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National Veteran Health Equity Report – Hispanic and Latino Veteran Chartbook

**Focus on Veterans Health Administration
Patient Experience and Health Care Quality**

US Department of Veterans Affairs
Veterans Health Administration
Health Equity-Quality Enhancement Research Initiative
National Partnered Evaluation Center
VA Greater Los Angeles Healthcare System, Los Angeles, CA

September 2022

Recommended Citation

López L, Steers WN, Toyama JA, Yuan A, Smith L, Kasom, DR, Jackson L, Canning M, Washington DL. National Veteran Health Equity Report – Hispanic and Latino Veteran Chartbook. Focus on Veterans Health Administration Patient Experience and Health Care Quality. Washington, DC: VHA Office of Health Equity; September 2022.

National Veteran Health Equity Report – Hispanic and Latino Veteran Chartbook

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Prepared for:

Office of Health Equity
Veterans Health Administration
Washington, DC

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U.S. Department of Veterans Affairs

Veterans Health Administration
Office of Health Equity
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Foreword

We have long understood that the social determinants of health (SDOH) significantly impact people's health, well-being, and quality of life. Factors such as housing, education, employment status, and discreet intangibles such as racism, discrimination, and bias impact an individual's prospect for a healthy life. These determinants influence wide variations in health disparities and inequities. For example, individuals living in food deserts generally have poor nutrition, increasing the likelihood of health conditions like heart disease, diabetes, and obesity and lower life expectancy.

The data on disparities herein paints a picture of the experiences and quality of care received by Hispanic/Latino Veterans who are often at increased risk for cardiovascular disease, hypertension, hyperlipidemia, and diabetes. Given that the Hispanic/Latino population is our country's fastest-growing racial group, disparities present an area of concern for the Department of Veterans Affairs providers and patient caretakers.

As the Executive Director, Department of Veterans Affairs Center for Minority Veterans (CMV), and as a Veteran of Puerto Rican descent, I am in a unique position to witness the impact disparities in healthcare and benefits access have on minority Veterans. My staff and I hear from distressed Veterans every day.

And every day, CMV looks for innovative and creative ways to conduct outreach, engagement, education, and enrollment events for bringing minority and underserved Veterans into VA care and services.

I am pleased to partner with the Office of Health Equity. As a team, we continue to identify disparities impacting our nation's Sailors, Soldiers, Airmen, and Guardsmen's health and well-being and improve their access to healthcare and benefits that they deserve.

This Chartbook illustrates the disparities experienced by Hispanic Veterans. Notably, it demonstrates why this research is essential and why the time to tackle this is now. I know this Chartbook will lead the way in making critical changes in the receipt of benefits and ensure there is equity in the treatment of Hispanic Veterans.



James Albino, Director
Center for Minority Veterans
U.S. Department of Veterans Affairs

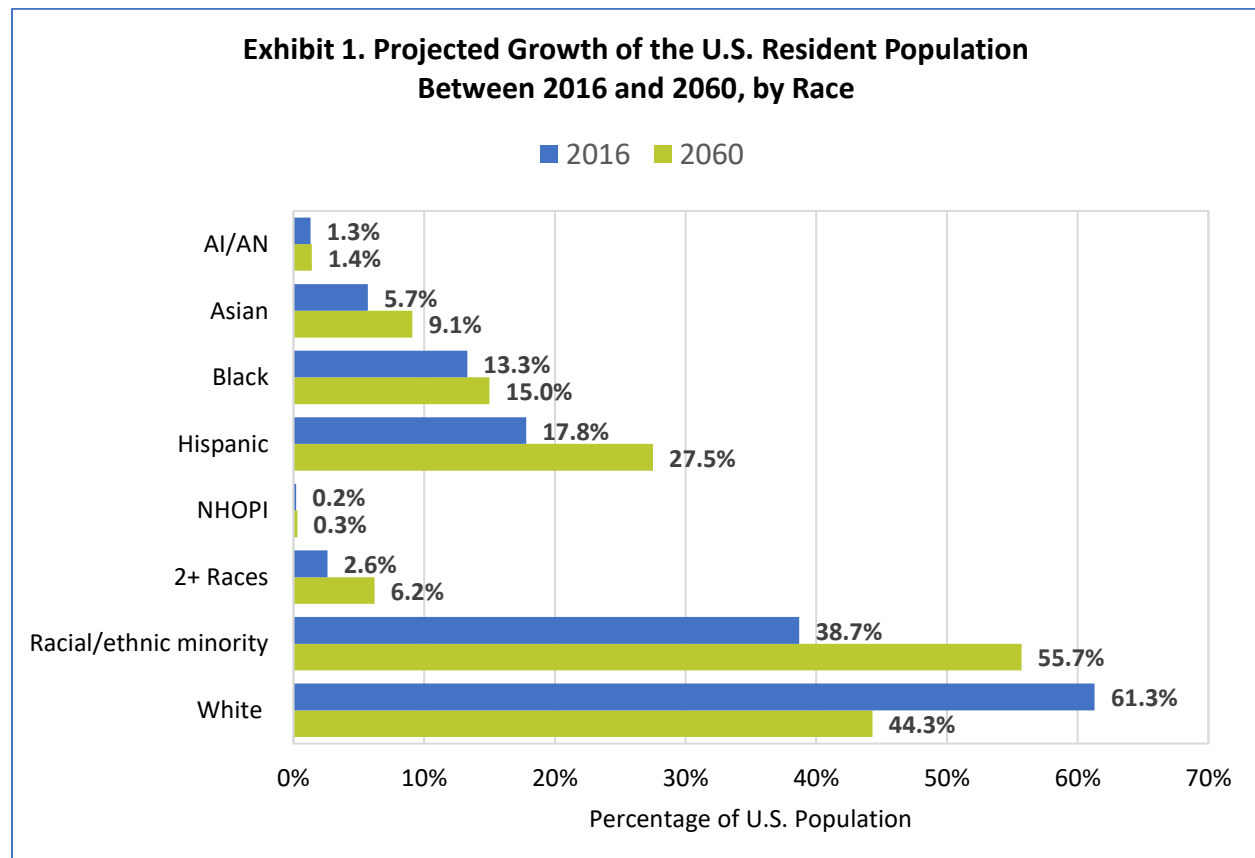
Section I: Background

The National Veterans Health Equity Report 2021 provides information regarding disparities in patient experiences and health care quality for Veterans who obtain health care services through the Veterans Health Administration (VHA).¹ Data on disparities are presented by the sociodemographic characteristics of race/ethnicity, gender, age group, rurality of residence, socio-economic status, and service-connected disability rating, and by cardiovascular risk factors of hypertension, hyperlipidemia, and diabetes.

This chartbook focuses on experiences of care and health care quality of Hispanic/Latino Veterans receiving care in VHA. Data in this report is from the fiscal year 2016 to fiscal year 2019 Department of Veteran Affairs (VA) Survey of Healthcare Experiences of Patients (SHEP)-Patient Centered Medical Home survey instrument, and the fiscal year 2016 to fiscal year 2019 VA External Peer Review Program quality monitoring program.

Hispanic/Latino individuals make up about 17.8% of the total American population.² The Hispanic/Latino population is one of the fastest growing racial groups in America. It is currently estimated that by 2060 the Hispanic/Latino population will grow to 27.5% of the total population in America.²

Exhibit 1. Projected Growth of the U.S. Resident Population Between 2016 and 2060, by Race



U.S. Population Group	2016 Percentage	2060 Percentage
AI/AN	1.3%	1.4%
Asian	5.7%	9.1%
Black	13.3%	15.0%
Hispanic	17.8%	27.5%
NHOPI	0.2%	0.3%
2+ Races	2.6%	6.2%
Racial/ethnic minority	38.7%	55.7%
White	61.3%	44.3%

Note: AI/AN denotes American Indian or Alaska Native; NHOPI denotes Native Hawaiian or other Pacific Islander

Categories are not mutually exclusive; therefore, percentages may add to more than 100 percent. Racial categories other than 2+ Races exclude people reporting two or more races. Whites are non-Hispanic only; all other categories may include Hispanics. Minority includes all groups other than the non-Hispanic White population.

Source: U.S. Census Bureau., Population Division. Projected Race and Hispanic Origin: Main Projections Series for the United States, 2017 to 2060.

<https://www.census.gov/data/tables/2017/demo/popproj/2017-summary-tables.html>.

Section II: Patient Demographics

Race/Ethnicity in VHA

Distribution of Hispanic Veteran VHA Patients, FY16-FY19.

