Aging in Place: Key Considerations for Minority Veteran Access to Home and Community Based Services

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Committee on Veterans Affairs
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Aging in Place: Examining Veterans' Access to Home and Community Based Services

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Written Testimony Prepared by:
Lindsay Church, *Executive Director & Co-Founder*, lchurch@minorityvets.org
Jon Stremel, *Policy Analyst*

Chairwoman Brownley, Ranking Member Bergman, and Distinguished Members of the Committee,

My name is Lindsay Church and I am the Executive Director and co-founder of Minority Veterans of America (MVA). Our organization works to create belonging and advance equity and justice for the minority veteran community. We represent the unique needs and experiences of the more than 9.7 million veterans – including racial and ethnic minorities, women, LGBTQ, and (non)religious minorities – and directly serve thousands of veteran-members across 49 states, 3 territories, and 4 countries. Thank you for holding this oversight hearing on this very important topic regarding access to aging veterans, access to care services, and meeting our aging veteran population's desire to age in place.

According to the 2020 Census, there are approximately 19 million veterans living in the United States with about 9 million of them over the age of 65. Trends indicate that minority veterans currently tend to be younger than their dominant culture counterparts which can be accounted for by changing discriminatory policies such as Don't Ask, Don't Tell, the Military Trans Ban, limited role availability for women, and historic segregation of racial and ethnic minority service members. As these policies change, minority veterans have begun to account for larger populations of the aging and soon-to-be aging veteran community. The average age of racial and ethnic minority veterans is 55 years old compared to 65[1] for white veterans with the average age of women veterans being 51 years old compared to 65 for men veterans[2]. Less is known of the average age of LGBTQ veterans as data has yet to be collected by the Department of Veterans Affairs (VA) or the Department of Defense (DoD).

As more barriers to military service change for minority service members and veterans, it is incumbent upon VA to look to the future to enhance services, programs, and benefits available to minority veterans. While there are a significant number of aging minority veterans today, the coming years will see population booms, highlighting the need for culturally responsive solutions to serve each of these communities and an even greater need to look toward the future of care.

While VA has a suite of benefits available to aging veterans, there are many issues that minority veterans face when accessing these benefits. Below we have outlined the most voiced concerns among our members and those in the minority veteran community.

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[1]Aponte, M., Garin, T., Glasgow, D., Lee, T., et al. (2017). Minority veterans report: Military service history and VA benefit utilization statistics. *Office of Data Governance and Analytics*. National Center for Veterans Analysis and Statistics. U.S. Department of Veterans Affairs. Available at: www.va.gov/vetdata/docs/SpecialReports/Minority_Veterans_Report.pdf.

[2] Department of Veterans Affairs. (n.d.). Profile of Veterans: 2017 Highlights. https://www.va.gov/vetdata/docs/QuickFacts/2017_Veterans_Profile_Fact_Sheet.PDF.

Historic Discrimination During Service and a Desire to Age in Place

Many minority veterans aged 65 and older faced institutionalized discrimination during their time in service that resulted in deeply rooted trauma. For racial and ethnic minorities, units were legally segregated until World War II, with many still facing segregated units until the Korean War. With integration of units came racial tension and violence both in service and after at the hands of fellow service members and civilians. Those who faced the most outward expressions of racial violence in the military community are now among the aging racial and ethnic minority veteran population.

Though women have always served our country in uniform, between World War II to the Vietnam War, the population of women service members, and ultimately veterans, began to grow significantly. This generation of women service members faced institutionalized discrimination and structural barriers that resulted in their unjust removal for things like becoming pregnant, higher rates of gender-based based harassment and instances of sexual violence, and an overall lack of recognition of their service.

Aging LGBTQ veterans have faced institutional discrimination since long before Don't Ask, Don't Tell when their sexual orientation was criminalized, demonized, and ended with many being dishonorably discharged or even institutionalized when discovered. Many in the aging veteran population still fear being negatively impacted if they disclose their sexual orientation in a military environment. Aging LGBTQ veterans have also seen the LGBTQ rights movements over the past 50 years and been the recipients of society's broader grappling with their identities and the violence and intolerance that resulted.

According to AARP's "Aging In Place: A State Survey of Livability", 90% of those over 65 want to stay in their residence as long as possible.[3] When you compound this trend with the institutionalized discrimination that minority veterans faced both in service and as veterans, it's easy to understand why the minority veterans we've worked with prefer to age in place rather than utilizing many VA and veteran-specific programs for aging adults. Many minority veterans fear spending the end of their lives in military-related environments where they may be marginalized, mistreated, or abused again either by those around them or by the system itself. Solutions such as residential settings, Community Living Centers, and State Veterans Homes are not culturally informed solutions for minority veterans.

