

QUERI Partnered Evaluation Initiative

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Overview

Health disparities have persisted over time in the U.S. for a wide range of conditions affecting vulnerable populations. In the VA healthcare system, where financial barriers to receiving care are minimized, disparities are diminished, but are still present for many important health outcomes. The Office of Health Equity-QUERI National Partnered Evaluation Initiative is using a population health approach to examine the distribution of diagnosed health conditions, mortality, and healthcare quality across the entire VA healthcare system, as defined by Veterans' membership, or not, in vulnerable population groups.

Aims

- Conduct health equity evaluation activities that are aligned with the Secretary's priorities and the focus of the Office of Health Equity and the Health Equity Coalition.
- Conduct ongoing monitoring of Veterans' health and healthcare equity, including care delivered through VA and in the community.
- Improve understanding of mechanisms underlying VA disparities, to inform interventions to achieve health equity.
- Disseminate findings about VA health and healthcare equity.

This evaluation is providing analyses needed to guide the development of evidence-based action plans to reduce health disparities in VA.

Operations Partner

The key partner is VA's Office of Health Equity, which "strives to advance health equity and reduce health disparities for all, especially vulnerable populations based on racial or ethnic group, religion, socioeconomic status, gender, age, mental health, cognitive, sensory, or physical disability, sexual orientation, geographic location, or other characteristics historically linked to discrimination or exclusion."

Findings and Impacts

- Developed tools to characterize social determinants of health for VA users: methodological approaches to ascertain Veteran race/ethnicity that reduce missing data to <4%; methods for identifying geographic-area based socio-economic status, including composite measures of social disadvantage.
- Systematically characterized national variations in Veterans' health conditions, quality outcomes, and patient experiences of VA care by vulnerable group characteristics, identifying disparities across multiple vulnerable groups and dimensions of health and healthcare.
- Documented that despite VA system-wide PACT (Patient-Aligned Care Team) implementation, national racial/ethnic disparities in intermediate clinical outcomes (blood pressure and diabetes control) persisted over time in VA for most racial/ethnic minority groups relative to white Veterans.
- Documented that patterns of mortality disparities differ between VA and general U.S. populations.
- Identified greater suicide mortality risk for rural-dwelling Veterans, and greater all-cause mortality by race/ethnicity and mental health diagnosis group.

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