

Eliminating Racial and Ethnic Health Disparities in the Military Health System



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Chair, Health Systems Subcommittee
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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).**

Background



- Thirty-one percent of Active Duty personnel self-identify as a racial minority (Black or African American, Asian, American Indian or Alaska Native, Native Hawaiian or other Pacific Islander, Multi-Racial, or Other/Unknown), and 16% as Hispanic ethnicity.
- 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
- Other physical and mental health inequities persist in the MHS and in other large universal access federal health systems, and demand 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

- Universal Coverage provided through the MHS appears to mitigate racial disparities across a variety of procedures and screenings
- Some disparities persist in private-sector care
- More research is needed—broader range of interventions, closer look at private-sector care variation, look at quality/low value care by race

Areas of Interest



Topic	Discussion Point
Health Outcome Disparities in the MHS	<ul style="list-style-type: none">• 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• Non-medical, or social determinants of health, may influence disparate health outcomes
Barriers to eliminating racial and ethnic health outcome disparities	<ul style="list-style-type: none">• Access to care• Health literacy• Trust in the health system/Perceived provider bias• Pre-accession health and socioeconomic status• Study data limitations

Way Ahead



- Health Systems Subcommittee Kickoff Meeting: **June 22, 2022**
- Regularly scheduled Subcommittee meetings with briefings and report development discussion
- Anticipated briefings to Subcommittee on:
 - Addressing racial and ethnic health disparities in the MHS
 - Racial and ethnic health disparities in U.S. health systems
 - Racial and ethnic data collection and analysis



Questions

