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Veterans Health Administration Patient Experience at the Intersection of Gender and Race-Ethnicity: Special Report from the National Veteran Health Equity Report

Focus on Veterans Health Administration Patient Experience and Health Care Quality

US Department of Veterans Affairs
Veterans Health Administration
Health Equity-Quality Enhancement Research Initiative
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Section I: Background

The National Veterans Health Equity Report (NVHER) was released in 2021 and provides information on disparities in patient experiences and health care quality for Veterans who obtain health care services through the Veterans Health Administration (VHA).[1] The NVHER presents this information across demographic groups, including race, ethnicity, gender, age group, rurality of residence, socio-economic status, and service-connected disability rating. Additionally, the NVHER uses this information to identify disparities among Veterans with cardiovascular risk factors, focusing on hypertension, hyperlipidemia, and diabetes. The NVHER's unique national cross-sectional analysis provides a snapshot of disparities that are experienced by patients in a clear way for VHA providers and leaders to identify and address.

This National Veterans Health Equity Report special report was designed with a similar framework in mind, focusing on the experiences of care for women Veterans by race and ethnicity. The data in this report are from the fiscal year (FY) 2016 to fiscal year 2019 Department of Veteran Affairs (VA) Survey of Healthcare Experiences of Patients (SHEP)-Patient Centered Medical Home survey instrument, which assesses **three domains** across 28 items (*See the Appendix for a list of all included items*).

1) The first domain, Access, assesses patients' ability to get timely appointments, care, and information (e.g., In the last 6 months, when you contacted this provider's office to get an appointment for care you needed right away, how often did you get an appointment as soon as you needed?).
2) The second domain, Person-Centered Care, focuses on how well care is tailored to patients' needs. It includes measures of:
    a) Communication (e.g., In the last 6 months, how often did this provider give you easy to understand information about these health questions or concerns?),
    b) Comprehensiveness in paying attention to patients' mental health (e.g., In the last 6 months, did anyone in this provider's office ask you if there was a period of time when you felt sad, empty or depressed?), and
    c) Self-management support (e.g., In the last 6 months, did anyone in this provider's office talk with you about specific goals for your health?).
3) The third domain, Care Coordination, provides information related to the coordination of patient care (e.g., In the last 6 months, when this provider ordered a blood test, x-ray, or other test for you, how often did someone from this provider's office follow up to give you those results?).

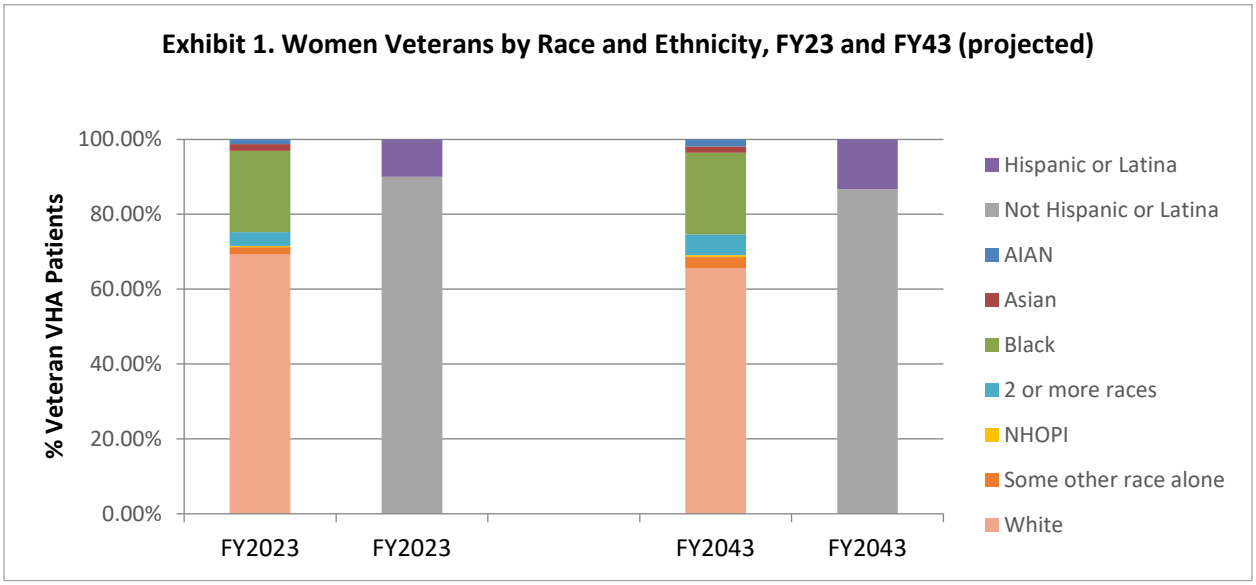
Building on the NVHER, the goal of this special report is to provide VHA leaders, providers, and staff with information to address disparities identified with an intersectional approach,[2] that takes into consideration how Veteran's intersecting identities related to gender, race, and ethnicity result in unique experiences with marginalization. Following American Medical Association guidelines, this report uses the term "minoritized racial and ethnic groups" to acknowledge the influence of structural inequalities in health disparities, rather than using terms like "minority" or "minorities," which can be stigmatizing.[3] The data in this report are from FY16-FY19. Hence, they precede recent initiatives to improve care for women and racial and ethnic minoritized Veterans. These initiatives include the full implementation of maternity care coordinators, provision of reproductive mental health services, and breastfeeding/chest feeding support through lactation consultants However, these data provide a critical baseline against which to track the health care experiences of racial and ethnic minoritized women Veterans.

Women currently make up about 11% of Veterans (FY23) and are the fastest growing subpopulation of Veterans.[4] In the year 2000 they comprised 4% of all Veterans and are projected to make up 18% of all Veterans by 2040.[4] Additionally, women Veterans have increased in racial and ethnic diversity over time, and this trend is projected to continue in the future (Exhibit 1).[5] Women Veterans are also more racially and ethnically diverse than men Veterans, with 43% of women Veterans who used VA healthcare in 2020 belonging to a minoritized racial or ethnic group compared with 25% of Veterans as a whole.[4,6] Given the increasingly diverse nature of the women Veteran population, this special report offers VHA an opportunity to continue to address existing disparities and eliminate future disparities for women Veterans of color.

VHA has already taken numerous steps to improve care and experiences for women Veterans. Key programs include on-site Women Veteran Program Managers and Women's Health Medical Directors, who are responsible for ensuring high quality care for women Veterans,[7] specially trained or experienced women's health primary care providers and patient aligned care teams, mini-residency programs in women's health for VHA physicians and staff, Maternity Care Coordinators at every site, state of the art IT projects to support breast and cervical cancer screening, and more.[8] Additionally, the Women's Health Evaluation Initiative was established to provide actionable information on key aspects of women Veterans' health and health care.[9]

Given these demographic and programmatic shifts, this special report assesses women Veterans' experiences of VHA care by race and ethnicity and compares those metrics to those of men Veterans from corresponding racial and ethnic groups. This special report also describes comparisons of VHA care experiences between racial and ethnic minoritized women Veterans and both non-Hispanic White women and men Veterans. This methodology allows VHA to explore ways to improve care experiences for all Veterans, regardless of sex, race, or ethnicity.

Exhibit 1. Women Veterans by Race and Ethnicity, FY2023 and FY2043 (projected)



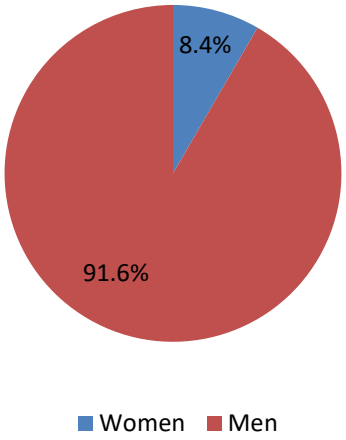
Race	FY2023	FY2043
American Indian or Alaska Native (AIAN)	1.3%	1.9%
Asian	1.8%	1.7%
Black (or African American)	21.7%	21.8%
Two or more races	3.7%	5.5%
Native Hawaiian or Other Pacific Islander (NHOPI)	0.3%	0.5%
Some other race	2.0%	2.9%
White	69.3%	65.7%
Ethnicity		
Hispanic or Latina	9.9%	13.3%
Not Hispanic or Latina	90.1%	86.7%

Source: Department of Veterans Affairs Open Data Portal. VETPOP2014 LIVING VETERANS BY RACE/ETHNICITY, GENDER, 2013-2043. Available at: VETPOP2014 LIVING VETERANS BY RACE/ETHNICITY, GENDER, 2013-2043 | Department of Veterans Affairs Open Data Portal (va.gov)

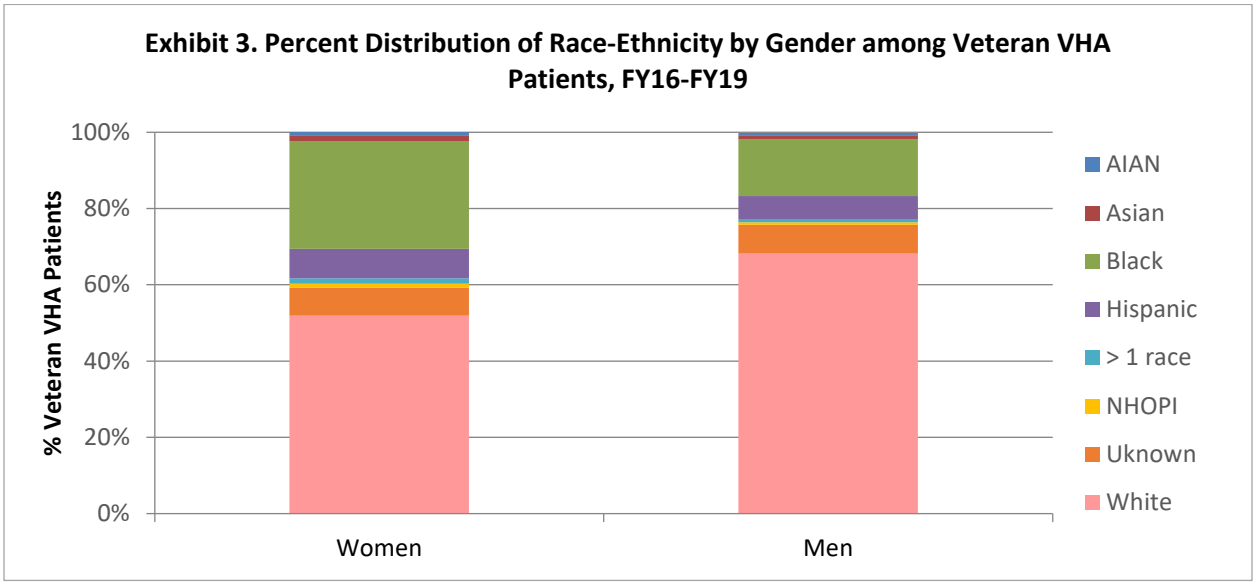
Section II: Patient Demographics

Women continue to be an extreme numeric minority among VHA patients in FY16-FY19.