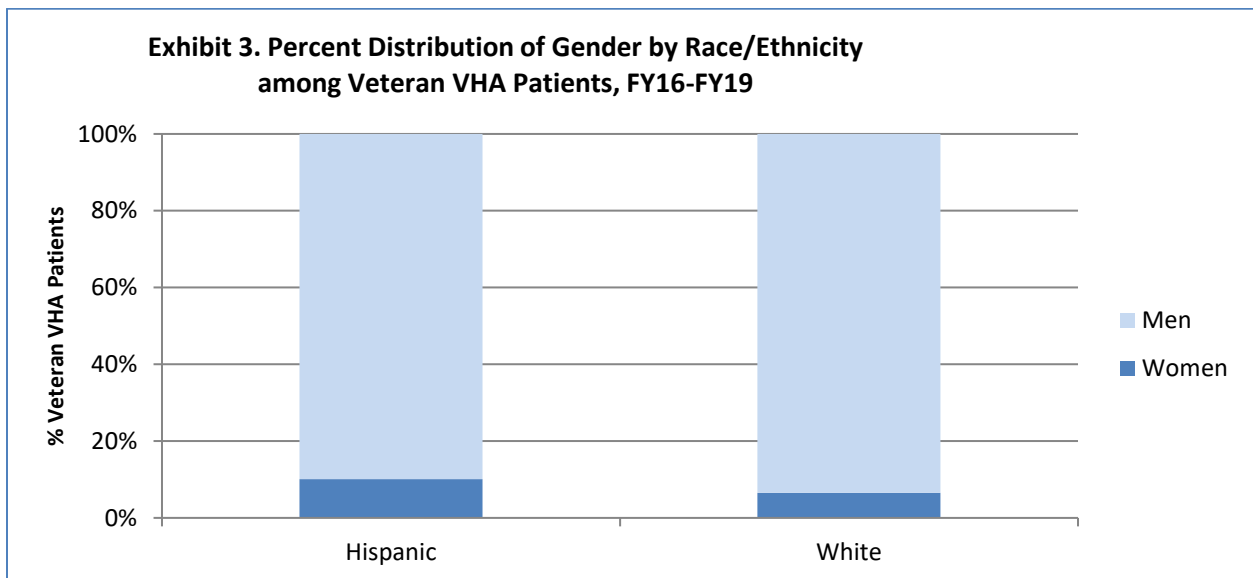
Exhibit 2.

Race/Ethnicity	Percentage
Hispanic	6.4%

Findings:

- Hispanic Veterans comprise 6.4% of all Veterans using VHA care in FY16-FY19.

Gender by Race/Ethnicity

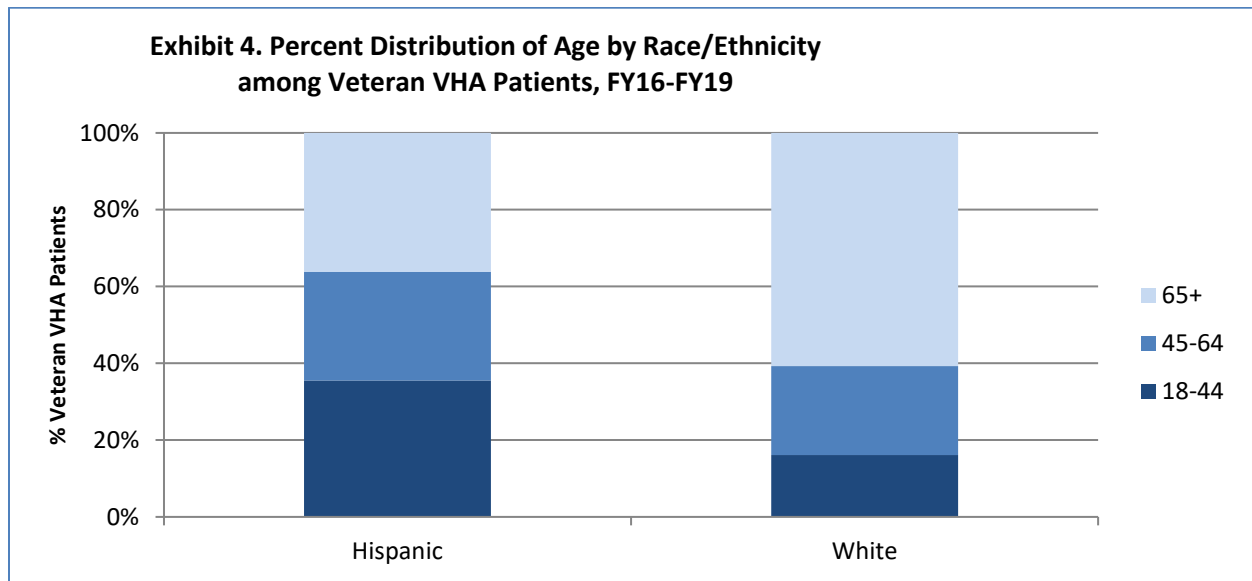


Gender	Hispanic	White
Men	89.9%	93.5%
Women	10.1%	6.5%

Findings:

- Most Veterans are men with a slightly higher proportion of non-Hispanic White Veterans being men compared with Hispanic Veterans. There was a higher proportion of Hispanic women Veterans compared to non-Hispanic White women Veterans.

Age Group by Race/Ethnicity

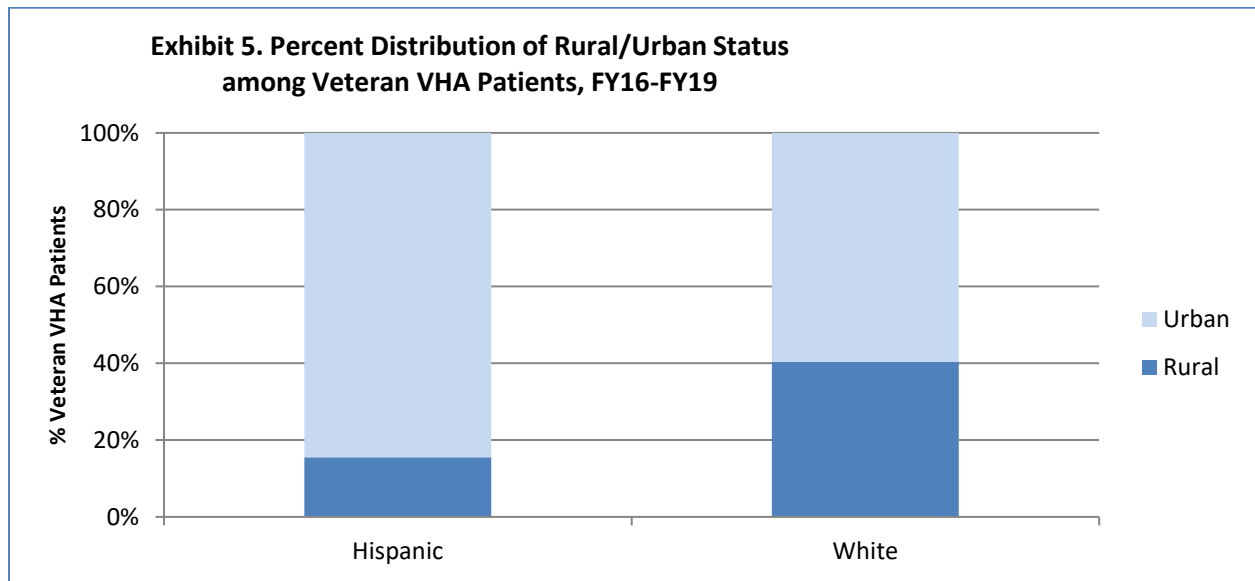


Age	Hispanic	White
65+ years	36.2%	60.7%
45-64 years	28.3%	23.2%
18-44 years	35.5%	16.1%

Findings:

- Hispanic Veterans were younger than non-Hispanic White Veterans, who were primarily 65 years and older.

Rurality by Race/Ethnicity

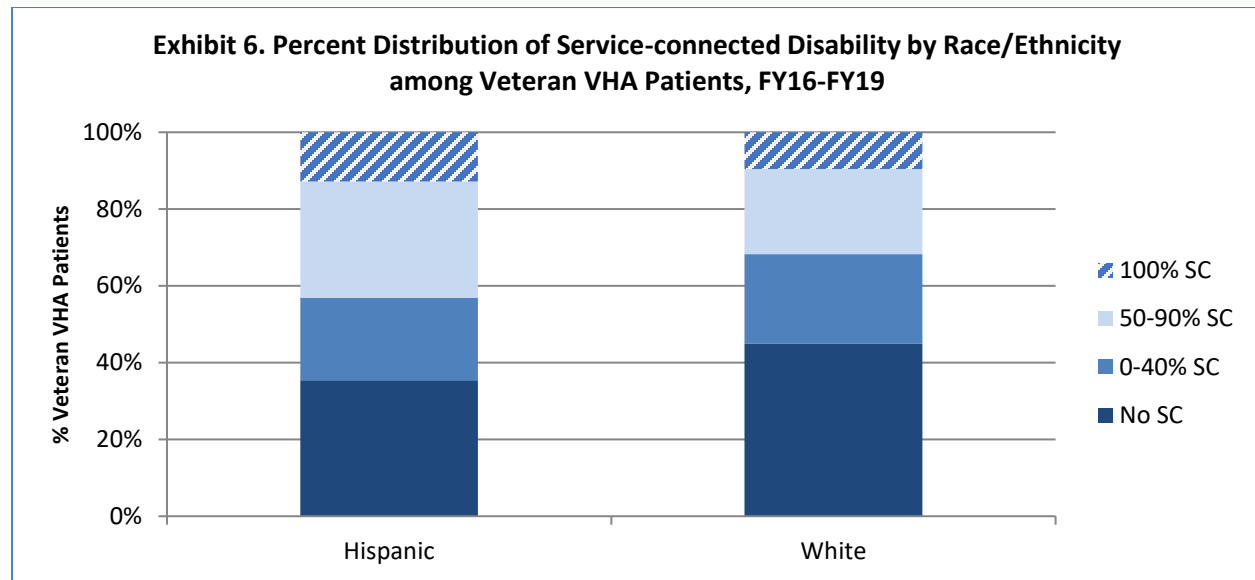


Rural/Urban Status	Hispanic	White
Urban	84.5%	59.6%
Rural	15.5%	40.4%

Findings:

- Hispanic Veterans were primarily from urban settings, compared to non-Hispanic White Veterans.

