

RESEARCH OVERVIEW | SEPTEMBER 2024

# Veteran Health Equity:

## Key Highlights for Understanding the Unique Health-Related Needs of Veterans of Color

This brief provides highlights from Understanding the Unique Health Related Needs of Veterans of Color study, a project that looks at barriers to care, patient experiences, and cultural competence in veteran health care settings. Specifically, researchers seek to understand the challenges veterans of color face, including difficulties in accessing timely and appropriate care, experiences of discrimination, and varying levels of cultural competence among healthcare providers, and provide actionable policy suggestions to improve veteran healthcare experiences.

The project aims to bring attention to the ongoing health disparities within the veteran community in hopes of improving health equity and the ability to receive culturally competent care for all veterans, regardless of race or ethnicity.

For further information about this study and to view the full report findings, please visit <https://ivmf.syracuse.edu/article/advancing-veteran-health-equity/>.



# METHODOLOGY



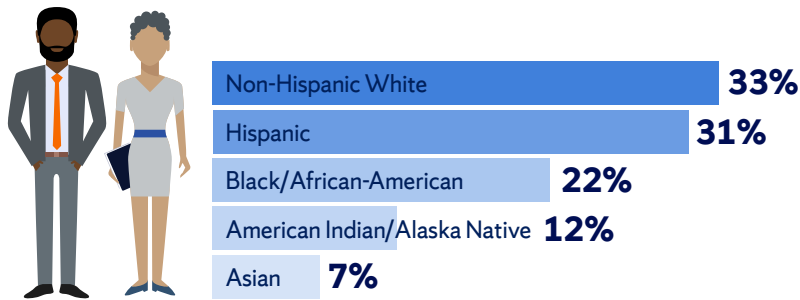
## RESEARCH DESIGN

This study utilized a mixed-methods approach, combining an online survey with semi-structured interviews and focus groups to understand the health care experiences of veterans of color.

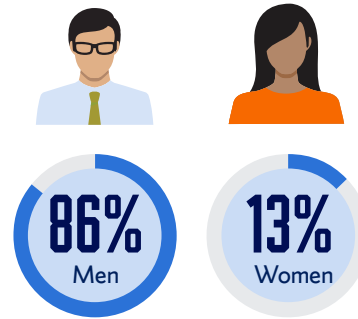
## ONLINE SURVEY RESPONDENT DEMOGRAPHICS



### RACE AND ETHNICITY



### GENDER



### AGE

**54**  
Average Age  
Range from 29-79 years old

### MILITARY



**64%** E5-E9 Officers  
**43%** Retired from the military

### EDUCATION

**68%** Had a bachelor's degree or higher

### EMPLOYMENT

**52%** Employed  
**21%** Unemployed  
**27%** Retired from the Workforce

## SURVEY TOPICS

- ✓ Barriers to accessing care
- ✓ Patient experiences in healthcare settings
- ✓ Cultural competence of healthcare providers
- ✓ Perceptions of care quality
- ✓ Challenges in navigating healthcare systems
- ✓ Influence of social determinants (e.g., education, employment, and social support) on health outcomes

## FOCUS GROUPS & INTERVIEWS

Veteran of color participants in focus groups and interviews highlighted personal and detailed accounts of healthcare experiences, reflected on issues around trust, provider relationships, and individualized care.



**Themes Explored:** Discussions often revolved around specific experiences with VA and non-VA providers, the importance of culturally competent care, and the role of intersectional identities (e.g., race and gender) in shaping healthcare outcomes.

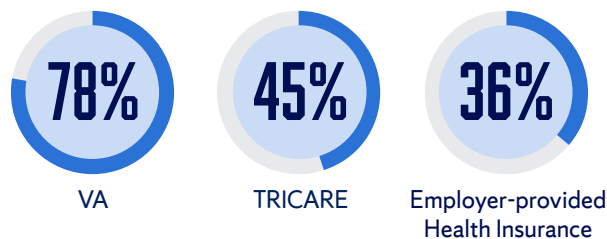
\* **Veteran of color** is defined as a survey participant that self-identified as one or more races and/or ethnicities (American Indian/Alaska Native; Asian; Black/African American; Hispanic; Middle Eastern or Northern African; Native Hawaiian or other Pacific Islander; or "some other race or ethnicity") other than white. Racial/ethnic identity was a self-report measure that allowed participants to select all applicable racial/ethnic identities that they felt best described them.

