Age-Friendly, Veteran-Centric Healthcare

The 6.4 million Vietnam-era veterans VVA represents make up the largest cohort of veterans in the U.S. Vietnam veterans began reaching retirement age in 2018. Now, their median age is about 71 years old. A lack of personal savings for long-term care and a sometimes-fragmented Veteran Health Administration (VHA) pose significant risk to the health and wellness of these aging veterans.

Understanding the Issue

The U.S. population is rapidly aging. According to the Census Bureau, the population sixty-five and older will increase by almost 70 percent by 2060. An analysis of data from the Health and Retirement Study (HRS), the National Center for Veterans Analysis & Statistics (NCVAS) reports that in 2020 almost 9 million veterans were 65 or older. After six years of being on the GAO's High-Risk List, VA "still lacks a clear and comprehensive roadmap to address VA healthcare concerns and has not demonstrated meaningful progress."

Further, we must recognize that, despite comparable access and quality of care, racial and ethnic disparities persist among older veterans. The most current data highlights the need for healthcare services designed to meet the needs of culturally diverse populations. As noted by the American Psychological Association, "African American older adults experience significant health disparities, including lower life expectancies and increased risk of chronic health conditions such as hypertension, diabetes, dementia, stroke, and cancer." These disparities are significant. Over the age of 64, strokes occur at over twice the rate for black patients versus white patients. Additionally, black patients are more likely to face discrimination in pain management.

Effective care for our all these aging veterans requires that VHA implement reliable, evidence-based care today. We know what works. In the words of Teresa Boyd, D.O., Assistant Deputy Under Secretary for Health, before the House Committee of Veterans Affairs Subcommittee on Health on March 3, 2020:

By helping veterans maintain function, preventing unnecessary hospitalizations, nursing home admissions, and unwanted tests and procedures, the total costs of care for targeted high-risk veterans are about 15 percent lower when they are managed in GeriPACT versus being managed by regular Primary Care Patient Aligned Care Teams. Currently, only about half of VAMCs have GeriPACT, and VA is working to expand this program to larger Community-Based Outpatient Clinics.

VVA will work with Congress and the Administration to remove the barriers that aging veterans face regarding access to care and treatment at the VA.

Vietnam Veterans of America (VVA) is the only national Vietnam Veterans organization congressionally chartered and exclusively dedicated to Vietnam-era veterans and their families.

www.vva.org

¹ Frances Adomako. "African American Older Adults and Race-Related Stress: How Aging and Health-Care Providers Can Help." *Am Psych Assn*, https://apa.org/pi/aging/resources/african-american-stress.pdf (last visited Nov. 4, 2022).

² Brian Trimble and Lewis B. Moregenstern. "Stroke in Minorities." Neurol Clin 26(4), November 2008: 1177-1190.

³ Kelly M. Hoffman, Sophie Trawalter, Jordan R. Axt, and M. Norman Oliver. "Racial Bias in Pain Assessment and Treatment Recommendations, and False Beliefs About Biological Differences Between Blacks and Whites." *Proc Nat Acada Sci USA 113*(16), April 19, 2016: 1117-1190 https://www.ncbi.nim.nih.gov/pmc/articles/PMC4843438.