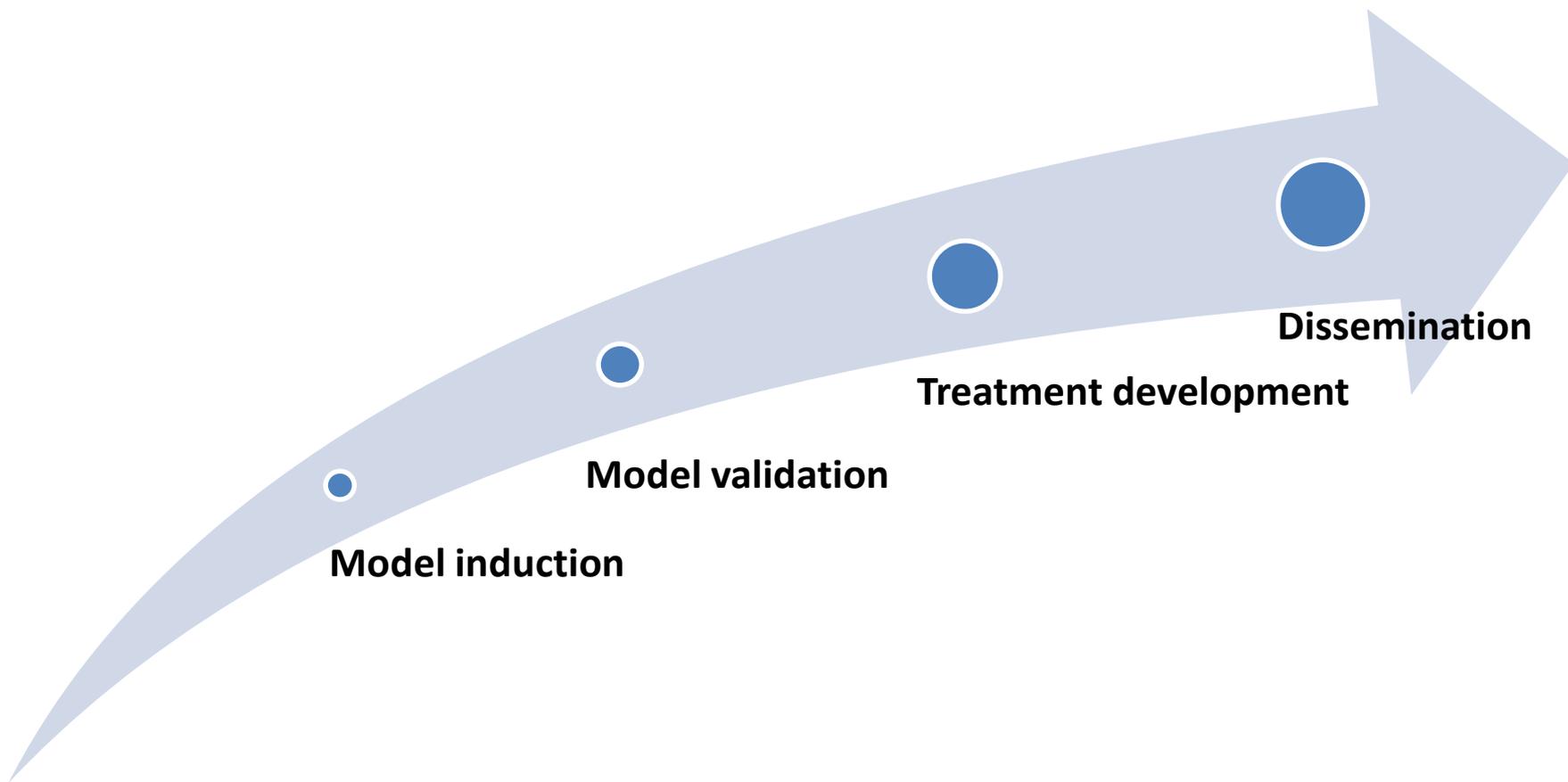
**Model induction**

**Model validation**

**Treatment development**

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*Thank you!*

nicholas.livingston@va.gov

Twitter: [@DrNLivingston](#)





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# Ethnoracial Disparities in Mental Health: From Detection to Reduction

Juliette McClendon, PhD

Psychologist

Women's Health Sciences Division

National Center for PTSD

VA Boston Healthcare System

Boston University School of Medicine



## Poll Question

How often do you talk about race, ethnicity, or culture with your patients or colleagues?

