



## ISSUE BRIEF: ASSURE EQUITY IN ACCESS, UTILIZATION AND HEALTH OUTCOMES FOR MINORITY VETERANS

### The Situation

- Growth in the number of women, ethnic and racial minorities, and LGBTQ+ members serving in the military has created an increasingly diverse veteran population. This diversity has created challenges for the Department of Veterans Affairs (VA)—specifically, to ensure equity in services, benefits, and health outcomes for *all* the veterans it serves.
- Black, Latino, and other ethnic minorities now comprise about 20% of VA's patient population and are projected to increase to 34% by 2040; women veterans make up around 10% and are projected to increase to 18% by 2040, and an estimated one million veterans identify as LGBTQ+.

### The Challenge

- Racial and ethnic minorities experience disparities in medical treatment and health outcomes. For example, Black veterans using VHA care are more likely to die of breast cancer, colorectal cancer, and HIV than their white peers. Hispanic veterans are more likely to die of colorectal cancer and HIV. Homelessness and unemployment are also more prevalent among Black veterans.
- Some veterans, including women and LGBTQ+ veterans, perceive VA health care environments as unwelcoming or threatening. There are also reports of delaying or foregoing VA care because of harassment.

### The Solution

- The VA must work to identify common factors and biases 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.
- The VA needs to explore ways to enhance diversity among its staff. Currently, Black employees are underrepresented in leadership roles, comprising about 4% compared to 12% of white employees. Additionally, increasing the use of minority peer specialists can improve cultural sensitivity and personalize veterans' experiences within the system.
- The VA's Office of Research and Development 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.
- The Center for Minority Veterans should maintain their outreach efforts and keep the Secretary informed of any necessary program changes to ensure all veteran subpopulations are aware of their entitled healthcare and services. Additionally, they should continue to serve as a customer service agent, both internally and externally, for historically underserved veterans.
- VA leaders at their facilities must ensure the LGBTQ+ Veteran Care Coordinator Program at their location is being used to its maximum potential and provide close oversight to this underserved population. These leaders must provide the support and resources necessary for the Coordinator to effectively assist LGBTQ+ veterans needing assistance.
- VA leadership must fully support the White Ribbon campaign to end veterans' harassment within all VA facilities—dedicating the proper resources and staff to achieve goals and successful culture change within the department.
- VA must create a culture 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.