

## PROMOTING HEALTH IN DIVERSE POPULATIONS

The Colonized Healthcare System: Fronteras within the Puerto Rican Veteran's Affairs

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**Purpose:** Use a socioecological framework to identify inequities within the Puerto Rican Veterans Affairs (VA) and describe how these inequities contribute to health disparities.

**Background:** Puerto Rico (PR) is a U.S. territory. With territorial status, PR is subject to laws enacted by U.S. Congress despite not having voting Congressional representation, positioning PR as a contemporary colony. Federal spending is restricted in territories, including limiting VA medical services and benefits and lower VA provider pay/reimbursement rates. Additionally, nurse scope of practice is restricted in PR. These inequities may contribute to health disparities in the Puerto Rican population.

The Spanish word for frontier, *fronteras*, refers to country borders and the limits of knowledge. The U.S. expanded its frontier by acquiring PR as a territory and then created a *frontera* between the health of veterans in PR and the mainland U.S. Addressing this *frontera* requires redesigning health policy through nursing research.

**Methods:** The Socioecological-Health Disparities Framework (SHDF) was used to evaluate VA funding policies and practices in PR. After levels and domains were established for this adapted framework, a literature search was conducted to identify research related to each level and domain. Relevant policies and practices of the Puerto Rican VA were then examined using the SHDF to describe the impact on individual, community, and institutional health outcomes.

**Results:** Inequitable funding and practice policies at the Puerto Rican VA impact Puerto Rican health at all socioecological levels. At the policy level, recent federal funding policies significantly decreased reimbursement and delivery options in the Puerto Rican VA. Population health data demonstrates that morbidity and mortality rates for veterans who use the Puerto Rican VA are higher than stateside veterans, attributed in part to fewer benefits and services. At the institutional level, the VA struggles to recruit and retain providers due to lower reimbursement for services and base pay compared to stateside VA facilities. Additionally, the RN/NP scope of practice is limited in Puerto Rico, which deters nurses from seeking employment there. The individual Puerto Rican veterans and service members utilizing the Puerto Rican VA experience delays in care and poorer outcomes compared to those who use stateside VA facilities. Providers, including nurses, report higher dissatisfaction and experience higher attrition rates than other VA facilities. **This evaluation establishes that the inequitable funding and practice policies at the Puerto Rican VA impact the health of Puerto Ricans and demonstrates how colonialist policy can be a social determinant of health for Puerto Ricans.**

**Implications:** Colonization has profound health effects on communities. This is demonstrated by how the relationship between socioecological model levels is typically bidirectional. Yet, in colonialist structures, policy affects communities, institutions, and individuals while being unimpacted by the other levels. Indeed, this phenomenon is present when evaluating the Puerto Rican VA policies through a socioecological lens. This research identifies inequitable policies funding and practice policies at the Puerto Rican VA and presents strategies to increase systems equity and resiliency and reduce health disparities for Puerto Ricans utilizing and working at the VA.