

VETERANS HEALTH ADMINISTRATION

Office of Health Equity

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U.S. Department
of Veterans Affairs

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.

VETERAN 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

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Health Equity

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- Tools
- News and Events
- Partners and Stakeholders
- More Health Care

New Equity Report

The National Veteran Health Equity Report (NVHER) 2021 provides data on patient experiences and healthcare quality for Veterans who receive VHA care.

[Learn more »](#)

VHA Office of Health Equity

Equitable access to high-quality care for all Veterans is a major tenet of the VA healthcare mission. The Office of Health Equity (OHE) champions the elimination of health disparities and achieving health equity for all Veterans. OHE supports the VHA's vision to provide appropriate individualized health care to each Veteran in a

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

CYBERSEMINAR PRESENTERS



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Core Investigator at the VA HSR&D Center for Innovation to Implementation (Ci2i) at the VA Palo Alto Health Care System

Clinical Assistant Professor (affiliated) in the Department of Psychiatry and Behavioral Sciences at the Stanford University School of Medicine



Donna L. Washington, MD, MPH, FACP

Director of the Health Equity–Quality Enhancement Research Initiative National Partnered Evaluation Center (PEC)

Associate Director for Health Equity Research at the VA HSR&D Center for the Study of Healthcare Innovation, Implementation and Policy (CSHIIP) at VA Greater Los Angeles Healthcare System

Professor of Medicine at the UCLA Geffen School of Medicine

Women Veterans' Experiences of VHA Care: Intersection of Sex and Race-Ethnicity in the National Veteran Health Equity Report

Jessica Y. Breland, PhD

Donna L. Washington, MD, MPH, FACP

Health Equity–Quality Enhancement Research Initiative
National Partnered Evaluation Center

Focus on Health Equity and Action
Cyberseminar Series • July 20, 2023



U.S. Department of Veterans Affairs
Veterans Health Administration
Office of Health Equity



VHA Health Equity –
Quality Enhancement Research Initiative
National Partnered Evaluation Center



U.S. Department of Veterans Affairs
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Quality Enhancement Research Initiative

Disclosures

- No financial or other conflicts of interest to disclose
- Views expressed are those of the presenters, and do not necessarily represent the views of the Department of Veteran Affairs or of the U.S. Government.

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Health Equity-QUERI National Partnered Evaluation
Center (PEC)
- Health Equity-QUERI PEC NVHER team:
LaShawnta Jackson, Danna Kasom, Mark Canning,
Anita Yuan, W. Neil Steers, Joy Toyama
- Office of Quality and Patient Safety (QPS) – Analytics and
Performance Integration (API) – Performance Measurement:
SHEP-PCMH data use

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
 - Equity and intersectionality
 - National Veteran Health Equity Report methods and sex comparisons
- Patient Experiences of VA Care
- Summary and Resources

Background: Health Equity in VA

- Equitable access to high quality care is a major tenet of the VA healthcare mission
- Health inequities are differences in health status or in the distribution of health resources between different population groups, arising from social factors, including those associated with income, sex, race and ethnicity
- The National Veteran Health Equity Report and related evaluations are one mechanism for monitoring and communicating gaps in health and health care experienced by different Veteran population groups
 - Supports Health Equity Action Plan strategy to achieve health equity
 - Informs equity-guided quality improvement

Background: Intersectionality

- People identify across many domains
 - Examples: sex, gender, race, ethnicity
- These intersecting identities affect experiences
 - Example: Experiences of Black Women differ from those of both White Women and Black Men
- Kimberlé Crenshaw is a foundational scholar

Background: Intersectionality and VHA Users

- There is a growing body of work on the needs and experiences of women Veterans using VHA
- There is limited work on the intersectional identities of women related to factors like race and ethnicity

National Veteran Health Equity Report (NVHER) 2021

- NVHER 2021 focus
 - **Patient experiences of VA care**
 - **Veteran health care quality**
- } 62 measures across 6 domains
- Comparative information for Veteran VA users who vary by
 - Race-Ethnicity
 - Sex *
 - Age group
 - Rurality of residence
 - Socio-economic status
 - Service-connected disability
 - Selected chronic medical conditions
 - Mental health disorder

** NVHER uses Sex data field, whereas other Office of Health Equity work examines Gender Identity*

National Veteran Health Equity Report (NVHER) 2021

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Today – Patient experiences at the intersection of Sex and Race-Ethnicity

Data Sources and Linkages

- Survey of Health Care Experiences of Patients – Patient Centered Medical Home: customer experience survey of VA healthcare users
- Corporate Data Warehouse for Veteran characteristics: race and ethnicity; sex; age
 - American Indian or Alaska Native (AIAN)
 - Asian
 - Black or African American (Black)
 - Hispanic or Latina/Latino (Hispanic)
 - More than one race (>1 race)
 - Native Hawaiian or Other Pacific Islander (NHOPI)
 - White non-Hispanic (White)
- Four fiscal years of data linked FY2016–FY2019

Domains of Patient Experience

- Access – getting timely appointments, care, and information
- Person 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 supporting patient in taking care of their own health
- Care Coordination – provider’s use of information to coordinate patient care, including discussing medication decisions

Analysis

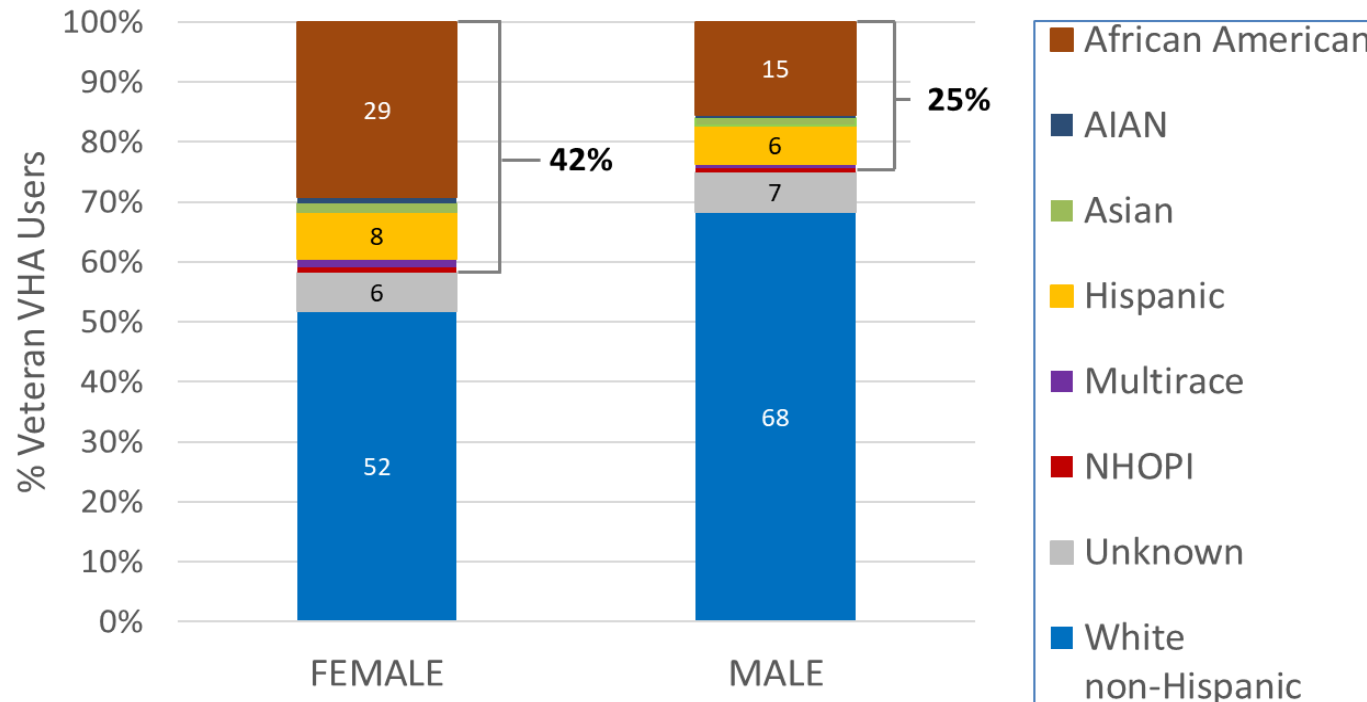
- Patient experience measures aligned so that a higher rating is better, then dichotomized to response indicating best care vs. less