# FINDINGS

## HEALTHCARE SETTINGS

Veterans may be eligible to receive their health care across various settings, including the VA, Military Treatment Facilities (MTFs), and private or community-based providers. Each healthcare setting has their own eligibility criteria, resources, and set of services and treatments that they offer, all of which may contribute to barriers to care, patient experiences and quality of care, as well as cultural competency.

### Top Sources of Healthcare Coverage for Survey Respondents



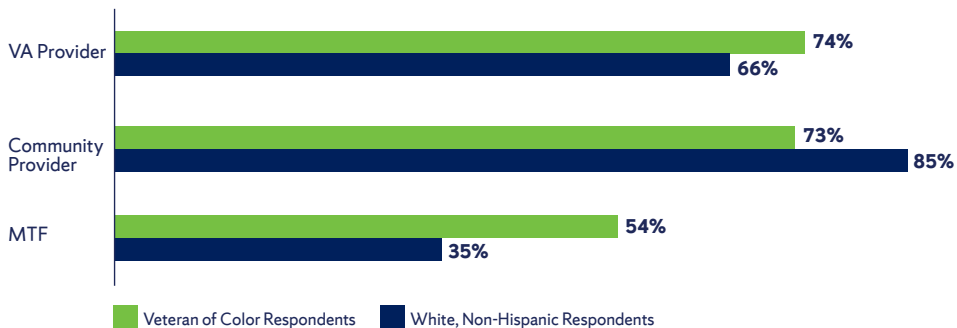
### Satisfaction with Care Across Settings

Racial/Ethnic Difference in Overall Satisfaction with Care Across Various Healthcare Settings



Source: 2023 Understanding the Unique Health Related Needs of Veterans of Color Survey Data

### Racial/Ethnic Difference in Satisfaction with Communication Across Various Healthcare Settings



Source: 2023 Understanding the Unique Health Related Needs of Veterans of Color Survey Data

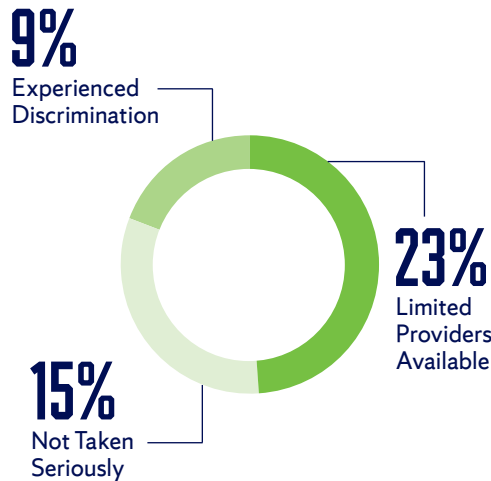
# THEME 1: BARRIERS TO CARE

## TOP BARRIERS TO QUALITY CARE FOR VETERAN SURVEY RESPONDENTS

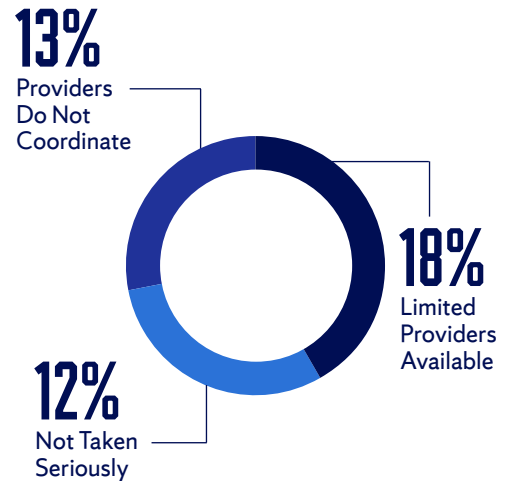
**“One of the biggest problems that the VA has is there is no manual for how to navigate it.”**

—Navy Reserve Veteran

### Veteran of Color Respondents



### White, Non-Hispanic Respondents



Source: 2023 Understanding the Unique Health Related Needs of Veterans of Color Survey Data

**1 IN 5**  
VETERANS OF COLOR

Considered access to VA health care services as a top factor in deciding where to live after their military service, but **15%** indicated that they live too far from the nearest VA as the top reason for not receiving their care from the VA.

