

SOE Grade	Study Design: No. Studies (N)	Study Limitations	Direct-ness	Consistency	Precision	Reporting Bias	Other Issues	Finding
<i>Black</i>								
DM: All-cause mortality: Low	Historical cohort: 1 (3,148) (Kokkinos, 2009) ¹⁹	Medium	Direct	Unknown	Precise	Undetected	None	The risk of all-cause mortality is higher in black compared to white Veterans aHR: 1.23 (1.02-1.47)
HIV: ESRD: Moderate	Historical cohort: 1 (2,015,891) (Choi, 2007) ⁶	Low	Direct	Unknown	Precise	Undetected	None	Among HIV-infected individuals with diabetes, the risk for ESRD was greater among black compared to white veterans aHR: 2.33 (1.02-5.35)
Type 1 and 2 DM: Decline in ILEA: Low	Serial cross-sectional study: 1 (405,580 to 739,377) (Tseng, 2011) ³¹	Low	Direct	Unknown	Imprecise	Undetected	None	Rate of decline in initial lower extremity amputation (ILEA) is not different between black and white Veterans (p=.37) and Hispanic and white Veterans (p=.91).

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Inpatient/ acute care: Mortality within 30 days of hospitalization for hip fracture, AMI, stroke, CHF, GI bleed, or pneumonia: Moderate	Historical cohort: 1 (283,912) (Volpp, 2007) ³²	Low	Direct	Unknown	Precise	Undetected	None	No disparity. <u>Pneumonia:</u> Under 65: 1.09 (0.98-1.21); 65 and older: 0.90 (0.85-0.95) <u>CHF:</u> Under 65: 0.71 (0.62-0.82); 65 and older: 0.70 (0.65-0.76) <u>GI bleed:</u> Under 65: 0.93 (0.78-1.10); 65 and older: 0.88 (0.79-0.99) <u>Hip fracture:</u> Under 65: 0.66 (0.28-1.55); 65 and older: 0.73 (0.58-0.90) <u>Stroke:</u> Under 65: 1.12 (0.95-1.32); 65 and older: 0.81 (0.74-0.89) <u>AMI:</u> Under 65: 1.19 (0.99-1.43); 65 and older: 0.75 (0.67-0.84)
Inpatient/ acute care: Death in low-mortality diagnosis-related groups: Moderate	Historical cohort: 1 (294,381) (Shimada, 2008) ³⁰	Low	Direct	Unknown	Precise	Undetected	None	No disparity. No association between black race and death in low-mortality diagnosis-related groups aOR=1.18 (p>.05)
Stroke: Mortality between 30 days and 2 years after hospitalization: Low	Historical cohort: 1 (155,529) (Polsky, 2008) ²⁶	Medium	Direct	Unknown	Precise	Undetected	None	Disparity present. Difference in mortality rate between black and white Veterans 2 years after hospitalization for stroke: 2.5 (p<.05)
Inpatient/ acute care: Hospital mortality: Low	Historical cohort: 1 (14,122) (Meyers, 2008) ²³	Low	Direct	Unknown	Imprecise	Undetected	None	No disparity. No association between black race and hospital death aOR=0.95 (0.92-1.26)

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Inpatient/ acute care: Mortality within 30 days of admission to medical ward for pneumonia: Moderate	Historical cohort: 1 (35,706) (Frei, 2010) ¹¹	Low	Direct	Unknown	Precise	Undetected	None	No disparity. No association between black race and mortality within 30 days of admission to medical ward for pneumonia aOR=0.98 (0.87-1.10)
Inpatient/ acute care: Mortality within 30 days of admission to ICU for pneumonia: Moderate	Historical cohort: 1 (5,172) (Frei, 2010) ¹¹	Low	Direct	Unknown	Precise	Undetected	None	No disparity. Black race is associated with lower mortality within 30 days of admission to ICU for pneumonia. aOR=0.82 (0.68-0.99)
Inpatient/ acute care: In-hospital or 30-day mortality after admission for COPD exacerbation: Moderate	Historical cohort: 1 (50,979) (Sarrazin, 2009) ²⁸	Low	Direct	Unknown	Precise	Undetected	None	No disparity. Black race is associated with lower in-hospital or 30-day mortality after admission for COPD exacerbation; 7.1% vs 9.2% (p<.001); aOR=0.69 (0.62-0.77)
CKD: End-stage renal disease: Moderate	VA NPCD historical cohort: 1 (2,015,891) (Choi, 2009) ⁵	Low	Direct	Unknown	Precise	Undetected	None	Worse incidence of end-stage renal disease among black Veterans: aHR (95% CI): a=2.14 (1.72-2.65), 2=2.30 (2.02-2.61), 3A=3.08 (2.74-3.46), 3B=2.47 (2.26-2.70), 4=1.86 (1.75-1.98) and 5=1.23 (1.12-1.34).
CKD: Morality among Veterans with Stage 3A or 3B: Insufficient	Historical cohort: 1 (992,290) (Choi, 2009, Kovesdy, 2013) ^{5,20}	Low	Direct	Inconsistent	Imprecise	Undetected	None	Unknown disparity. Among Veterans with CKD Stage 3A or 3B, black race is associated with <i>increased</i> mortality risk in one study (aHR: 1.32 (1.27-1.36) and 1.21 (p<.05), respectively) and <i>decreased</i> 5-year mortality (aHR: 0.88 (0.81-0.97) and 0.81 (0.71-0.92), respectively) in another study.