1. Often
2. Sometimes
3. Rarely
4. Never

# Outline



Evidence & Definitions



Health Disparities Research Framework



Characteristic studies



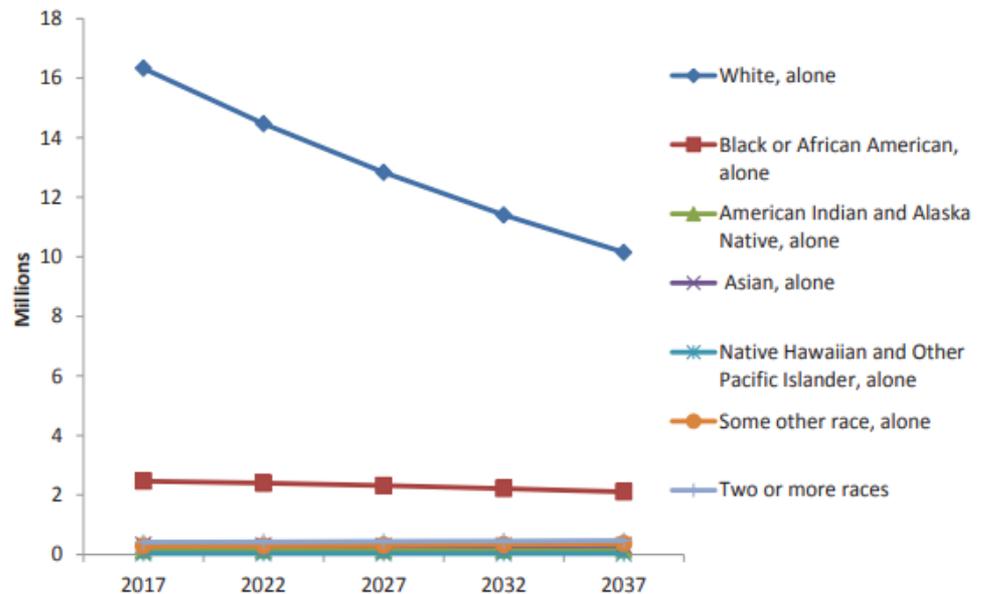
Ongoing research



Future directions

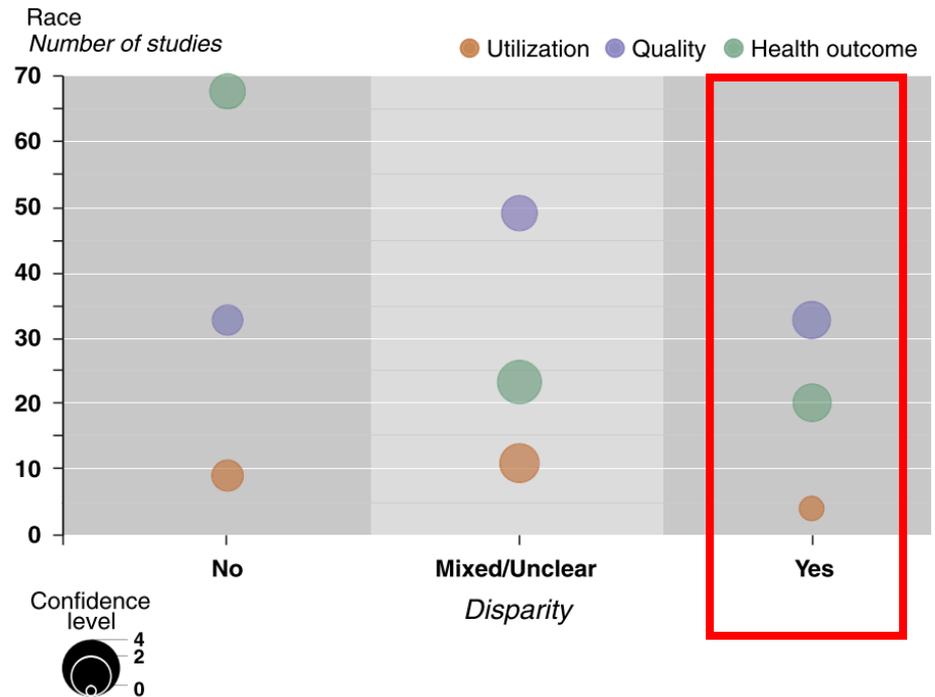
## The U.S. Veteran population is becoming more diverse

