

LGB Veteran Health Chartbook

Second, as I want to welcome everyone and thank you all for joining my name is Julia McGurr and I'm a fellow with the VA's office of HealthEquity. Oh wait, she champions the advancement of HealthEquity and reduction of health disparities in veterans. Today on the HealthEquity and Veterans Podcast series will be discussing boichi's new chart book on LGB veteran Health. And what the VA is doing to ensure that veterans, regardless of their sexual and gender identities, do not experience disparities in health outcomes. Before we begin, I want to introduce our speakers. Doctor Ernest Moy is the executive director of the Office of HealthEquity of the VHA. Ernest is a graduate of Harvard College, New York University School of Medicine and Columbia University School of Public Health. Following internal medicine residency, he was a general internal medicine fellow at Columbia University and a Robert Wood Johnson Health Care Finance fellow at John Hopkins University. Earnest research interests include disparities in access and quality of care, particularly the application. Of electronic health records, machine learning and system science modeling to improve health care. He was selected to serve as the first Academy Health innovator in residence. Miss Kayla Williams is the assistant secretary at the Office of Public and Intergovernmental Affairs. Miss Williams provides executive level oversight and direction to Opie's team who helped to build and maintain public confidence in VA by developing, routinely updating and communicating the department's key messages. To many audiences through media relations. Public affairs, intergovernmental affairs outreach and veteran engagement to reach veterans and their families and other stakeholders. Miss Williams was in listed for five years as an Arabic linguist serving in a military intelligence company of the 101st Airborne Division. She is the author of the Memoirs Love My rifle more than you young and female in EU S Army and plenty of time when we get home love and recovery in the aftermath of war about her military service and her family's journey from war trauma to healing. She is the former chair of the Department of Labor Advisory Committee on veterans. Employment training and employer outreach. A former member of the Army Education Advisory Committee and the Advisory Committee on Women, Veterans and recipient of recognitions including 2013 White House Women Veteran Champion of change in 2017. We are the mighty 25 veterans to watch. So to get us started, Doctor Moy, the office of HealthEquity has recently published a chart book on the health of Lesbian, gay and Bisexual veterans. Can you tell our listeners a bit about the key findings? Sure, Julia, so our office, the office of HealthEquity is charged with trying to make sure all veterans get high quality of care and can achieve equitable health outcomes. Unfortunately, the VA does not routinely collect information about sexual orientation from our veterans, and while we are working to improve that at this point we can't really use our data to fully understand the veterans that we are trying to serve. We can say little about the health of LGBTQ plus veterans using RV data, but fortunately we know of data outside of VA that can be used. Their national surveys conducted each year by the National Center for Health Statistics of the Centers for Disease Control and Prevention, and these data provide good information. About different groups of veterans, including LGB veterans. So all we did was we partnered with CDC to examine the health and health care of veterans, and again, the database allows us to look in greater detail about veterans. We can compare veterans with people who do not serve as in the military, and we label these people non veterans. The CDC collects information about sexual orientation of respondents, including we can identify LGB veterans in these data and this allows us then to compare. Veterans with straight veterans. It also allows us to compare LGB veterans with LGB non veterans. Some of the things that we found our concerning. So we observe. The LGB veterans tend to have worse health status then both straight veterans and LGB non veterans and this is present across multiple measures that we look at, especially those related to mental health and health related behaviors. We also note that this is especially pronounced among female LGB veterans. They didn't

