

# Office of Health Equity

## Veterans Health Administration

### Department of Veterans Affairs



## DIABETES DISPARITIES IN HISPANIC OR LATINO LGBTQ+ VETERANS

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### INTRODUCTION

The Veterans Health Administration (VHA) serves a Veteran population that is increasingly diverse. Equitable access to high-quality care for all Veterans is a major tenet of the VA healthcare mission. The Office of Health Equity (OHE) champions the elimination of health disparities and achieving health equity for all Veterans, not limited to lesbian, gay, bisexual, queer, and other associated identities (LGBQ+).

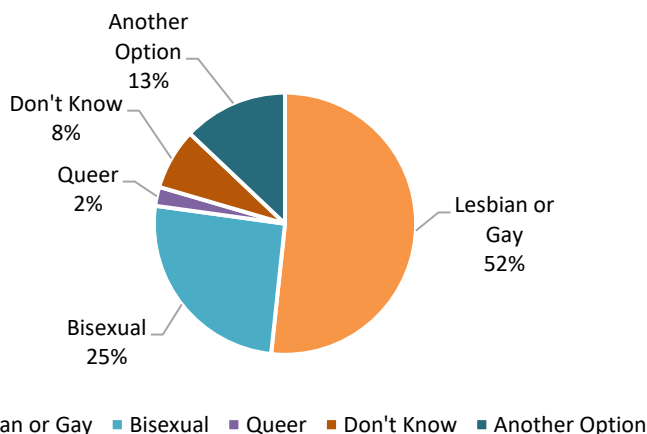
There are about 9,000 Hispanic/Latino LGBQ+ Veterans seeking VHA care. More than half of these Veterans identify as lesbian or gay, and 25% identify as bisexual.

### DIABETES DISPARITIES IN HISPANIC LGBQ+ HISPANIC VETERANS

Veterans are 2.5 times more likely than non-Veterans to have diabetes. About 25% of Veterans who receive care through VA live with a diabetes diagnosis.

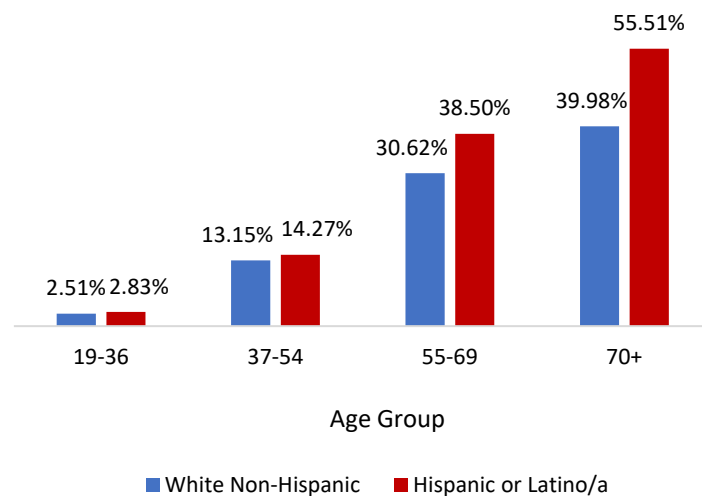
Hispanic LGBQ+ Veterans are less likely to have Type 2 Diabetes than Hispanic Veterans who aren't LGBQ+ (27.6% compared to 33.6%) (Lynch *et al.*, 2022). However, amongst LGBQ+ Veterans, Hispanic Veterans have a higher risk of developing diabetes mellitus as they age compared to white, non-Hispanic LGBQ+ Veterans.

**Sexual Orientation Identities of Hispanic/Latino LGBQ+ Veterans (N=9,649)**



Source: VA LGBTQ+ Health Program

**Diabetes Among LGBQ+ Veterans**



Source: VA LGBTQ+ Health Program



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## EMPOWERING VETERANS TO REDUCE DISPARITIES

The Office of Health Equity supports efforts across VA working to reduce health disparities by targeting interventions aimed at Veteran groups at higher risk for poor health outcomes. Optimizing diabetes management involves personalized, proactive, and patient-driven health care to empower Veterans to play an active role in their health and engage in healthy lifestyle behaviors. VA provides several educational resources to support Veterans living with diabetes.

### *Veterans Health Library*

The [Veterans Health Library](#) (VHL) offers Veterans, their families, and caregivers access to comprehensive Veteran-focused health information that's consistent with VA clinical practice guidelines. The VHL has many [diabetes educational resources](#) that helps Veterans understand how to manage their diabetes, make informed health decisions, and actively partner with their health care team.

### *Diabetes Self-Management Education and Support (DSMES) Programs*

[DSMES](#) services help people with diabetes manage their diabetes in ways that fit their lifestyle. In DSMES programs, people with diabetes do the following:

- Work with a diabetes care and education specialist to set and track goals.
- Learn how to use knowledge, skills, and tools to build confidence and emotional strength to manage diabetes.
- Practice how to fit diabetes care into all parts of life—like eating and problem solving.
- Find ways to get support (in person and online) from family, friends, the community, and their health care team.

### *MOVE! Weight Management Program for Veterans (MOVE!)*

[MOVE!](#) is VA's evidence-based weight management program. MOVE! assists Veterans to achieve clinically meaningful weight loss to improve their health and reduce their risk for chronic health conditions, like diabetes. MOVE! features a comprehensive lifestyle intervention that provides Veterans with support to make changes to their eating patterns, increase physical activity, and incorporate behavioral strategies (like goal setting and problem solving). The self-management skills Veterans learn in MOVE! also help them to manage chronic conditions, including diabetes.



**For more information about resources available on diabetes, visit this [link](#).**

**For more information about the Office of Health Equity visit: <https://www.va.gov/healthequity/>**

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### References

Lynch KE, Shipherd JC, Gatsby E, Viernes B, DuVall SL, Blosnich JR. Sexual orientation-related disparities in health conditions that elevate COVID-19 severity. *Ann Epidemiol.* 2022;66:5-12. doi:10.1016/j.annepidem.2021.11.006