- Minority Veterans are predicted to increase from 23.2% of the total Veteran population in 2017 to 32.8% in 2037.
- Hispanic Veterans will increase from 7.4% in 2017 to 11.2% in 2037
- [www.va.gov/vetdata](http://www.va.gov/vetdata)



## Ethnoracial health disparities persist in VA

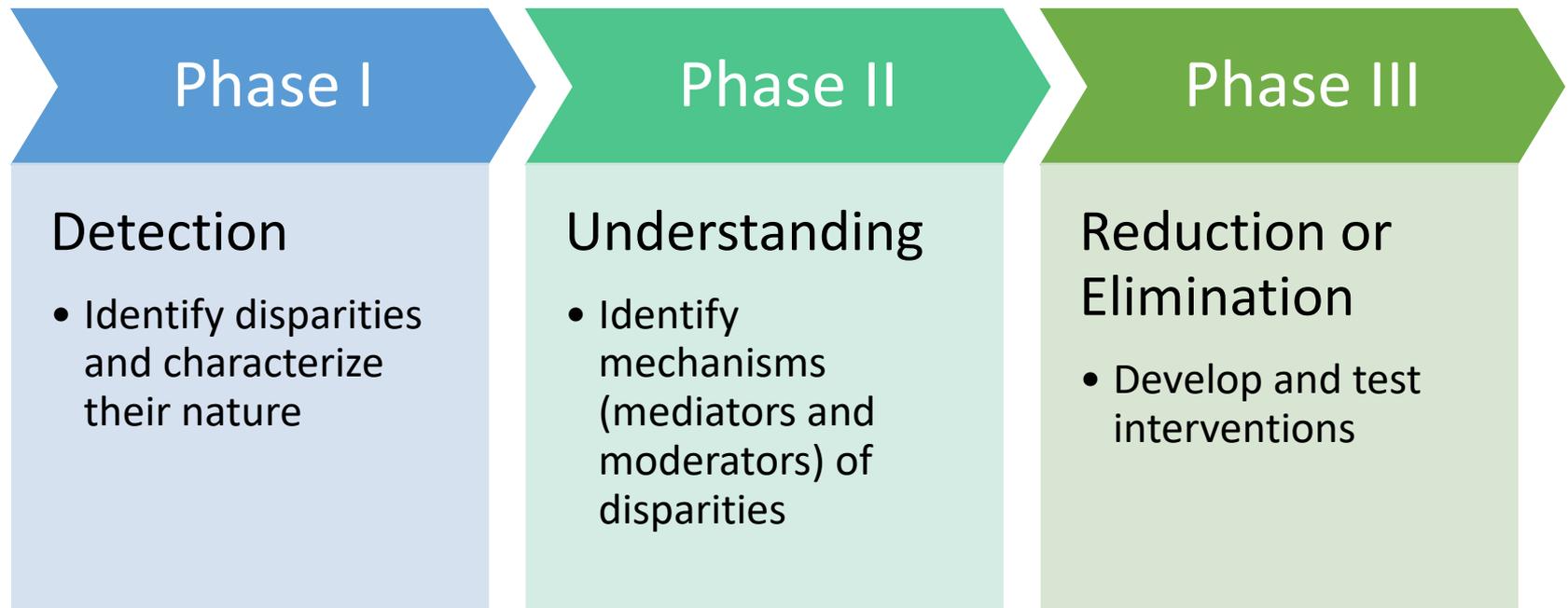
- “A particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage.” (Healthy People 2020)
- Significant ethnoracial health disparities within VA.
- Less work on MH disparities.