Exhibit 2. Distribution of Gender among Veteran VHA Patients, FY16-FY19



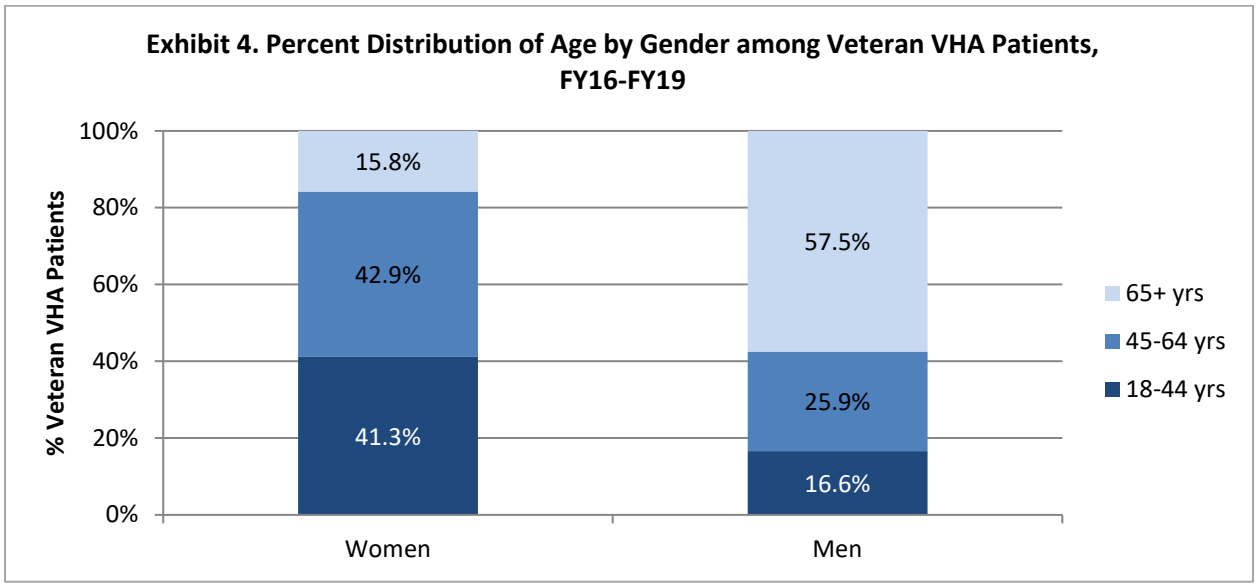
Women VHA patients are more ethnically/racially diverse than men VHA patients in FY16-FY19.



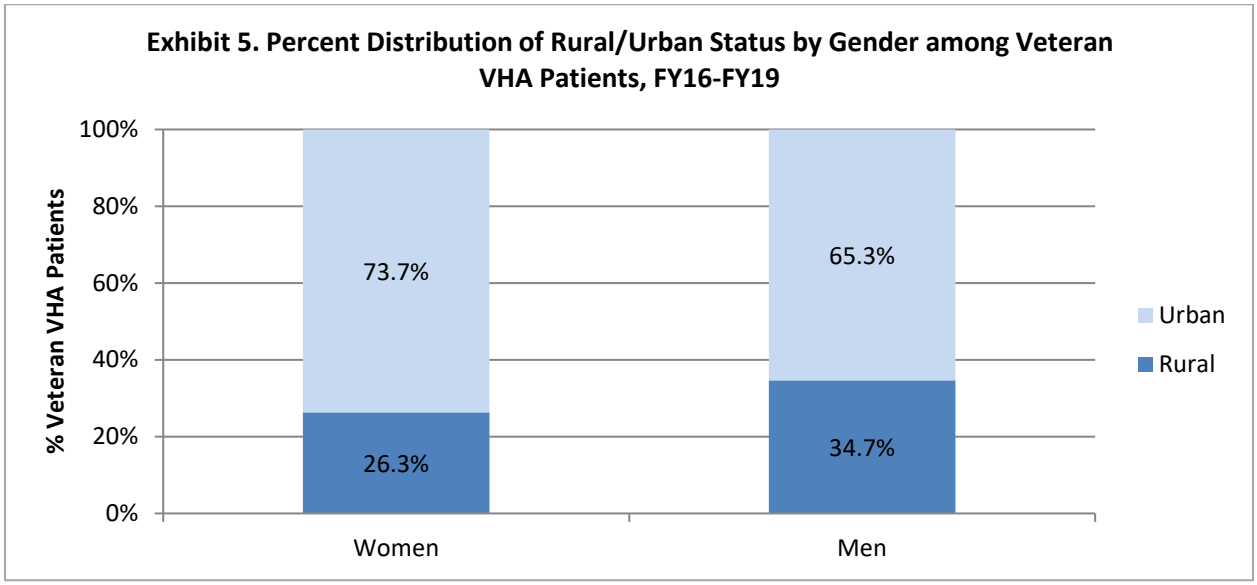
Race-Ethnicity	Women	Men
American Indian or Alaska Native (AIAN)	0.9%	0.6%
Asian	1.5%	1.0%
Black (or African American)	28.3%	14.9%
Hispanic (or Latina/Latino)	7.7%	6.2%
More than one race (>1 race)	1.4%	0.7%
Native Hawaiian or Other Pacific Islander (NHOPI)	1.0%	0.7%
Unknown, declined, or missing	7.4%	7.5%
White (non-Hispanic)	51.9%	68.2%

Note: Each race group is comprised of individuals who identify as non-Hispanic ethnicity.

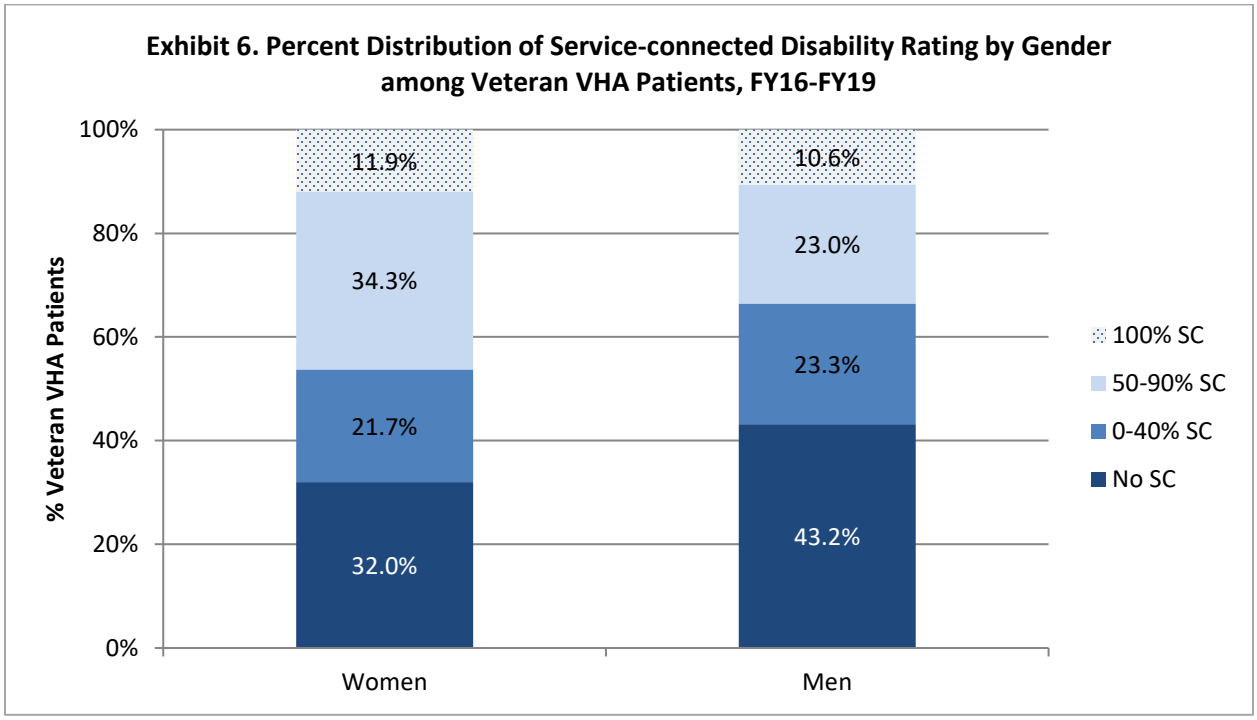
Women VHA patients are much younger than men VHA patients in FY16-FY19.