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CKD: Mortality among Veterans with Stage 4 or 5: High	Historical cohorts: 2 (992,290) (Choi, 2009, Kovesdy, 2013) ^{5,20}	Low	Direct	Consistent	Precise	Undetected	None	No disparity. Among Veterans with CKD Stage 4 or 5, black race is not associated with mortality risk aHR range: 1.01 (0.81-1.27) to 1.07 (p>.05) and 0.83 (0.48-1.44) to 0.97 (p>.05), respectively.
Infectious disease: HCV: Moderate Infectious disease: HCC: Moderate	Historical cohort: 1 (149,407) (El-Serag, 2014) ⁹	Low	Direct	Unknown	Precise	Undetected	None	<u>Incident cirrhosis</u> black vs white: aHR=0.58 (0.55-0.60) Hispanic vs white: aHR=1.28 (1.21-1.37) <u>Incident HCC</u> black vs white: aHR=0.77 (0.71-0.83) Hispanic vs white: aHR=1.61 (1.44-1.80)
HIV-infected individuals: ESRD: Moderate HIV-infected individuals with DM: ESRD: Moderate	Historical cohort: 1 (2,015,891) (Choi, 2007) ⁶	Low	Direct	Unknown	Precise	Undetected	None	<u>ESRD among HIV-infected individuals</u> black vs white: aHR: 5.97 (3.12-11) <u>ESRD among HIV-infected individuals with diabetes</u> black vs white: aHR: 2.33 (1.02-5.35)
Colon cancer: 3-year survival: Moderate	1 National registry study (N=4,642) (Samuel, 2014) ²⁷	Low	Direct	Unknown	Precise	Undetected	None	3-year survival: 53% (black) vs 61% (white), aOR (black vs white): 0.78 (95% CI: 0.64-0.96)
NSCLC any stage: 5-year survival: Low	1 National registry study (N=81,823) (Ganti, 2014) ¹³	Medium	Direct	Unknown	Precise	Undetected	None	5-year mortality aHR (black vs white): 0.94 (95% CI: 0.92-0.96)
Any stage NSCLC or SCLC 1-year survival: Moderate	1 National registry study (N=4642) (Samuel, 2014) ²⁷	Low	Direct	Unknown	Precise	Undetected	None	1-year survival NSCLC: 39.5% (black) vs 40.6% (white), aOR: 1.05 (95% CI: 0.96-1.15) SCLC: 26.2% (black) vs 26.6% (white), aOR: 1.07 (95% CI: 0.82-1.39)
NSCLC late stage: Days from diagnosis to death at 2 years: Low	1 National registry study (N=2,200) (Zullig, 2013) ³³	Medium	Direct	Unknown	Imprecise	Undetected	None	Survival in days: 133 vs 117; aHR, 1.31 (95% BI, 1.14-1.50)