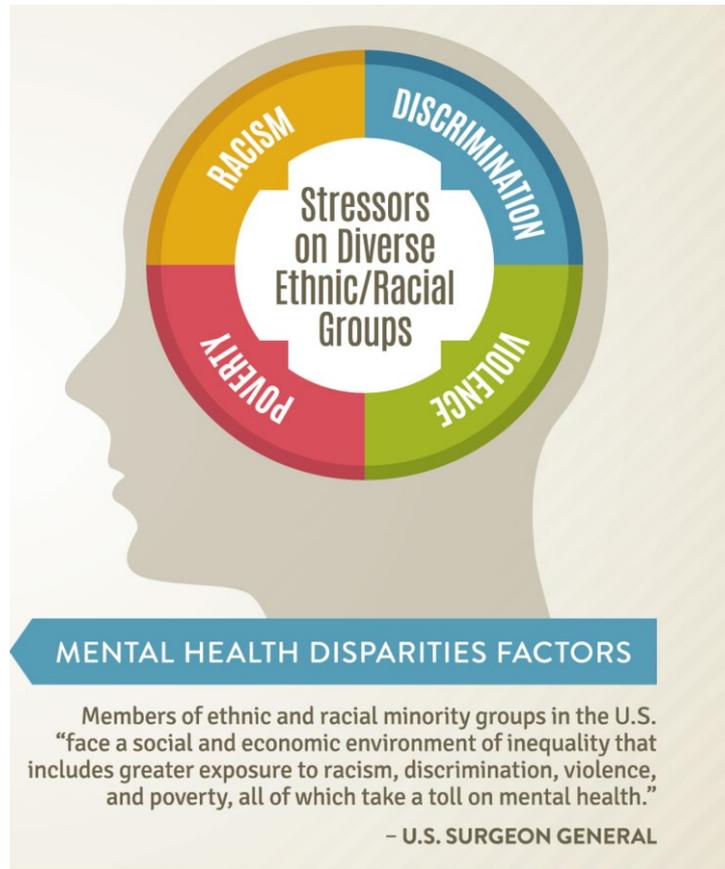
From: Kondo, Low, Everson, Gordon, et al. (2017). Health Disparities in Veterans: A Map of the Evidence. *Medical Care*, 55, S9-S15.

# Health Disparities Research Conceptual Framework

Kilbourne, Switzer, Hyman, Crowley-Matoka and Fine (2006). *AJPH*.



# Phase I: Characterize Disparities





Contents lists available at [ScienceDirect](#)

## Journal of Anxiety Disorders

journal homepage: [www.elsevier.com/locate/janxdis](http://www.elsevier.com/locate/janxdis)



### Patterns and correlates of racial/ethnic disparities in posttraumatic stress disorder screening among recently separated veterans



Juliette McClendon<sup>a,b,\*</sup>, Daniel Perkins<sup>c,d,e</sup>, Laurel A. Copeland<sup>f,g</sup>, Erin P. Finley<sup>h,i</sup>, Dawne Vogt<sup>a,b</sup>

#### Rationale

- Lack of knowledge about racial/ethnic differences in PTSD prevalence among recent veterans.