Source: 2023 Understanding the Unique Health Related Needs of Veterans of Color Survey Data

Among veterans who do not use the VA for a majority of their care, veteran of color respondents explained why they do not use the VA:

- “Scheduling takes too long” and the “date scheduled is too far out”.
- The “nearest facility is not as close as a private medical clinic”.
- They “felt like it would be more of a hassle trying to get VA care”.



**“Sometimes there are long gaps in my care due to a limited number of community providers that will accept a VA referral.”**

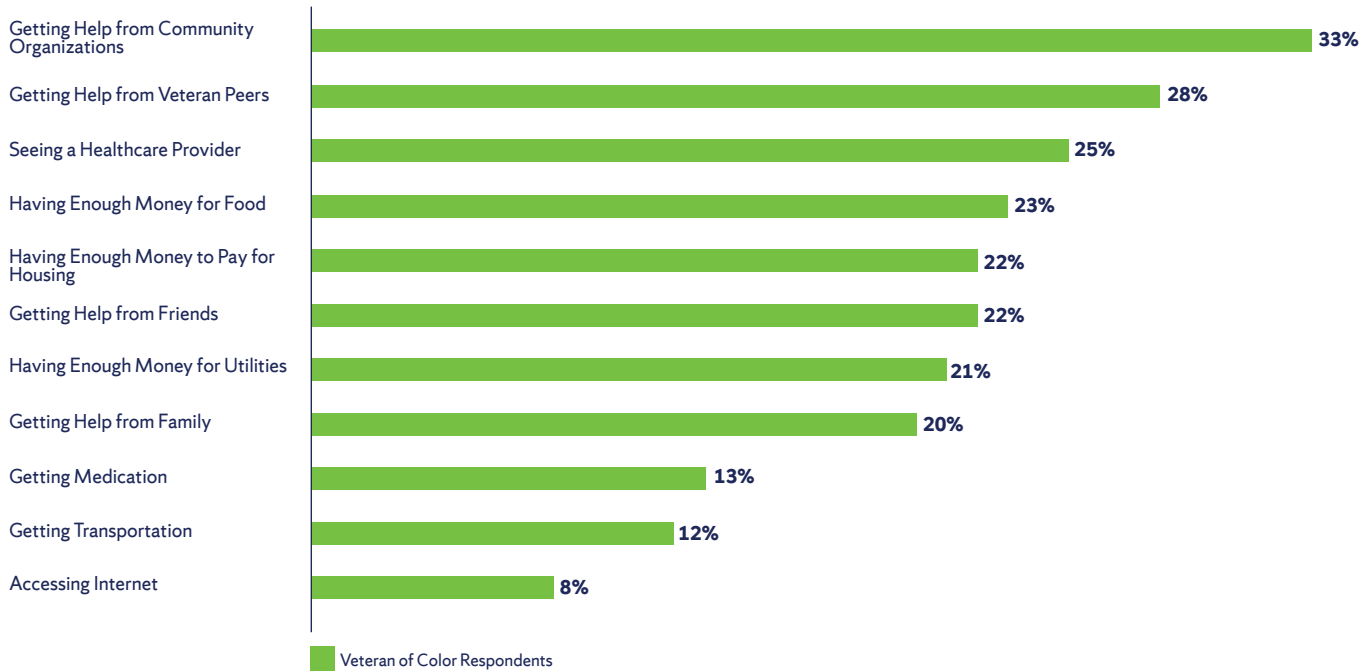
—Army Veteran

**39%**

of veteran of color survey respondents using their military health benefits reported challenges with finding community providers that accept their benefits.