Most VHA patients live in urban settings; more women than men VHA patients live in urban settings in FY16-FY19.



Among VHA patients, a greater percentage of women than men have a service-connected disability rating in FY16-FY19.



Section III: Overall Comparisons in Patient Experience Ratings by Racial and Ethnic Minoritized Women Veteran Group

This section reports on patient experience ratings based on the VA SHEP-Patient Centered Medical Home survey instrument, which assesses three domains of patient experience across 28 items. These data are importance because health care experience ratings are associated with health outcomes and are an important component of patient-centered care. See Appendix Table 1 for a list of all included items.

The first domain, **Access**, assess patients' ability to get timely appointments, care, and information (e.g., In the last 6 months, when you contacted this provider's office to get an appointment for care you needed right away, how often did you get an appointment as soon as you needed?). Timely access to health care is a foundation for achieving optional health.

The second domain, **Person-Centered Care**, focuses on how well care is tailored to patients' needs. Person-centeredness, the extent to which care is respectful and responsive to patients' preferences, needs and values, is one of six domains of care quality, as defined by the Institute of Medicine.[10] Women Veterans generally have different care preferences and needs compared to men Veterans.[11] This domain includes measures of: a) Communication (e.g., In the last 6 months, how often did this provider give you easy to understand information about these health questions or concerns?), b) Comprehensiveness in paying attention to patients' mental health (e.g., In the last 6 months, did anyone in this provider's office ask you if there was a period of time when you felt sad, empty or depressed?), and c) Self-Management Support (e.g., In the last 6 months, did anyone in this provider's office talk with you about specific goals for your health?).

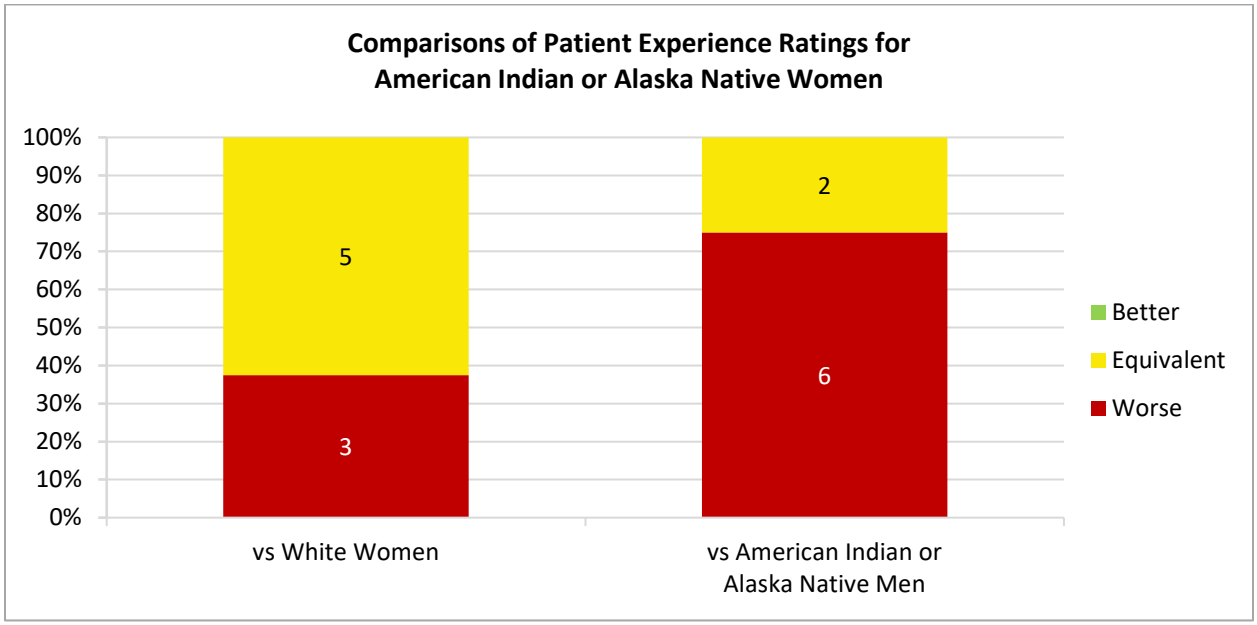
The third domain, **Care Coordination**, defined as the "deliberate organization of patient care activities between two or more participants (including the patient) involved in a patient's care, to facilitate the appropriate delivery of health care services."[12] For example, In the last 6 months, when this provider ordered a blood test, x-ray, or other test for you, how often did someone from this provider's office follow up to give you those results? Effective care coordination is essential for optimizing clinical outcomes, enhancing patients' care experiences, increasing provider satisfaction, and decreasing waste.[13]

In this section, comparisons are summarized for each racial and ethnic minoritized women Veteran group, between that group and both White women and racial or ethnic concordant men. Comparisons in patient experience are categorized as better, equivalent, or worse. The Appendix describes the methods and guidelines for interpretation of these comparisons, and Appendix Table 2 lists the results of all comparisons (i.e., for each women Veteran race-ethnicity or gender comparison, the measures with each outcome [better, equivalent, worse]). In that table, dual disparities, measures on which racial and ethnic minoritized women reported worse experiences than both White women and men from the same racial or ethnic group are bolded.

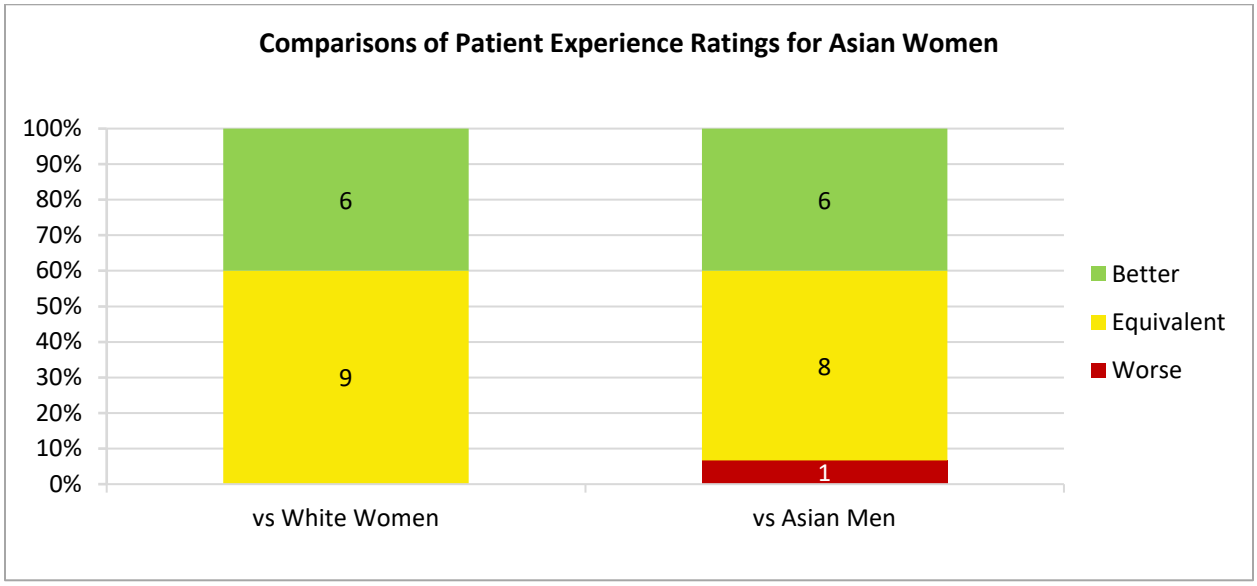
Note: All individuals who identify as Hispanic or Latina/Latino ethnicity are included in the "Hispanic" race-ethnicity group regardless of their race, and the remaining race-ethnicity groups represent Veteran patients who have identified as "not Hispanic." For simplicity, the race label identifies only the race.

Exhibit 7. Summary of comparisons in patient experience ratings for each racial and ethnic minoritized women Veteran group (*Source*: Health Equity-QUERI PEC analysis of SHEP-PCMH FY2016 – FY2019 data; all analyses are age-adjusted.)

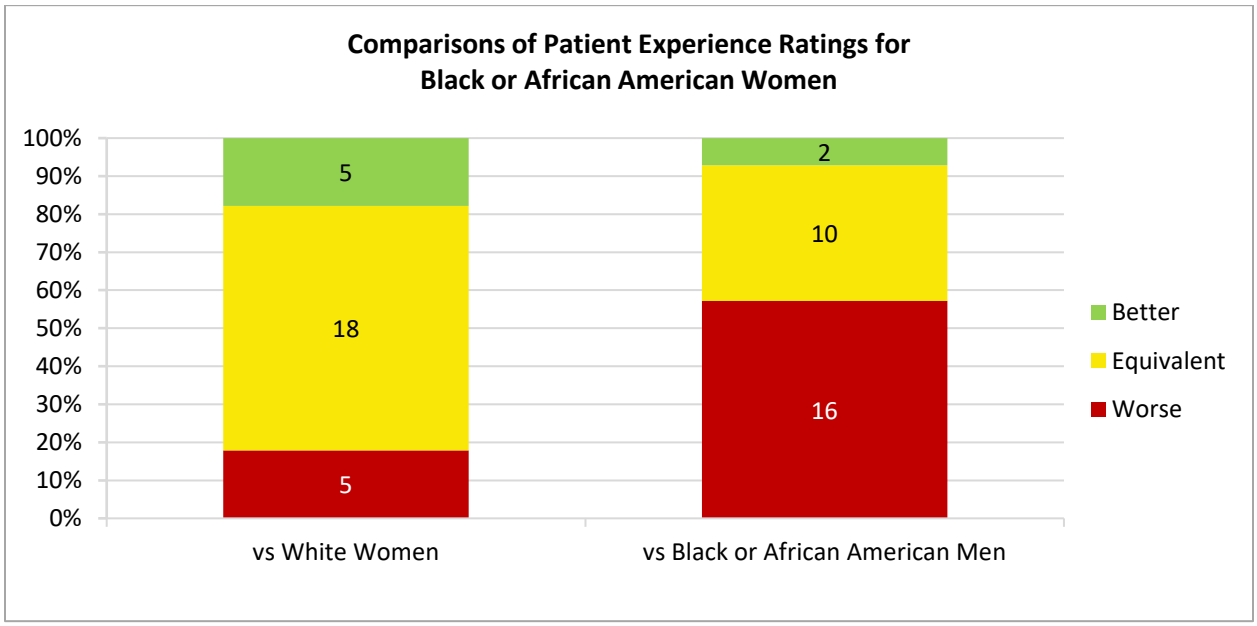
On 8 measures of patient experience, **American Indian or Alaska Native (AIAN) women** reported similar or worse ratings than White women and AIAN men. For two of these measures AIAN women reported worse care experiences than both White women and AIAN men.