Service-connected Disability Rating by Race/Ethnicity



Service-connected Disability Rating	Hispanic	White
100% SC	12.8%	9.6%
50-90% SC	30.3%	22.1%
0-40% SC	21.5%	23.3%
No SC	35.4%	44.9%

Findings:

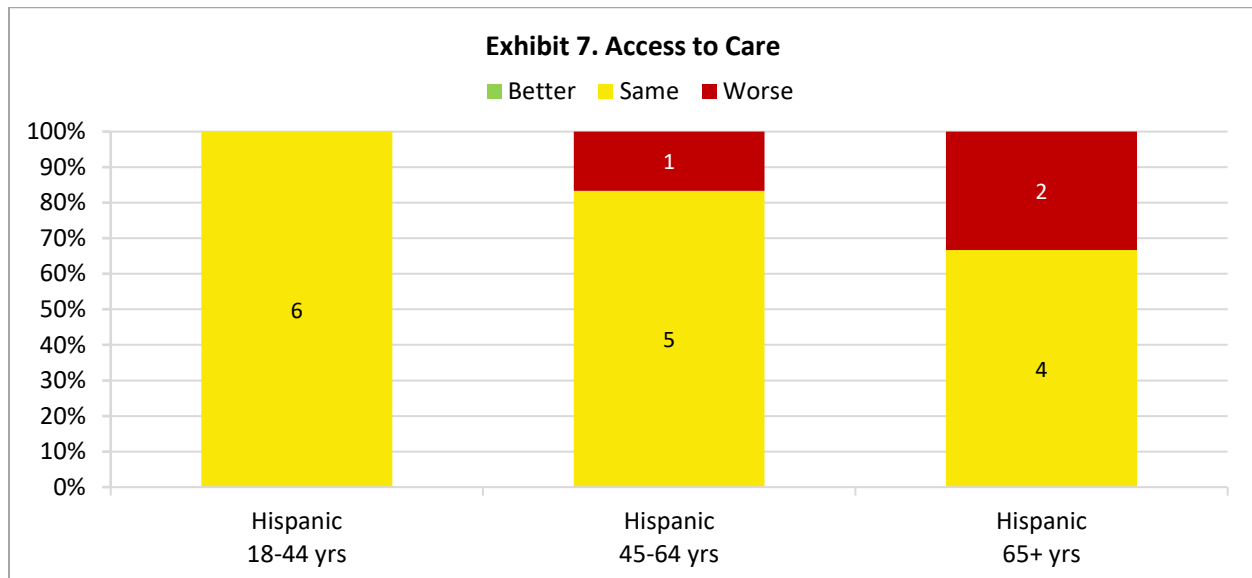
- Non-Hispanic White Veterans were more likely to not have a service-connected disability, while Hispanic Veterans had a slightly higher rate of 100% service-connected disability.

Section III: Patient Experiences

See Appendix for methods and guidelines for interpretation

Variations in VHA Patient Experience of Access to Care by Veteran Race/Ethnicity

Exhibit 7. Number and percentage of measures for which Hispanic or Latino Veteran VHA patients of specified age groups experienced better, same, or worse access to care compared with non-Hispanic White Veterans



Comparison	Hispanic 18-44 yrs	Hispanic 45-64 yrs	Hispanic 65+ yrs
Worse	0	1	2
Same	6	5	4
Better	0	0	0

Reference group: Non-Hispanic White Veteran VHA patients of corresponding age group

Source: Health Equity/QUERI Partnered Evaluation Center analysis of SHEP-PCMH FY2016 – FY2019 data

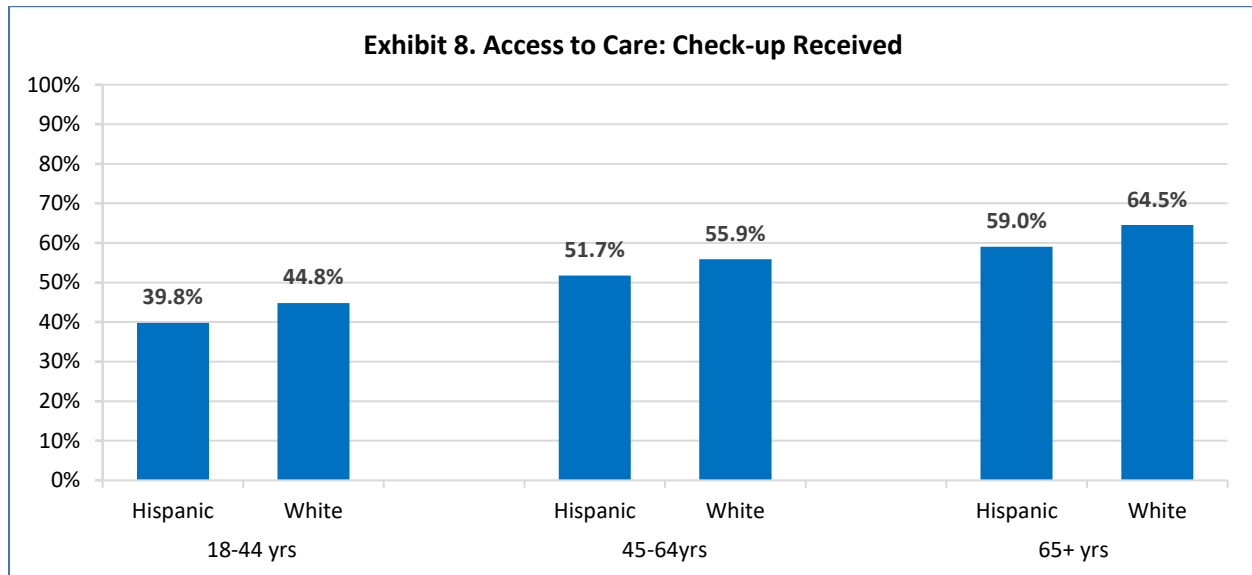
Importance:

- Access to high quality healthcare is the first important step towards improved individual and population health.^{3,4}

Findings:

- Compared with non-Hispanic White Veterans, Hispanic Veterans ages 18-44 experienced similar access on all 6 measures.
- Hispanic Veterans ages 45-64 had the same experience of access as non-Hispanic White Veterans on 5 measures of access, but worse access on one measure.
- Hispanic Veterans 65 years of age and older had the same experience on 4 measures of access, but worse access on two measures compared with non-Hispanic White Veterans.

Exhibit 8. VHA users who indicated, in the last 6 months, when they made an appointment with their provider for a check-up or routine care, they always received an appointment as soon as needed



Age	Hispanic	White
18-44 years	39.8%	44.8%
45-64 years	51.7%	55.9%
65+ years	59.0%	64.5%

Reference group: Non-Hispanic White Veteran VHA patients of corresponding age group

Source: Health Equity/QUERI Partnered Evaluation Center analysis of SHEP-PCMH FY2016 – FY2019 data

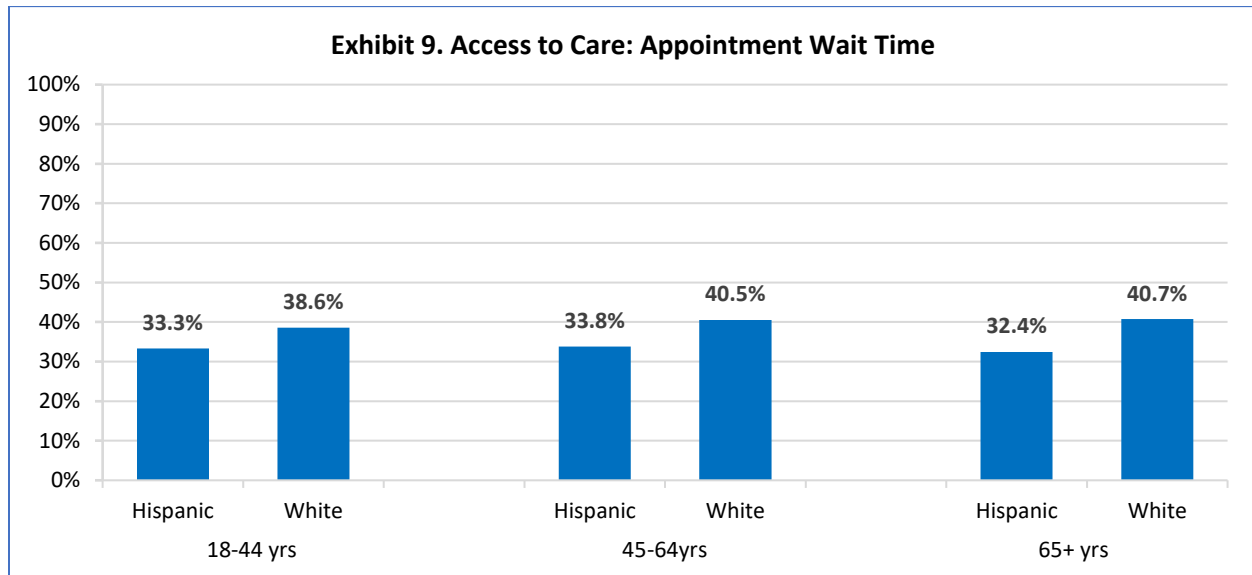
Importance:

- Access to timely high-quality healthcare is strongly associated with preventing disease and with good health outcomes over a lifetime. Recent research has demonstrated improved wait times for the VA compared to the private sector.^{5,6,7}

Findings:

- Hispanic Veterans ages 65 and older reported meaningfully significant lower rates of timely routine care when it was needed compared to non-Hispanic White Veterans. Hispanic and non-Hispanic White Veterans younger than age 65 had similar rates of timely routine care.