NVHER Findings on Women Veterans' Experiences of Care

- NVHER reported on sex comparisons within age groups
- For each domain of patient experience, women and men experienced equivalent care for at least 2/3rds of measures
- Disparities by sex were present for several measures and varied by age group
 - Unknown if sex differences in patient experience also varied by Veteran racial and ethnic identity

Racial-Ethnic Distribution by Sex of Veteran VHA Patients, FY20

- Overall: 25.6% identify as racial or ethnic minoritized Veterans; 66.9% as non-Hispanic White; 8.4% as female; 91.6% as male



Note: AIAN is American Indian or Alaska Native, Black is Black or African American, Hispanic is Hispanic or Latina/Latino, >1 race is More than 1 race, NHOPI is Native Hawaiian or Other Pacific Islander

Source: Health Equity-QUERI PEC analysis of CDW data

Analysis

- Intersectional analysis centered on comparisons with racial and ethnic minoritized women
 - For each measure, weighted logistic regression models included: sex, race-ethnicity, sex-by-race-ethnicity interaction terms, age
 - Associations expressed as odds ratios and adjusted mean differences comparing racial and ethnic minoritized women with: White women; racial or ethnic concordant men; White men
 - Comparisons not reported if reference group sample size had <80% power to identify relative differences >10% compared to White women

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Minoritized Women Ratings Key

**Minoritized Group
(n = items rated)**

Compared with White Women

Better Equivalent Worse

**Compared
with
Minoritized
Men**

Better

Equivalent

Worse

Minoritized Women Ratings Key

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**Compared
with
Minoritized
Men**

Better

Equivalent

Worse

	Better	Equivalent	Worse Within sex disparities – minoritized women compared with White women
	Better	Equivalent	Worse
	Within race disparities – minoritized women compared with men		Dual disparities

All Patient Experience Ratings

AIAN Women Ratings

(n=8)

Compared with White Women
Better Equivalent Worse

		Better	Equivalent	Worse
Compared with AIAN Men	Better			
	Equivalent		13%	13%
	Worse		50%	25%

Asian Women Ratings

(n=15)

Compared with White Women
Better Equivalent Worse

		Better	Equivalent	Worse
Compared with Asian Men	Better	27%	13%	
	Equivalent	13%	40%	
	Worse		7%	

> 1 Race Women Ratings

(n=9)

Compared with White Women
Better Equivalent Worse

		Better	Equivalent	Worse
Compared with > 1 Race Men	Better			
	Equivalent		11%	22%
	Worse		22%	44%

NHOPI Women Ratings

(n=1)

Compared with White Women
Better Equivalent Worse

		Better	Equivalent	Worse
Compared with NHOPI Men	Better			
	Equivalent			
	Worse			100%

Note: AIAN is American Indian or Alaska Native, >1 race is More than 1 race, NHOPI is Native Hawaiian or Other Pacific Islander

Source: Health Equity-QUERI PEC analysis of SHEP-PCMH FY2016 – FY2019 data

All Patient Experience Ratings

Black Women Ratings

(n=28)

Compared with White Women
Better Equivalent Worse

		Better	Equivalent	Worse
Compared with Black Men	Better		4%	4%
	Equivalent	7%	21%	7%
	Worse	11%	39%	7%

Hispanic Women Ratings

(n=27)

Compared with White Women
Better Equivalent Worse

		Better	Equivalent	Worse
Compared with Hispanic Men	Better		15%	
	Equivalent	15%	37%	11%
	Worse		22%	

White Women Ratings

(n=28)

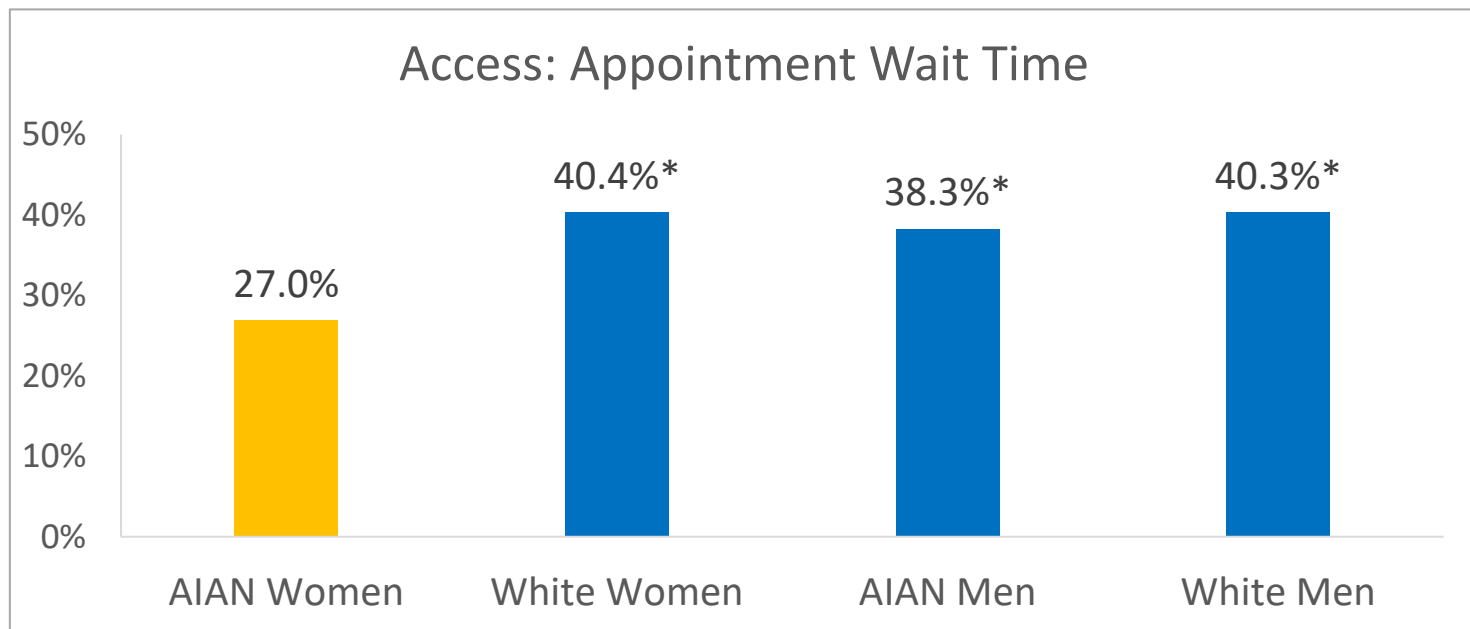
		Better
Compared with White Men	Better	11%
	Equivalent	32%
	Worse	57%

Note: Black is Black or African American, Hispanic is Hispanic or Latina/Latino, White is non-Hispanic White

Source: Health Equity-QUERI PEC analysis of SHEP-PCMH FY2016 – FY2019 data

Access: Appointment Wait Time

- VHA users who indicated, in the last 6 months, they always saw their provider within 15 minutes of their appointment time