#### Sample

- The Veterans Metrics Initiative (TVMI): National cohort of 9,554 recently separated military veterans.

#### Method

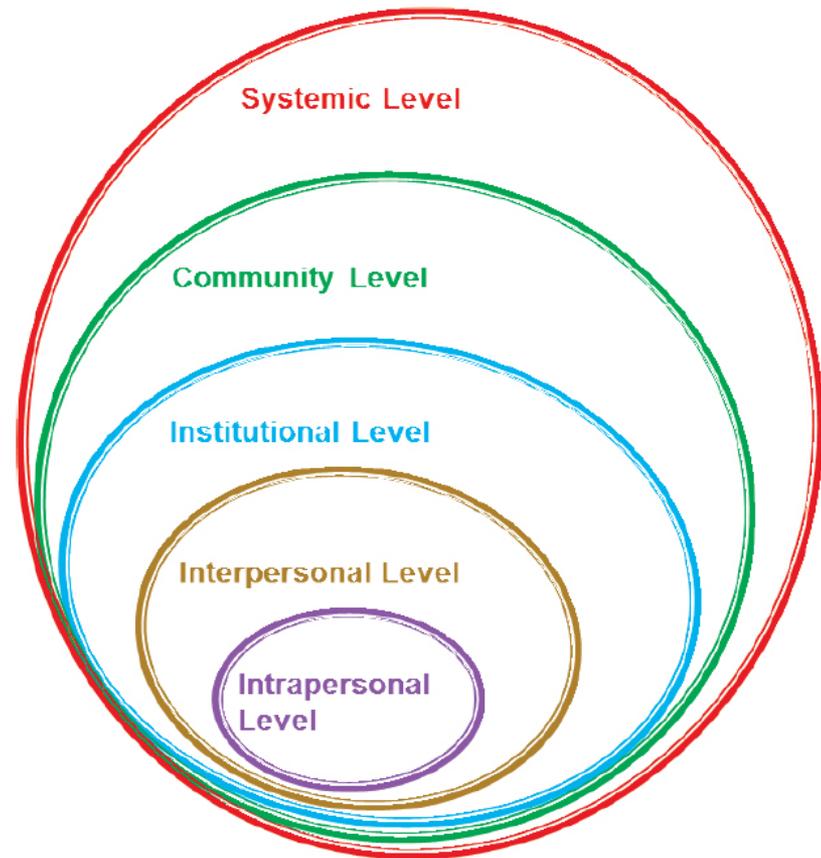
- Examined PTSD screening rates (PC-PTSD-5) by race and ethnicity, stratified by gender (male & female)
- Examined correlates: demographics, trauma exposure, life stress, social support

	Model 1: Age		Model 2: Household income & education		Model 3: Trauma exposure		Model 4: Life stress		Model 5: Social support	
	OR	95% CI	OR	95% CI	OR	95% CI	OR	95% CI	OR	95% CI
<b>Women</b>										
White	1		1		1		1		1	
Black	1.50	(1.11 – 2.03)*	1.37	(1.00 – 1.86)*	1.37	(.96 – 1.96)	1.31	(.90 – 1.90)	1.26	(.87 – 1.84)
Hispanic/Latina	1.76	(1.27 – 2.44)*	1.61	(1.16 – 2.23)*	1.54	(1.04 – 2.28)*	1.57	(1.04 – 2.37)*	1.50	(.98 – 2.30)
AHPI	1.12	(.65 – 1.95)	1.12	(.64 – 1.96)	1.26	(.66 – 2.40)	1.15	(.64 – 2.09)	1.23	(.68 – 2.23)
Multiracial	2.86	(1.82 – 4.49)*	2.78	(1.77 – 4.36)*	2.13	(1.29 – 3.53)*	2.32	(1.35 – 4.01)*	2.09	(1.21 – 3.60)*
<b>Men</b>										
White	1		1		1		1		1	
Black	2.07	(1.71 – 2.50)*	1.84	(1.51 – 2.23)*	1.81	(1.44 – 2.27)*	1.48	(1.16-1.88)*	1.46	(1.15 – 1.86)*
Hispanic/Latino	1.48	(1.26 – 1.74)*	1.31	(1.11 – 1.54)*	1.28	(1.06 – 1.55)*	1.22	(1.00 – 1.49)	1.17	(.95 – 1.44)
AHPI	.89	(.66 – 1.20)	.83	(.61 – 1.12)	1.03	(.73 – 1.44)	.74	(.52 – 1.07)	.70	(.48 – 1.01)
Multiracial	1.68	(1.29 – 2.18)*	1.59	(1.22 – 2.08)*	1.39	(1.02 – 1.88)*	1.31	(.94 – 1.82)	1.22	(.88 – 1.70)