Exhibit 9. VHA users who indicated, in the last 6 months, they always saw their provider within 15 minutes of their appointment time



Age	Hispanic	White
18-44 years	33.3%	38.6%
45-64 years	33.8%	40.5%
65+ years	32.4%	40.7%

Reference group: Non-Hispanic White Veteran VHA patients of corresponding age group

Source: Health Equity/QUERI Partnered Evaluation Center analysis of SHEP-PCMH FY2016 – FY2019 data

Importance:

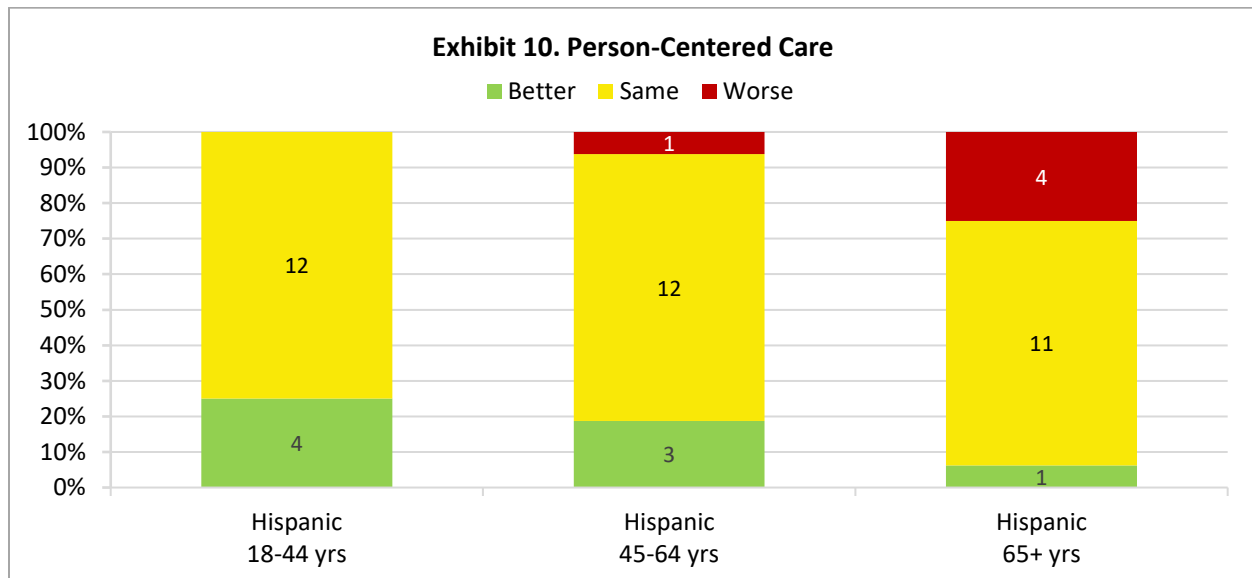
- Long clinic wait times negatively impact patient satisfaction, patient engagement and the likelihood that patients will recommend the practice to others. ^{8,9}

Findings:

- Hispanic Veterans ages 45 and older reported meaningfully significant lower rates of seeing their provider within 15 minutes of their appointment time compared to non-Hispanic White Veterans. Hispanic and non-Hispanic White Veterans ages 18-44 had similar appointment wait times.

Variations in VHA Patient Experience of Person-Centered Care by Veteran Race/Ethnicity

Exhibit 10. Number and percentage of measures for which Hispanic or Latino Veteran VHA patients of specified age groups experienced better, same, or worse person-centered care compared with non-Hispanic White Veterans



Comparison	Hispanic 18-44 yrs	Hispanic 45-64 yrs	Hispanic 65+ yrs
Worse	0	1	4
Same	12	12	11
Better	4	3	1

Reference group: Non-Hispanic White Veteran VHA patients of corresponding age group

Source: Health Equity/QUERI Partnered Evaluation Center analysis of SHEP-PCMH FY2016 – FY2019 data

Importance:

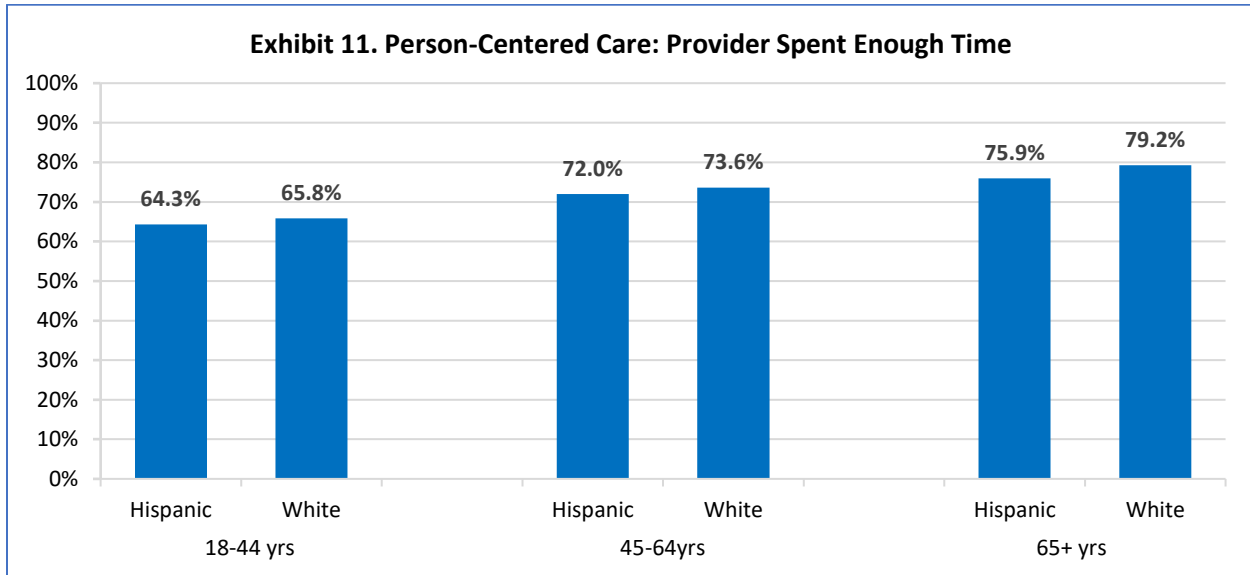
- National guidelines define person-centered care as essential for patient engagement, trust, and satisfaction in order to ensure patients' desired outcomes.^{10,11,12}

Findings:

- On most measures of person-centered care, Hispanic Veterans across all age groups had the same experience of person-centered care as non-Hispanic White Veterans.
- Hispanic Veterans ages 18-44 received the same person-centered care on 12 measures, and on 4 measures reported better person-centered care, compared to non-Hispanic White Veterans.
- On 12 measures, Hispanic Veterans ages 45-64 received the same person-centered care compared to non-Hispanic White Veterans, but reported better care on 3 measures and worse care on 1 measure of person-centered care.

- Among Veterans ages 65 and older, Hispanic Veterans received worse person-centered care on 4 measures, better care on one measure, and the same care on 11 measures of person-centered care compared to non-Hispanic White Veterans.

Exhibit 11. VHA users who indicated, in the last 6 months, their provider always spent enough time with them



Age	Hispanic	White
18-44 years	64.3%	65.8%
45-64 years	72.0%	73.6%
65+ years	75.9%	79.2%

Reference group: Non-Hispanic White Veteran VHA patients of corresponding age group

Source: Health Equity/QUERI Partnered Evaluation Center analysis of SHEP-PCMH FY2016 – FY2019 data

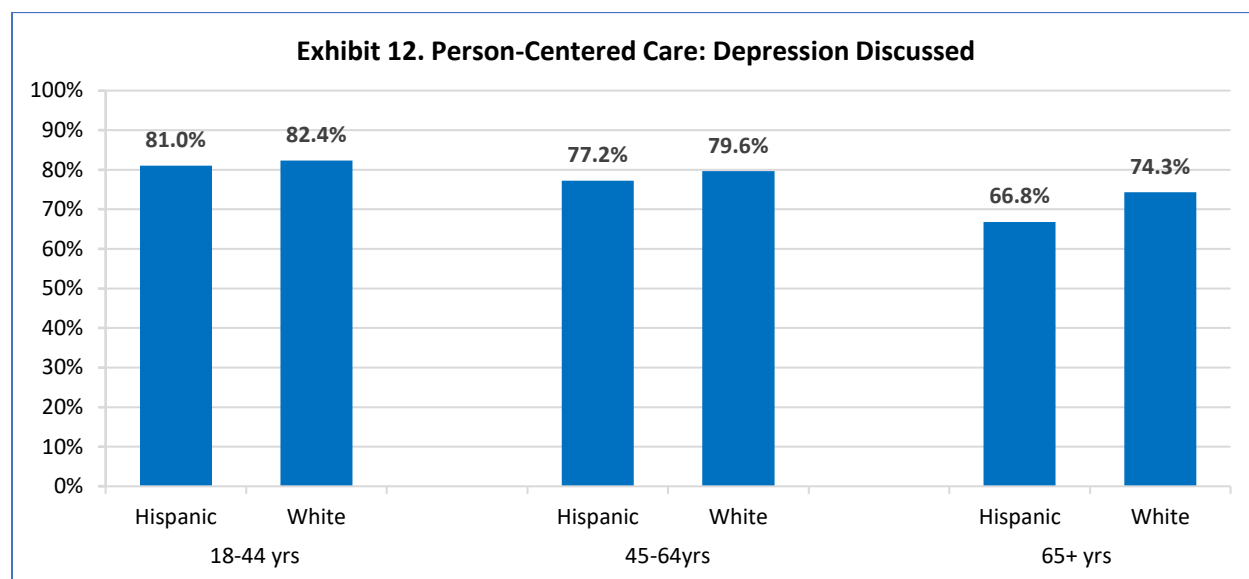
Importance:

- Person-centered care which emphasizes clinician – patient communication, including enough time to answer patients' questions, is associated with reduced unnecessary care use and improved satisfaction due to greater knowledge of the patient and greater trust between the clinician and the patient. ^{12,13,14,15}

Findings:

- Hispanic and non-Hispanic Whites Veterans younger than 65 years of age reported similar rates of their provider spending enough time with them during their clinical visit compared to White Veterans. However, Hispanic Veterans aged 65 years and older had meaningfully significant lower rates of having enough time with their providers compared to non-Hispanic White Veterans.

