

# Eliminating Racial and Ethnic Health Disparities in the Military Health System



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Chair, Health Systems Subcommittee

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# Membership



**CHAIR**  
**Michael-Anne Browne, MD\***



**Maria Caban Alizondo, PhD, MA\***



**David Classen, MD**



**Robert Kaplan, PhD, MS**



**Catherine McCann, PhD, MS**



**Rhonda Medows, MD\***



**Jayakanth Srinivasan, PhD, MS**

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# Tasking



On May 12, 2022, the Assistant Secretary of Defense for Health Affairs directed the Defense Health Board ("the Board") to **provide recommendations to address racial and ethnic health disparities within the Military Health System (MHS).**

# Background



- 31% of Active Duty personnel self-identify as a racial minority
- 16% of Active Duty personnel self-identify with Hispanic ethnicity
- Though numerous studies from the MHS demonstrate narrowing, or even elimination, of disparate health outcomes across race and ethnicity over a wide range of conditions and age groups, physical and mental health inequities persist
- The MHS needs a closer examination of other determinants of racial and ethnic health disparities and ways to eliminate them

# Objectives and Scope



- Review the existing literature on disparities in health outcomes of Active Duty Service members and other MHS beneficiaries by race and ethnicity. Compare those disparities to those experienced in other U.S. health care systems.
- Identify systemic barriers to eliminating racial and ethnic health outcome disparities within the MHS, considering policy, processes, staffing, and training.
- Provide recommendations to address health disparities by race and ethnicity within the MHS.

# Summary of Activities to Date



- March 30, 2022 briefing to DHB on Racial and Ethnic Health Disparities in the MHS by Dr. Tracey Koehlmoos
- June 22, 2022 kickoff meeting:
  - Expanded briefing on Racial and Ethnic Health Disparities in the MHS Research
  - Improving Health Equity via Recruiting, Retention and Education at Uniformed Services University of the Health Sciences
- July 27, 2022 briefings to the subcommittee on:
  - MHS Data Systems and Race/Ethnicity Data
  - Addressing Racial and Ethnic Health Disparities in the U.S.

# Areas of Interest



Topic	Discussion Point
Health Outcome Disparities in the MHS	<ul style="list-style-type: none"><li>• Studies of MHS health outcomes have found disparate health outcomes over a range of conditions including diabetes, coronary artery disease, trauma care, prostate cancer care, pediatric bone infections, breast and cervical cancer screening, and pregnancy and birth outcomes</li><li>• Non-medical, or social determinants of health, may influence disparate health outcomes</li></ul>
Barriers to eliminating racial and ethnic health outcome disparities	<ul style="list-style-type: none"><li>• Access to care</li><li>• Health literacy</li><li>• Trust in the health system/Perceived provider bias</li><li>• Pre-accession health and socioeconomic status</li><li>• Study data limitations</li></ul>



# Emerging Themes (1/2)



- Studies on MHS health disparities show reduced or eliminated disparities, but there are areas where they remain
  - Racially minoritized patients less likely to receive laparoscopic operation for ectopic pregnancy in the MHS<sup>1</sup>
  - Black women had increased odds of having a preterm birth than White women<sup>2</sup>
  - In emergency general surgery at 30, 90, and 180 days outcomes, major morbidity was higher among Black versus White patients (although mortality rates similar)<sup>3</sup>
- The MHS has universal coverage, but there are other factors that affect access to care and health
  - Service members' lived experience prior to entering the military affects their health

Sources: 1. Ranjit, et al. (2017) 2. Engelhardt, et al. (2018) 3. Zogg, et al. (2016)

# Emerging Themes (2/2)



- MHS data systems do not fully capture race/ethnicity data, and do not do so with enough specificity, to fully describe the beneficiary population
- Most of the literature on MHS health equity/disparities are based on individual/specific data pulls/reviews or Quality Improvement projects and are not ongoing. The majority of studies show reduced or eliminated disparities, but there are areas where they remain.

# Way Ahead



- Monthly subcommittee meetings with briefings and report development discussion
- Anticipated briefings to Subcommittee on:
  - Clinician-led efforts to measure outcomes by race/ethnicity
  - The status of removing race-based medical decision making in the MHS (e.g. kidney function determination)
  - Racial and ethnic health disparities in other U.S. health systems



# Questions

