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SOCIAL DETERMINANTS OF HEALTH FOR NATIVE AMERICAN VETERANS: AN INTRODUCTION

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What are Social Determinants of Health (SDOH)?

Healthy People 2030[1], a project of the U.S. Office of Disease Prevention and Health Promotion, defines Social Determinants of Health (SDOH) as, "the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks."

Represented in this Healthy People 2030 SDOH graphic, SDOH are grouped in five domains: Economic Stability; Education Access and Quality; Health Care Access and Quality; Neighborhood and Built Environment; and Social and Community Context.

SDOH and Native American Veterans

There is no single definition of who is American Indian or Alaska Native. In a legal sense, this is often determined by a person's membership in a federally recognized tribe or village. However, familial relationships, personal and family lived experience, knowledge of a tribe's culture, language, or religion, or other personal factors also contribute to how people define themselves.[2] American Indians and Alaska Natives have the highest per capita military service rate of any ethnic group in the United States.[3]

SDOH are especially important for understanding the health and well-being of Native American Veterans because this population has experienced multiple generations of historical and cultural trauma and "have historically been disadvantaged in terms of social and economic attainment and living conditions."[4]

Indigenous Social Determinants of Health

As we work to understand how environments and society impact the health of Native American Veterans, it is important to listen to people from these communities. Seven Directions: A Center for Indigenous Public Health developed a framework of Indigenous Social Determinants of Health (ISDOH), which they define as, "those aspects of American Indian and Alaska Native social and political existence in the United States that create conditions that influence the health and wellbeing of the peoples beyond those determinants in mainstream populations."[5] An important aspect of understanding ISDOH is that SDOH frameworks are built on Western knowledge systems and values. Carroll and colleagues[6] presented the findings of a consensus panel which explored this in depth. They explain that non-Indigenous SDOH are often deficit based, focused on reducing disparities between White and non-White peoples, and prioritize Western-defined outcomes such as economics, education etc. Indigenous SDOH are asset based, aim to achieve the community's vision of health, and use metrics that reflect Indigenous health and society values. To learn more, you can complete ISDOH Training Modules at https://www.indigenousphi.org/isdoh/training.

Native American Veterans' SDOH in the Research Literature

To understand how SDOH can impact Native American Veterans' health, we conducted a scoping review of research published from 2010-2024 and identified 18 articles. We looked for research that examined how any SDOH impacted health outcomes or research that established differences in SDOH. Understandably, considering the focus on Native American Veteran health, the most common types of studies we identified examined the impact of Social and Cultural Context or Health Care Access and Quality. Perhaps because of the focus on adult Veterans, no articles addressing Education Access and Quality were identified. Below are a few examples of the current research, organized by the domains outlined in Healthy People 2030.

**We recognize and honor Native Hawaiian and Other Pacific Islanders as Indigenous people of the United States, but this resource document focuses specifically on American Indian and Alaska Native Veterans.*

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Economic Stability

Albright and colleagues[7] examined data from the American College Health Association's National College Health Assessment II and found that financial stress was more common among American Indian and Alaska Native Service Member and Veteran students than American Indian and Alaska Native students with no military experience. Financial stress was a significant predictor of depression and suicidal ideation.

An emerging area of Veteran SDOH research is food insecurity, or the inability to acquire adequate food. Kamdar and colleagues[8] examined the Veterans Health Administration (VHA) food insecurity screening question data to understand food insecurity among VHA using Veterans. American Indian and Alaska Native Veterans were 1.30 times as likely as non-Hispanic White Veterans to report experiencing persistent (at least two positive screens for food insecurity in 15 months) rather than transient (one positive screen) food insecurity.

Key Takeaways:

- Native American Veterans may benefit financially and psychologically from Veteran-focused financial resources.
- Persistent food insecurity appears to be a SDOH that is particularly concerning for Native American Veterans.

Health Care Access and Quality

Villa, Harada, and Huynh-Hohnbaum[9] conducted focus groups with 86 American Indian Veterans representing 34 tribes to better understand barriers to VA health care access and quality. Issues which prevented access to VA health care included inaccurate beliefs about who was eligible for VA care, with many Veterans believing you must have a service-connected disability to receive VA care. Additionally, transportation to VA facilities and copayments for services were significant barriers which led Veterans to seek care at their local Indian Health Services facilities instead. Veterans also expressed frustration with the amount of paperwork necessary to be deemed eligible for VA services and frequent delays in being seen after their scheduled appointment time. The authors noted that at the time of publication, VA was working on addressing issues such as paperwork and wait times. They recommended that VA should focus on education, communication, and outreach to American Indian communities and Veterans to help Veterans understand eligibility, paperwork, services, and VA quality improvement efforts.