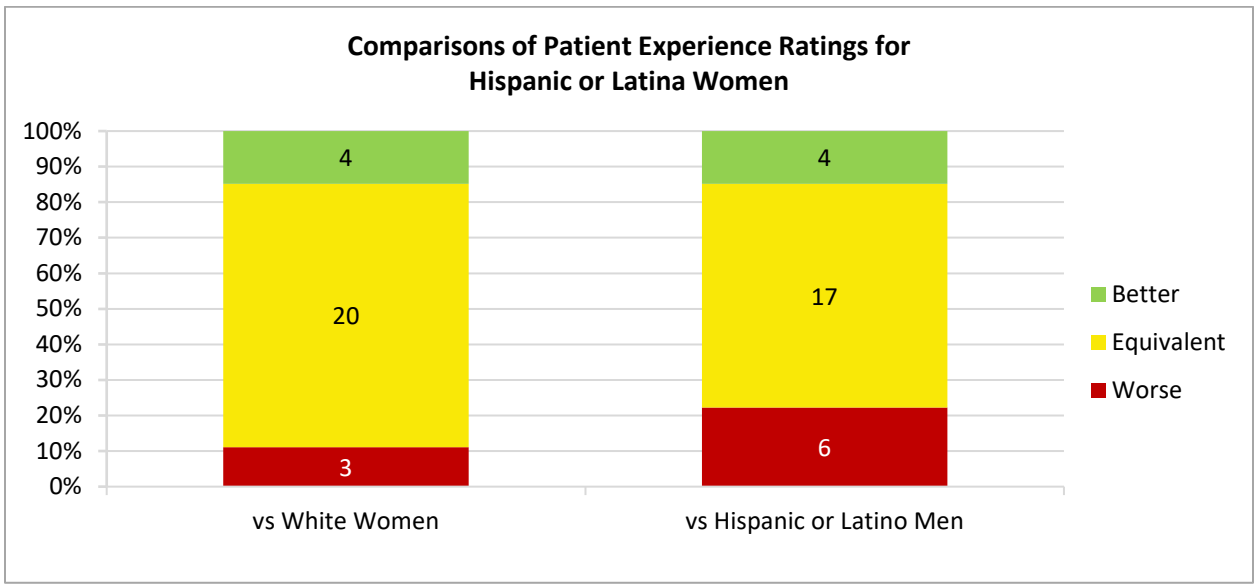
On 15 measures of patient experience ratings, **Asian women** had the same or better ratings on most measures than White women and Asian men.



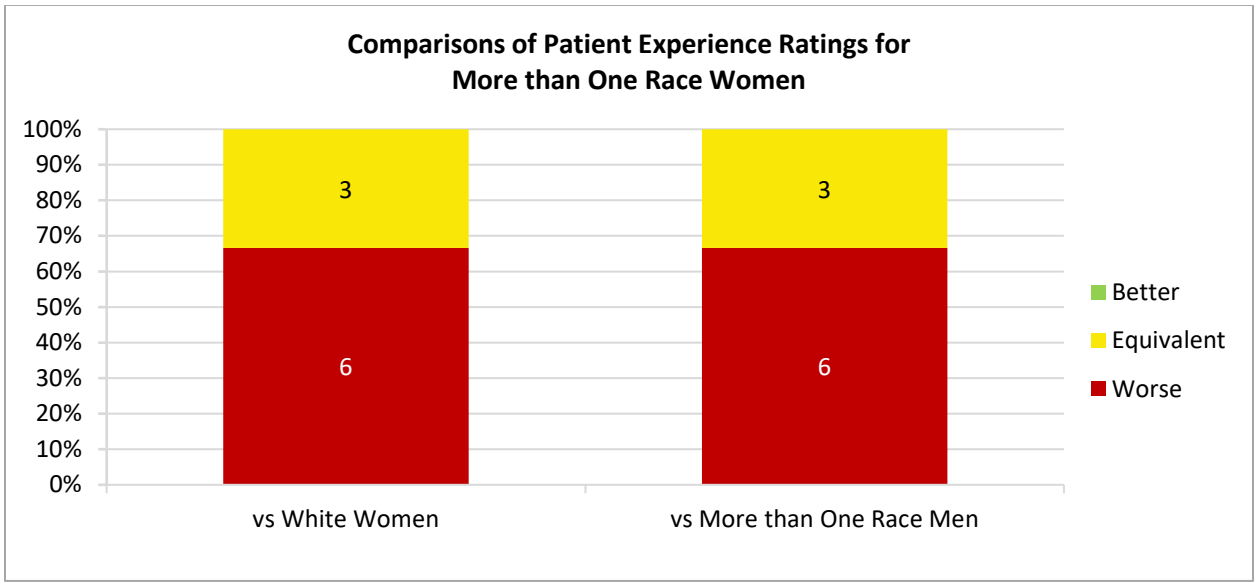
On 28 measures of patient experience ratings, **Black or African American (Black) women** reported similar ratings on most measures to White women, but lower ratings than Black men. For two of these measures Black women reported worse care experiences than both White women and Black men



On 27 measures of patient experience ratings, **Hispanic or Latina women** reported similar ratings on most measures to White women and Hispanic or Latino men.



On 9 measures of patient experience ratings, **women of more than one race** generally reported worse ratings than White women or than men of more than one race. On four of these measures women of more than one race reported worse care experiences than both men of more than one race and White women.



On **one measure** of patient experience ratings, **Native Hawaiian or Other Pacific Islander women** reported worse care experiences than both White women and NHOPI men (not graphically reported).

On 28 measures of patient experience, **White women** tended to report worse care experiences than White men.