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Prostate cancer: All-cause mortality at 5 to 5.7 years: Moderate	2 studies: 1 DoD registry (N=1991) (Optenberg, 1995, Freeman, 2003) ^{24,1} of 9 VA centers ¹⁰ , N=1991	Medium	Direct	Consistent	Imprecise	Undetected	None	No disparity HR=1.50 (0.94-2.38)
Prostate cancer: Prostate-cancer mortality at 5.7 to 16 years: Moderate	3 multicenter studies: (N=2892) (Daskivich, 2015, Freeman, 2003, Graham-Steed, 2013) ^{7,10,14}	Medium	Direct	Consistent	Precise	Undetected	None	No disparity HR at 5.7 years=1.36 (0.62-2.96) to 0.90 (0.58-1.40) at 11-16 years
Rectal cancer: All-cause survival at 3 years: Low	1 study of VACCR; (N=1,301) (Samuel, 2014) ²⁷	Low	Direct	Unknown	Imprecise	Undetected	None	No disparity; 48% vs 57.8%; aOR 0.66 (0.43-1.00)
Stroke: 1-year all-cause mortality: Moderate	1 VA PTF study; N=55,094 (Kamalesh, 2007) ¹⁸	Low	Direct	Unknown	Precise	Undetected	None	No disparity; 1-year mortality higher for whites: 13.1% vs 12.2%; absolute difference = 0.9%; HR 1.06 (1.02-1.10)
Stroke: Any readmission: Insufficient	1 VA PTF study; (N=55,094) (Kamalesh, 2007) ¹⁸	High	Direct	Unknown	Precise	Undetected	None	Disparity unknown: Unadjusted readmission: W=2.19% vs AA=2.02%, <i>P</i> <0.001
Stroke: Post-stroke depression at 1 year: Low	1 fair study of several national VA sources; (N=5,100) (Jia, 2010) ⁴⁸	Medium	Direct	Unknown	Precise	Undetected	None	30.7% vs 42.5%; OR 0.57 (0.49, 0.66)
Advanced chronic systolic heart failure: 2-year all-cause mortality: Low	1 study of VA hospitals participating in BEST trial, (N=918) (Jones, 2014) ¹⁷	Low	Direct	Unknown	Imprecise	Undetected	None	2-year all-cause mortality: HR 1.14 (0.86-1.50)
VTE: 90-day mortality: Insufficient	VA NPCD for 2 Philadelphia centers; (N=168) (Aujesky, 2007) ³	High	Direct	Unknown	Imprecise	Undetected	None	B=10% vs W=11%, <i>P</i> =0.80

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VTE: 90-day complications: Low	VA NPCD for 2 Philadelphia centers; (N=168) (Aujesky, 2007) ³	Medium	Direct	Unknown	Imprecise	Undetected	None	OR 5.2 (1.3-21.6)
Mental/behavioral health: TBI: Mortality at 2 years: Low	1 national VA database study; (N=9,633) (Egede, 2012) ⁸	Medium	Direct	Unknown	Imprecise	Undetected	None	No disparity: 2-year mortality: 2.7% vs 2.9%; HR 1.25 (0.90, 1.73)
Coronary artery disease: Functional status at 1 year: Low	1 <i>prospective</i> study of 5 VA Medical Centers with on-site cardiac catheterization; (N=1,022) (Kressin, 2007) ²¹	Medium	Direct	Unknown	Imprecise	Undetected	None	No disparity on SF-12 physical and mental components and SAQ physical limitations, treatment satisfaction, angina frequency, angina stability, disease perception
Mental/behavioral health: Alcohol use disorder: Injury-related/non-injury-related death: Low	NPCD; (N=2545/N=19381) (Fudalej, 2010) ¹²	Medium	Direct	Unknown	Precise	Undetected	None	No disparity; white vs black: injury-related HR 2.16 (1.93-2.42), non-injury-related HR 1.32 (1.28-1.38)
Mental/behavioral health: PTSD: Spontaneous preterm birth: Low	1 study of national clinical and administrative databases; (N=13,935) (Shaw, 2014) ²⁹	Medium	Direct	Unknown	Precise	Undetected	None	Blacks had higher risk of preterm birth: aOR 1.49 (1.29-1.71)
Ulcerative colitis: Colorectal cancer: Low	1 study of PTF and OPC files; (N=16,490) (Hou, 2012) ¹⁵	Medium	Direct	Unknown	Imprecise	Undetected	None	1% vs 0.9%; HR 1.10 (0.65-1.87)

Hispanic/Latino

Inpatient/ acute care: Death in low-mortality diagnosis-related groups: Low	Historical cohort: 1 (244,397) (Shimada, 2008) ³⁰	Low	Direct	Unknown	Imprecise	Undetected	None	No disparity. No association between Hispanic/Latino ethnicity and death in low-mortality diagnosis-related groups aOR=1.32 (p>.05)
Prostate cancer: Survival at 6.6 years: Low	1 study of 2 Southern California VA hospitals (N=720) (Daskivich, 2015) ⁷	Medium	Direct	Unknown	Imprecise	Undetected	None	No disparity: HR 0.24 (0.03 to 1.82)
Mental/ behavioral health: TBI: Mortality at 2 years: Low	1 national study (N=8,199) (Egede, 2012) ⁸	Medium	Direct	Unknown	Imprecise	Undetected	None	No disparity: 6.7% vs 2.9%; HR 1.61 (1.00, 2.58)
Stroke: Post-stroke depression at 1 year: Low	1 fair study of several national VA sources; (N=4,226) (Jia, 2010) ⁴⁸	Medium	Direct	Unknown	Precise	Undetected	None	No disparity: 41.7% vs 42.5%; OR 0.78 (0.56, 1.08)
Ulcerative colitis: Colorectal cancer: Low	1 study of PTF and OPC files; (N=15,573) (Hou, 2012) ¹⁵	Medium	Direct	Unknown	Imprecise	Undetected	None	1.1% vs 0.9%; HR 1.17 (0.55-2.51)

