

Ensure Equitable Benefits and Services for Women and Minority Veterans

While the Department of Veterans Affairs (VA) Veterans Health Administration (VHA) has evolved over time to meet the needs of its increasingly diverse patient population, gaps remain in access, usage rates and health outcomes among women and other minority veteran populations. This includes racial, ethnic, sexual orientation and gender identity groups—underscoring the need for continued focus on the causes of such disparate rates and implementation of practices and policies to improve them.

Though the total veteran population is projected to decrease from 18.6 million in 2016 to 12.9 million in 2040, the percentage of minority veterans is expected to rise from 23% to 34% over that same period. According to VA's 2017 Minority Veterans Report, service-disabled Black veterans had the highest rate of health care use among VA patients (77.4%) followed by disabled Hispanic veterans at (71.5%). Yet, despite such large minority patient populations, VA's own systematic review found it has not been completely successful in eliminating racial and ethnic disparities in veterans' health outcomes. Additionally, few studies examine the variances in health outcomes among other minority groups, such as American Indian and Asian veterans. VA research also shows lower health care provider trust among minority veterans, which can lead to poor health outcomes, as well as disparities in mental health care diagnoses. For example, clinicians tend to more frequently diagnose Black veterans with serious mental health conditions, such as schizophrenia versus mental health conditions such as bipolar disorder or depression in white veterans.

Following the repeal of Don't Ask, Don't Tell in 2011, VA adopted new policies and programs to address health issues related to LGBT veterans and established the VHA's Office of Health Equity and the LGBT Health Program. However, a Government Accountability Office (GAO-21-69) report notes the VA still lacks a standardized method of collecting sexual orientation and self-identified gender identity data among veterans. As such, VA health officials may miss opportunities to properly screen, identify and address specific health disparities within this population or provide the comprehensive care necessary to address them. For example, VA researchers found that LGBT veterans may experience higher rates of depression and more frequent thoughts of suicide, but without data collection on sexual orientation or self-identified gender identity (89% of veterans' records lack such information) providers can't analyze the health of these veterans. Studies have also shown many LGBT veterans are hesitant to disclose their identities with VA health care providers for fear of bias and mistreatment. For example, some LGBT veterans report instances of discrimination within the VA, to include refusal of treatment, lack of provider knowledge on issues specific to sexual orientation or gender identity, and harassment.

VA must redouble its efforts to diversify its staff to better reflect the veteran patient population it serves. Peer support specialists could help to create a more welcoming and personalized health care experience for new patients and veterans struggling with post-deployment mental health challenges. They help veterans navigate the system and promote engagement in treatment and recovery. Peer support specialists have often overcome similar challenges and should represent subpopulations within the medical center's patient demographics including—black, Hispanic, women, sexual minorities or others who may need a more personalized and culturally sensitive approach to seeking recovery.

Studies show women who have served often do not identify as veterans, which makes it critical for VA to engage them in an effective manner to ensure they are aware about their earned benefits and health care services. Of the women veterans who use the VA health care system, 60% have a service-connected disability rating of 50% or higher. These veterans often have complex medical needs and are best served by VA's comprehensive whole health model of care that includes specialized programs and social supportive services. However, because women make up just a fraction (500,000) of VA's 7 million patient population, they are often sent into the community for care because VA is not able to provide the gender-specific services they require. For women veterans this can result in fragmented care and, in some cases, poorer health outcomes.

While stranger or sexual harassment is not specific to any one group of veterans, it continues to be a notable problem within the VA. Despite considerable pressure over the past several years to eliminate sexual assault and harassment at VA facilities as well as numerous campaigns to achieve that end—the

VA still struggles with employing a comprehensive, leadership-driven and department-wide strategy to truly address the issue. By VA's own account, one in four women veterans report having experienced some form of harassment or assault when trying to access care within its health facilities. This behavior is a barrier to care and deters many women and other minority veterans from seeking needed medical care and specialized services at VA.

VA must take action to ensure all enrolled veterans have equitable access to health care and services and improve health outcomes across its patient population, to include growing women and minority veteran populations. To achieve these goals DAV calls on VA to:

- **Prioritize data collection and analysis to identify health trends, access issues, disparity in health outcomes and differences in patient experience among women and minority veteran populations.**
- **Review the programs and methods used to deliver services to underrepresented and underserved veteran populations to ensure they are adequately meeting their unique needs.**
- **Investigate cultural differences that create barriers for veteran subpopulations and develop ways to improve outreach to minority, at-risk and underserved groups.**
- **Develop a comprehensive plan to change VA culture and create a safe, harassment free environment that is welcoming to all veterans.**
- **Congress should introduce legislation for new VA peer support programs and integrative health treatment options that better reflect the demographics of its medical centers and needs of women veterans, racial and ethnic and sexual minority veteran populations.**