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The Effects of Race and Other Socioeconomic Factors on Health Service Use Among American Military Veterans

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RESEARCH HIGHLIGHTS

- Previous research on racial disparities in access to healthcare at VA facilities has produced conflicting reports. Using data from the 2001 National Survey of Veterans, the researchers evaluate whether racial disparities exist within both VA and non-VA health systems. They hypothesize that racial minority veterans utilize health services less frequently than white veterans.
- Consistent with previous studies and the study hypothesis, health service use of non-VA facilities was variable and influenced by race along with education and health insurance. However, use of VA services is more strongly associated with individual health care needs and lack of private health insurance than race.
- When other variables, including health status are controlled for, African American veterans are more likely to use VA services than Caucasian veterans. This finding suggests that racial disparities can be diminished when financial barriers are reduced.
- Some veterans may lack knowledge about VA services. More uniformed dissemination of information on VA services may be needed to ensure equal access to said services.

ABSTRACT

“This study examined the extent to which racial disparities in service utilization exist in veterans (VA) and non-VA health care systems. An observational study design was used with a nationally representative sample of veterans. Logistic regression models were constructed using sociodemographic characteristics, health insurance and benefits, and health status as predictors of health service use in both VA and non-VA health care systems. A population weighted sample of 19,270 veterans from the 2001 National Survey of Veterans was used, which included 17,004 (88.24%) White, 1,864 (9.15%) African American, 414 (2.15%) Native American/Alaskan Native, and 87 (.45%) Asian American/Pacific Islander veterans. Results showed that use of the VA health care system was not associated with race, but was associated with VA disability compensation, lack of private health insurance, and greater health care need. Contrarily, in non-VA healthcare systems, veterans who were racial minorities, less educated, and without private health insurance were less likely to use services. Together, these findings demonstrate the socioeconomic context in which health disparities exist and suggest the influence of health insurance on racial disparities in service utilization.”



IMPLICATIONS

FOR PRACTICE

Overall findings show that racial disparities among VA health service utilization is attenuated by equal access to services. However several racial disparities exist in non-VA health services. Given that many veterans live in rural areas where access to VA facilities may be difficult or non-existent, non-VA health facilities should consider improving access to health services to ensure that racial minorities and those in lower socio-economic brackets receive equal access to and quality of services. One of the major barriers preventing veterans' access to VA health services shown in this study is a lack of knowledge regarding VA health care benefits and eligibility. To bridge this gap in treatment and coverage, rural healthcare service providers should perform outreach to veterans in their area(s). Outreach could include hosting clinics for veterans who are not covered under the VA umbrella of services, and might otherwise not have access to affordable health care. Social service workers should assess the needs of their local veteran populations through collaboration with VA and non-VA providers, community groups, and local veteran service organizations. Assessing such needs could identify avenues for veterans to access and utilize health care while implementing culturally and geographically sensitive considerations within local communities.

FOR POLICY

Findings show that the VA is a strong example of an equal-access system for veterans across racial lines. VA administrators might continue this practice by removing all perceived barriers to care for veterans. Removal of barriers might be done by further educating veterans on their benefits and improving access to and from VA health facilities. The VA might bridge the gap between rural and urban health care facilities by coordinating partnerships with rural health care providers to guarantee that rural veterans, particularly Native American/Alaskan Native veterans, are able to access affordable health care. The implementation of the Affordable Care Act (ACA) is expected to further reduce racial disparities for health service utilization, particularly at non-VA health facilities through the expansion of health insurance and health care options. As per the ACA directive for state-run health insurance exchanges, state-level policymakers might expeditiously implement state exchanges to allow uninsured veterans to access affordable health insurance.

FOR FUTURE RESEARCH

This study is limited by the use of the 2001 National Survey of Veterans. The purpose of the 2001 National Survey of Veterans was to collect information relevant to the planning and budgeting of VA programs. Therefore, veterans' utilization of health services were only broadly assessed, and the data does not include specifics on medical or mental health service usage. Another limitation of this study is that it employed observational methodology so no causal inferences could be made. Furthermore, the data was collected through self-reported telephone interviews which could have introduced some bias and reduced accuracy on sensitive issues, including health and financial status. Future studies should replicate this research with more current data. Forthcoming research should also explore the experiences of veterans as equal access to services and care may not equate to equal experiences across different racial and cultural groups. Future research on veterans' utilization of health services by race and socioeconomic factors would benefit from a qualitative approach.

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