## In the Past Year, Veteran of Color Survey Respondents Reported Difficulty or Extreme Difficulty With



Source: 2023 Understanding the Unique Health Related Needs of Veterans of Color Survey Data

## THEME 2: PATIENTS EXPERIENCES

**“He seemed to want to harp over the idea of giving me medication. He insisted on me taking medication. After a few different times, I was like, well, he’s not listening to as far as what I want. So, I’ll just figure this out on my own and I never went back [to that provider].”**

—Marine Corps Veteran

# 83%

of veteran of color survey respondents reported that their primary care provider does not treat them differently due to their race or ethnicity.



### ASPECTS OF POSITIVE EXPERIENCES

- ✓ Availability of Timely Appointments
- ✓ Clear Communication from Providers
- ✓ Access to Complementary and Alternative Medicine (CAM)

### ASPECTS OF NEGATIVE EXPERIENCES

- ✗ Long Wait Times for Scheduling Appointments
- ✗ Difficulty Accessing Medical Records
- ✗ Provider’s Insistence on Use of Pharmaceutical Interventions

▶ **73%**  
of veteran of color survey respondents agree that their VA provider gives them the necessary resources and/or information to understand and manage their health.

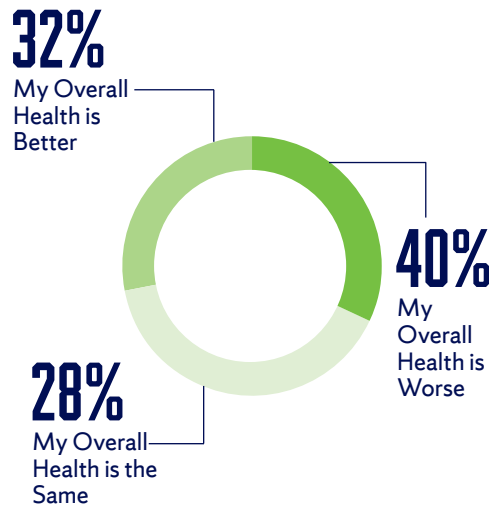
▶ **62%**  
of veteran of color survey respondents agree that their Community provider gives them the necessary resources and/or information to understand and manage their health.

▶ **78%**  
of veteran of color survey respondents agree that their MTF provider gives them the necessary resources and/or information to understand and manage their health.

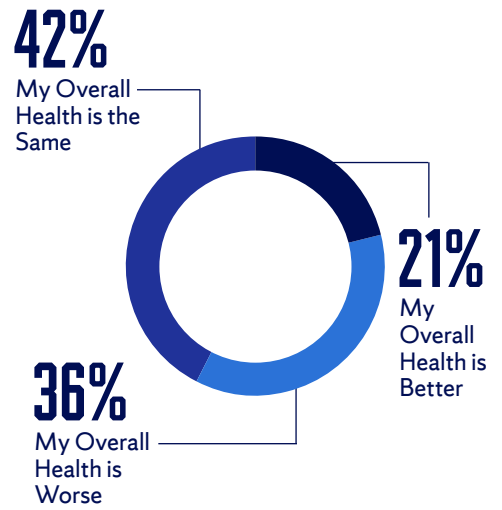
Source: 2023 Understanding the Unique Health Related Needs of Veterans of Color Survey Data

Compared to civilians of the same race and/or ethnicity as you, do you think your overall health is better, worse, or the same?

**Veteran of Color Respondents**



**White, Non-Hispanic Respondents**



**THEME 3:  
CULTURALLY COMPETENT CARE**



Cultural competence has been defined as the “ability to understand, communicate with, and effectively interact with people across cultures. It is grounded in the respect and appreciation of cultural differences and is demonstrated in the attitudes, behaviors, practices, and policies of people, organizations, and systems.”

Source: CSSP (2019). “Key Equity Terms and Concepts: A Glossary for Shared Understanding.” Washington, DC: Center for the Study of Social Policy. Available at: <https://cssp.org/resource/key-equity-terms-concepts/>.