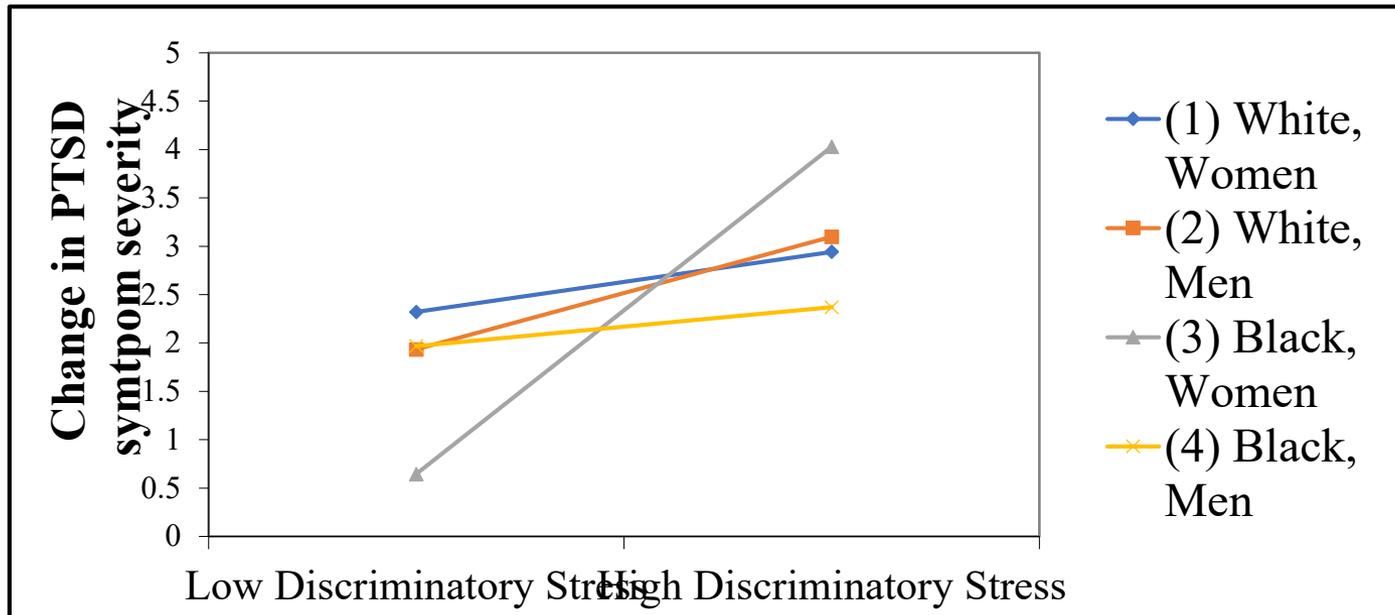
**Black, Multiracial and Hispanic/Latinx veterans have higher rates of positive PTSD screens**

