

Title: Assessing racial-ethnic-sex differences in need and receipt of support to inform equity-guided social care interventions

Abstract

Background

To develop equity-driven social care interventions, healthcare systems must apply an intersectional equity lens when assessing patients' health-related social needs.

Objective

To evaluate racial-ethnic-sex differences in social needs and receipt of support among Veterans receiving care in the Veterans Health Administration (VHA).

Methods

We performed a cross-sectional analysis of survey data on a national stratified random sample of VHA primary care patients seen in January or February 2023. The survey assessed whether respondents needed support and, if so, received support for 13 health-related social domains in the past six months. For each domain, we used log-binomial models to assess age-adjusted differences in prevalence of need for and receipt of support across six race-ethnicity-sex strata (i.e., Black female, Black male, Hispanic female, Hispanic male, White female, and White male [reference group]).

Results

Analyses included 6,611 respondents representing 939,467 Veterans. Compared to White males, Black males had significantly higher age-adjusted prevalence ratios (aPRs) of endorsed needs in all domains except childcare and employment (aPRs ranged from 1.35 for social isolation to 2.73 for managing discrimination). Hispanic females had higher aPRs in eight domains, including childcare (aPR=2.78), discrimination (2.69), internet (1.81), housing (1.81), legal issues (1.70), loneliness (1.67), food (1.55), and social isolation (1.40). Black females had higher aPRs for discrimination (2.68), legal issues (2.04), food (1.74), loneliness (1.60), paying for basics (1.57), and social isolation (1.48). Hispanic males had higher aPRs for housing (1.88), legal issues (1.81), internet (1.56), and loneliness (1.44). White females had higher aPRs for obtaining childcare (3.37) and discrimination (1.60). No differences were observed in receipt of support among those who needed it.

Conclusion

The health-related social domains in which VHA patients report needing support vary widely across race-ethnic-sex subpopulations. Applying an intersectional lens when evaluating social needs lays the groundwork for equity-guided social care interventions.