**Today’s veterans are “going to be all different ethnicities. They’re going to be female. They can be younger; they can be older.”**

—Army National Guard Veteran

Providing culturally competent care for veterans of color is an approach that can be used to address challenges with barriers to care and poor patient care experiences. But defining culturally competent care is complex and it may not be fully realized across a single dimension of a patient’s identity, such as their military affiliation or veteran status. The definition and application of culturally competent veteran care should be tailored to address the diverse needs of the population.

▶ **20%**  
of veterans of color do not believe they receive culturally competent care.



▶ **19%**  
of veterans of color believe their health concerns are not listened to or taken seriously.



▶ **50%**  
of veterans of color believe their providers understand the health challenges veterans face.



Source: 2023 Understanding the Unique Health Related Needs of Veterans of Color Survey Data

### What does culturally competent care mean to veterans of color?

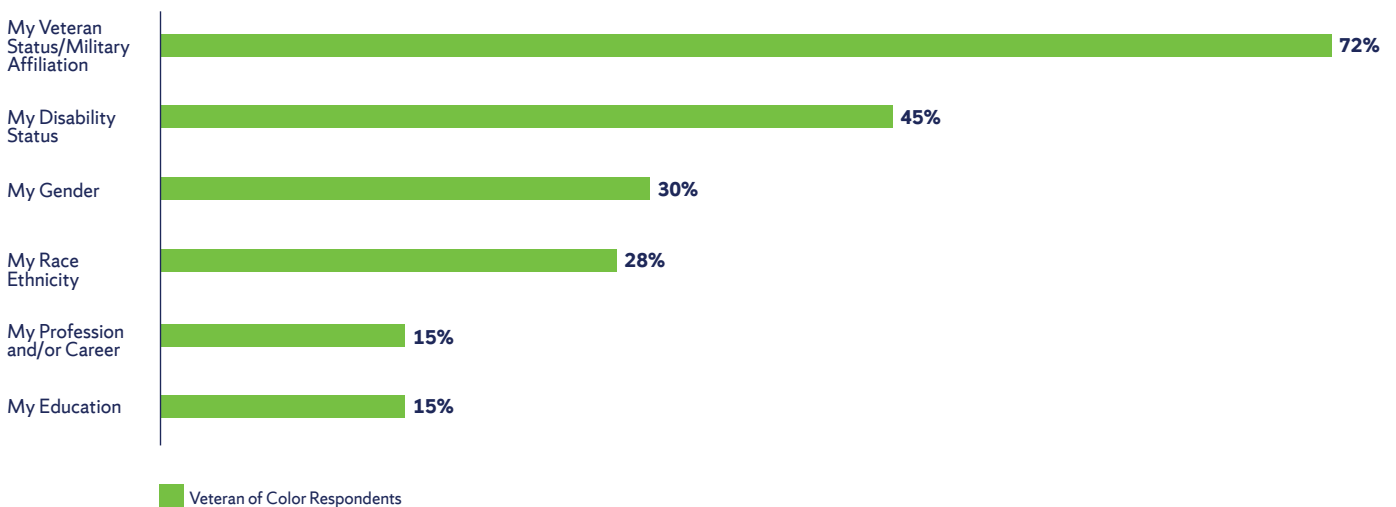
- “being inclusive”
- “providing care no matter race, beliefs, language, or values”
- having “awareness of cultural differences in health and healthcare”



Source: 2023 Understanding the Unique Health Related Needs of Veterans of Color Survey Data

The most important aspects of a veteran’s identity may be situational and depend on their environment. When in a healthcare setting veteran survey respondents indicated a range of identity characteristics that are most important to them. In order to provide culturally competent care, providers must use an intersectional approach that considers how a range of factors, including veteran status, disability status, gender, race/ethnicity, and socioeconomic status can impact a veteran’s health.

