

Guide to Equity in the Veterans Health Administration

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ABOUT THIS GUIDE

This guide equips advocates with key information about the Veterans Health Administration, including an overview of the system's inequities, and highlights the policy and accountability levers that can [advance equity](#).

This guide is part of a larger project on inequities and policy levers in the US health care system. For the complete guide, visit urbn.is/4054rNQ.

The other topics [covered include the following](#):

- behavioral health care system
- Children's Health Insurance Program
- health care for the uninsured
- Indian Health Service
- Marketplace insurance
- Medicaid
- Medicaid-Medicare
- Medicare
- pharmacy services

OVERVIEW

Veterans, defined as people who served on active duty in the US Armed Forces, are entitled to several federal benefits, provided they meet the required eligibility criteria. The Department of Veterans Affairs (VA) is responsible for programs and benefits for veterans and their families, including pensions, disability benefits, employment support, and other services. Veterans' health care benefits are administered by the Veterans Health Administration (VHA) and include a comprehensive range of services, such as primary and preventative care, hospital and specialty care, urgent and emergency services, assisted living and home health, nursing home services, behavioral health services, and prescription drugs.

Many veterans who rely on VA health care live in poverty or are experiencing housing instability and homelessness because of several complex factors, including limited job opportunities because of low levels of education and because military training is not always transferable to civilian careers. Mental health and substance use problems associated with military service, such as post-traumatic stress disorder, are also prevalent, which may negatively affect veterans' job prospects and family and social relationships. Therefore, supporting veterans' health and well-being requires multiple approaches, including addressing physical and mental health care needs, housing, employment, and other social needs.

For More Information

- **VA benefits:** "[Veterans Benefits Administration](#)," VA.gov, updated March 25, 2024; and "[VA Health Care](#)," VA.gov, updated April 11, 2024.
- **Veterans experiencing homelessness:** "[Veteran Homelessness](#)," National Coalition for Homeless Veterans, accessed April 22, 2024.

POPULATION

Of about 19.5 million veterans, nearly three-quarters (74 percent) are white. Black or African American veterans are the largest minority group at about 12 percent of all veterans. The veterans that identify as other minority populations include 8 percent Hispanic/Latinx, 0.7 percent American Indian or Alaska Native, 1.6 percent Asian American, 0.2 percent Hawaiian or other

Pacific Islander, and 2.1 percent identify as multiracial. The share of veterans who are from racial and ethnic minority groups is expected to increase over time.

Eligibility for VA health care benefits is based on service-related disability and discharge status, length of service, income, and other factors. Less than half of all eligible veterans, about 9 million, receive health care in the VA system annually; the rest receive care from other systems. Most veterans enrolled in the VA health care have health insurance such as Medicaid, Medicare, private insurance, and TRICARE (the Department of Defense’s health care program), which complicates navigating the health care system and can result in fragmented care. Nearly one in five (19.7 percent) veterans enrolled in VA health care have no other sources of health insurance coverage, and about four in 10 have an annual household income below \$35,000.

For More Information

- **Race and ethnicity of veterans:** “[Racial and Ethnic Minority Veterans](#),” VA.gov, updated July 9, 2020.
- **Eligibility:** “[Eligibility for VA Health Care](#),” VA.gov, updated March 27, 2024.
- **Veteran enrollees:** Z. Joan Wang, Pavan Dhanireddy, Cynthia Prince, Michael Larsen, Michael Schimpf, and Gerald Pearman, *2021 Survey of Veteran Enrollees’ Health and Use of Health Care*, Monterey, CA: Advanced Survey Design, September 24, 2021.

PROVIDERS AND SERVICE DELIVERY

VHA delivers health care benefits through its integrated health care system, meaning that patients generally must seek care within the VHA system for services to be covered (though the VHA also pays for care in the community under certain circumstances). VHA is the largest health care system in the country, consisting of 1,321 health care facilities, including 172 medical centers and 1,138 outpatient clinics. Over 371,000 clinicians and support staff serve in the VA health care system.

VHA medical centers provide a wide range of services, including traditional hospital-based services such as surgery, critical care, mental health, orthopedics, pharmacy, radiology, physical therapy, and many other types of medical and surgical specialty care. Some centers may offer advanced services like organ transplants and plastic surgery.

For More Information

- **Accessing care outside VA:** “[Community Care](#),” VA.gov, updated November 6, 2023.
- **About VHA:** “[About VHA](#),” VA.gov, updated November 8, 2023.