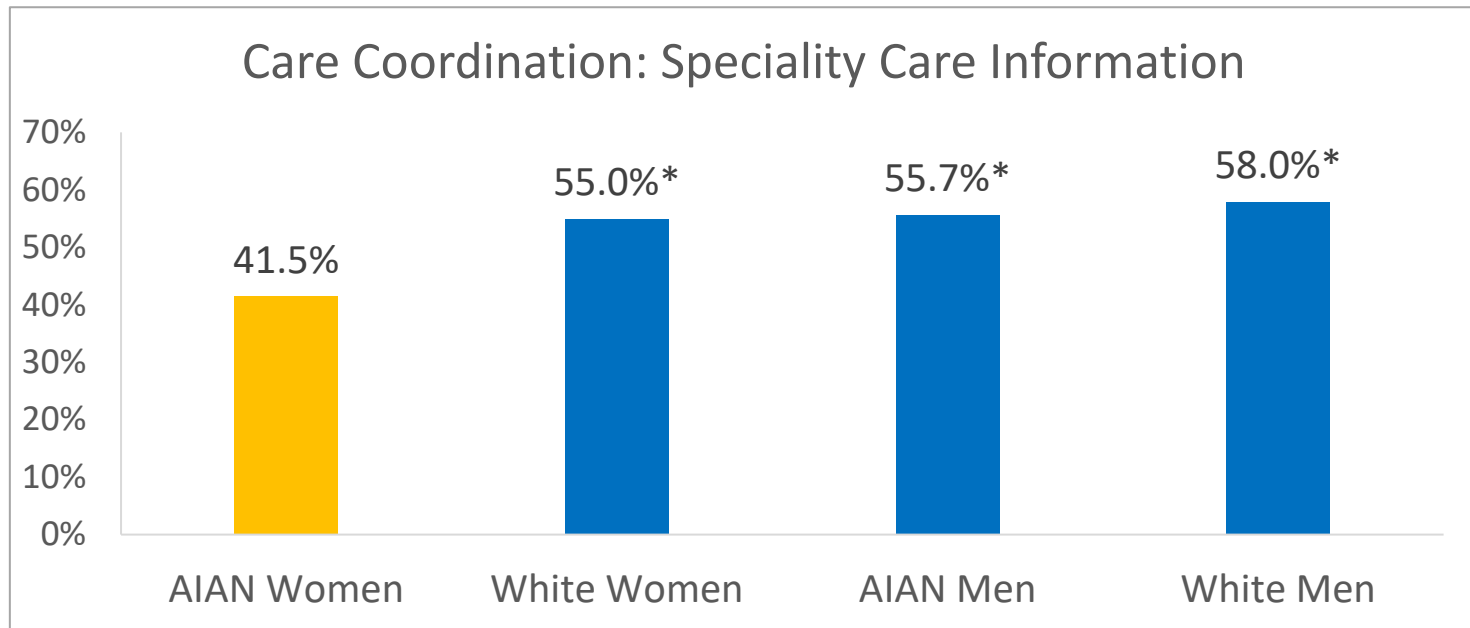
* $p < 0.05$

Reference: AIAN Women; AIAN is American Indian or Alaska Native

Source: Health Equity-QUERI PEC analysis of SHEP-PCMH FY2016 – FY2019 data

Care Coordination: Specialty Care Information

- VHA users who indicated, in the last 6 months, that their provider always seemed informed and up-to-date about the care they received from specialists



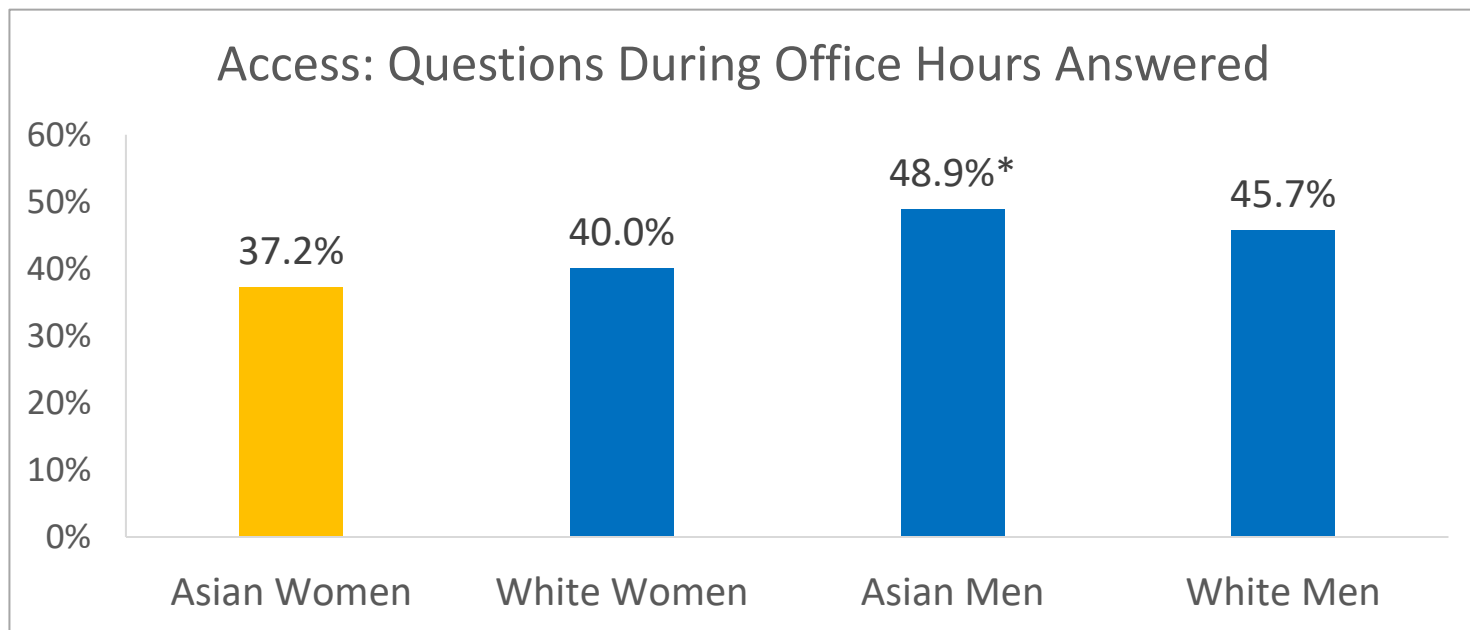
* $p < 0.05$

Reference: AIAN Women; AIAN is American Indian or Alaska Native

Source: Health Equity-QUERI PEC analysis of SHEP-PCMH FY2016 – FY2019 data

Access: Questions During Office Hours Answered

- VHA users who indicated, in the last 6 months, when they contacted their provider's office during regular office hours, they always received an answer to their medical question that same day