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want emphasize one thing and that this is not. Defaulted LGB veterans, rather military service seems to have had a market negative effect on the health of LGB individuals, and that thing shows up when they become veterans and come to us. Great Miss Williams, would you discuss with us what are some possible factors that might be driving this disparity? And overall, why is it important to take LGBTQ plus status into account when delivering quality healthcare? Well, the number one factor that I think could be driving this disparity is what is termed minority stress. So it's not that LGB status itself is predictive of these poor outcomes. It's being discriminated against that can lead to poor health outcomes in the long term, and as Doctor Moore was just talking about the fact that military Satter is status itself can be predicted, and think about how under don't ask, don't tell and previous even more exclusionary policies. Service members were explicitly held to second class status. And kicked out of the military and actively discriminated against for their sexual orientation as well as gender identity while they were serving. And that can lead to these negative health outcomes later in life. The civilian literature shows pretty clearly that LGB individuals are at increased risk for poor health outcomes and the DoD literature shows that the same is true even today for LGB troops, even though Donald don't tell has been revealed, they are at increased risk. Poor health outcomes. As to your question about why it's important to take status into consideration when delivering healthcare, you know I think it's just so important that health care providers in VA think about risk factors when providing care and are mindful of the role that VA plays when working with individuals and not add any additional stress to their patients. Also, you know just to give a more concrete example, avoid questions. That may make quite a patients feel as if they're unheard, which could erode trust between patient and providers. So think about, for example, if you have a female veteran patient that you know isn't an exclusively same-sex relationship, and you ask about birth control for pregnancy prevention, that may make the patient feel as if you're not really listening to her. And I think also being aware of these additional risk factors can be important. So if you know that rates of smoking or higher among LGB veteran patients and make sure to be particularly mindful of asking about that and maybe offering smoking cessation interventions for example, those are great points. Thank you for that. Lastly, I just like to ask both of you sort of put it in context. Why is this information is so important? Can you tell us about how the VA is using this information to address health disparities among LGBTQ plus? Veterans, well, I think this is really critical. These men and women served our country. We are obligated to take care of them when they come back. Every veteran earned the right to high quality health care in every veteran deserves to be treated with dignity and respect. And when we see such disproportionate suffering among a group of veterans are LGB veterans. It's our duty to reach out to them. And that's what my office is about. We need to go the extra mile to make sure that they can regain their health and that no veteran is left behind. And I think we just have to try harder so that every veteran knows they are valued and honored every time they come into a VA that they're comfortable being who they are. Their whole true selves when they come to the VA, and when they are comfortable coming to the VA can get the care they need coming to the Bay. That's when they can achieve great health outcomes, and we can really get to equity. So I want to share that this is important to me, not just professionally, but also personally. I mean when I first learned about health disparities as a bisexual woman. Saw some of those risk factors reflected in myself and it was really striking and startling to realize that I was, you know, in in some ways like a statistic, and it made me more aware of how I needed to be more mindful of my own health and I want to make sure that we are fulfilling that promise that Doctor Moy just mentioned and truly serving all who served and carrying that equitable outreach and care throughout the entire veteran population. I want to take a moment to talk about some of the things that VA is doing at the overarching level to truly show that we are committed

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to these equitable outreach efforts and showing up in a really meaningful way even when it's symbolic, but just really trying to be there this year for the first time ever, we raised the pride flag over VA in Pride Month over central office. We've been working to expand the equity of the services we provide in starting the rulemaking process to be able to offer gender confirmation surgery to transgender veterans, and I'm so proud to be apart of these changes and watching us put into action, both symbolically and practically ways that we can enhance the equitable care that we serve. And it's not just veteran facing its employee facing as well, VA has launched. And Dark Plus employee Resource Group, which is the first ever VAERG that also launched in June. And we're working hard to ensure that the materials that we're putting out on social media and recognizing transgender day of visibility. For example, in our official social media accounts and in ways large and small that we are demonstrating our commitment to change and reaching and serving. All veterans equally. I think it's important that all veterans and providers know that VA medical centers have LGBT veteran care coordinators who can help ensure that they're getting the care that they need, and that many of our VA hospitals participate in the Healthcare Equality Index assessment. So we really are taking these steps to reach that equity that Doctor Moy and his entire office are dedicated to. And I encourage all VA employees to be a part of that change, right? Well, Doctor Moy Miss Williams. Thank you so much for taking the time to share this really important information with us and have this important discussion. And I also want to thank everyone for listening, and I hope that you'll join us on our next episode.