Access and Understanding of the VA System and Available Benefits

Many minority veterans wish to age in place but do not understand how to access the VA benefits and programs that would empower them to do so or are unaware of what services are available to them based on their personal circumstances. Veterans such as my own mother who are now or are nearing this cohort of veterans

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[3] National Conference of State Legislatures and the AARP Public Policy Institute, Farber, N., Shinkle, D., Lynott, J., Fox-Grage, W., & Harrell, R. (2011, December). *Aging in Place: A State Survey of Livability Policies and Practices*. https://assets.aarp.org/rgcenter/ppi/liv-com/aging-in-place-2011-full.pdf

experience deep confusion when trying to understand what in-home health solutions are available to them and find themselves facing institutionalized care settings far earlier than necessary due to support networks that are not adequately equipped to meet the comprehensive needs of these veterans.

Additionally compounding the issue of access to and understanding of the services available is the barrier that technology presents for aging veterans. Some veterans do not trust or understand various forms of technology. While it is laudable for VA to utilize web-based platforms to promote and deliver healthcare services such as Remote Monitoring Care, most veterans aged 65 and older do not receive most of their information from the internet. We recommend getting creative when it comes to outreach and promotion and providing materials that do not require the use of the internet or technology. Paper mail, in-person care, and a phone number for aging veterans to speak with a human will help mitigate some of the technology barriers these veterans are experiencing. It may also be helpful to establish a campaign targeted at aging veterans to encourage them to seek care for mental health, a highly stigmatized benefit among this age group of veterans.

Last, there is a general confusion over what services aging veterans qualify for. This can sometimes be associated with cognition and/or memory loss on behalf of the veteran or can also be the result of an overall lack of a support system that understands the benefits and care VA offers. Many of us come to understand our VA benefits from our veteran peers or veteran service organizations and without peers in our age group, this can be challenging. Women veterans over the age of 65, for example, are relatively few, limiting the peer-to-peer support network for understanding. We encourage VHA to continue to work to improve the outward facing materials offered to understand the benefits available to aging veterans and to find innovative ways to educate an aging veteran's full support network on what services are available.

Obstacles to Accessing Home and Community Based Services Among Aging Minority Veterans

We are deeply grateful for VHA's health equity initiatives and work over the last decade and encourage VA to continue to invest significant resources in researching disparities in access to care from an intersectional lens to better understand the impacts of being both in the aging population and a racial/ethnic minority, woman, LGBTQ, and/or a (non)religious minority veteran. Included in VA's National Veteran Health Equity Report – FY2013, was a note on the intersection of race and age that stated, "Addressing the healthcare needs of patients who may face healthcare disparities due to both age- and racial/ethnic factors, may require additional efforts to develop and deliver culturally-sensitive care models."[4] This is also true of the above-mentioned minority groups.

[4] VA Office of Health Equity. 2016. *National Veteran Health Equity Report—FY2013*. US Department of Veterans Affairs, Washington, DC. Available online at http://www.va.gov/healthequity/NVHER.asp.

Additional concerns related to accessing healthcare commonly heard among our members and community include:

1. A perceived negative stigma associated with asking for help (most notably regarding mental health care) - Further, the apprehension of asking for help is multiplied for minorities of the aging veteran population, specifically racial/ethnic minority veterans, women, and those who could not serve openly as they have been groomed by decades of intolerance not to speak up out of fear of retaliation or adverse treatment.
2. A lost sense of self-purpose and identity – Military veterans often base their identities on their perceived purpose. As veterans age, the loss of this sense of purpose has negative impacts on their overall health and can lead to lack of motivation to engage in activities that will keep them healthy. A rise in pain and limited mobility can lead many veterans to thoughts such as 'Why bother getting care when I'm going to die soon anyways?'. VHA will need to undertake efforts to combat this and the negative stigma with seeking care.
3. Discrimination in care – Ageism coupled with medical racism, misogynistic, homo- and transphobic, and xenophobic providers are all key considerations for minority veterans in their care. The intersections of age and minority identities brings unique barriers to accessing care and require consideration of misdiagnosis, bias, and discrimination in overall care.
4. Copays – Programs such as the Adult Day Health Care require copays for veterans based on their VA service-connected disability rating which can be a limiting factor for many minority veterans who have a lower earning potential throughout their lives and limited economic resources in the end of life.
5. Discharge rating and access to care – We continue to remind this Committee that minority veterans are disproportionately criminalized during their time in service and are more likely to hold other than honorable discharges and dishonorable discharges or don't have access to VA benefits.[5] Benefits available to aging veterans are dependent on discharge status and limit eligibility.

Culturally Responsive Care and Facilities for Aging Minority Veterans

For those that require institutionalized care facilities, we recommend expanded access to identity-affirming living environments. In recent years, we have seen growing numbers of LGBTQ and women focused assisted living facilities across the country. We are unaware of any such facilities operated by VA or in the community that offer these facilities for LGBTQ or women veterans but advocate for this as a potential solution. While we recognize that most minority veterans prefer to age at home, this is not a reality for all and, much like throughout our lives, an identity affirming living environment can contribute to more positive mental and physical health outcomes.