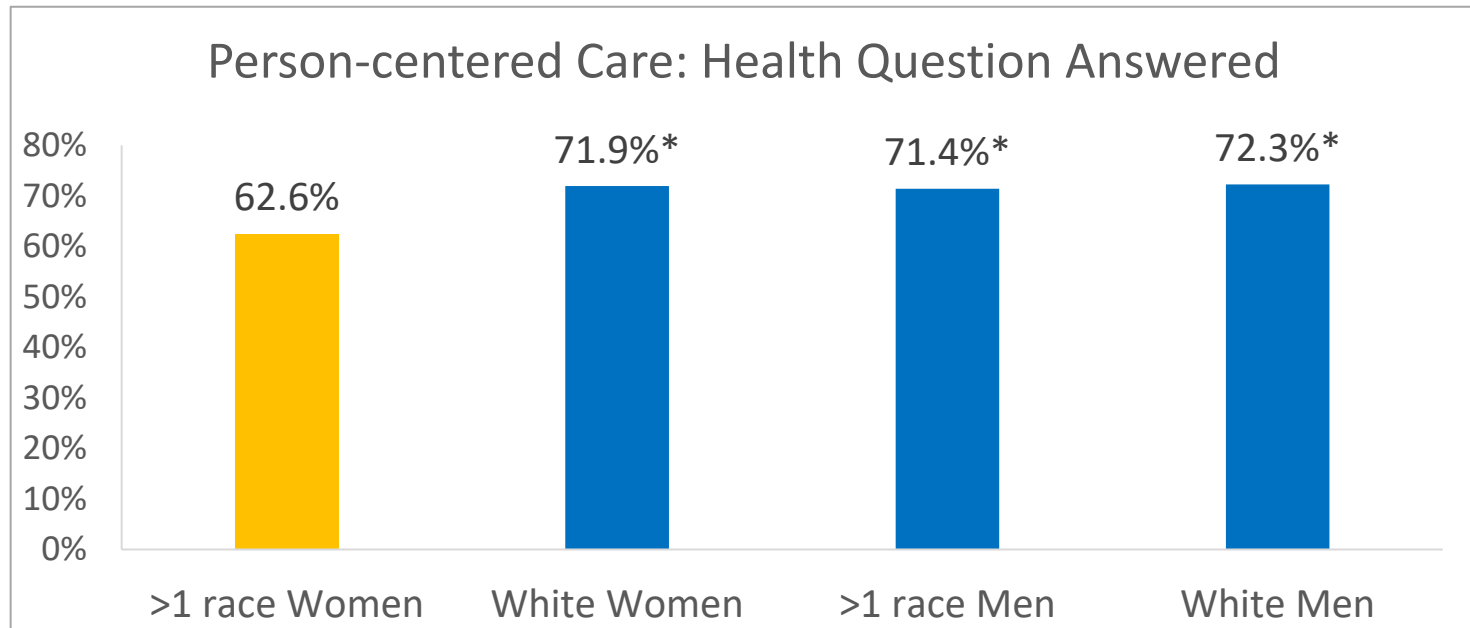
* $p < 0.05$

Reference: Asian Women

Source: Health Equity-QUERI PEC analysis of SHEP-PCMH FY2016 – FY2019 data

Person-Centered Care: Health Question Answered

- VHA users who indicated, in the last 6 months, their provider always gave them easy to understand information about their health questions or concerns



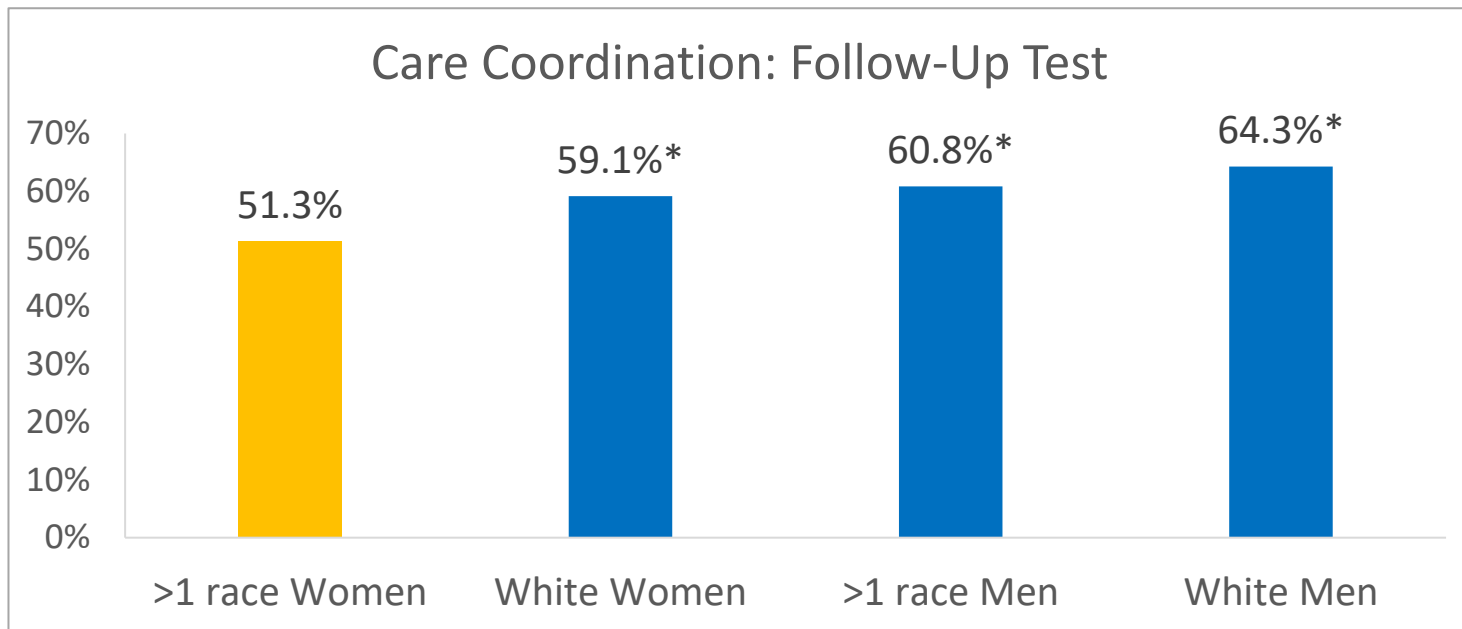
* $p < 0.05$

Reference: >1 race Women; >1 race is More than 1 race

Source: Health Equity-QUERI PEC analysis of SHEP-PCMH FY2016 – FY2019 data

Care Coordination: Follow-Up Test

- VHA users who indicated, in the last 6 months, that when their provider ordered a blood test, x-ray, or other test for them, someone in their provider's office always followed up to give them the results