FINANCING

The federal government funds VHA through a mix of mandatory and discretionary spending. VHA’s annual budget is about 68 billion. Unless exempt due to their disability, income level, or special eligibility factors, Veterans pay copays for the care they receive. Copay rates vary depending on priority group and are updated annually.

For More Information

- **VA budget:** “[VHA Leadership](#),” VA.gov, November 8, 2023.

- **Copays for VA health:** “[Current VA Health Care Copay Rates](#),” VA.gov, updated April 19, 2024.
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BARRIERS TO HEALTH CARE ACCESS AND QUALITY

Not all veterans are eligible for or use VA health care benefits. Eligibility criteria for VA benefits are complex and vary across different programs, which could be a barrier for some veterans to enroll in all the services they are entitled to. Furthermore, there have been allegations of racial discrimination in processing applications for VA benefits.

Some eligible veterans may not use the VA’s health care because of a lack of awareness or the distance to the nearest VA service provider. In 2019, 1.5 million veterans (6.0 percent of all veterans) were uninsured and did not use the VHA health care system. A disproportionate share of veterans live in rural communities and may have challenges accessing health care because of provider shortages, limited public transportation, and limited broadband.

Accessing timely care in the VA health care system could also be challenging. In 2014, investigative reporting revealed large issues in wait times in the VA system, which was also confirmed by an internal audit. Despite efforts to address this issue, a recent report by the Office of Inspector General found that long wait times for appointments persist and that VA data may be misleading to mask the full extent of the problem.

Finally, because women are disproportionately underrepresented in the veteran population, their unique health care needs have been largely overlooked in the past. While VHA has been focused on expanding gender-specific health care services, veteran women may have challenges accessing health care services unique to women or finding female providers.

Challenges Getting Care in the VA System

“My most recent fight deals with my failing physical health and how it’s going on three years and I’ve still not gotten in to see a doctor. The VA has canceled appointments on me three times, I’ve lost two of my doctors, tried asking them to let me see a doctor in the community and all I get for that is I don’t qualify.”
– Greg, a Marine Corps veteran from Pennsylvania, excerpted and edited for clarity from “My VA Story,” *Concerned Veterans for America*, accessed April 30, 2024, <https://cv4a.org/project/my-va-story/>.

For More Information

- **Eligibility for VA benefits:** “[Eligibility and Entitlement Requirements for Veterans Benefits](#),” Senior Veterans Service Alliance, accessed April 23, 2024.
- **Racial discrimination by the VA:** Jalen Brown, “[VA Has Systemically Discriminated against Black Veterans for Decades, Lawsuit Alleges](#),” CNN, November 30, 2022; and Rebecca Kheel, “[Racial Disparities in VA Benefits Advocates Say Are Rampant Set to Get Watchdog Probe](#),” Military.com, November 30, 2021.
- **Uninsured veterans:** “[1.53 Million Veterans Are Uninsured and 2 Million Can’t Afford Care, New Harvard-Public Citizen Study Finds](#),” *Public Citizen*, October 29, 2020; and Jennifer M. Haley and Genevieve M. Kenney,

“Uninsured Veterans and Family Members: Who Are They and Where Do They Live?,” Washington, DC: Urban Institute, May 2012.

- **Rural veterans:** “Rural Veterans and Access to Healthcare Overview,” Rural Health Information Hub, accessed April 23, 2024.
- **Wait times for care:** Tom Cohen, “Audit: More than 120,000 Veterans Waiting or Never Got Care,” CNN, June 9, 2014; Eric Katz, “Years After Scandal, the VA Is Still Reporting Misleading Medical Appointment Wait Times for Veterans,” *Government Executive*, April 7, 2022; and *Concerns with Consistency and Transparency in the Calculation and Disclosure of Patient Wait Time Data*, Department of Veterans Affairs OIG, April 7, 2022.
- **Women veterans and health care:** Kayla Rissew and Gordon MacCammon, “Barriers to Women Veterans Accessing Veteran Affairs Healthcare,” Siena College Community Policy Institute, March 3, 2017.

DISPARITIES

On average, veterans have worse health than nonveterans, including a higher prevalence of chronic diseases and worse mental health status, such as a higher risk of anxiety and depression. Veterans are at a higher risk of suicide than those who haven’t served in the military.

There are also unique challenges and disparities within the veteran population. Compared to veterans who do not use the VA health care benefits, those enrolled in the VA health care report poorer mental health status, including enduring more traumas and higher levels of suicidal ideation. VA health care users also have more medical conditions and are more likely to have a disability and lower levels of functioning than non-VA users.

