

VA targets healthcare equity for all veterans—new research on reducing health disparities

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In recent years, the Veterans Administration (VA) Healthcare System has expanded its efforts to target groups of veterans facing disparities in healthcare access and outcomes. An update on research toward advancing equitable healthcare for all veterans is presented in a September supplement to *Medical Care*.

The special issue papers "add incrementally to the state of the science surrounding the equity of health and [healthcare](#) for potentially vulnerable veterans who are managed in the VA Healthcare System," according to a guest editorial by Drs. Said A. Ibrahim, Leonard E. Egede, and Michael J. Fine. Drs. Ibrahim and Fine are Directors of the VA's Center for Health Equity Research and Promotion (CHERP). Dr. Egede was previously Director of the Health Equity and Rural Outreach Innovation Center (HEROIC).

New Studies on Reducing Health Disparities among Veterans

The supplement presents original research and perspectives informing VA's efforts to ensure high-quality patient-centered care for all veterans. It grows out of a recent VA-sponsored "state of the science" conference, hosted by CHERP and HEROIC. The special issue was posted today on the [Medical Care](#) website.

The supplement includes 12 original research papers, focusing on advancing [health equity](#) for three groups of vulnerable veterans:

Racial and ethnic minorities. One study found lower rates of recommended psychotherapy or medications for African American and Latino veterans with posttraumatic stress disorder (PTSD). Another paper reported that veterans with multiple substance use disorders were more likely

to be African American; they also had higher rates of homelessness and increased physical and mental health problems. *Veterans from the lesbian, gay, bisexual, and transgender (LGBT) community.* One study found that transgender veterans are generally satisfied with VA healthcare, although satisfaction with mental care was lower for transgender men. A survey of more than 5,000 transgender veterans suggested higher rates of PTSD and tobacco use disorder among those living in smaller towns. Studies of other sex/gender issues highlighted the impact of military sexual trauma and intimate partner violence among male and female veterans. *Homeless veterans.* One study evaluated a successful effort to reduce high use of emergency department care by homeless veterans. Another reported a high burden of physical and [mental health problems](#) in homeless women veterans.

The supplement includes a review article showing a "dearth of interventions" to reduce disparities in recently recognized groups of vulnerable veterans, including the LGBT population. Another article highlights the role of implementation science in efforts to improve equity throughout the VA Healthcare System.

Ensuring health equity takes on new importance with the passage of the Veterans Choice Act of 2014, under which some veterans are eligible to receive care from non-VA community providers, based on waiting times and travel distance to VA facilities. VA's health equity efforts have expanded to include a wide range of vulnerable veterans—not just racial/ethnic minorities, but also populations characterized by gender/gender identity, age, geographic location, religion, socioeconomic status, sexual orientation, mental illness, and disability.

Drs. Ibrahim, Egede, and Fine hope the "first and

second generation health equity studies" presented in the special issue will create a broader foundation of knowledge for future research—particularly as more veterans receive care outside the VA Healthcare System.

A pair of editorials by VA leadership highlight VA's commitment to continued research and leadership in promoting health [equity](#)—including through the Veterans Choice Act and other new programs. Deputy Under Secretary for Health for Community Care Dr. Baligh R. Yehia and coauthors write, "As the largest integrated health care system in the nation, VA has an opportunity to lead the rest of the country in reducing [health](#) and [health care disparities](#)."

More information:

journals.lww.com/lww-medicalcare/toc/2017/09001

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