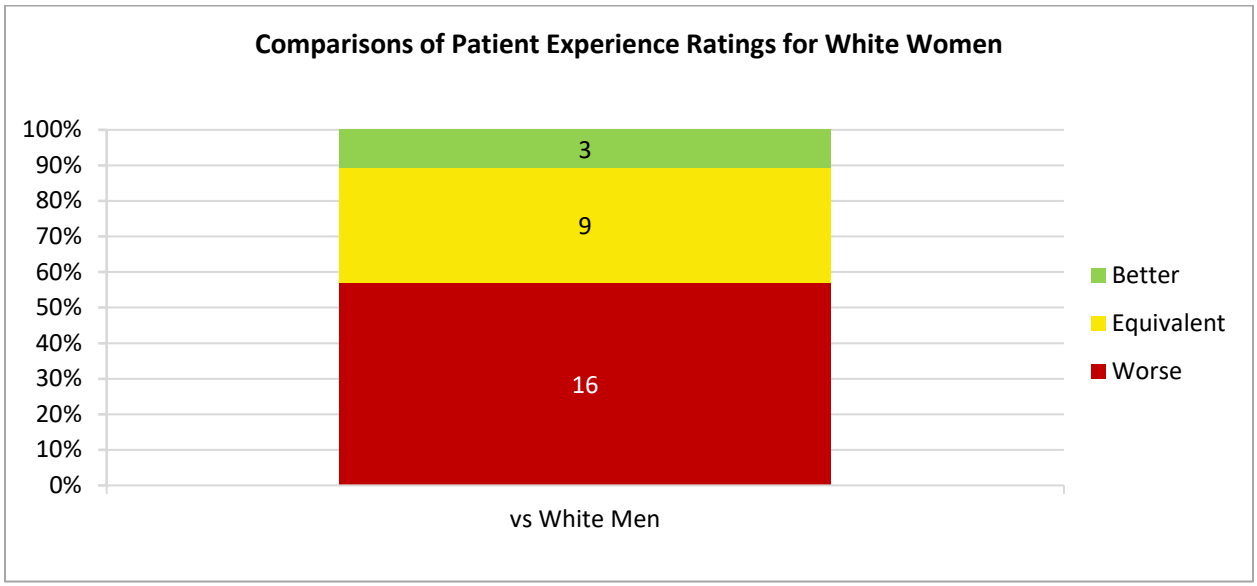
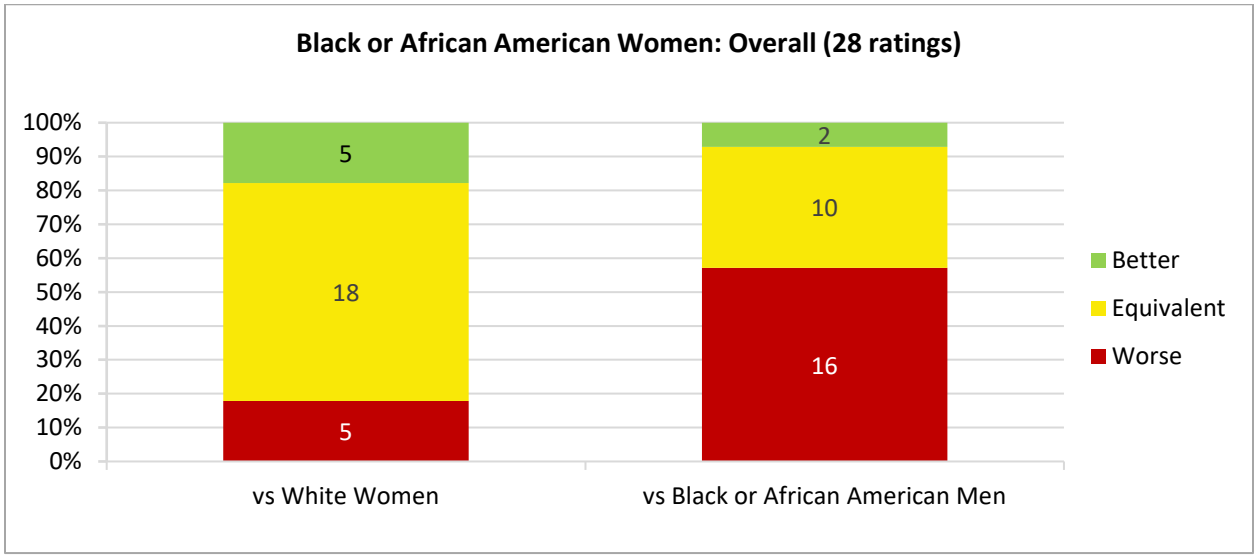
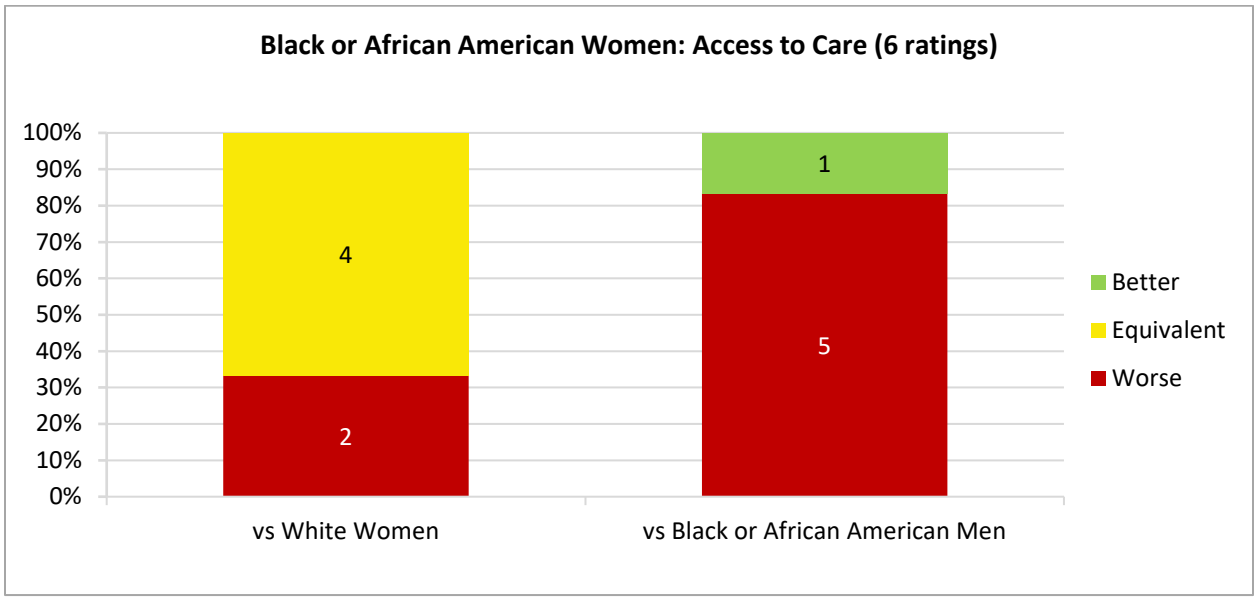
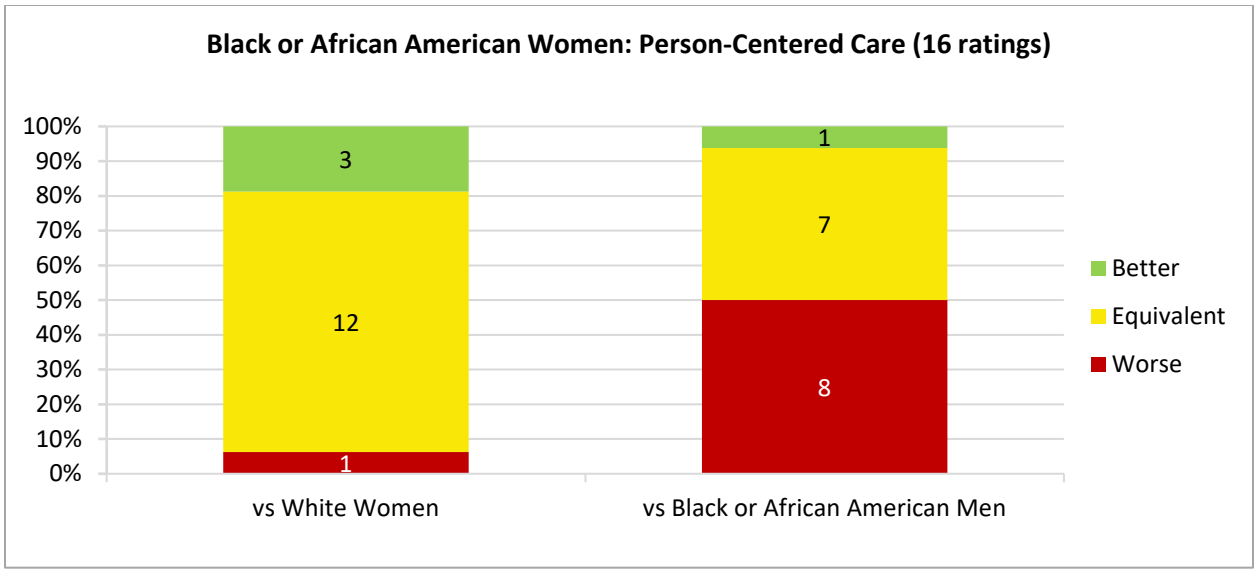


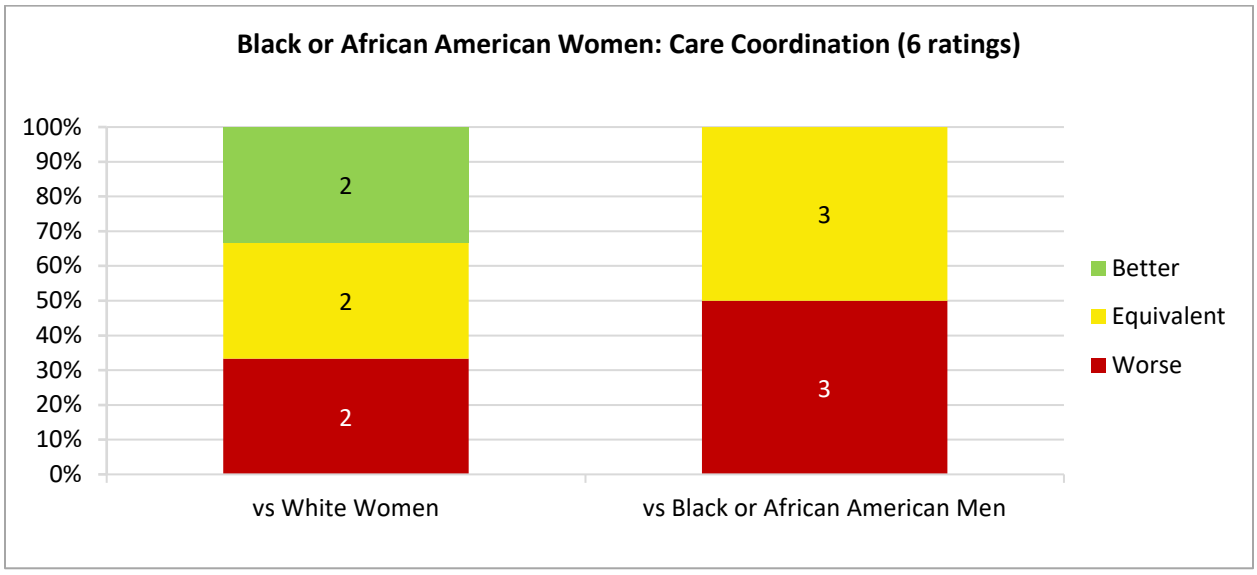
Exhibit 8. Comparisons in ratings by patient experience domain for Black or African American women Veterans (*Source*: Health Equity-QUERI PEC analysis of SHEP-PCMH FY2016 – FY2019 data; all analyses are age-adjusted.)