**Multiracial women 2x and Black men 1.5x more likely to screen positive for PTSD**

Phase II:  
Identify  
mechanisms



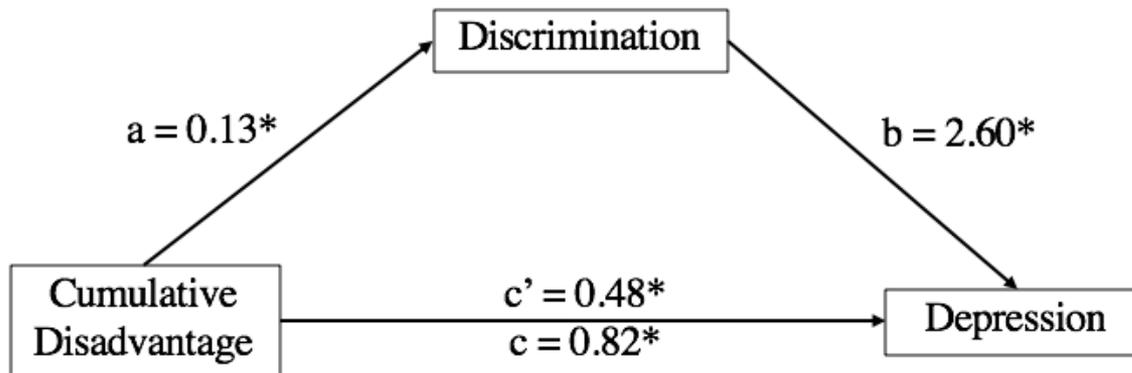
## Phase II: Preliminary results



**Gender and race intersect to predict changes in PTSD over time**

**Discriminatory stress has a stronger effect on increases in PTSD symptoms for Black women cf. men**

## Phase II: Preliminary results



*517 African American and White older adult Veterans with osteoarthritis*

**Discrimination mediates effect of cumulative disadvantage on depression**

**41% of total effect explained by discrimination**

## Phase III: Develop and Test Interventions

**HEALING FROM  
RACIAL STRESS AND TRAUMA:  
A RACE-BASED STRESS/TRAUMA & EMPOWERMENT  
(RBSTE) GROUP INTERVENTION**

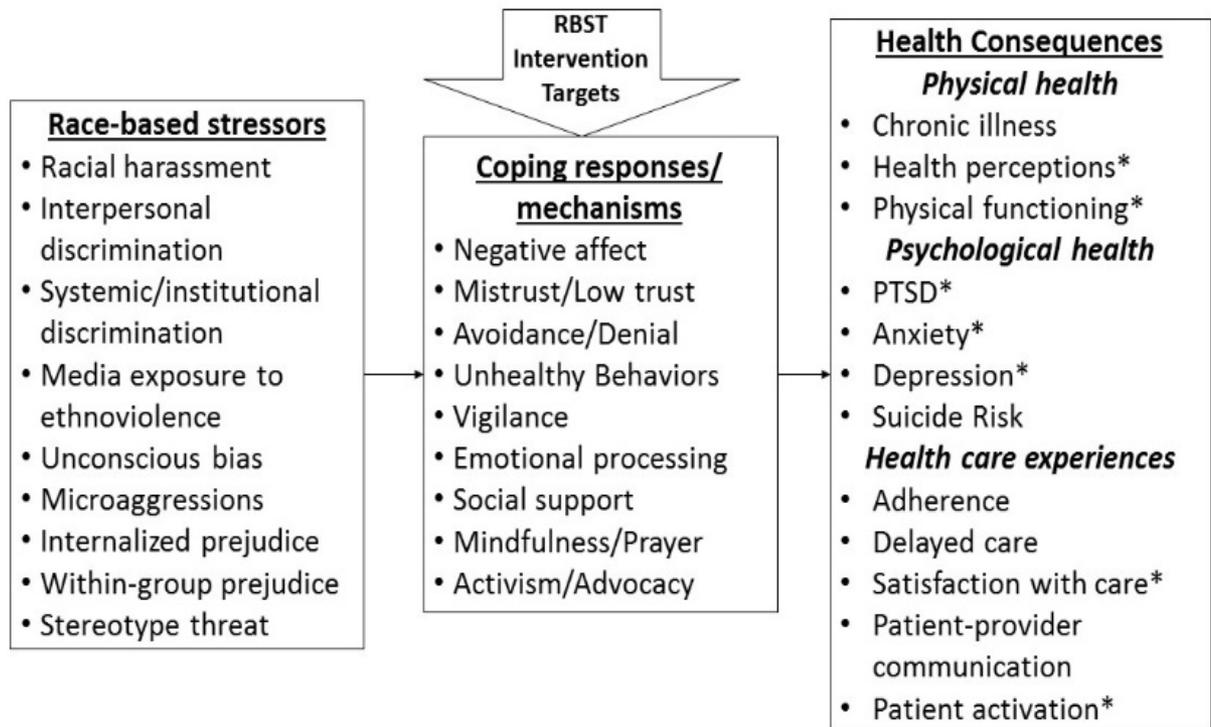


**PROVIDER AND VETERAN MANUAL**

## *The Minority Stress and Empowerment Group*

- Targets discrimination as a mechanism of ethnoracial health disparities
- Developed by trainees at Austin VA
- Delivered in over a dozen VA's
- Currently being formally evaluated

# Conceptual Model



\* Outcomes targeted in proposed study.



## Pilot groups in Women's Trauma Recovery Team

- Found useful **skills** for reducing unpleasant emotions (e.g., anger, anxiety)