Available evidence suggests that there are racial and ethnic disparities in health care access and health outcomes among veterans. For example, a recent study found that Black and Hispanic veterans accessing VHA care experienced longer wait times during the pandemic than their white counterparts. Other studies found racial and ethnic disparities in health outcomes among VA health care enrollees.

For More Information

- **Veterans’ health:** Jose A. Betancourt, Paula Stigler Granados, Gerardo J. Pacheco, Julie Reagan, Ramalingam Shanmugam, Joseph B. Topinka, Bradley M. Beauvais, Zo H. Ramamonjariavelo, and Lawrence V. Fulton, “Exploring Health Outcomes for U.S. Veterans Compared to Non-Veterans from 2003 to 2019,” *Healthcare* 9, no. 5 (2021): 604, <https://doi.org/10.3390/healthcare9050604>; Zia Agha, Richard P. Lofgren, Jerome V. VanRuiswyk, and Peter M. Layde, “Are Patients at Veterans Affairs Medical Centers Sicker?: A Comparative Analysis of Health Status and Medical Resource Use,” *Archives of Internal Medicine* 160, no. 21 (2000): 3252–57, <https://doi.org/10.1001/archinte.160.21.3252>; and Tamara M. Schult, Sandra K. Schmunk, James R. Marzolf, and David C. Mohr, “The Health Status of Veteran Employees Compared to Civilian Employees in Veterans Health Administration,” *Military Medicine* 184, no. 7–8 (2019): e218–24, <https://doi.org/10.1093/milmed/usy410>.
- **Suicide among veterans:** Rajeev Ramchand, “Suicide Among Veterans: Veterans’ Issues in Focus,” Santa Monica, CA: RAND Corporation, July 15, 2021; “Reducing Military and Veteran Suicide,” CDC 2022 Congressional Testimony, June 15, 2022.
- **Veterans who use VA health care:** Brienna N. Meffert, Danielle M. Morabito, Danielle A. Sawicki, Catherine Hausman, Steven M. Southwick, Robert H. Pietrzak, and Adrienne J. Heinz, “US Veterans Who Do and Do Not Utilize Veterans Affairs Health Care Services: Demographic, Military, Medical, and Psychosocial Characteristics,” *The Primary Care Companion for CNS Disorders* 21, no. 1 (2019): 26992, <https://doi.org/10.4088%2FPCC.18m02350>.

- **Wait time disparities:** Deborah Gurewich, Erin Beilstein-Wedel, Michael Shwartz, Heather Davila, and Amy K. Rosen, “Disparities in Wait Times for Care Among US Veterans by Race and Ethnicity,” *JAMA Network Open* 6, no. 1 (2023): e2252061, <https://doi.org/10.1001/jamanetworkopen.2022.52061>.
- **Health care disparities:** Donna L. Washington, W. Neil Steers, Alexis K. Huynh, Susan M. Frayne, Uchenna S. Uchendu, Deborah Riopelle, Elizabeth M. Yano, Fay S. Saechao, and Katherine J. Hoggatt, “Racial and Ethnic Disparities Persist at Veterans Health Administration Patient-Centered Medical Homes,” *Health Affairs* 36, no. 6 (2017): 1086–94, <https://doi.org/10.1377/hlthaff.2017.0029>; Rachel E. Ward, Xuan-Mai T. Nguyen, Yanping Li, Emily M. Lord, Vanessa Lecky, Rebecca J. Song, Juan P. Casas, et al. “Racial and Ethnic Disparities in U.S. Veteran Health Characteristics,” *International Journal of Environmental Research and Public Health* 18, no. 5 (2021): 2411, <https://doi.org/10.3390/ijerph18052411>.

OVERSIGHT AND ACCOUNTABILITY

Congress is responsible for overseeing the VA, an agency charged with administering benefits and programs to eligible military veterans. Other entities, programs, and tools that support the VA’s oversight, accountability, and transparency functions include the following:

- Dubbed “the investigative arm of Congress” and “the congressional watchdog,” the **Government Accountability Office** aids Congress in improving the performance of federal programs, including the VA, by conducting independent research and providing recommendations.
- **National Compare Data** is a public website that allows patients to look up and compare access and quality scores and patient experience ratings for VA health care facilities and providers.
- **Open data and public reporting** tools, such as VA Open Data Portal, allow the public to access and use VA data on various topics including health care utilization, costs, wait times for health care services, and patient experiences with VA health care and other benefits. In addition, various VA performance and accountability reports are publicly available on VA.gov.
- The **VHA Office of Health Equity** is responsible for identifying and addressing health care outcome disparities, including developing and implementing the VA’s Health Equity Action Plan.
- **Advocacy and support organizations** work to highlight and advocate for issues affecting veterans and often provide direct services and supports to veterans. These groups include the Black Veterans Project, National Coalition for Homeless Veterans, Stop Soldier Suicide, and Disabled American Veterans.