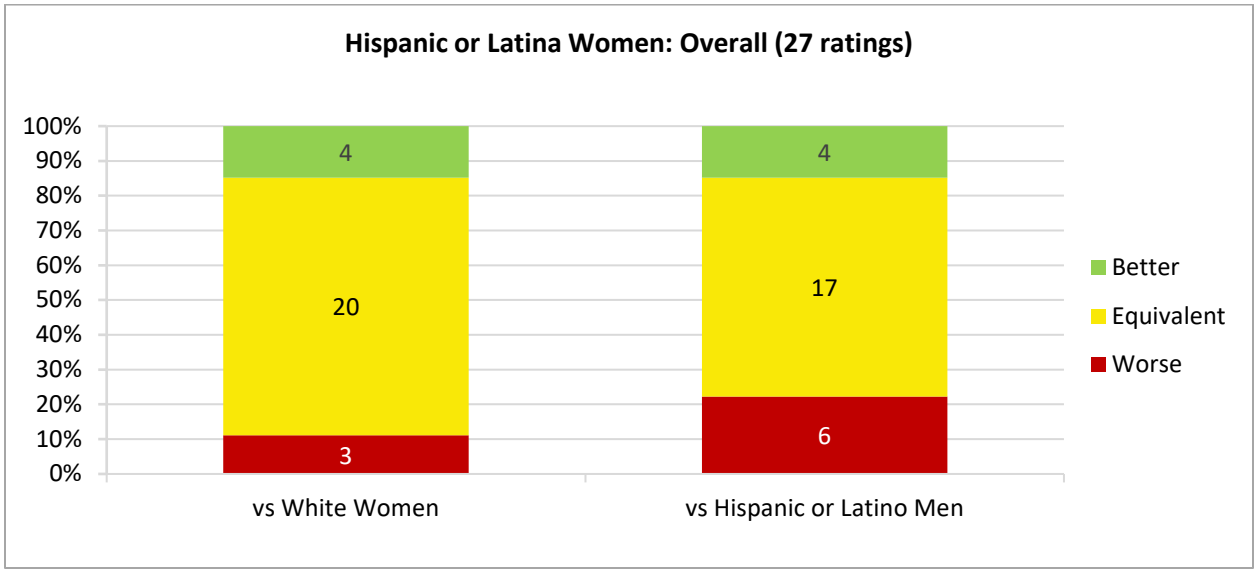
For one Access to Care measure Black women reported worse care experiences than both White women and Black men.

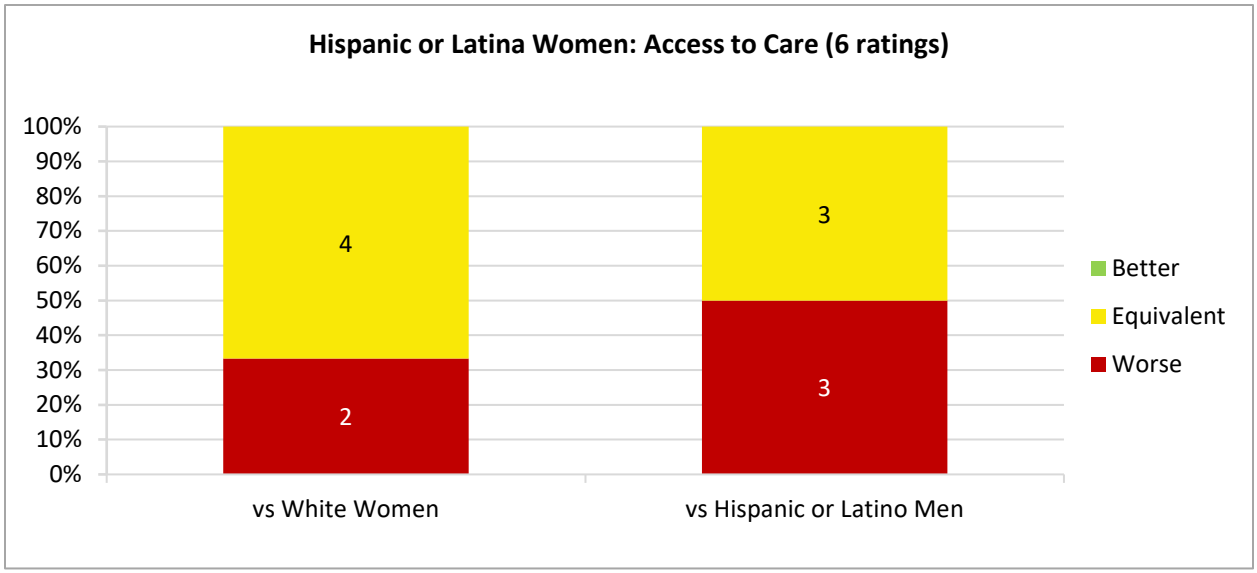


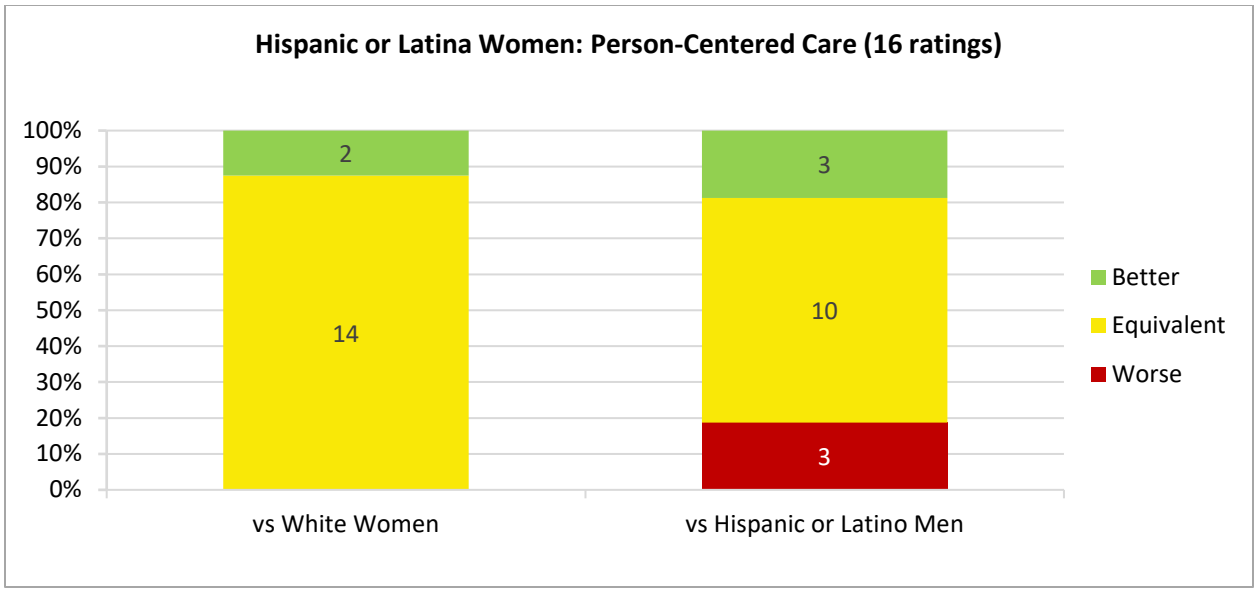


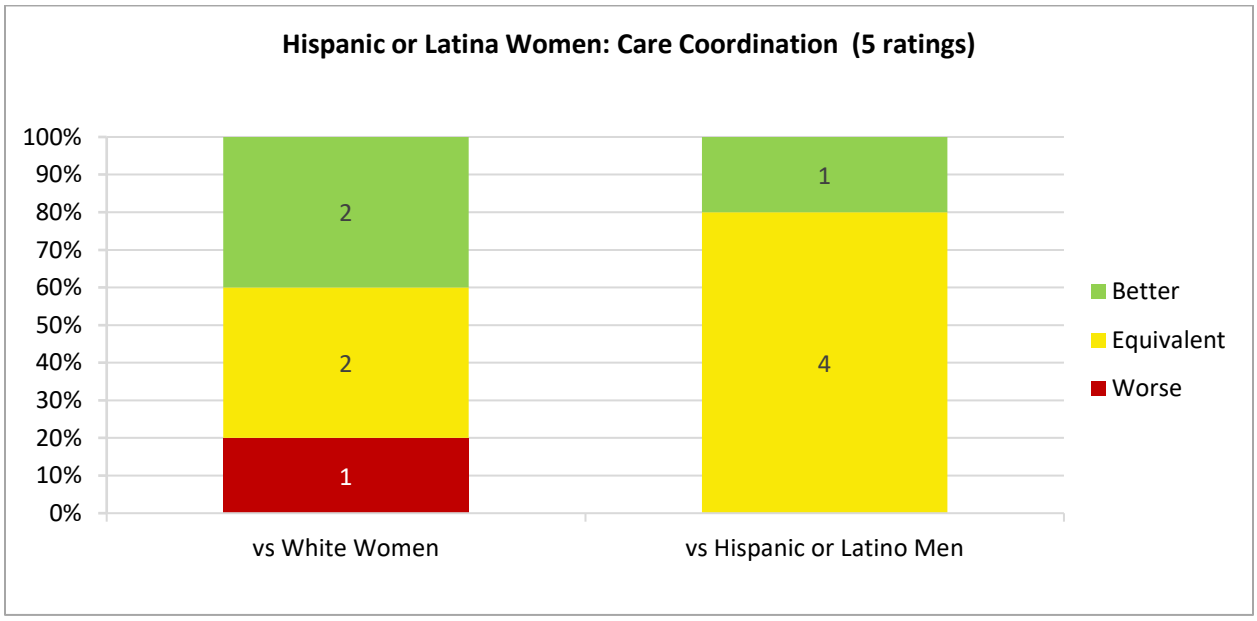
For one Care Coordination measure Black women reported worse care experiences than both White women and Black men.

Exhibit 9. Comparisons in ratings by patient experience domain for Hispanic or Latina women Veterans (*Source*: Health Equity-QUERI PEC analysis of SHEP-PCMH FY2016 – FY2019 data; all analyses are age-adjusted.)