Asian

Lung cancer: Mortality at 4 years: Low	1 study of VA CCR; (N=67,332) (Ganti, 2014) ¹³	Medium	Direct	Unknown	Precise	Undetected	None	No disparity: aHR 0.96 (0.84 to 1.09)
Mental/ behavioral health: PTSD: Spontaneous preterm birth: Low	1 study of national clinical and administrative databases; (N=10,518) (Shaw, 2014) ²⁹	Medium	Direct	Unknown	Imprecise	Undetected	None	No disparity: Asian vs white: aOR 1.27 (0.82-1.96)

Native American

Lung cancer: All-cause mortality at 5 years: Moderate	1 study of VA CCR; (N=67,323) (Ganti, 2014) ¹³	Medium	Direct	Unknown	Precise	Undetected	None	No disparity; aHR 1.05 (0.93 to 1.20)
<i>AI/AN</i>								
Inpatient/ acute care: Low-mortality diagnosis-related groups: In-hospital mortality: Low	Historical cohort: 1 (236,369) (Shimada, 2008) ³⁰	Low	Direct	Unknown	Imprecise	Undetected	None	No disparity. No association between American Indian race and death in low-mortality diagnosis-related groups aOR=0.94 (p>.05)
Inpatient/ acute care: Postoperative complications: Insufficient	Historical cohort: 1 (4,419) (Alvord, 2009) ¹	High	Direct	Unknown	Imprecise	Undetected	None	No difference in overall postoperative complications (p=.51) or complications during hospitalization (p=.24) between AI/AN and whites
Inpatient/ acute care: Complications during hospitalization: Insufficient								
Postoperative: Morbidity/mortality at 30 days: Low	Historical cohort: 1 (4,419) (Alvord, 2005) ²	Low	Direct	Unknown	Imprecise	Undetected	None	Morbidity: AI/AN race not associated with risk of 30-day postop morbidity aOR=0.9 (0.8-1.1) Mortality: AI/AN race associated with increased risk of 30-day postop mortality aOR=1.6 (1.0-2.4)
Mental/ behavioral health: PTSD: Spontaneous preterm birth: Low	1 study of national clinical and administrative databases; (N=10,449) (Shaw, 2014) ²⁹	Medium	Direct	Unknown	Imprecise	Undetected	None	AI/AN group had higher risk: aOR 1.99 (1.15-3.45)

Hawaiian/Asian Pacific Islander

Inpatient/ acute care: Death in low-mortality diagnosis-related groups: Low	Historical cohort: 1 (236,845) (Shimada, 2008) ³⁰	Low	Direct	Unknown	Imprecise	Undetected	None	No disparity. No association between Asian/Pacific Islander ethnicity and death in low-mortality diagnosis-related groups aOR=0.44 (p>.05)
Mental/ behavioral health: PTSD: Spontaneous preterm birth: Low	1 study of national clinical and administrative databases; (N=10,392) (Shaw, 2014) ²⁹	Medium	Direct	Unknown	Imprecise	Undetected	None	No disparity: aOR 1.35 (0.85-2.13)

Combined Racial/Ethnic Minority Groups (excluding AA)

Mental/ behavioral health: Alcohol use disorder: Injury-related/non-injury-related death: Low	NPCD; (N=2,545/ N=19,381) (Fudalej, 2010) ¹²	Medium	Direct	Unknown	Precise	Undetected	None	Disparity; Other vs black: injury-related HR 1.59 (1.40-1.80), non-injury-related HR 0.97 (0.92-1.01)
Stroke: Post-stroke depression: Low	1 fair study of several national VA sources: (N=4,141) (Jia, 2010) ⁴⁸	Medium	Direct	Unknown	Precise	Undetected	None	31.3% vs 42.5%; OR 0.64 (0.50, 0.83)
Ulcerative colitis: Colorectal cancer: Low	1 study of PTF and OPC files; (N=15,274) (Hou, 2012) ¹⁵	Medium	Direct	Unknown	Imprecise	Undetected	None	0.9% vs 0.9%; HR 1.04 (0.33-3.27)