For More Information

- **Health care access and quality data:** “[Health Care Access & Quality Information](#),” VA.gov, accessed April 23, 2024.
- **VA performance reports:** “[Department of Veterans Affairs Open Data Portal](#),” VA.gov, accessed April 23, 2024.
- **VA equity action plan:** “[Equity Action Plan Summary: U.S. Department of Veterans Affairs](#),” The White House, January 20, 2021.

POLICIES AND ACTIONS TO LESSEN BARRIERS AND DISPARITIES

Reducing disparities and improving veterans’ health requires a multiprong approach, including addressing the economic and social needs of the veteran population.

In addition, the US government can take meaningful steps toward improving the availability, access to, and quality of VA health care services. Key considerations for federal policymakers include the following:

Improving access to and quality of health care services

- Investigate and address alleged racial discrimination issues in the administration of benefits and strengthen outreach and navigation assistance to ensure that every eligible veteran receives all benefits and services they are entitled to.
- Ensure every veteran has timely access to high-quality, culturally and linguistically effective physical and behavioral health care services, including by addressing persistent appointment wait time issues, recruiting racially and ethnically diverse health care workforce, and strengthening the capacity of VA health care providers to deliver tailored care to address unique and diverse health needs of veterans.
- Examine lessons from the rapid expansion of telehealth and other initiatives during the pandemic and institutionalize policies and practices that improve outcomes. A recent study found that despite veterans' greater likelihood of risk factors associated with severe COVID-19 illness, their excess mortality rate was slightly lower than the general population. Consistent access to health care and the rapid expansion of VHA telemedicine during the pandemic may explain this difference.

Strengthening accountability and transparency

- Improve quality and reliability of VA race and ethnicity data and use these data to publicly monitor and assess access to VHA services, utilization, and outcomes to better understand disparities, identify actionable strategies and measures, and monitor progress on advancing equity.
- Convene an advisory body of veterans, service providers, and other stakeholders to develop, implement, and evaluate new policies, practices, and programs to improve access and outcomes and eliminate inequities.

For More Information

- **The impact of COVID-19 on US veterans:** Yevgeniy Feyman, Samantha G. Auty, Kertu Tenso, Kiersten L. Strombotne, Aaron Legler, and Kevin N. Griffith, "County-Level Impact of the COVID-19 Pandemic on Excess Mortality among U.S. Veterans: A Population-Based Study," *The Lancet Regional Health - Americas* 5 (2022): 100093, <https://doi.org/10.1016/j.lana.2021.100093>.
- **VA health care:** *VA Health Care: Opportunities Exist for VA to Better Identify and Address Racial and Ethnic Disparities*, GAO.gov, December 11, 2019.

GLOSSARY

Accountability is an assurance that an individual or organization is evaluated on performance or behavior related to something they are responsible for.

The **Department of Veterans Affairs** is responsible for programs and benefits for veterans and their families, including pensions, disability benefits, employment support, and other services.

Discretionary spending stems from an authority provided in annual appropriation acts and includes funding for essential federal programs.

Health disparities are preventable differences in disease, health status, or opportunities to achieve optimal health experienced by socially disadvantaged racial, ethnic, and other population groups and communities.

Health equity is the state in which everyone has a fair and just opportunity to attain their highest level of health.

Mandatory spending is controlled by laws other than appropriation acts and does not require an annual vote by Congress.

Oversight is the responsibility for a job or activity and ensuring it is done correctly.

Quality measures are tools that help assess or quantify health care processes, outcomes, patient experiences, and organizational structures and/or systems associated with providing high-quality health care.

Substance use disorder is a chronic health condition that affects a person's brain and behavior, leading to a person's inability to control their use of substances such as legal or illegal drugs, alcohol, or medications. Symptoms can range from moderate to severe, with addiction being the most severe form.

Suicidal ideation is the thought process of having ideas or thoughts about the possibility of ending one's own life.

Telemedicine is the use of electronic information and communications technologies to provide and support health care when distance separates the patients.

TRICARE is a health care program for uniformed service members, retirees, and their families worldwide. The Defense Health Agency manages TRICARE.

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