



## ISSUE BRIEF: ASSURE EQUITY IN ACCESS, UTILIZATION AND HEALTH OUTCOMES OF DEPARTMENT OF VETERANS AFFAIRS BENEFITS AND SERVICES FOR MINORITY AND UNDERSERVED VETERANS

### The Situation

- VA serves an increasingly diverse population of veterans who may have needs that are different than those of the predominantly white male population it has historically served. Black, Latino, and other ethnic minorities now comprise about 20% of VA's patient population; women veterans make up around 10% and an estimated 5% identify as LGBTQ.
- Racial and ethnic minorities experience disparities in medical treatment and health outcomes. For example; rates of COVID-19 among Black and Hispanic veterans are double those experienced by white veterans. Homelessness, unemployment and certain chronic health conditions are also more prevalent among Black veterans than other veteran peers.
- In addition, about a quarter of veterans enrolled for VA care live in rural communities that often face significant challenges with access to health care. VA's increased use of telehealth services for veterans during the COVID-19 pandemic have been limited for rural veterans due to lack of sufficient broadband internet and access to computers.
- Some veterans, including women and LGBTQ veterans, report delaying or foregoing VA care if they experience harassment or perceive care environments as unwelcoming or threatening.
- Native American veterans and certain other ethnic groups have significantly lower utilization of VA benefits than other groups and often perceive there are disparities in disability compensation decisions compared to non-minority veterans.
- In 2018, the Office of the Inspector General found, based on an internal VBA audit of disability claims for PTSD based on sexual trauma, that nearly half of the denied claims reviewed were not properly processed following VBA policy.

### The Challenge

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### **The Solution**

- VA must investigate methods for increasing diversity among its staff (i.e., Black employees are under-represented in VA leadership roles with about 4% of black v. 12% of white employees) and increase the use minority peer specialists to improve cultural sensitivity and personalize veterans' experiences within the system.
- VA must work to identify common factors and bias that contribute to health inequities and disparate health outcomes for minority veterans and develop educational tools and training protocols to ensure equitable, high quality care for all veterans.
- VA must ensure that women and veterans of color are appropriately represented in research and that if disparate health outcomes for these groups are identified they are thoroughly evaluated and resolved.
- The Veterans Experience Office should evaluate the VA experience for all minority veterans as it did with women veterans—including examining the patient care experiences of Black, Latino, Native American and LGBTQ veterans.
- VA must include race and gender data in applications for claims for veterans' benefits and in awards and utilization measures for benefits and services to allow VA to determine differences in how minority veterans access their earned benefits, inequities in claims approval rates and use health care and supportive services.
- VA leadership must fully support the White Ribbon campaign to end veterans' harassment—dedicating the proper resources and staff to achieve goals and successful culture change within the Department. VA must create a cultural throughout the system to ensure that ALL veterans are treated with the dignity and respect they deserve and feel safe and welcome in seeking their earned benefits.