Hispanic or Latina Women: Person-Centered Care (16 ratings)
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
2
14
3
10
3
vs White Women
vs Hispanic or Latino Men
Better
Equivalent
Worse


Hispanic or Latina Women: Care Coordination (5 ratings)
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
2
2
1
1
4
vs White Women
vs Hispanic or Latino Men
Better
Equivalent
Worse

Section IV: Conclusions and Next Steps

Disparities in health experience ratings were present across several dimensions, depending on the specific racial or ethnic minoritized women Veteran reference group, the group to which those women were compared (i.e., White women or men from the same racial or ethnic group), and the patient experience domain being considered. However, despite that variability, some patterns emerged. For instance, the extent of disparities between racial or ethnic concordant women and men exceeded the extent of disparities with White women (except for women of more than one race). As an example, Black women Veterans reported worse patient experiences than Black men Veterans for 16/28 measures but worse experiences than White women Veterans for only 5/28 measures.

It is also important to note that American Indian or Alaska Native women and women of more than one race had higher rates of dual disparities compared to other racial and ethnic minoritized women, where dual disparities refers to racial and ethnic minoritized women having lower ratings than both men of that group and White women. These same two groups of women also had higher overall rates of disparities compared to other racial and ethnic minoritized women. Conversely, Asian women had the lowest extent of disparities. In addition, the Access to Care domain contained the most widespread disparities for most groups.

This special report relies on data from fiscal years 2016-2019, but the findings may support or even help explain more recent data on trust in VA as measured by VA's Veterans Experience Office (VEO) quarterly reports. The most recent VA Trust Report (fiscal year 2024, quarter 2) suggests that women Veterans report lower trust in VA than men Veterans (73% vs 82%).[14] While trust scores for both women and men are high, it is possible that differences in health care experiences are driving trust scores and that improving experiences for women Veterans would improve overall trust in VA. Importantly, the overall trust score increased with age.[14] Given that women VHA users tend to be younger than men VHA users, this finding underscores the importance of adjusting for age, as was done in this report. The VA Trust Report also found that each racial and ethnic minoritized group reported lower trust in VA than White and Not Hispanic or Latino groups. Though trust in VA has increased over time for most groups (increasing overall by 11% since the end of FY2019),[14] these racial and ethnic disparities have persisted over time, which corroborates the findings reported herein.

Taken together, the findings in this intersectionality report highlight the importance of looking across gender and racial-ethnic groups to identify gaps in care experiences. All the more so because factors related to disparities in health care experience ratings likely differ depending on the reference group and specific measures. For example, gynecologist supply deserts[15] in rural areas could disproportionately affect American Indian or Alaska Native women's access to care as they are more likely to live in rural areas than other Veterans.[16] Other work has shown that transportation difficulties in urban areas could disproportionally affect Black and Hispanic Veterans of both sexes who are more likely to live in urban areas than other Veterans.[17]

The intersectional approach applied to examine women Veterans' experiences of VA care highlights the multiple dimensions along which individuals identify. The multiple labels for these identities are imperfect proxies for the unique experiences of these groups. However, an intersectional approach[2] advances understanding of experiences associated with inequities in health care and outcomes. Considering intersectionality will be especially important to maximize benefit from newer programs to improve care for women Veterans. For example, recent

legislation addresses a range of factors that affect women Veterans, including homelessness, unemployment, and health care access.[18] Other legislation requires that VHA offer training for community care providers who provide perinatal care for women Veterans.[19]

This NVHER special report highlights the importance of not conflating sex, race, and ethnicity groups if the goal is to identify meaningful and/or actionable differences. There is work to be done to improve experiences for racial and ethnic minoritized women Veterans. With increasing diversity of the Veteran population, intersectional work along these and other dimensions of identity is crucial to advancing Veterans' health and health care. As VA works to improve the care of women Veterans through initiatives such as the Perinatal Reproductive Education Planning and Resources (PREPARe), increasing provision of minimally invasive gynecology, and expanding access to reproductive health care across the lifespan, knowledge of inequities at the intersection of sex and race/ethnicity will enable more culturally sensitive outreach and interventions. VA's strategies for and progress toward advancing equity through the agency mission is outlined in the VA Health Equity Action Plan.[20]

Appendix

Brief Overview of Methods and Guidelines for Interpretation

The National Veteran Health Equity Report 2021 and related chartbooks and special reports, such as this one, rely on centralized analyses of VA administrative data for FY2016 – FY2019 (October 1, 2015, through September 30, 2019).[1] Veteran sociodemographic characteristics and medical diagnoses were derived from the administrative and electronic health record data in the Corporate Data Warehouse. Patient experience measures were derived from Survey of Healthcare Experiences of Patients (SHEP)-Patient Centered Medical Home surveys for FY2016 – FY2019.

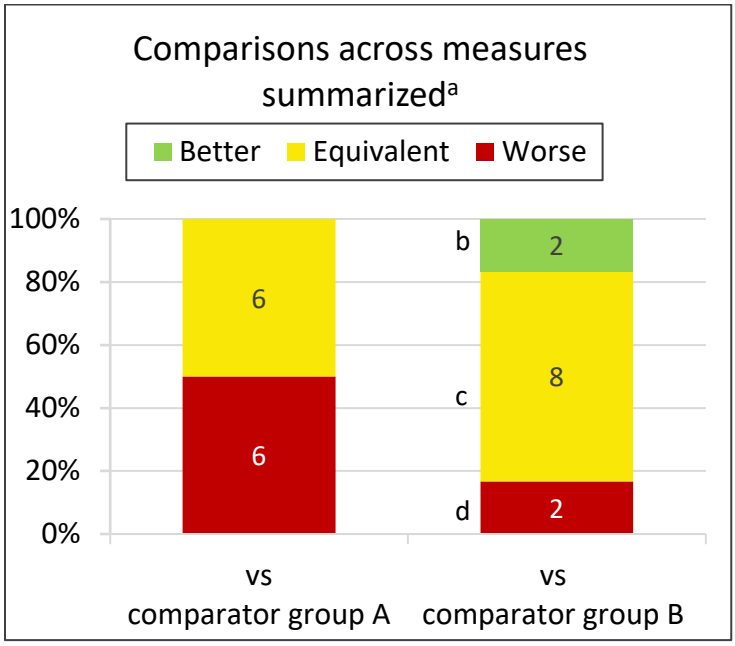
To create the sample, we linked the four fiscal years of data; for individuals with observations in more than one year, we retained only the most recent year of data. We next linked Veteran characteristics from the VA administrative data and electronic health record. For time varying measures, e.g., age, we used the fiscal year of administrative data that corresponded to the SHEP record.

To facilitate comparisons between VHA data and publicly available data representing the U.S. population, we report race and ethnicity groups as mutually exclusive. All individuals with indication of Hispanic or Latina/Latino ethnicity are included in the "Hispanic" race-ethnicity group regardless of their race, and the remaining race-ethnicity groups represent Veteran patients who have identified as "non-Hispanic." For simplicity, the label identifies only the race. For example, "White" is used as shorthand for non-Hispanic White, and "Asian" and "NHOPI" are non-Hispanic Asian and non-Hispanic Native Hawaiian or Other Pacific Islander Veterans, respectively.

Domains of patient experience of health care were comprised of access, person-centered care, and care coordination. To analyze ratings of patient experience, we first aligned metrics so that for all measures a higher rate indicated better patient experiences. We next dichotomized responses to the response corresponding to the best care versus all other responses. For each patient experience measure, we reported results of analyses for groups that had a large enough sample size to detect differences between groups having relative difference values of at least 10%, or that had statistically significant relative differences greater than 10%. We adopted this relative difference metric because it is the standard used by the U.S. Agency for Healthcare Research and Quality for the annual national healthcare quality and disparity reports that present patient experience and other data for the U.S. as a whole. We compared racial and ethnic minoritized women Veteran groups with White women and with racial or ethnic concordant men, and we compared White women with White men.

For each racial or ethnic minoritized group of women, the format for summarizing comparisons is to use 100% stacked bar graphs. Exhibit 10 provides an example. For each racial or ethnic minoritized group of women (the reference group), 100% stacked bar graphs provide the number of measures for which that specific group of women Veterans has better, equivalent, or worse patient experience ratings compared to White women and to racial-ethnic concordant men (two comparator groups). The example below illustrates summary comparisons for 12 measures.

Exhibit 10. Comparisons summary illustrated for racial-ethnic minoritized women Veteran group



[a]12 measures in this set of comparisons between a minoritized women Veteran group and comparator groups A and B

The minoritized women Veterans have [b] better outcomes on 2 measures compared to comparator group B.

[c] equivalent outcomes on 8 measures compared to comparator group B

[d] worse outcomes on 2 measures compared to comparator group B

Appendix Table 1: Measures

Domains of Patient Experiences of VHA Care

- Access – getting timely appointments, care, and information
- Person-Centered Care –
  - Communication – how well providers communicate with patients, office staff helpful and respectful
  - Comprehensiveness – providers paying attention to patient's mental or emotional health
  - Self-management support – providers supporting patients in taking care of their own health
- Care Coordination – provider's use of information to coordinate patient care, including discussing medication decisions

Response Options

- All metrics aligned so that a higher rate is better, and then metrics were dichotomized to the response indicating the best care versus less than the best care.