Exhibit 12. VHA users who indicated, in the last 6 months, that someone in their provider's office asked them if there was a period of time when they felt sad, empty, or depressed



Age	Hispanic	White
18-44 years	81.0%	82.4%
45-64 years	77.2%	79.6%
65+ years	66.8%	74.3%

Reference group: Non-Hispanic White Veteran VHA patients of corresponding age group

Source: Health Equity/QUERI Partnered Evaluation Center analysis of SHEP-PCMH FY2016 – FY2019 data

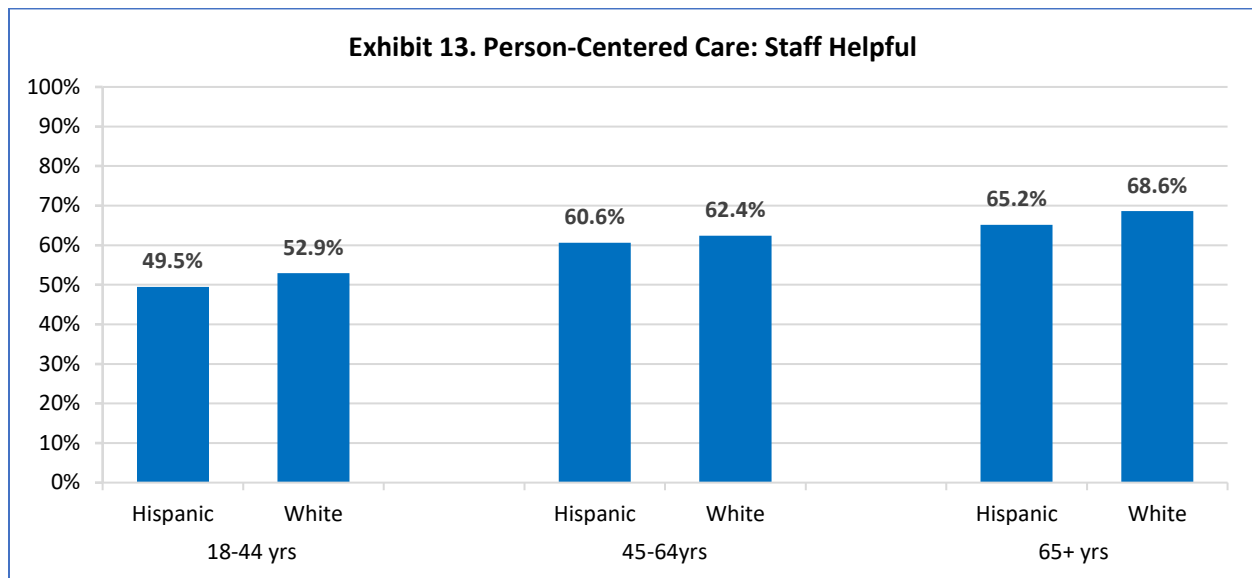
Importance:

- The US Preventive Services Task Force recommends screening adults for depression in primary care because untreated depression causes emotional suffering, reduced productivity and lost wages, impaired relationships, and is often present with chronic diseases and illness. ¹⁶

Findings:

- Hispanic Veterans ages 45 to 64 years and ages 65 years and older had meaningfully significant lower rates of screening for depression. However, similar rates of depression screening were reported by Hispanic and non-Hispanic White Veterans ages 18-44.

Exhibit 13. VHA users who indicated, in the last 6 months, clerks and receptionists at their provider's office were always as helpful as they thought they should be



Age	Hispanic	White
18-44 years	49.5%	52.9%
45-64 years	60.6%	62.4%
65+ years	65.2%	68.6%

Reference group: Non-Hispanic White Veteran VHA patients of corresponding age group

Source: Health Equity/QUERI Partnered Evaluation Center analysis of SHEP-PCMH FY2016 – FY2019 data

Importance:

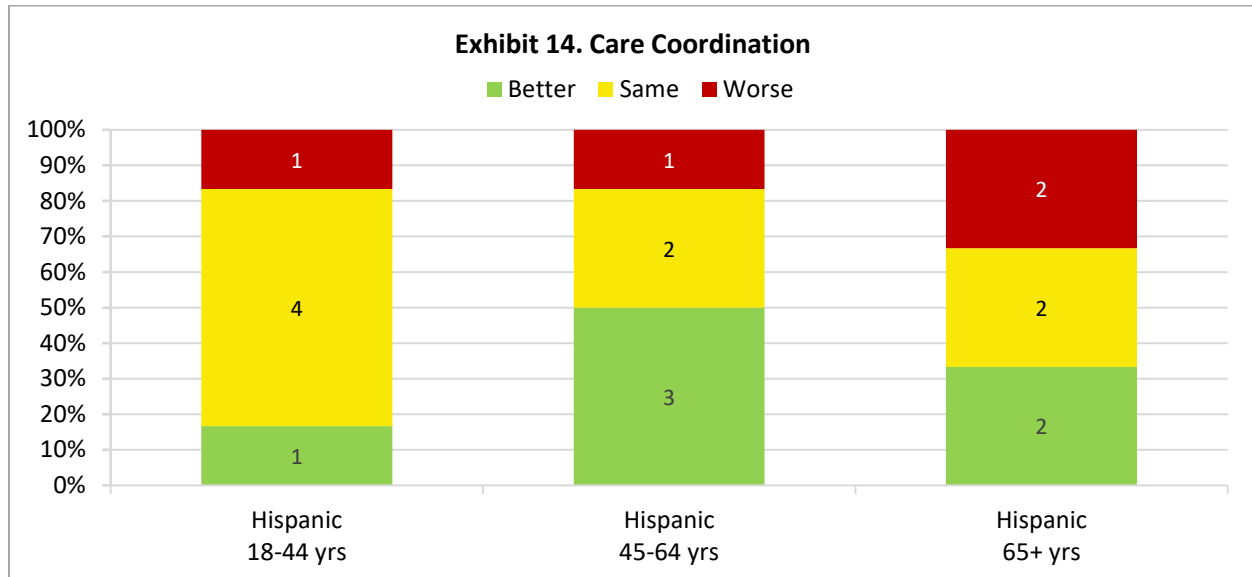
- A welcoming clinical environment increases patient satisfaction and engagement. ¹¹

Findings:

- Hispanic Veterans ages 65 and older reported meaningfully significant lower rates of staff helpfulness in their provider's office compared to non-Hispanic White Veterans. Hispanic and non-Hispanic White Veterans younger than age 65 reported similar rates of staff helpfulness.

Variations in VHA Patient Experience of Care Coordination by Veteran Race/Ethnicity

Exhibit 14. Number and percentage of measures for which Hispanic or Latino Veteran VHA patients of specified age groups experienced better, same, or worse care coordination compared with non-Hispanic White Veterans



Comparison	Hispanic 18-44 yrs	Hispanic 45-64 yrs	Hispanic 65+ yrs
Worse	1	1	2
Same	4	2	2
Better	1	3	2

Reference group: Non-Hispanic White Veteran VHA patients of corresponding age group

Source: Health Equity/QUERI Partnered Evaluation Center analysis of SHEP-PCMH FY2016 – FY2019 data

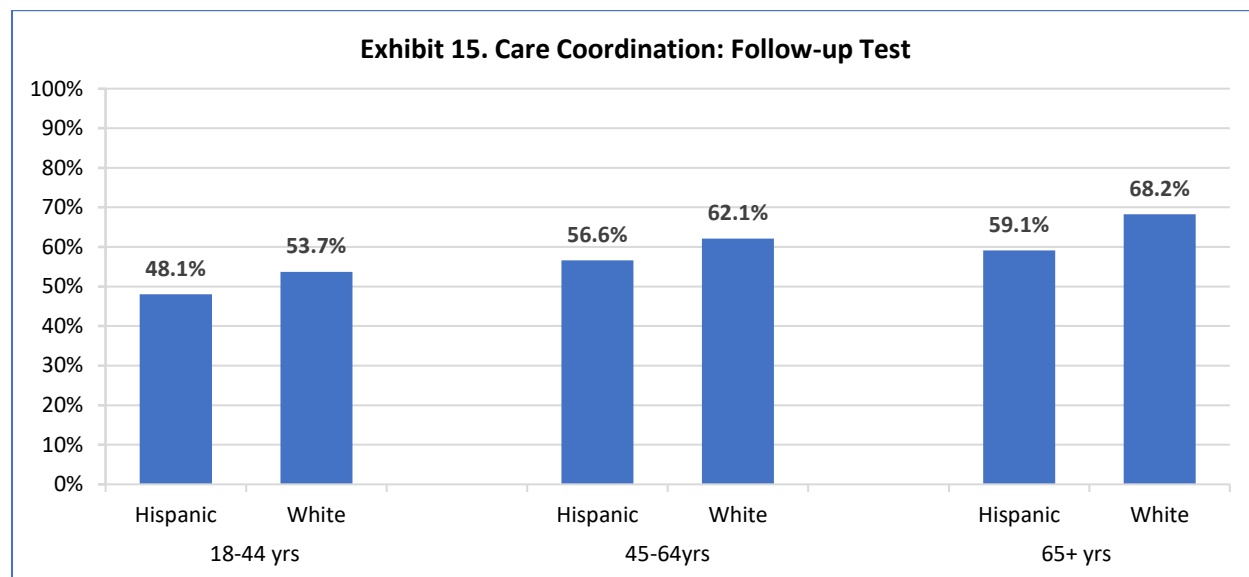
Importance:

- Excellent care coordination prevents fragmentation of communication, information, and clinical services, which helps to ensure high quality care and outcomes.^{17,18,19}

Findings:

- On most measures of person-centered care, Hispanic Veterans across all age groups had the same or better experiences of care coordination as non-Hispanic White Veterans.
- Hispanic Veterans ages 18-44 reported the same experience on 4 measures of care coordination, better coordination on one measure, and worse coordination on one measure, compared to non-Hispanic White Veterans.
- Hispanic Veterans aged 45 years and older reported better care coordination on 3 measures, the same care coordination on 2 measures, and worse coordination on 1 measure, compared to non-Hispanic White Veterans.

