



## Women Veterans' Health

# Racial and Ethnic Health Care Disparities Among Women in the Veterans Affairs Healthcare System: A Systematic Review



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## ABSTRACT

**Background:** Women are a rapidly growing segment of patients who seek care in the Veterans Affairs (VA) Healthcare System, yet many questions regarding their health care experiences and outcomes remain unanswered. Racial and ethnic disparities have been well-documented in the general population and among veterans; however, prior disparities research conducted in the VA focused primarily on male veterans. We sought to characterize the findings and gaps in the literature on racial and ethnic disparities among women using the VA.

**Methods:** We systematically reviewed the literature on racial and ethnic health care disparities exclusively among women using the VA Healthcare System. We included studies that examined health care use, satisfaction, and/or quality, and stratified data by race or ethnicity.

**Results:** Nine studies of the 2,591 searched met our inclusion criteria. The included studies examined contraception provision/access ( $n = 3$ ), treatment of low bone mass ( $n = 1$ ), hormone therapy ( $n = 1$ ), use of mental health or substance abuse-related services ( $n = 2$ ), trauma exposure and use of various services ( $n = 1$ ), and satisfaction with primary care ( $n = 1$ ). Five of nine studies showed evidence of a significant racial or ethnic difference.

**Conclusion:** In contrast with the wealth of literature examining disparities both among the male veterans and women in non-VA settings, only nine studies examine racial and ethnic disparities specifically among women in the VA Healthcare System. These results demonstrate that there is an unmet need to further assess health care disparities among female VA users.

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Women are a rapidly growing segment of patients who receive care in the Veterans Affairs (VA) Healthcare System: 6.5% of all VA users are women and the number of women receiving

health care in the VA has doubled since 2000 (Frayne et al., 2014). This growth has outpaced that of the male veteran population. More than one-half of women veterans returning from the conflicts in Iraq and Afghanistan (Operation Enduring Freedom, Operation Iraqi Freedom, and Operation New Dawn) have received VA health care (U.S. Department of Veterans Affairs, 2012). However, most research conducted within the VA has not included women participants, and many questions regarding woman veterans' health care experiences and outcomes remain unanswered.

Female VA users are a vulnerable population with unique health care needs. Compared with civilian women and male VA

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users, they have a higher prevalence of mental illness and medical comorbidities (Frayne et al., 2014; Haskell et al., 2010; Lehavot, Hoerster, Nelson, Jakupcak, & Simpson, 2012). Additionally, women veterans who use the VA are disproportionately from racial and ethnic minority groups. Almost 40% of women veterans who use VA services are from a racial or ethnic minority group compared with 23% of male veterans who use the VA (Frayne et al., 2014). Thus, an increased effort to understand the current state of care for women veterans, across all racial and ethnic groups, is imperative to guide future operations, policy, and research efforts.

The burden of racial and ethnic disparities among veterans within the VA Healthcare System has been previously systematically reviewed (Saha et al., 2008) and was recently updated in an evidence brief (U.S. Department of Veterans Affairs Health Services Research & Development, 2015). The majority of studies included in the review showed that significant racial or ethnic disparities exist, and that these disparities existed across a range of clinical areas including arthritis/pain management, cancer, diabetes, cardiovascular disease, human immunodeficiency virus, hepatitis C, mental health/substance abuse, preventative/ambulatory care, rehabilitation, and palliative care. However, the vast majority of the 171 studies included in the initial VA systematic review included either no women or a very small number ( $\leq 5\%$  of total study participants) of women, and none of the clinical content areas presented in the review were areas specific to women's health (such as cervical cancer screening or contraception).

We systematically reviewed the literature on racial and ethnic disparities in health care among women who receive care in the VA Healthcare System. Although we report on any significant difference in health care by race or ethnicity, we recognize that differences may not always indicate a disparity. The term "health disparity" has been defined as "a particular type of health difference that is closely linked with social or economic disadvantage" (Secretary's Advisory Committee on National Health Promotion and Disease Prevention Objective for 2020, 2008) and, as such, implies an injustice. Because it is common practice in the field of disparities research to begin with the identification of differences between vulnerable and less vulnerable populations, with further inquiry to determine if differences represent inequitable or lower quality care for the vulnerable population, we simply report on observed differences in this report and use the terms "disparity" and "difference" somewhat interchangeably. Our primary aims were to identify and summarize existing work in this area and to elucidate areas in which future research efforts should be focused to ultimately work toward the goal of reducing racial and ethnic disparities among women veterans.

## Methods

### Search Strategy

A formalized protocol was written prior to initiation of the systematic review. A health sciences librarian (C.W.) developed, revised, translated, and performed literature searches in PubMed (1946–present), EMBASE (1974–present), and the American Psychological Association's PsycINFO (1967–present). We constructed searches using the command language of each database and the applicable search fields (Appendix 1). MeSH, Emtree, and American Psychological Association's Thesaurus of Psychological Index Terms vocabulary were used. For this search, health

disparities and racial and ethnic population group search terms were considered synonymous concepts and were combined together with a Boolean operator "OR." These synonymous concepts were combined with a Boolean operator "AND" to the veteran/VA and women search terms. No search limits were applied and all languages were included. We ran all three database searches and citations were downloaded on June 30, 2014.

### Study Selection

We removed duplicate citations and screened citations by both title and abstract for relevance. We selected studies that met the following criteria: 1) conducted solely within the VA Healthcare System, 2) reported data on women exclusively or stratified data by gender, 3) reported data on use, quality of health care services, or satisfaction, 4) stratified results by patient race or ethnicity, 5) contained original data, and 6) published in a peer-reviewed journal. Two authors (A.C. and J.C.) independently confirmed study eligibility. Any discrepancies were resolved through discussion and group consensus.

### Data Abstraction

We abstracted data from all studies meeting inclusion criteria using a structured form, which included study design, study period, number enrolled, source of race/ethnicity data, race/ethnicity of study population, source of outcome data, and outcomes. Studies were summarized in tables and classified according to clinical area. Because no standardized or validated quality measures to evaluate cross sectional data exist, we were unable to perform study quality and risk of bias scoring. Furthermore, a meta-analysis was not performed given the marked heterogeneity of both outcomes and outcome measures used in the studies included in our systematic review.

## Results

### Search Yield

Our search located 1,622 citations in PubMed, 1,859 citations in EMBASE, and 584 citations in PsycINFO. After duplicate citations were identified and removed, 2,591 citations were screened by both title and abstract and 2,446 of these were eliminated. The remaining 145 citations were reviewed in full text, and 9 studies were identified for inclusion (Figure 1).

### Description of Evidence

We identified nine studies that examine racial and ethnic disparities in health care among women in the VA Healthcare System (Table 1). Five studies were retrospective cohort studies using VA administrative databases, two studies were cross-sectional surveys, and two studies were combination cohort and survey studies.

Overall, five of the nine studies showed evidence of a significant racial or ethnic difference in a quality of care or use of care outcome (Table 2). Of the five studies that showed evidence of a significant racial or ethnic difference, one was a single VA study and four used national VA data. The studies examined the following health care domains: contraception provision/access, treatment of low bone mass, hormone therapy, use of mental health or substance abuse–related services, trauma exposure and use of various VA services, and satisfaction with primary care.

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