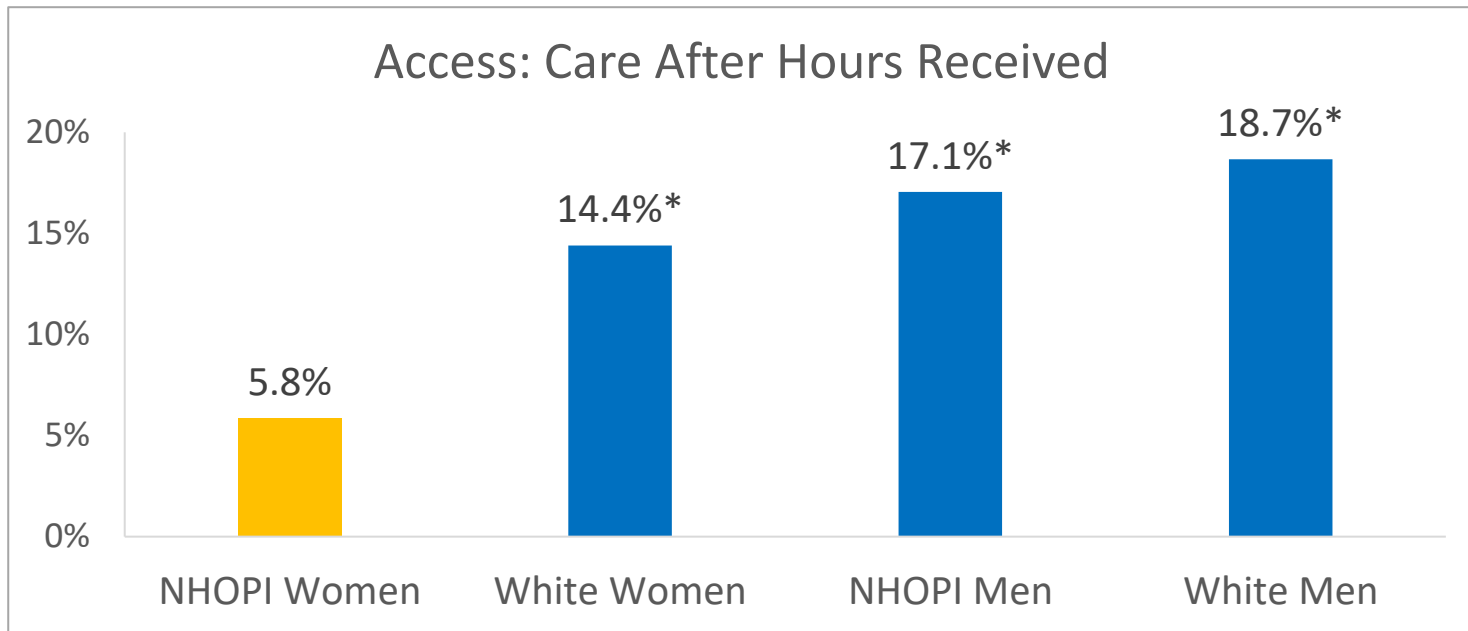
* $p < 0.05$

Reference: >1 race Women; >1 race is More than 1 race

Source: Health Equity-QUERI PEC analysis of SHEP-PCMH FY2016 – FY2019 data

Access: Care After Hours Received

- VHA users who indicated, in the last 6 months, they were always able to get the care they needed from their provider's office during evenings, weekends, or holidays



* $p < 0.05$

Reference: NHOPI Women; NHOPI is Native Hawaiian or Other Pacific Islander

Source: Health Equity-QUERI PEC analysis of SHEP-PCMH FY2016 – FY2019 data

Black Women Ratings

All Patient Experience Ratings

(n=28)

Compared with White Women
Better Equivalent Worse

		Better	Equivalent	Worse
Compared with Black Men	Better		4%	4%
	Equivalent	7%	21%	7%
	Worse	11%	39%	7%

Access to Care Domain

(n=6)

Compared with White Women
Better Equivalent Worse

		Better	Equivalent	Worse
Compared with Black Men	Better			17%
	Equivalent			
	Worse		67%	17%

Person-Centered Care Domain

(n=16)

Compared with White Women
Better Equivalent Worse

		Better	Equivalent	Worse
Compared with Black Men	Better		6%	
	Equivalent		38%	6%
	Worse	19%	31%	

Care Coordination Domain

(n=6)

Compared with White Women
Better Equivalent Worse

		Better	Equivalent	Worse
Compared with Black Men	Better			
	Equivalent	33%		17%
	Worse		33%	17%

Note: Black is Black or African American

Source: Health Equity-QUERI PEC analysis of SHEP-PCMH FY2016 – FY2019 data

Hispanic Women Ratings

All Patient Experience Ratings

(n=27)

Compared with White Women
Better Equivalent Worse

		Better	Equivalent	Worse
Compared with Hispanic Men	Better		15%	
	Equivalent	15%	37%	11%
	Worse		22%	

Access to Care Domain

(n=6)

Compared with White Women
Better Equivalent Worse

		Better	Equivalent	Worse
Compared with Hispanic Men	Better			
	Equivalent		17%	33%
	Worse		50%	

Person-Centered Care Domain

(n=16)

Compared with White Women
Better Equivalent Worse

		Better	Equivalent	Worse
Compared with Hispanic Men	Better		19%	
	Equivalent	13%	50%	
	Worse		19%	

Care Coordination Domain

(n=5)

Compared with White Women
Better Equivalent Worse

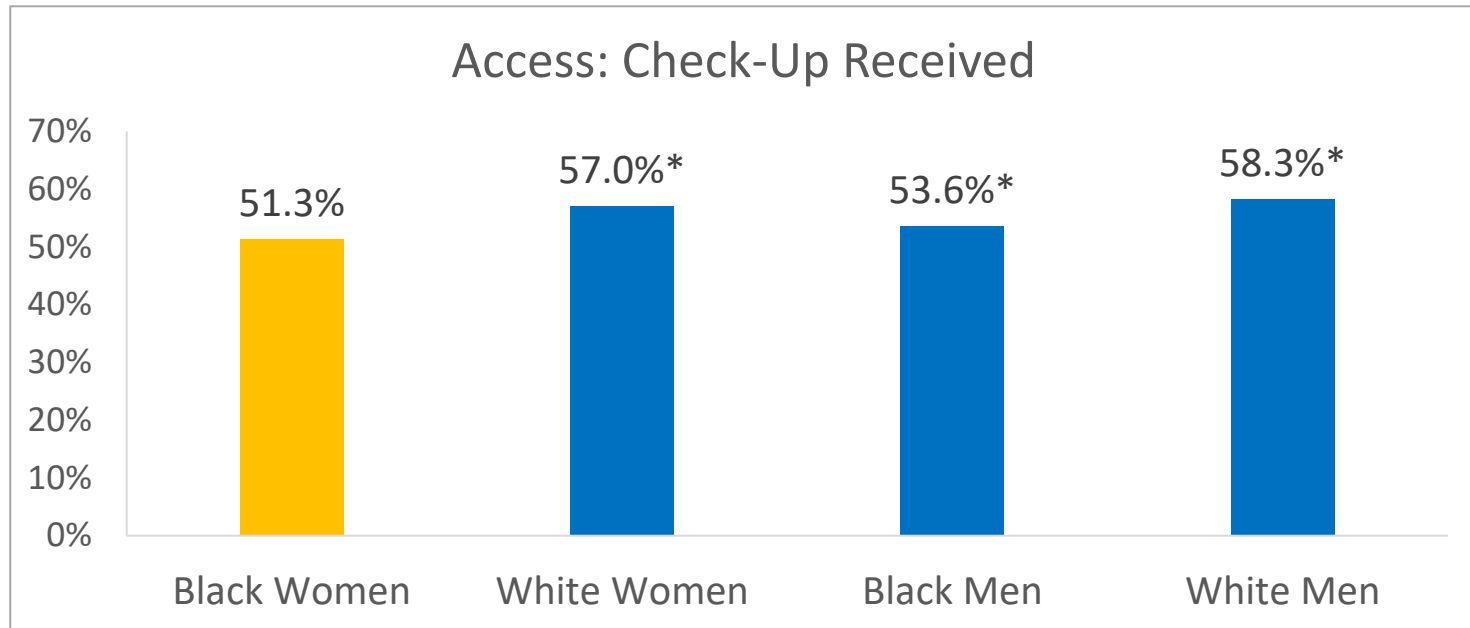
		Better	Equivalent	Worse
Compared with Hispanic Men	Better		20%	
	Equivalent	40%	20%	20%
	Worse			

Note: Hispanic is Hispanic or Latina/Latino

Source: Health Equity-QUERI PEC analysis of SHEP-PCMH FY2016 – FY2019 data

Access: Check-Up Received

- VHA users who indicated, in the last 6 months, when they made an appointment with their provider for a check-up or routine care, they always received an appointment as soon as needed