To explore barriers to timely health care access, Johnson and colleagues[10] compared responses from American Indian and Alaska Native Veterans and non-Hispanic White Veterans in the National Health Interview Survey. They found that American Indian and Alaska Native Veterans had to delay care because they were two times as likely as White Veterans to report they could not get timely health care appointments, three times as likely to be unable to get through on the phone to make appointments, and 2.9 times as likely to experience transportation problems getting to health care.

Key Takeaway:

- Native American Veterans experience the following healthcare-related barriers: lack of accurate information, lack of transportation, copayments, paperwork, and wait times.

Neighborhood and Built Environment

Wong and colleagues[11] examined the impact of neighborhood deprivation and racial segregation on all-cause mortality among US Veterans. After comparing mortality rates of Veterans who identified as American Indian and Alaska Native, Asian, non-Hispanic Black, Hispanic, or Native Hawaiian/Other Pacific Islander to non-Hispanic White Veterans, and controlling for variables such as age, sex, individual socioeconomic status, and rurality, they found that American Indian and Alaskan Native Veterans were the only group at higher risk of death. They conducted additional analyses to understand how neighborhood deprivation and racial segregation influenced the greater chance of death. The authors found that neighborhood deprivation did not impact mortality, but neighborhood segregation did. American Indian and Alaska Native Veterans who lived in neighborhoods with greater Black segregation or counties that were on or near American Indian or Alaska Native reservations had decreased mortality risk.

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Wong and colleagues[12] studied how neighborhood characteristics influenced the differences in COVID-19 infection rates of American Indian and Alaska Native Veterans compared to White Veterans. They found that built environment factors like living in a neighborhood with higher rates of overcrowded households, lacking kitchen plumbing, and lacking complete plumping accounted for significant parts of the disparities in infection rates.

Key Takeaway:

- Addressing neighborhood-wide environmental challenges such as overcrowding, and lack of plumbing cannot be left to individuals but highlights how larger, systemic approaches can support American Indian and Alaska Native Veterans' health.

Social and Community Context

American Indians and Alaska Natives are more likely to live in rural areas. Sometimes people assume their rural residence is primarily the cause of health disparities. Kaufman and colleagues[13] used the Behavioral Risk Factor Surveillance System to test this. While urban and rural American Indian and Alaska Native Veterans had significantly poorer physical and mental health outcomes than White Veterans, there were no statistically significant health differences between American Indians and Alaska Natives based on rural or urban residence. We know that rurality introduces challenges such as transportation and access to providers, but it may not be the primary driver of poorer physical and mental health of American Indian and Alaska Native Veterans.

Goss, Richardson, and Shore[14] studied a Tribal Veterans Representative (TVR) program that was created between the US Department of Veterans Affairs and several tribal nations. TVRs are volunteer community liaisons who received training about the VA and used their networks throughout the community to educate community members about health care access and benefits. By incorporating cultural and community knowledge, in one tribal community over 16 years, the TVR assisted approximately 300 Veterans in accessing VA health care and $6.3 million in service-connected disabilities compensation. This program is an example of how culturally informed community partnerships can improve health care access and financial status.

Key Takeaways:

- Research suggests that rurality may not be the primary driver of poorer physical and mental health outcomes among Native American Veterans; other SDOH may have a larger impact.
- Culturally informed community partnerships can address SDOH that impact physical and mental health outcomes among Native American Veterans.

RESOURCES TO SUPPORT NATIVE AMERICAN VETERANS

Addressing the SDOH described above can help Native American Veterans get greater access to healthcare services and improve their overall health and well-being. The following is a list of resources that can help address financial concerns, housing insecurity, food insecurity, and other important social and economic conditions.

VA Resources

- FINVET, or the National Veterans Financial Resource Center (https://www.mirecc.va.gov/visn19/finvet/index.asp) can connect Veterans with VA, federal, and community resources to address a range of SDOH, including:
    - Basic needs, such as housing, food, clothing, and auto/car expenses
    - Money management resources
    - Identifying sources of income (such as education or disability benefits)
    - Lowering debt and bills
    - Protecting financial resources from scams or unexpected emergencies
- The VHA Food Security Office (https://www.nutrition.va.gov/food_insecurity.asp) recommends Primary Care, Social Work, and Nutrition services to support Veterans experiencing food insecurity, and offers online educational and food bank resources
- VHA Social Workers (https://www.socialwork.va.gov/) can help Veterans access housing, financial assistance, and health outreach services

Indian Health Services (IHS) Resources (www.ihs.gov)

The Federal Health Program for American Indians and Alaska Natives may be able to provide additional services to address SDOH, such as:

- Nutrition resources
- Health promotion and chronic disease prevention programs
- Environmental health services and consultation to address risks for environmentally related disease and injury through a collaboration with the Office of Environmental Health and Engineering

Community Veterans Service Organizations (VSOs) (https://www.va.gov/ogc/apps/accreditation/accredvso.asp)

Many VSOs offer advocacy and other support resources to assist with Veterans benefits, housing, employment, disability services, and other SDOH. VA has a curated list of VA-recognized VSOs (see the above link).

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