Exhibit 15. VHA users who indicated, in the last 6 months, that when their provider ordered a blood test, x-ray, or other test for them, someone in their provider's office always followed up to give them the results



Age	Hispanic	White
18-44 years	48.1%	53.7%
45-64 years	56.6%	62.1%
65+ years	59.1%	68.2%

Reference group: Non-Hispanic White Veteran VHA patients of corresponding age group

Source: Health Equity/QUERI Partnered Evaluation Center analysis of SHEP-PCMH FY2016 – FY2019 data

Importance:

- Failure to follow up on test results is associated with worse health outcomes due to loss of timely diagnosis and workup of serious medical conditions.^{20,21}

Findings:

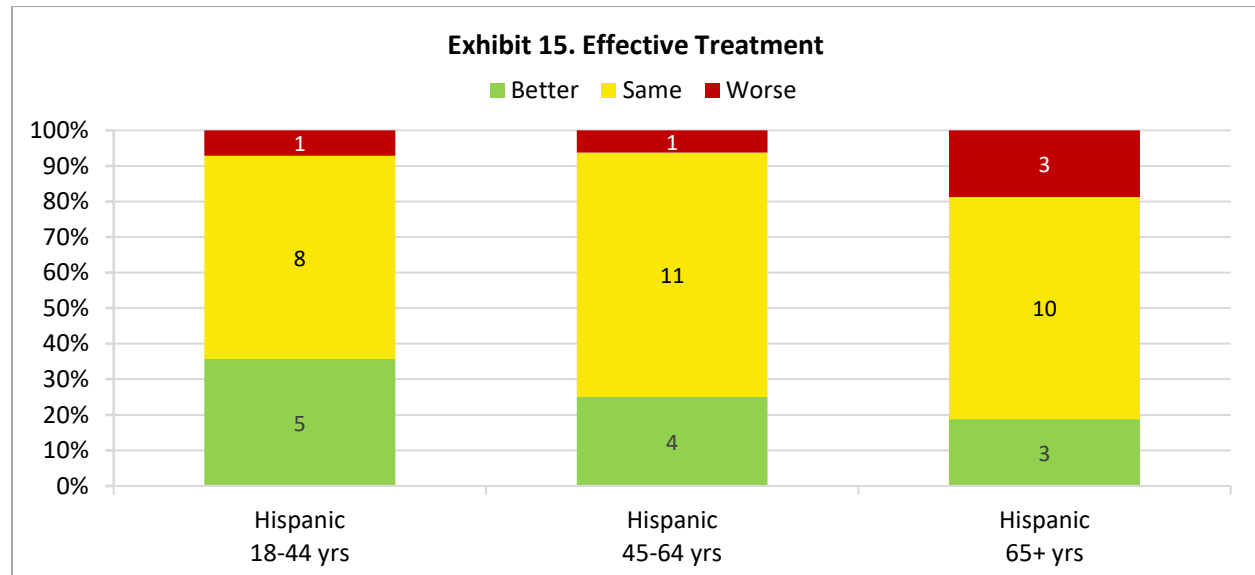
- Across all age groups, Hispanic Veterans reported meaningfully significant lower rates of test result follow-up compared to non-Hispanic White Veterans.

Section III: Health Care Quality

See Appendix for methods and guidelines for interpretation

Variations in VHA Health Care Quality of Effective Treatment by Veteran Race/Ethnicity

Exhibit 16. Number and percentage of measures for which Hispanic or Latino Veteran VHA patients of specified age groups experienced better, same, or worse effective treatment compared with non-Hispanic White Veterans



Comparison	Hispanic 18-44 yrs	Hispanic 45-64 yrs	Hispanic 65+ yrs
Worse	1	1	3
Same	8	11	10
Better	5	4	3

Reference group: Non-Hispanic White Veteran VHA patients of corresponding age group

Source: Health Equity/QUERI Partnered Evaluation Center analysis of EPRP FY2016 – FY2019 data

Importance:

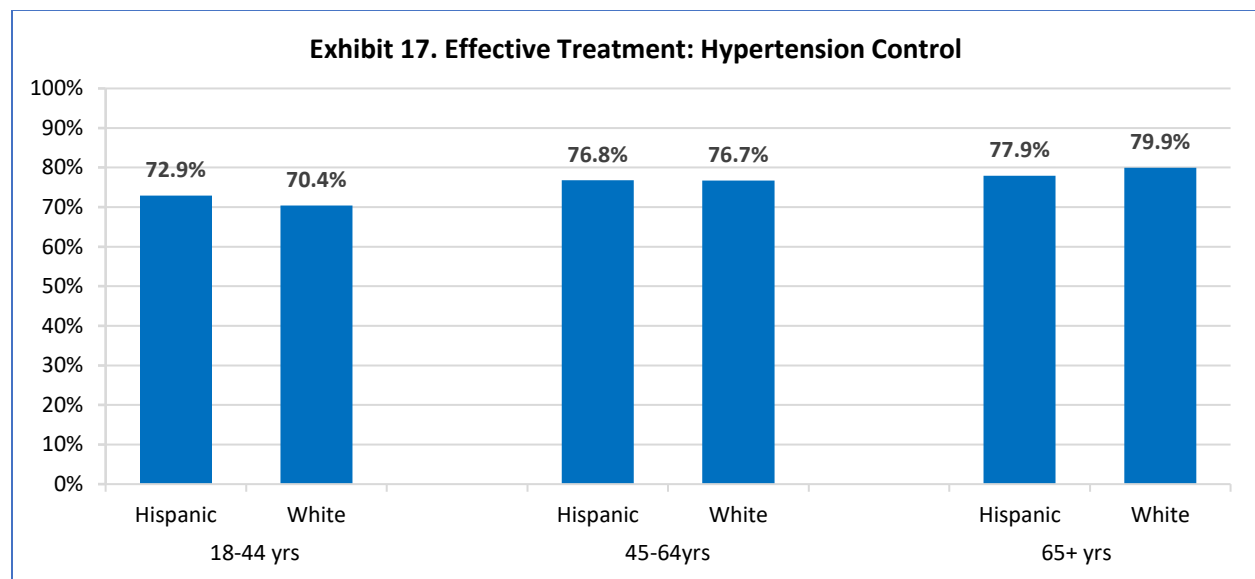
- Effective treatment is essential to ensuring high quality care with good patient outcomes.
3,22

Findings:

- On most measures of effective treatment, Hispanic Veterans across all age groups received the same or better treatment as non-Hispanic White Veterans.
- Hispanic Veterans ages 18-44 had the same experience on 8 measures of effective treatment, better treatment on 5 measures and worse treatment on one measure compared to non-Hispanic White Veterans.

- On 11 measures, Hispanic Veterans ages 45-64 received the same effective treatment compared to non-Hispanic White Veterans, better treatment on 4 measures, and worse treatment on 1 measure.
- Among Veterans ages 65 and older, Hispanic Veterans received worse treatment on 3 measures, better treatment on 3 measures, and the same effective treatment on 10 measures compared to non-Hispanic White Veterans.

Exhibit 17. VHA patients with diagnosed hypertension whose most recent blood pressure was less than 140/90 mmHg (or less than 150/90 mmHg for patients age 60-85 without a diagnosis of diabetes)



Age	Hispanic	White
18-44 years	72.9%	70.4%
45-64 years	76.8%	76.7%
65+ years	77.9%	79.9%

Reference group: Non-Hispanic White Veteran VHA patients of corresponding age group

Source: Health Equity/QUERI Partnered Evaluation Center analysis of EPRP FY2016 – FY2019 data

