Veteran Health Equity: Reflecting on Patient Experiences and Unmet Health Needs Among Veterans of Color

INTRODUCTION

Research has consistently demonstrated the presence and severity of racial health disparities in the U.S., particularly for Black Americans. Many of the root causes of these disparities are complex and are associated with various forms of structural discrimination. This study examines the health experiences of veterans of color, particularly their interactions in the VA and Military Health system to better understand racial/ethnic disparities across disease burden, mortality, and indicators of patient healthcare experiences.

Previous research indicates there are racial/ethnic health disparities among veterans across various health indicators. Veterans of color disproportionately represent those diagnosed with PTSD, obesity, and hypertension compared to their white veteran peers. Additionally, evidence shows all-cause mortality disparities among American Indian/Alaskan Native (AI/AN) and non-Hispanic Black veterans.

These documented health disparities offer important context for providers, especially since Black, Hispanic, and Native Hawaiian/Pacific Islander veterans are more likely to receive a majority of their care from the VA compared to non-Hispanic white veterans. Studies also found that, overall, veterans experience similar rates of perceived racial discrimination compared to nonveterans and that there was no difference in rates of perceived racial discrimination between veterans who use the VA and those who do not.

Overall, a majority of study participants had positive patient experiences from the VA and community providers. Although most participants' perceptions of their patient experiences were largely positive, there was substantial variation in patient experiences when we accounted for gender, and interviews with veterans of color highlight several barriers to care, qualities of both positive and negative healthcare encounters, and considerations for delivering culturally competent care to veterans.

METHODS

This study utilized a variety of data collection methods, including an online survey (*n=219*), virtual focus groups, and one-on-one interviews (*n=17*). **This effort represents one of the only studies that have collected information regarding barriers to care and patient experiences using a mixed-methods approach from a racially diverse sample of veterans who use systems of care outside of the VA**. Reflections from participants reveal important insights into barriers to care, patient experiences, and culturally competent care among veterans of color.

FINDINGS

THEME 1: BARRIERS TO CARE

Barriers to accessing care, including lack of timely appointments, limited providers, distance to care, and high administrative burden, are perceived as widespread challenges and may result in veterans delaying care or experiencing gaps in treatment.

- Veteran survey respondents reported limited availability of providers, providers not listening to their symptoms, and inadequate care coordination as barriers to accessing high quality care.

- Veterans of color who participated in the interviews described their difficulties accessing timely care as a "systemic" problem related to VA resource constraints, rather than attributing barriers to care to their race or racism.
- Distance, travel time, and lack of affordable and reliable transportation were noted as barriers to accessing care for some veterans.
- Administrative burden, including learning costs for understanding program eligibility, insurance networks, and benefits, compliance costs for accurately filling out relevant paperwork, seeking prior authorizations, and disputing billing errors creates barriers for veterans seeking care.

THEME 2: PATIENT EXPERIENCES

Veterans consider a range of factors when evaluating the quality of their patient experiences and healthcare.

- Veteran of color interviewees noted clear communication, timely appointments, and access to Complementary and Alternative Medicine (CAM) as attributes of their positive healthcare interactions.
- Veteran of color interviewees cited difficulty obtaining timely appointments, dismissive providers, rude administrative staff, record sharing constraints, complex referral practices, and insistence on prescribing pharmaceutical interventions as characteristics of poor healthcare interactions.
- Limited access to technology, including limited access to the internet or email, and issues accessing medical records constrain veteran agency and impact veteran care.
- Interview participants described significant gaps in care resulting from long wait times for an appointment and challenges identifying in-network providers related to the VA referral process.

THEME 3: CULTURALLY COMPETENT CARE

Veterans of color seek a multidimensional application of culturally competent care, which considers a range of factors, and have implemented strategies to address gaps in receiving culturally competent care.

- One in five veteran of color survey respondents reported they do not receive culturally competent care from their providers and 24% believe their providers do not understand the unique health needs veterans have.
- Factors for consideration in delivering culturally competent care vary situationally, by individual, and may or may not include race as a salient or dominant factor for consideration.
- Veterans of color, especially women, have implemented strategies that confront veteran, racial, and gender stereotypes. Veterans of color who participated in the interviews described changing their voice, adjusting their physical appearance, and being overly apologetic or polite during interactions with their medical providers or their staff.
- Some veterans of color who participated in interviews explained that they intentionally seek care from providers with prior military service experience or experience working with military and veteran communities or those with underrepresented identities or from historically underserved communities (e.g., racial/ethnic or gender minorities) to feel more understood by their providers.

CONCLUSION AND RECOMMENDATIONS

The themes presented in this report reflect insights from a diverse sample of veterans, highlighting the health disparities faced by veterans of color. These experiences provide valuable insight into veteran healthcare but do not represent all veterans' experiences. This study prioritized race/ethnicity and its relationship with health outcomes and patient experiences using the Social Determinants of Health (SDOH) framework. Additionally, personal agency in health decisions emerged as a crucial factor influencing veteran health.

For veterans of color, culturally competent care ensures that healthcare providers recognize and address their unique health needs, experiences, and challenges. This leads to improved patient satisfaction, better health outcomes, and may reduce health disparities. An intersectional approach, considering both race and gender, in addition to veteran status, is essential to addressing the unique challenges faced by veterans of color, particularly women.

The following recommendations aim to advance health equity for veterans of color by addressing barriers to care, enhancing patient experiences, and ensuring the delivery of culturally competent care.

Recommendations

1. **Improve access to care.** Ensure oversight in accessing care and align providers and support staff with demand. Expand access to telehealth services and reduce barriers to accessing community providers by easing reimbursements and establishing clearer prior authorization rules.
2. **Enhance cultural competency.** Mandate comprehensive cultural competence training for all VA employees who regularly interact with veterans and offer continuing education credits for community care providers in the Veterans Community Care Program. Train providers to understand the unique health needs of veterans of color to ensure more culturally sensitive and effective care.
3. **Support veteran agency.** Improve patient navigation resources within the VA to reduce administrative burden and enhance veterans' ability to manage their health. Increase funding for language translators in communities with high densities of non-English speakers and encourage the use of non-verbal communication cues to bridge communication gaps.
4. **Conduct future research.** Implement strategic plans to improve administrative health equity data collection and evaluation and invest in human-centered approaches to identify current health inequities. Explore geographic variations in racial/ethnic differences in patient experiences and investigate the importance of agency in veteran health to inform evidence-based policy and practice.