### Most Important Aspects of a Veteran of Color Survey Respondent’s Identity in Healthcare Settings



Source: 2023 Understanding the Unique Health Related Needs of Veterans of Color Survey Data

# CONCLUSION & RECOMMENDATIONS

The themes that emerged from this research provide insights into the health disparities faced by veterans of color. However, these findings do not represent all veterans' experiences. This study focused on the relationship between race/ethnicity and health outcomes using the Social Determinants of Health (SDOH) framework, with personal agency in health decisions emerging as a crucial factor in how veterans reflect on their patient experiences. Culturally competent care is vital to addressing the unique health needs of veterans of color. An intersectional approach that considers race, gender, and veteran status is essential, particularly for women veterans of color, and may lead to greater patient satisfaction and improved health outcomes.

## RECOMMENDATIONS TO ADVANCE HEALTH EQUITY FOR VETERANS

- ✓ Improve access to care.
- ✓ Enhance cultural competency.
- ✓ Support veteran agency.
- ✓ Conduct further research.



Veteran Provided Examples	Solutions Aimed at Supporting Veterans and Advancing Health Equity
There aren't many providers in my area, so I have to drive a couple of hours to go to the nearest VA.	Expand telehealth availability and reduce barriers to accessing community providers by providing timely reimbursement and clarify rules regarding prior authorization, so that more local providers may be willing to participate in the Veteran Community Care Program.
After sharing my history of experiencing MST with my provider, I felt so dismissed and retraumatized, I waited more than a year to seek care again.	Recruit and retain healthcare professionals from diverse gender and racial/ethnic backgrounds to improve patient-provider gender and racial/ethnic concordance, which is linked to higher patient satisfaction and better health outcomes.
I have experienced language and communication barriers in health settings.	Increase funding for language translators in communities with high density of non-English language speakers and encourage medical professionals to use non-verbal communication cues such as eye contact, facial expressions, and tone to help bridge communication gaps.
I don't always feel comfortable sharing that I am a veteran because I feel like civilian doctors don't know how to treat me and other veterans.	Mandate comprehensive cultural competence training for all VA employees that regularly interact with veterans (e.g., providers, nurses, social workers, medical receptionists) and community care providers participating in the Veterans Community Care Program.
I know of several veterans who don't use email, so they are not receiving VA newsletters.	Screen patients for home Internet access and connect patients without Internet to services like Digital Divide Consults. Provide resources to support patients wishing to develop their digital and health literacy skills.
I am Native American and my culture values holistic interventions and a more natural approach to medicine, but I feel like my providers don't understand that. I really don't want more pills.	Expand funding for CAM and non-pharmacological treatment options. Invest in research to evaluate the effectiveness of CAM and other emerging treatment options. Provide training to providers on culture-related preferences for non-pharmacological treatment options.

## ABOUT THE D'ANIELLO INSTITUTE FOR VETERANS AND MILITARY FAMILIES

Syracuse University's D'Aniello Institute for Veterans and Military Families (IVMF) was founded in 2011, as a partnership between Syracuse University and JPMorgan Chase & Co. Headquartered on the campus of Syracuse University and located in the Daniel and Gayle D'Aniello Building at the Syracuse University National Veterans Resource Center, the IVMF was founded as higher-education's first interdisciplinary academic institute singularly focused on advancing the lives of the nation's military, veterans, and their families. The IVMF team designs and delivers class-leading training programs and services to the military-connected community, in support of the transition from military to civilian life and beyond. Each year, more than 20,000 service members, veterans, and family members engage IVMF programs and services, which are provided at largely no cost to participants. The IVMF's programs are informed by the Institute's sustained and robust data collection, research, and policy analysis team and infrastructure. The D'Aniello Institute's work on behalf of the military-connected community is made possible by gifts and grants from individuals and corporations committed to those who served in America's armed forces and their families. For more information, visit [ivmf.syracuse.edu](https://ivmf.syracuse.edu).

## ABOUT

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.

As with most survey research, this study is limited by voluntary self-selection into the sample and self-reporting by participants whose answer to each question item was voluntary. Although recruitment for this study was targeted to include various veteran populations, the findings from this study should not be interpreted to be representative of the population of all veterans or all veterans of color. Presentation of findings with racial/ethnic differences do not imply statistical significance. For further information about this study and view the full report findings, please visit <https://ivmf.syracuse.edu/article/advancing-veteran-health-equity/>.

## SUGGESTED CITATION

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