

#### Overview



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# Membership





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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).

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#### Background



- 31% of Active Duty personnel self-identify as a racial minority
- 16% of Active Duty personnel self-identify with Hispanic ethnicity
- Many MHS studies 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 despite the MHS universal health care benefit

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### **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.

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### Summary of Activities to Date



Meeting Date	Discussion Topics
Mar 30, 2022: DHB Meeting	Racial and Ethnic Health Disparities in the MHS
Jun 28, 2022: HS Subcommittee Kickoff Meeting	<ul> <li>Expansion on racial and ethnic health disparities in the MHS</li> <li>Improving Health Equity via Recruiting, Retention and Education at Uniformed Services University of the Health Sciences</li> </ul>
Jul 27, 2022: HS Meeting	<ul> <li>MHS Data Systems and Race/Ethnicity Data</li> <li>Addressing Racial and Ethnic Health Disparities in the U.S.</li> </ul>
Aug 10, 2022: DHB Meeting	<ul> <li>Update of report to DHB members</li> <li>Veterans Health Administration efforts to promote health equity</li> </ul>
Aug 24, 2022: HS Meeting	<ul> <li>Health outcome disparities in the MHS</li> <li>Efforts to address health disparities at Naval Medical Center Portsmouth</li> </ul>
Sep 28, 2022: HS Meeting	DoD Inspector General advisory on non-compliant race coding values in the MHS Data Repository
Oct 26, 2022: HS Meeting	<ul> <li>NPIC and NSQIP reporting on MHS race and ethnicity data</li> <li>Racial and ethnic disparities in maternal health research and recommendations</li> </ul>

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# Emerging Themes (1/3)



- 1. DoD and MHS data systems do not fully capture race/ethnicity data, and do not do so with enough specificity, to fully describe the beneficiary population. DEERS only fully captures Active Duty race/ethnicity (not dependents). Most quality reports today do not include race or ethnicity.
- 2. Published studies of racial and ethnic health disparities in the MHS generally **show narrowed disparities**, but many are **limited by incomplete data and insufficient analysis of confounding factors** such as socioeconomic status (approximated as rank in the MHS).

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#### Emerging Themes (2/3)



- 3. Most of the literature and data on MHS health equity/disparities come from individual-championed research or Quality Improvement projects and are not ongoing.
- 4. The MHS has ability to scale initiatives aimed at reducing racial/ethnic disparities, such as **elimination of race-based kidney function calculators** in both its new and old electronic health records.

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#### Emerging Themes (3/3)



- 5. The MHS has universal coverage, but there are other factors that affect access to care and health outcomes.
- 6. The MHS despite some built-in advantages to addressing disparities can learn from health systems that have successfully reduced or eliminated health disparities.

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### Way Ahead



• Monthly subcommittee meetings with briefings and report development discussion

• Efforts to address racial and ethnic health disparities in other U.S. health systems

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