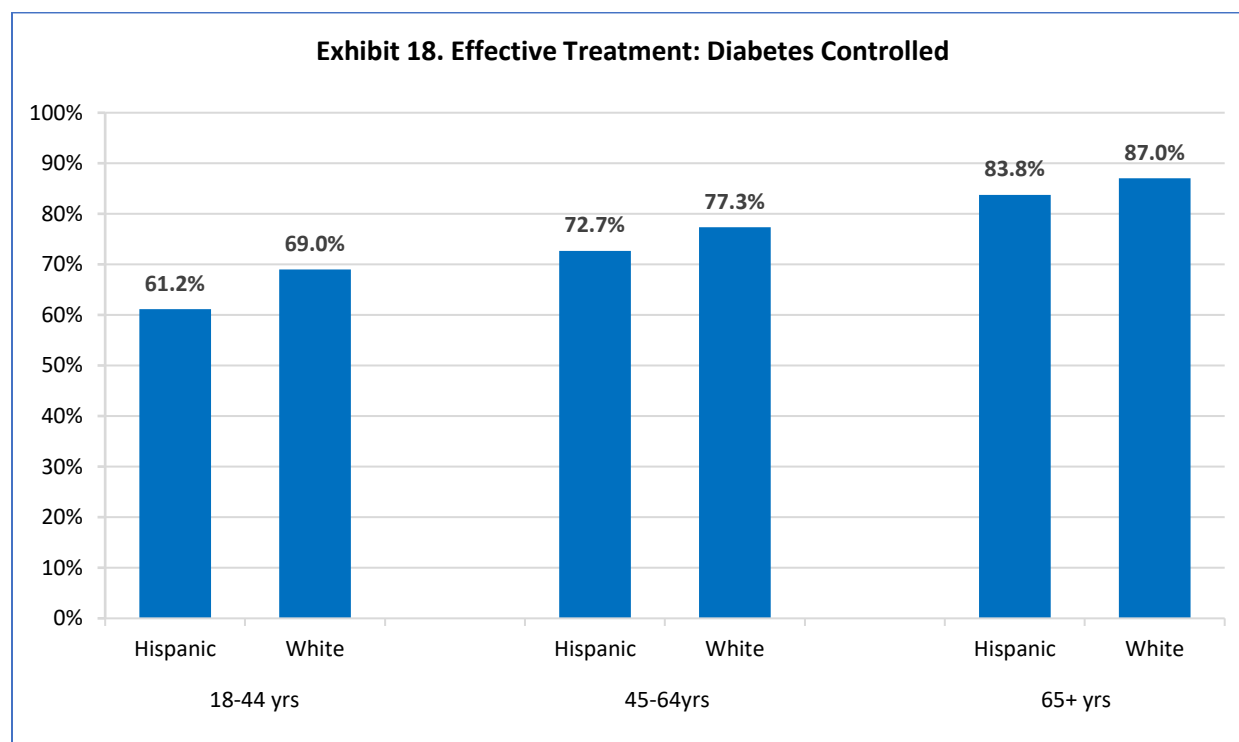
Importance:

- Control of hypertension is essential in preventing long term vascular complications such as coronary heart disease, heart failure, stroke, and death.²³

Findings:

- Hispanic Veterans ages 65 years and older had meaningfully significant lower rates of hypertension control compared to non-Hispanic White Veterans. However, there were similar rates of hypertension control between Hispanic and non-Hispanic White Veterans for those younger than age 65.

Exhibit 18. VHA patients with diagnosed diabetes whose glycosylated hemoglobin (HbA1C) was measured in the prior year, and was less than 9%



Age	Hispanic	White
18-44 years	61.2%	69.0%
45-64 years	72.7%	77.3%
65+ years	83.8%	87.0%

Reference group: Non-Hispanic White Veteran VHA patients of corresponding age group

Source: Health Equity/QUERI Partnered Evaluation Center analysis of EPRP FY2016 – FY2019 data

Importance:

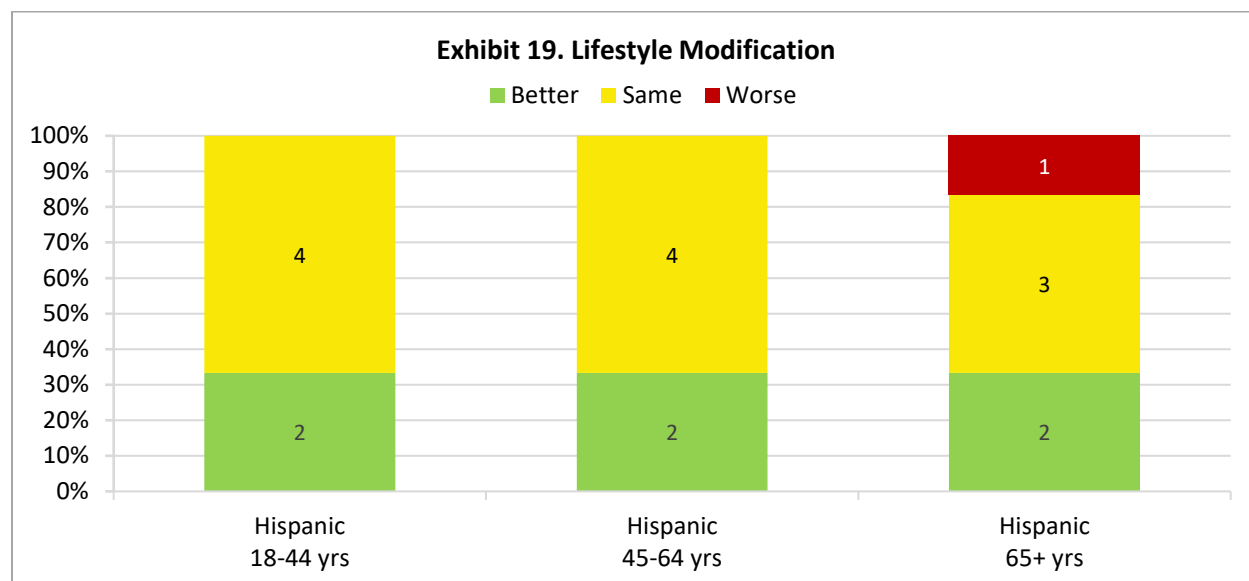
- Control of diabetes is essential in preventing long term complications such as heart disease, stroke, chronic kidney disease requiring hemodialysis and death.^{24,25}

Findings:

- Across all age groups, Hispanic Veterans had meaningfully significant lower rates of diabetes control compared to non-Hispanic White Veterans.

Variations in VHA Health Care Quality of Healthy Living – Lifestyle Modification by Veteran Race/Ethnicity

Exhibit 19. Number and percentage of measures for which Hispanic or Latino Veteran VHA patients of specified age groups experienced better, same, or worse healthy living – lifestyle modification compared with non-Hispanic White Veterans



Comparison	Hispanic 18-44 yrs	Hispanic 45-64 yrs	Hispanic 65+ yrs
Worse	0	0	1
Same	4	4	3
Better	2	2	2

Reference group: Non-Hispanic White Veteran VHA patients of corresponding age group

Source: Health Equity/QUERI Partnered Evaluation Center analysis of EPRP FY2016 – FY2019 data

Importance:

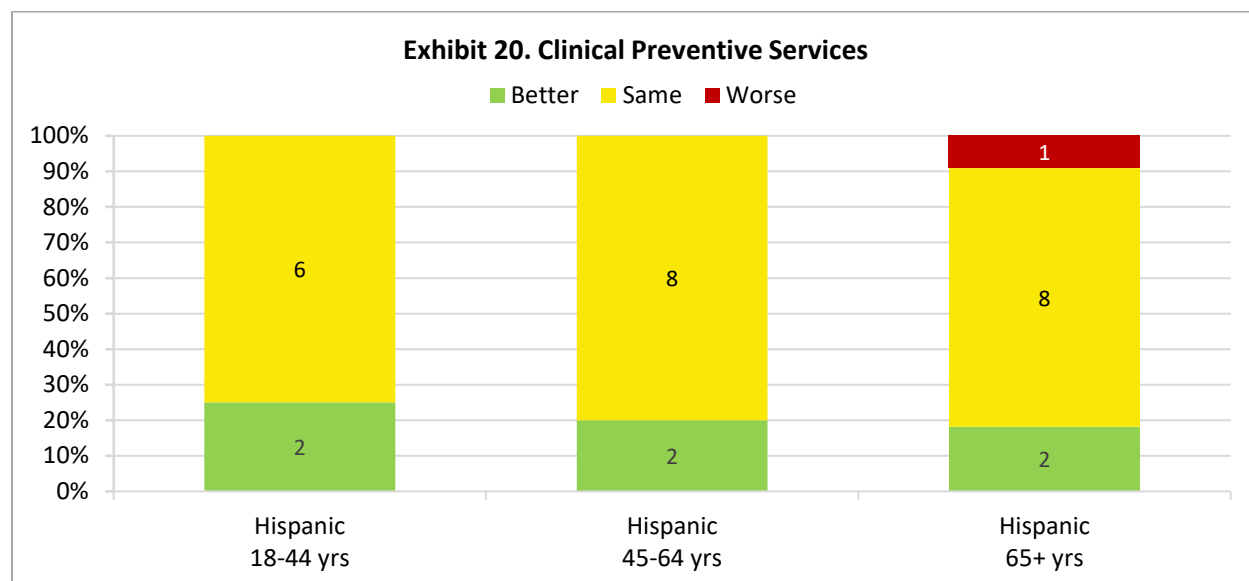
- Lifestyle modification is an important part of the prevention and management of disease.^{23,26}

Findings:

- On most measures of lifestyle modification, Hispanic Veterans across all age groups experienced the same or better healthy living and lifestyle modification compared to non-Hispanic White Veterans.
- Hispanic Veterans younger than age 65 reported the same or better experiences on healthy living and lifestyle modification measures compared to non-Hispanic White Veterans.
- Among Veterans ages 65 and older, Hispanic Veterans received worse healthy living and lifestyle modification on one measure, better on 2, and the same on 3 lifestyle measures, compared to non-Hispanic White Veterans.

