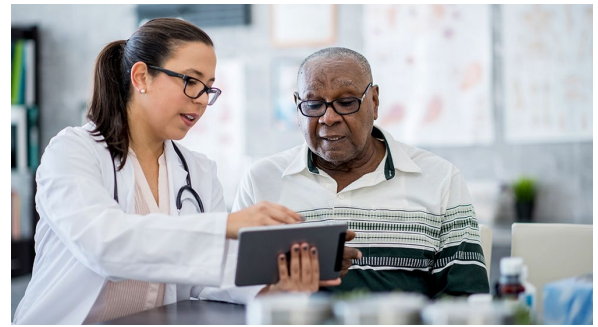


# Office of Health Equity

## Veterans Health Administration

### Department of Veterans Affairs



## IMPROVING PATIENT-PROVIDER COMMUNICATION TO IMPROVE BLACK VETERANS' TREATMENT OF CHRONIC PAIN

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### INTRODUCTION

The Veterans Health Administration (VHA) serves a Veteran population that is increasingly racially, ethnically, and socioeconomically diverse.

Equitable access to high-quality care for all Veterans is a major tenet of the VA health care mission. The Office of Health Equity (OHE) champions the elimination of health disparities to achieve health equity for all Veterans.

### IDENTIFYING DISPARITIES

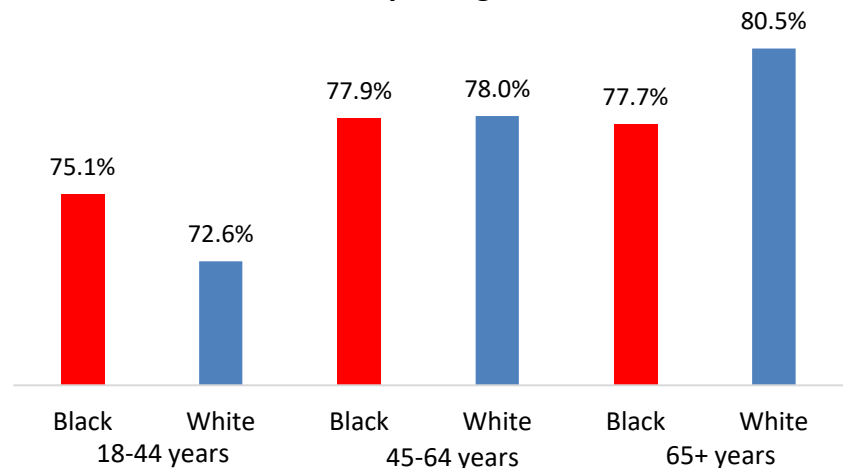
The National Veteran Health Equity Report 2021's Black or African American Veteran Chartbook provides comparative information on VHA patient experiences including rates of person-centered communication between VHA users and their clinicians. This chartbook focuses on experiences of care and health care quality of Black or African American Veterans receiving care in VHA. Data in this report is from the fiscal year 2016 to fiscal year 2019.

Person-centered communication care involves adequate time for communication with healthcare providers which is associated with higher patient satisfaction. High overall patient satisfaction is associated with

improvements in health behaviors, treatment adherence and health status.

When Veterans were asked if their provider asked them what they thought was best for them when they talked about starting or stopping a prescription medication, Black and non-Hispanic White Veterans who were younger than 65 years reported similar rates of having this discussion with their providers. However, Black Veterans ages 65 years and older reported that their providers asked them what they thought was best for them less often when compared to non-Hispanic White Veterans (77.7% compared to 80.5%, respectively).

**Percent of VHA Users Who Indicated Their Provider Asked Them What They Thought was Best for Them**



From National Veteran Health Equity Report – Black or African American Veteran Chartbook. Focus on Veterans Health Administration Patient Experience and Health, February 2023



**U.S. Department of Veterans Affairs**  
Veterans Health Administration  
Office of Health Equity

## **INCREASING KNOWLEDGE, SKILLS, AND CONFIDENCE TO MANAGE ONE’S HEALTH**

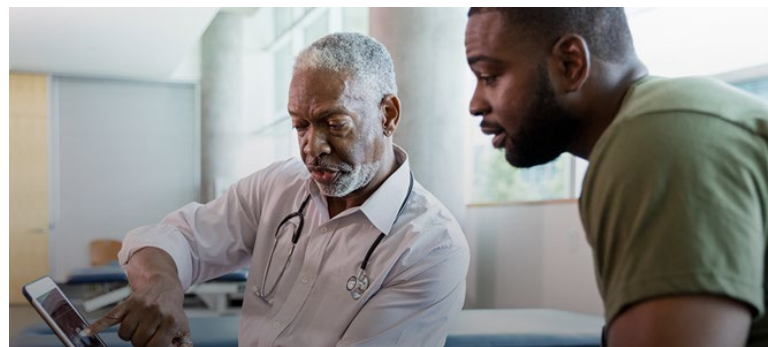
The Office of Health Equity supports efforts across VA that ensure Veterans are empowered to be an active participant in their health care. Having the knowledge, skills, and confidence to manage one’s health, which is referred to as patient activation, is associated with positive self-management behaviors, lower healthcare utilization, better medication adherence, more positive experiences with care, and better quality of life.

Chronic pain affects two-thirds of Veterans. Living with chronic pain can lead to a reduced quality of life. There are also disparities in addressing and prescribing pain treatment and Black patients can experience lower quality communication with their health care providers compared to White patients. This is important because the role of patient-provider communication in chronic pain care is integral to effective care. Increasing Black Veterans’ knowledge, skills, and confidence to manage their health is a potentially important path to reducing racialized inequities in pain.

## **COMMUNICATION AND ACTIVATION IN PAIN TO ENHANCE RELATIONSHIPS AND TREAT PAIN WITH EQUITY (COOPERATE)**

Communication and Activation in Pain to Enhance Relationships and Treat Pain with Equity (COOPERATE) was a randomized controlled trial focused on increasing patient activation among Black Veterans with chronic pain. Intervention participants received 6 individual sessions focused on clarifying their health goals and priorities and on communicating with providers. All sessions were delivered via phone by a trained coach.

Black Veterans living with chronic pain who received the intervention had statistically significant increases in patient activation at 3 months compared to participants who did not receive the intervention. Participants’ increased knowledge, skills, and confidence to manage their health were sustained and remained significant compared to the control group at 6 and 9 months, indicating that the intervention produced change that persisted over time. Participants also experienced increases in the confidence to talk to and “hold one’s own” with providers.



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

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### **References**

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