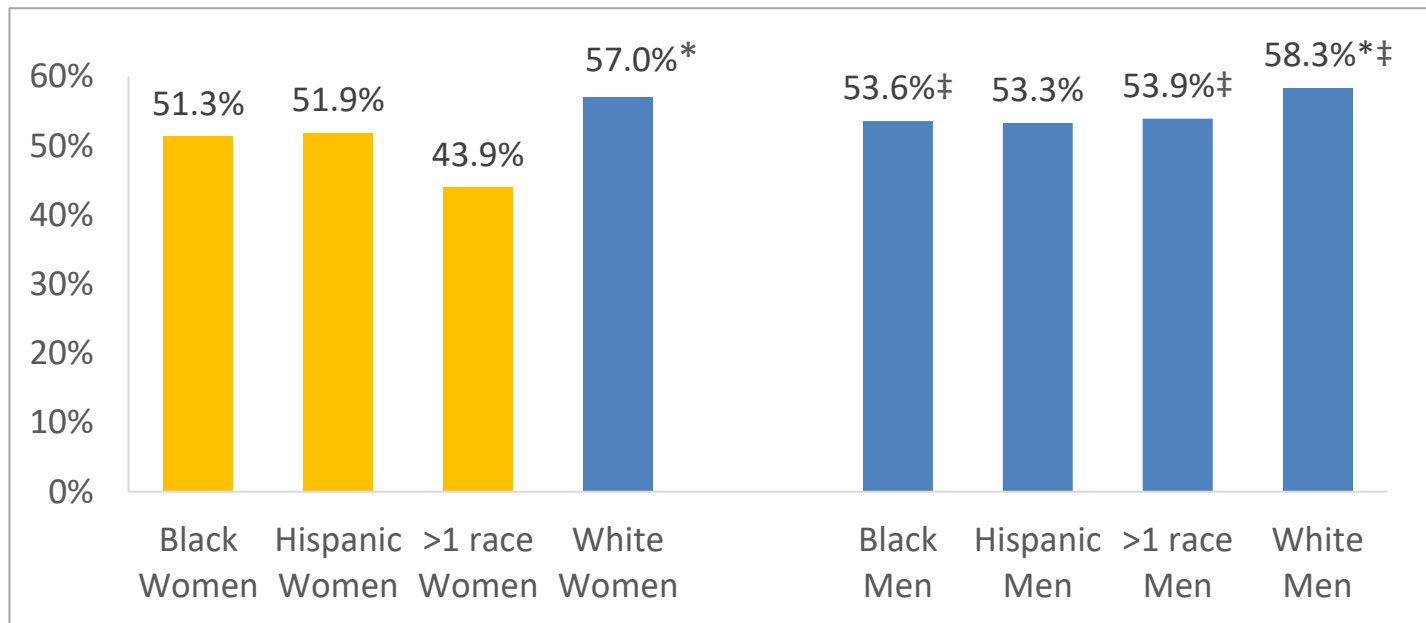
* $p < 0.05$

Reference: Black Women; Black is Black or African American

Source: Health Equity-QUERI PEC analysis of SHEP-PCMH FY2016 – FY2019 data

Access: Check-Up Received

- VHA users who indicated, in the last 6 months, when they made an appointment with their provider for a check-up or routine care, they always received an appointment as soon as needed



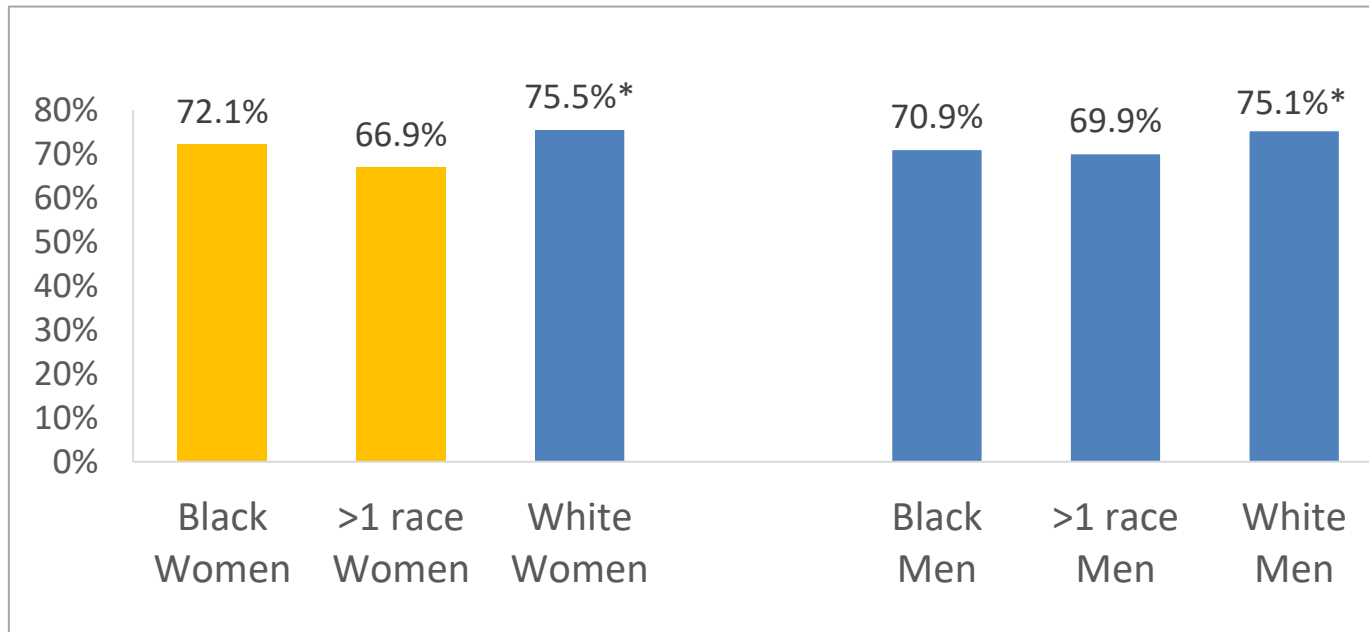
* $p < 0.05$ for all groups compared with White women & with White men; ‡ $p < 0.05$ for sex comparison

Note: Black is Black or African American; Hispanic is Hispanic or Latina/Latino; >1 race is More than 1 race; White is non-Hispanic White

Source: Health Equity-QUERI PEC analysis of SHEP-PCMH FY2016 – FY2019 data

Person-Centered Care: Provider Spent Enough Time

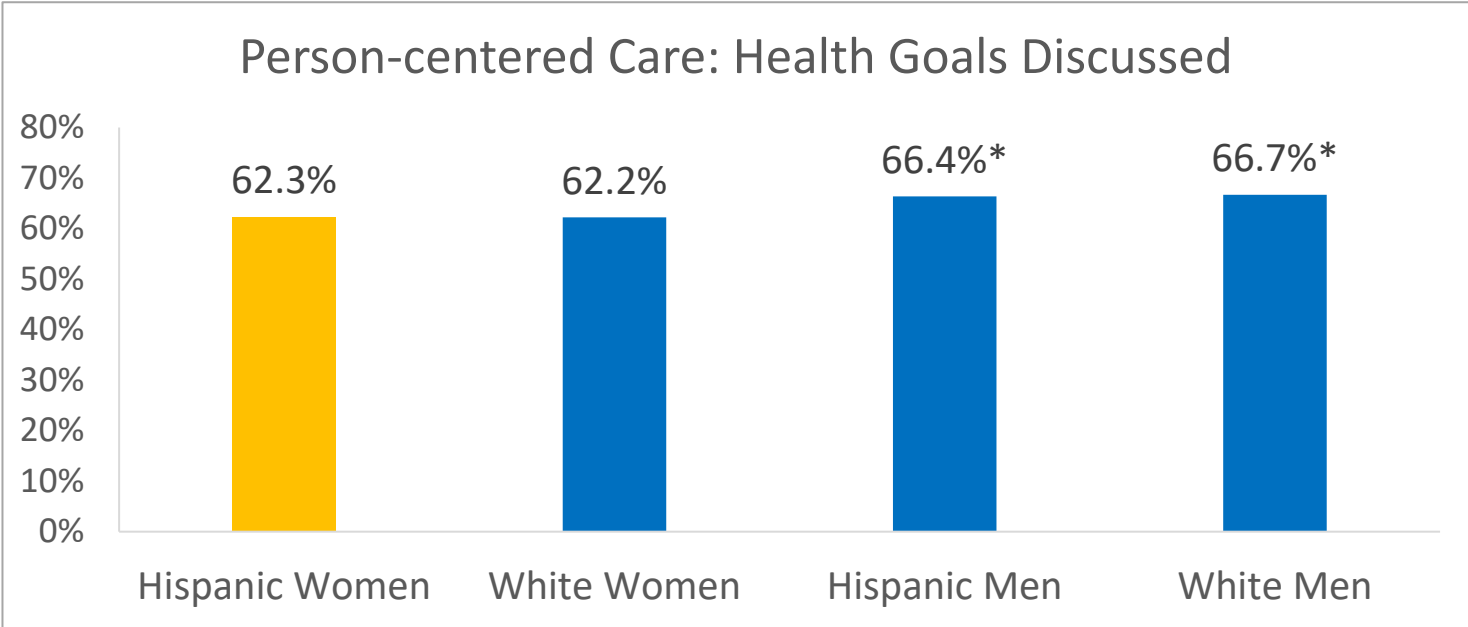
- VHA users who indicated, in the last 6 months, their provider always spent enough time with them