SHEP-PCMH Response Options	Dichotomized Response
Always, Usually, Sometimes, Never	Always vs. less than always
Yes, No	Yes vs. No
0 – 10 provider rating scale	9 – 10 vs. 0 – 8
A lot, Some, A little, Not at all	A lot vs. Less

Appendix Table 1: Measures of Patient Experiences of VHA Care by Domain

Domain	Measure	Survey Question	Response Options Dichotomized
Access	Questions During Office Hours Answered	In the last 6 months, when you contacted this provider's office during regular office hours, how often did you get an answer to your medical question that same day?	Always vs. less
Access	Questions After Hours Answered	In the last 6 months, when you contacted this provider's office after regular office hours, how often did you get an answer to your medical question as soon as you needed?	Always vs. less

Domain	Measure	Survey Question	Response Options Dichotomized
Access	Care Received	In the last 6 months, when you contacted this provider's office to get an appointment for care you needed right away, how often did you get an appointment as soon as you needed?	Always vs. less
Access	Check-up Received	In the last 6 months, when you made an appointment for a check-up or routine care with this provider, how often did you get an appointment as soon as you needed?	Always vs. less
Access	Care After Hours Received	In the last 6 months, how often were you able to get the care you needed from this provider's office during evenings, weekends, or holidays?	Always vs. less
Access	Appointment Wait Time	Wait time includes time spent in the waiting room and exam room. In the last 6 months, how often did you see this provider within 15 minutes of your appointment time?	Always vs. less
Person-Centered Care	Information After Hours	Did this provider's office give you information about what to do if you needed care during evenings, weekends, or holidays?	Yes vs. No
Person-Centered Care	Information Reminders	Some offices remind patients between visits about tests, treatment or appointments. In the last 6 months, did you get any reminders from this provider's office between visits?	Yes vs. No
Person-Centered Care	Provider Information Understood	In the last 6 months, how often did this provider explain things in a way that was easy to understand?	Always vs. less
Person-Centered Care	Provider Listened	In the last 6 months, how often did this provider listen carefully to you?	Always vs. less

Domain	Measure	Survey Question	Response Options Dichotomized
Person-Centered Care	Health Question Answered	In the last 6 months, how often did this provider give you easy to understand information about these health questions or concerns?	Always vs. less
Person-Centered Care	Provider Aware of History	In the last 6 months, how often did this provider seem to know the important information about your medical history?	Always vs. less
Person-Centered Care	Provider Showed Respect	In the last 6 months, how often did this provider show respect for what you had to say?	Always vs. less
Person-Centered Care	Provider Spent Enough Time	In the last 6 months, how often did this provider spend enough time with you?	Always vs. less
Person-Centered Care	Provider Rating	Using any number from 0 to 10, where 0 is the worst provider possible and 10 is the best provider possible, what number would you use to rate this provider?	9-10 vs. 0-8
Person-Centered Care	Health Goals Discussed	In the last 6 months, did anyone in this provider's office talk with you about specific goals for your health?	Yes vs. No
Person-Centered Care	Health Difficulty Discussed	In the last 6 months, did anyone in this provider's office ask you if there are things that make it hard for you to take care of your health?	Yes vs. No
Person-Centered Care	Depression Discussed	In the last 6 months, did anyone in this provider's office ask you if there was a period of time when you felt sad, empty or depressed?	Yes vs. No
Person-Centered Care	Stress Discussed	In the last 6 months, did you and anyone in this provider's office talk about things in your life that worry you or cause you stress?	Yes vs. No

Domain	Measure	Survey Question	Response Options Dichotomized
Person-Centered Care	Personal Discussed	In the last 6 months, did you and anyone in this provider's office talk about a personal problem, family problem, alcohol use, drug use, or a mental or emotional illness?	Yes vs. No
Person-Centered Care	Staff Helpful	In the last 6 months, how often were clerks and receptionists at this provider's office as helpful as you thought they should be?	Always vs. less
Person-Centered Care	Staff Respectful	In the last 6 months, how often did clerks and receptionists at this provider's office treat you with courtesy and respect?	Always vs. less
Care Coordination	Medication Discussed	In the last 6 months, how often did you and someone from this provider's office talk about all the prescription medicines you were taking?	Always vs. less
Care Coordination	Medication Status Reason	When you talked about starting or stopping a prescription medicine, how much did this provider talk about the reasons you might want to take a medicine?	A lot vs. less
Care Coordination	Medication Status Reason Not	When you talked about starting or stopping a prescription medicine, how much did this provider talk about the reasons you might not want to take a medicine?	A lot vs. less
Care Coordination	Medication Status Best	When you talked about starting or stopping a prescription medicine, did this provider ask you what you thought was best for you?	Yes vs. No

Domain	Measure	Survey Question	Response Options Dichotomized
Care Coordination	Follow-up Test	In the last 6 months, when this provider ordered a blood test, x-ray, or other test for you, how often did someone from this provider's office follow up to give you those results?	Always vs. less
Care Coordination	Specialty Care Information	In the last 6 months, how often did the provider named in Question 1 seem informed and up-to-date about the care you got from specialists?	Always vs. less

Appendix Table 2: Outcomes of Comparisons in Patient Experience

Note: Bolded experience measures indicate measures that had dual disparities, i.e., measures where racial and ethnic minoritized women reported worse experiences than both White women and men from the same racial or ethnic group.

Comparison	Better	Equivalent	Worse
American Indian or Alaska Native (AIAN) Women compared with White Women	None	Questions during office hours answered Questions after hours answered Care after hours received Health goals discussed Medication status reason not	**Appointment wait time** Staff respectful **Specialty care information**
AIAN Women compared with AIAN Men	None	Care after hours received Staff respectful	Question during office hours answered Questions after hours answered **Appointment wait time** Health goals discussed Medication status reason not **Specialty care information**
Asian Women compared with White Women	Health question answered Provider aware of history Provider showed respect Provider rating Medication status reason Medication status best	Questions during office hours answered Check-up received Care after hours received Appointment wait time Provider information understood Provider listened Health discussed difficulty Medication discussed Medication status reason not	None

Comparison	Better	Equivalent	Worse
Asian Women compared with Asian Men	Provider information understood Provider listened Health question answered Provider showed respect Provider rating Medication status reason	Check-up received Care after hours received Appointment wait time Provider aware of history Health discussed difficulty Medication discussed Medication status reason not Medication status best	Questions during office hours answered
Black or African American Women compared with White Women: **Access Domain**	None	Questions during office hours answered Questions after hours answered Care received Care after hours received	**Check-up received** Appointment wait time
Black or African American Women compared with Black or African American Men: **Access Domain**	Appointment wait time	None	Questions during office hours answered Questions after hours answered Care received **Check-up received** Care after hours received

Comparison	Better	Equivalent	Worse
Black or African American Women compared with White Women: **Person-Centered Care Domain**	Information after hours Information reminders Health goals discussed	Provider information understood Provider listened Health question answered Provider aware of history Provider showed respect Provider rating Health discussed difficulty Depression discussed Stress discussed Personal discussed Staff helpful Staff respectful	Provider spent enough time
Black or African American Women compared with Black or African American Men: **Person-Centered Care Domain**	Depression discussed	Provider information understood Provider listened Health question answered Provider showed respect Provider spent enough time Provider rating Staff respectful	Information after hours Information reminders Provider aware of history Health goals discussed Health discussed difficulty Stress discussed Personal discussed Staff helpful
Black or African American Women compared with White Women: **Care Coordination Domain**	Medication status reason Medication status reason not	Medication status best Specialty care information	Medication discussed **Follow-up test**

Comparison	Better	Equivalent	Worse
Black or African American Women compared with Black or African American Men: **Care Coordination Domain**	None	Medication discussed Medication status reason Medication status reason not	Medication status best **Follow-up test** Specialty care information
Hispanic or Latina Women compared with White Women: **Access Domain**	None	Questions during office hours answered Questions after hours answered Care received Care after hours received	Check-up received Appointment wait time
Hispanic or Latina Women compared with Hispanic or Latino Men: **Access Domain**	None	Care received Check-up received Appointment wait time	Questions during office hours answered Questions after hours answered Care after hours received

Comparison	Better	Equivalent	Worse
Hispanic or Latina Women compared with White Women: **Person-Centered Care Domain**	Provider aware of history Provider showed respect	Information after hours Information reminders Provider information understood Provider listened Health question answered Provider spent enough time Provider rating Health goals discussed Health discussed difficulty Depression discussed Stress discussed Personal discussed Staff helpful Staff respectful	None
Hispanic or Latina Women compared with Hispanic or Latino Men: **Person-Centered Care Domain**	Provider spent enough time Depression discussed Stress discussed	Provider information understood Provider listened Health question answered Provider aware of history Provider showed respect Provider rating Health discussed difficulty Personal discussed Staff helpful Staff respectful	Information after hours Information reminders Health goals discussed

Comparison	Better	Equivalent	Worse
Hispanic or Latina Women compared with White Women: **Care Coordination Domain**	Medication status reason Medication status reason not	Medication discussed Specialty care information	Follow-up test
Hispanic or Latina Women compared with Hispanic or Latino Men: **Care Coordination Domain**	Medication discussed	Medication status reason Medication status reason not Follow-up test Specialty care information	None
More than one race Women compared with White Women	None	Care after hours received Information after hours Provider aware of history	**Care received** **Check-up received** Appointment wait time **Health question answered** Provider spent enough time **Follow-up test**
More than one race Women compared with More than one race Men	None	Care after hours received Appointment wait time Provider spent enough time	**Care received** **Check-up received** Information after hours **Health question answered** Provider aware of history **Follow-up test**

Comparison	Better	Equivalent	Worse
Native Hawaiian or Other Pacific Islander (NHOPI) Women compared with White Women	None	None	**Care after hours received**
NHOPI Women compared with NHOPI Men	None	None	**Care after hours received**
White Women compared with White Men	Provider information understood Provider rating Stress discussed	Questions after hours answered Care received Appointment wait time Provider listened Health question answered Provider showed respect Provider spent enough time Depression discussed Medication discussed	Questions during office hours answered Check-up received Care after hours received Information after hours Information reminders Provider aware of history Health goals discussed Health discussed difficulty Personal discussed Staff helpful Staff respectful Medication status reason Medication status reason not Medication status best Follow-up test Specialty care information

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