- Appreciated **space** to share
- Felt experiences were **validated**
- Appreciated working with two **Black female clinicians**
- Would **recommend** the group to other Veterans
- They wanted **more!**

# VISN1 Career Development Award



Aim 1: Pilot  
Effectiveness

Sub-aim 1a:  
Gender  
considerations



# VISN1 Career Development Award

Engaged with mental health clinics at Boston VA

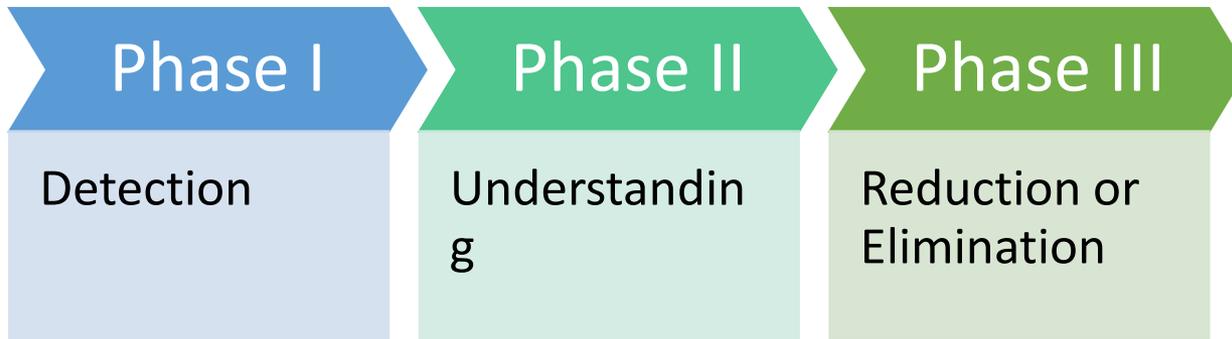
Recruited 28 veterans (40% women)

Screened 23 (3 ineligible)

Enrolled 11 in group 1

7 veterans attended first two groups

Study currently on hold due to COVID-19



***Discrimination is an important psychosocial determinant of mental health disparities that can be targeted in interventions***

The Health Disparities Research Framework is useful for informing programmatic health equity research



## Future Directions

Monitor  
disparities

Identify  
additional  
mechanisms

Continued  
intervention  
and  
implementat  
ion research

Policy

- Provider diversity
- Cultural competence

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Our Veterans and study  
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/

+

Thank You!

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