* $p < 0.05$ for Black and More than one race Women compared with both White women and men
Note: Black is Black or African American; >1 race is More than 1 race; White is non-Hispanic White
Source: Health Equity-QUERI PEC analysis of SHEP-PCMH FY2016 – FY2019 data

Person-Centered Care: Health Goals Discussed

- VHA users who indicated, in the last 6 months, that someone in their provider's office spoke with them about specific goals for their health



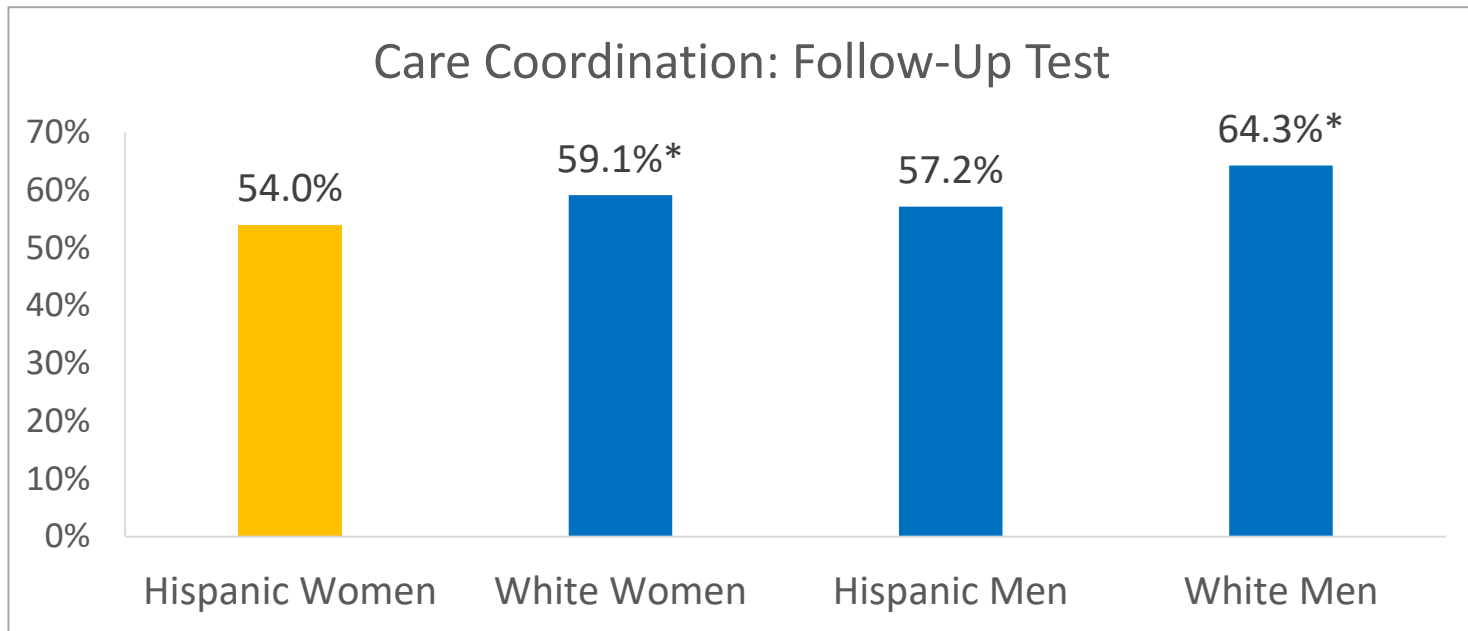
* $p < 0.05$

Reference: Hispanic Women; Hispanic is Hispanic or Latina/Latino

Source: Health Equity-QUERI PEC analysis of SHEP-PCMH FY2016 – FY2019 data

Care Coordination: Follow-Up Test

- VHA users who indicated, in the last 6 months, that when their provider ordered a blood test, x-ray, or other test for them, someone in their provider's office always followed up to give them the results



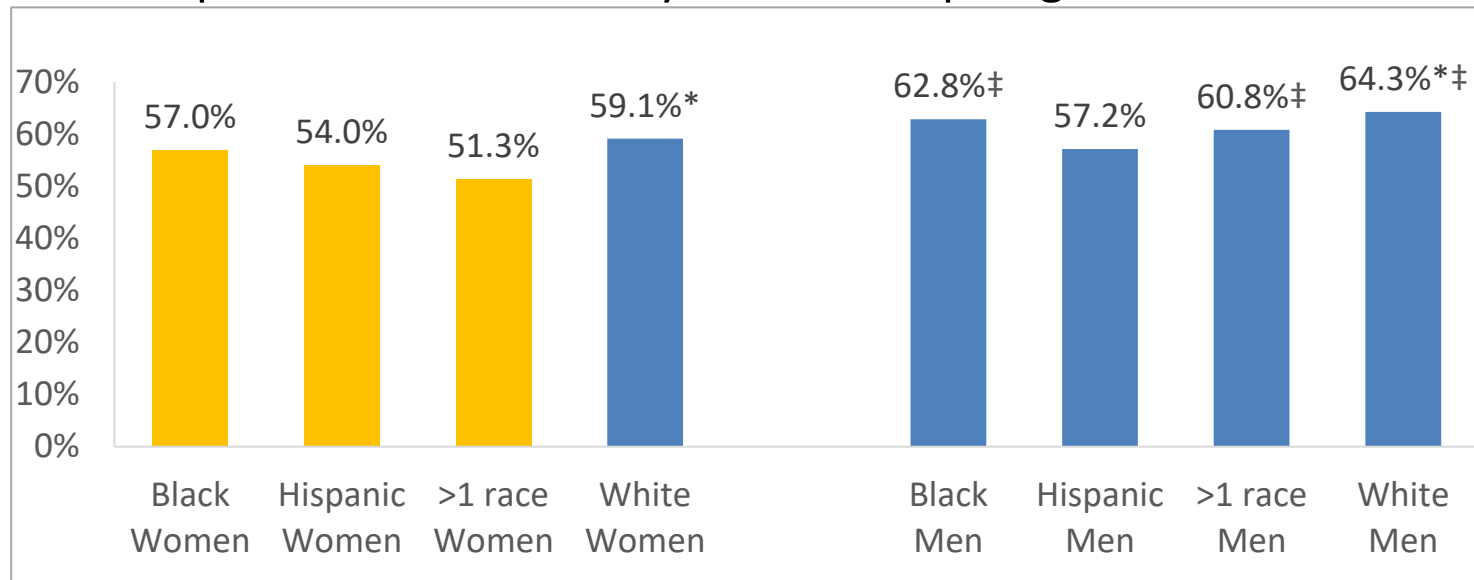
* $p < 0.05$

Reference: Hispanic Women; Hispanic is Hispanic or Latina/Latino

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Source: Health Equity-QUERI PEC analysis of SHEP-PCMH FY2016 – FY2019 data