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[5] Blevins, A., and Blevins, K. (2020). It's Not "Quality of Life," It's "Life or Death": The Disparate Structural Barriers that Accompany VA Regulatory Policies for Minority Veterans Holding "Bad Paper" Discharge Characterizations. Available at: https://www.minorityvets.org/wp-content/uploads/2020/10/VA-Red-Tape-Its-Not-Quality-of-Life-its-Life-or-Death.pdf

Additionally, the unique health outcomes of minority veterans and health equity should be considered when building programs to serve aging veterans. According to the Department of Veterans Affairs' most recent Minority Veterans Report in 2017, "Low income and minority veterans disproportionally experience chronic disease and greater chronic illness related mortality."[6] These illnesses included Alzheimer's disease, stroke, hypertension, cancer and others which would limit the ability to remain in the home.

Fear of Traditional Institutional Care Settings Compounded by COVID-19

Many in the aging population fear their end of life being spent in institutional care settings. This is often rooted in the fear of the loss of their independence, isolation from family and loved ones, and being treated poorly or abusively by those we entrust with caring for residents, among other reasons. In addition, COVID-19 has been widely reported as disproportionately impacting the aging population and having more severe health impacts on older people with a higher rate of a deadly infection. Many older Americans are afraid to go outside and interact with others out of fear of contracting coronavirus or spreading it to others if they do, and understandably so. Pandemic era veterans have witnessed outbreaks of COVID-19 across the country in congregate living facilities, such as the Life Care Center of Kirkland that was home to the first US COVID-19 outbreak. The rise of COVID-19 hotspots in institutional care settings has resulted in many facilities implementing strict rules for visitation. This increased isolation was detrimental to the health and well-being of patients and will likely result in a heightened increase of fear related to living institutional care settings beyond normal hesitancy.

Socioeconomic Barriers

Finally, socioeconomics is an area for deep concern when considering the aging minority veteran population. While this Subcommittee considers issues of health and health equity, economic equity and justice considerations must be made for minority veterans who earn significantly less than their dominant culture counterparts during their lifetime and often do not have the same ability to save for retirement. Veterans of color earn 13% less than white veterans[7], women veterans earn 14% less than men veterans[8], and LGBTQ people are 7% less likely to have a will, 5% less likely to have a 401(k), and are

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[6] Aponte, M., Garin, T., Glasgow, D., Lee, T., et al. (2017). Minority veterans report: Military service history and VA benefit utilization statistics. *Office of Data Governance and Analytics*, pg. 56. National Center for Veterans Analysis and Statistics. U.S. Department of Veterans Affairs. Available at: www.va.gov/vetdata/docs/SpecialReports/Minority_Veterans_Report.pdf.

[7] Aponte, M., Garin, T., Glasgow, D., Lee, T., et al. (2017). Minority veterans report: Military service history and VA benefit utilization statistics. *Office of Data Governance and Analytics*. National Center for Veterans Analysis and Statistics. U.S. Department of Veterans Affairs. Available at: www.va.gov/vetdata/docs/SpecialReports/Minority_Veterans_Report.pdf.

[8] Garasky, S., Nanda, N., Shetty, S., Ampaabeng, S., et al. (2016). Women veteran economic and employment characteristics. *IMPAQ International, LLC.* In collaboration with the U.S. Department of Labor. Available at: www.dol.gov/sites/dolgov/files/OASP/legacy/files/WomenVeteranEconomicandEmploymentCharacteristics.pdf.

saving 5% less of their paychecks in retirement accounts[9]. Each of these economic indicators points to a larger issue around retirement savings and access to dignified options for aging in place.

In addition to healthcare considerations, we urge this Subcommittee to consider how the social determinants of health, such as access to healthy foods and transportation issues, can impact aging veterans' ability to remain in their homes. Socioeconomic considerations must be made for aging minority veterans to ensure that they are not subject to substandard living conditions or are not forced to enter institutionalized care settings against their wishes. Over the course of the last five months, our organization has been to five different cities as part of a Supply Drop tour. Of those we've served with food and hygiene support, about 9% have been age 65+, more than double the overall portion of our overall membership over the age of 65. We have met many senior age veterans who fear that their VA and Social Security benefits do not and will not leave them enough at the end of each month to cover their mortgage or rent and still provide food for themselves and their families.

MVA supports efforts to improve access to holistic and dignified care for our siblings in arms in the aging veteran population. Minority veterans should have every opportunity to thrive in their advanced years and we urge VA to begin preparing for a growing population of aging minority veterans both now and in the coming years. My team and I look forward to continuing to work with you and your offices, and to assist in your efforts to more equitably support the minority veteran community. Thank you for the opportunity to provide a statement on this matter.

Respectfully Submitted,

/s/
Lindsay Church
Executive Director & Co-Founder

Minority Veterans of America

[9] UBS. (n.d.). *How planning for LGBT retirement differs.* Accessed on May 1, 2021, at www.ubs.com/us/en/wfw/articles/plan/fw/how-planning-for-lgbt-retirement-differs.html.