Variations in VHA Health Care Quality of Healthy Living – Clinical Preventive Services by Veteran Race/Ethnicity

Exhibit 20. Number and percentage of measures for which Hispanic or Latino Veteran VHA patients of specified age groups experienced better, same, or worse healthy living – clinical preventive services compared with non-Hispanic White Veterans



Comparison	Hispanic 18-44 yrs	Hispanic 45-64 yrs	Hispanic 65+ yrs
Worse	0	0	1
Same	6	8	8
Better	2	2	2

Reference group: Non-Hispanic White Veteran VHA patients of corresponding age group

Source: Health Equity/QUERI Partnered Evaluation Center analysis of EPRP FY2016 – FY2019 data

Importance:

- Clinical preventive services are an essential part of maintaining health and preventing disease. Evidence-based preventive services improve health and reduce premature deaths by identifying illnesses earlier, managing them more effectively, and preventing chronic illnesses and disability.²⁷

Findings:

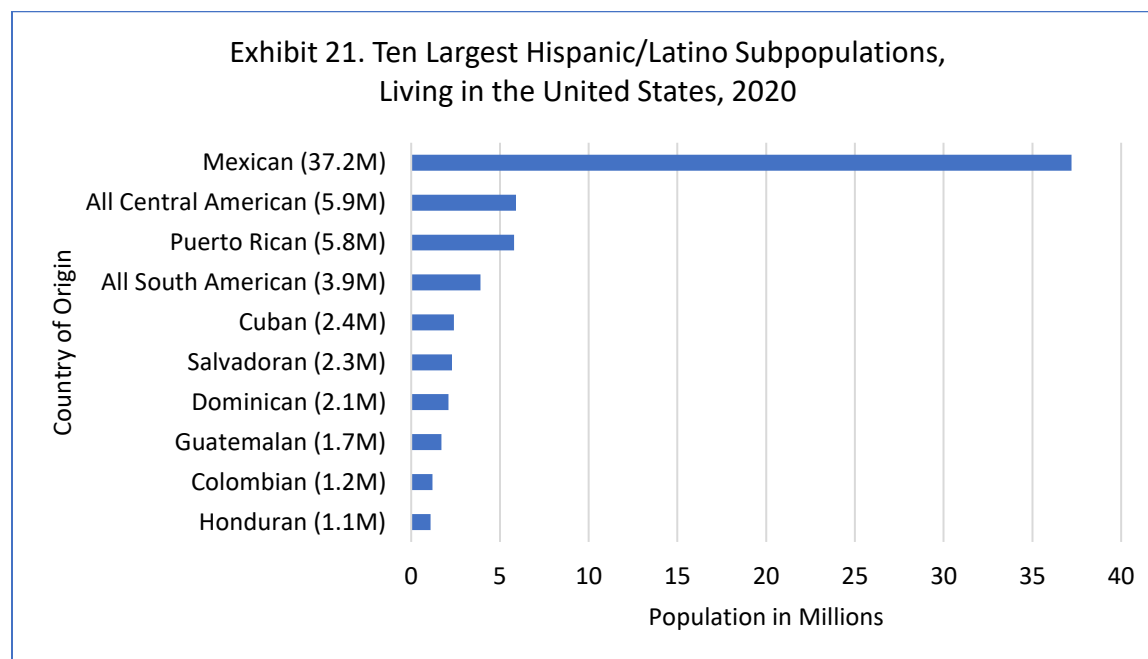
- On most measures of clinical preventive services, Hispanic Veterans across all age groups received the same or better preventive services as non-Hispanic White Veterans.
- Hispanic Veterans ages 18-44 had the same experience on 6 measures of clinical preventive services, and better preventive services on 2 measures, compared to non-Hispanic White Veterans.
- Hispanic Veterans ages 45-64 had the same experience on 8 measures of clinical preventive services, and better preventive services on 2 measures, compared to non-Hispanic White Veterans.

- Among Veterans ages 65 and older, Hispanic Veterans received worse clinical preventive services on one measure, better services on 2 measures, and the same services on 8 preventive measures, compared to non-Hispanic White Veterans.

Section V: Granular Ethnicity

The Hispanic/Latino subpopulations in the United States are very diverse and varied. VHA does not systematically gather information on granular ethnicities in its electronic health records. Additional work is needed to gather this information from Veterans, but such information could be useful for understanding and reducing inequities experienced by Hispanic/Latino Veterans.

Of the overall U.S. Hispanic/Latino population, in 2020 the Mexican subpopulation was the largest representing (61.4%) of the total Hispanic/Latino population in the United States. There are more than a dozen different Hispanic/Latino subpopulations that are distinct from one another, and each group faces unique challenges.



Subpopulation	Percentage in total U.S. Hispanic/Latino population	Count in millions in total U.S. Hispanic/Latino population
Mexican	61.4%	37.2
All Central American	9.8%	5.9
Puerto Rican	9.6%	5.8
All South American	6.4%	3.9
Cuban	3.9%	2.4
Salvadoran	3.7%	2.3
Dominican	3.3%	2.1
Guatemalan	2.4%	1.7
Colombian	2%	1.2
Honduran	2%	1.1

Source: USAFacts. (2022, April 18). The Hispanic population has quadrupled in the past four decades. it is also becoming more diverse. USAFacts. Retrieved September 1, 2022, from <https://usafacts.org/articles/demographics-hispanic-americans/>

Section VI: Conclusions

Hispanic/Latino Veterans report experiencing more challenges with access to care, person-centered care, and care coordination when compared with non-Hispanic White Veterans. However, Hispanic/Latino Veterans had similar or better results than non-Hispanic Whites on most measures of health care quality. Analyses are limited by the scarcity of information on granular ethnicities among Latino/Hispanic Veterans.

Work is needed to improve the Veteran experience of care among Hispanic/Latino Veterans. Better information on Hispanic/Latino Veterans, including granular ethnicity, could further understandings of observed disparities.

Appendix: Brief Overview of Methods and Guidelines for Interpretation

These chapters rely on centralized analyses of VA administrative data for FY2016 – FY2019 (October 1, 2015, through September 30, 2019). Veteran sociodemographic characteristics and medical diagnoses were derived from the administrative and electronic health record (EHR) data in the Corporate Data Warehouse. Patient experience measures were derived from Survey of Healthcare Experiences of Patients (SHEP)-Patient Centered Medical Home surveys for FY2016 – FY2019. Quality measures were obtained from the External Peer Review Program (EPRP).

We created separate SHEP and EPRP cohorts. For each of these cohorts, we linked the four fiscal years of data; for individuals with observations in more than one year, we retained only the most recent year of data. We next linked Veteran characteristics from the VA administrative data and EHR. For time varying measures, e.g., age, we used the fiscal year of administrative data that corresponded to the SHEP or EPRP record.

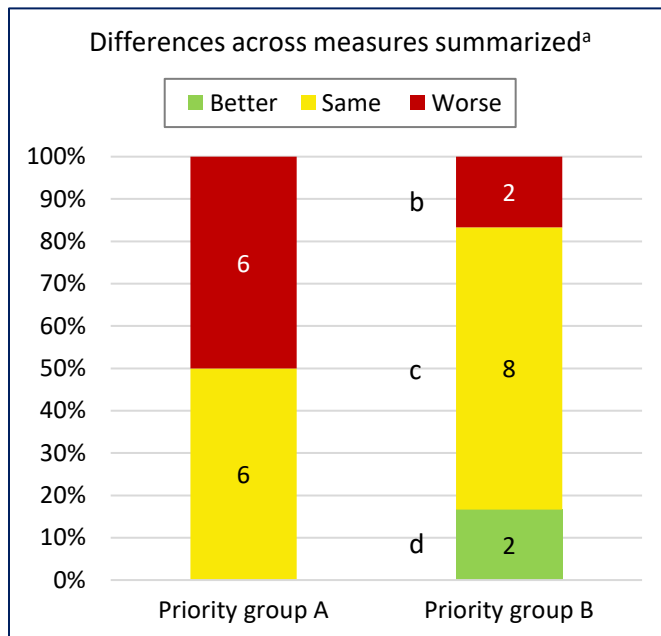
To facilitate comparisons between VHA data and publicly available data representing the U.S. population, we report race and ethnicity groups as mutually exclusive. All individuals with indication of Hispanic or Latino ethnicity are included in the “Hispanic” race and ethnicity group regardless of their race, and the remaining race and ethnicity groups contain Veteran patients who have identified as “non-Hispanic.” For simplicity, the label identifies only the race. For example, “White” is used as shorthand for non-Hispanic White Veterans.

To analyze data, we first aligned metrics so that for all measures a higher rate indicated better patient experiences or better quality. We next dichotomized responses to the response corresponding to the best care versus all other responses. We stratified all cohorts by age group (18-44 years; 45-64 years; and 65+ years), then conducted age-stratified analyses, comparing each priority (comparison) group and reference group within an 18-44 years, 45-64 years, and 65+ years strata. Several of the quality measures only applied to certain age groups, and therefore some groups (generally, the 18–44-year age group) had fewer comparisons.

To categorize a difference as a disparity (or an advantage, if the difference favored the priority group), we applied two criteria for a meaningful difference: an absolute difference that was statistically significant with a p-value <0.05 on a two-tailed test, AND a relative difference of at least 10%, where the relative difference is the difference between the priority group gap in care and the reference group gap in care, divided by the reference group gap in care. Both criteria had to be satisfied for a difference to be categorized as a disparity. These criteria are based on the standard applied by the Agency for Healthcare Research and Quality (AHRQ) in their annual National Healthcare Quality and Disparities Report for the U.S. population.³

The format for presenting comparisons between priority groups and the reference group for each patient experience domain of care or quality domain of care is to use 100% stacked bar graphs. For each domain (e.g., person-centered care) and priority group, the number, and percent of measures for which the priority group has better, same, or worse outcomes compared to the reference group is summarized in the 100% stacked bar graph. The example below illustrates comparisons for a Veteran characteristic where there are two priority groups. In this example, there are 12 measures in the domain.

Exhibit 22. Illustration of Domain Summary Figure



^a12 measures in this domain

^b Priority group B has worse outcomes on 2 measures (17% of measures) compared to the reference group (i.e., does better or same on 83% of measures in this domain)

^c Group B has same outcomes on 8 measures

^d Group B has better outcomes on 2 measures

Comparison	Priority group A	Priority group B
Worse	6	2
Same	6	8
Better	0	2

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