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 - National Veteran Health Equity Report methods and sex comparisons
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Overview of Findings

- We identified disparities across multiple dimensions
- Variability in disparities identified was dependent on:
 - Racial or ethnic minoritized Women Veteran group
 - Comparison group
 - Domain of patient experience
- Several patterns emerged

Dual Disparities

- Dual disparities represent domains in which a group of racial and ethnic minoritized women have lower ratings than both men of that group and White women
- For most dual disparities identified, disparities were also present compared to White men
 - Greatest magnitude disparity often, but not consistently with White men
- American Indian or Alaska Native women and women of more than one race had higher rates of dual disparities compared to other racial and ethnic minoritized women

Disparities in a Single Dimension

- For comparisons with White women, groups varied widely in their comparative experiences
- Similarly, for comparisons with racial or ethnic concordant men, groups varied widely in their comparative experiences
- The extent of disparities compared with racial or ethnic concordant men exceeded the extent of disparities compared with White women for most groups, but was similar for women of more than 1 race

Extent of Disparities by Racial and Ethnic Minoritized Group

- Lowest extent of disparities, by far, were reported by Asian women
- Greatest extent of disparities were reported by women identifying as American Indian and Alaska Native, or as more than one race
- Ongoing work is examining potential explanations

Access Domain

- Access domain contained the most widespread disparities for most groups
- Potential underlying factors may differ for different groups
 - Example: Gynecologist supply deserts (Friedman et al, 2022) in rural areas could disproportionately affect American Indian and Alaska Native women
 - Example: Transportation difficulties in urban areas could disproportionately affect Black and Hispanic Veterans of both sexes

Implications

- Research and evaluations that omit or combine small population groups as “Other”
 - American Indian and Alaska Native
 - Asian
 - More than one race
 - Native Hawaiian or Other Pacific Islander

miss findings on extent of disparities, and on intersectional disparities

Intersectional Approach: Implications

- Individuals identify along several dimensions
- Multiple labels are imperfect proxies for the unique experiences of these groups
- An intersectional approach advances understanding of experiences associated with inequities in health care and outcomes
- With increasing racial and ethnic and sex diversity, intersectional work along these and other dimensions of identity is crucial to advancing Veterans' health and health care

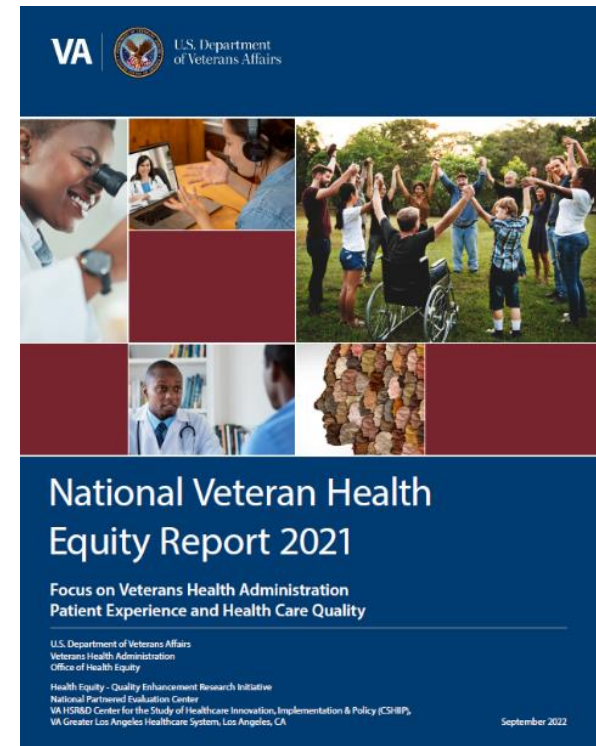
Poll Question #2

How will you use the National Veteran Health Equity Report and these intersectional analysis findings? (check all that apply)

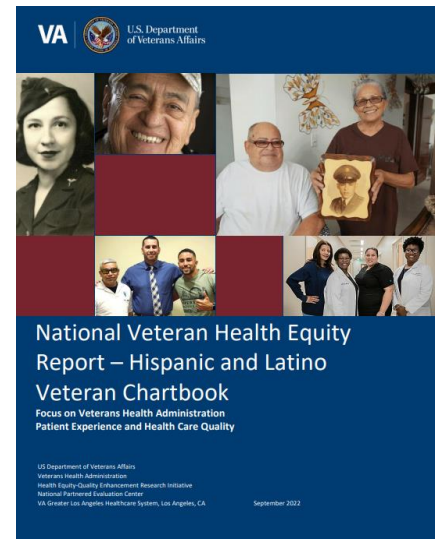
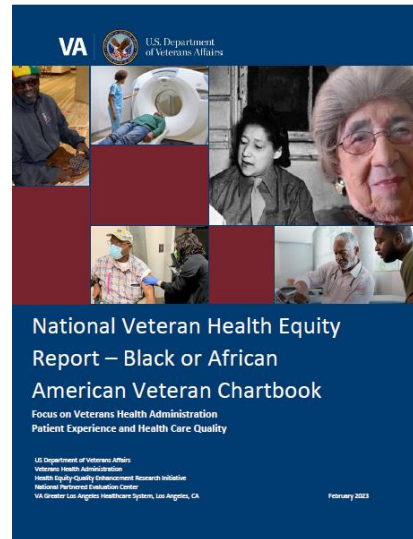
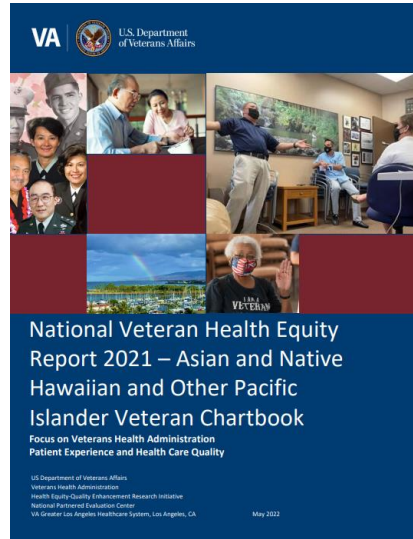
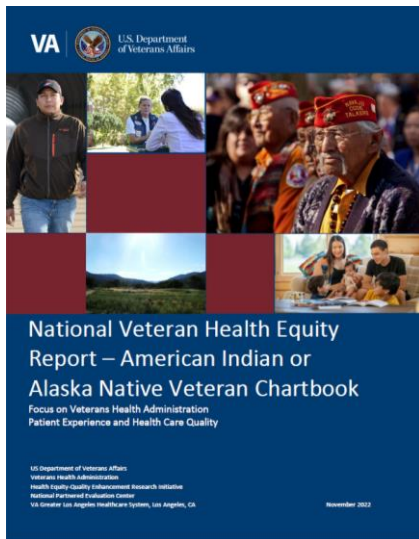
- a. Patient education or patient care
- b. Veteran engagement
- c. Other operations program use
- d. Teaching / medical education (e.g., of students)
- e. Research project background
- f. Other – please specify in the Q&A function

Resources

- VA Office of Health Equity online resources: [Office of Health Equity Home \(va.gov\)](https://www.va.gov/HEALTHY/OfficeofHealthEquityHome).
- VHA Office of Health Equity. National Veteran Health Equity Report 2021. US Department of Veterans Affairs, Washington, DC. Available online at: <https://www.va.gov/HEALTHY/NVHER.asp>



Resources



- VHA Office of Health Equity. National Veteran Health Equity Report (NVHER) chartbooks, available at: <https://www.va.gov/HEALTHYEQUITY/NVHER.asp>

Contact Information

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[Health Equity QUERI Center \(va.gov\)](https://www.queri.research.va.gov/centers/HealthEquity.pdf)
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