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# Focus on Health Equity and Action:

## State of VHA Care for Vulnerable Veterans

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**Veterans Health Administration**  
Office of Health Equity

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# WHAT YOU CAN EXPECT

- ❑ Background – Health Equity Action Plan
- ❑ Report Rationale and Content
- ❑ National Veteran Health Equity Report (NVHER) – Vulnerable Population Chapters

- 3 - Race/Ethnicity
- 4 - Women Veterans
- 5 - Older Veterans
- 6 - Veterans in Rural Areas
- 7 - Veterans with Serious Mental Illness



- ❑ Technical Appendix
- ❑ Q & A with Discussion





# VULNERABLE POPULATIONS

- Racial or Ethnic Group\*
- Sex\*
- Age\*
- Geographic Location\*
- Religion
- Socio-Economic Status
- Sexual Orientation
- Military Era/Period of Service
- Disability – Cognitive, Sensory, Physical
- Mental Health\*
- Other characteristics historically linked to discrimination or exclusion



\* Covered in the NVHER



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# VA HEALTH EQUITY ACTION PLAN - HEAP

OHE along with key partners developed the HEAP which Aligns with MyVA, the VHA Strategic Plan (see Objective 1E Quality & Equity), and other agency and national strategic goals. The HEAP focal areas are

- ❑ **Awareness:** Crucial strategic partnerships within and outside VA
- ❑ **Leadership:** Health equity impact assessed for all policies, executive decision memos, handbooks, procedures, directives, action plans and National Leadership Council decisions
- ❑ **Health System Life Experience:** Incorporate social determinants of health in personalized health plan
- ❑ **Cultural and Linguistic Competency:** Education & training on health equity, cultural competency to include unconscious bias, micro inequities, diversity & inclusion
- ❑ **Data, Research and Evaluation:** Develop common definitions and measures of disparities and inequities; Develop strategies for capturing data on race, ethnicity, language, and socioeconomic status and other variables needed to stratify the results for all quality measures and to address disparities; Incorporate health equity into Strategic Analytics for Improvement and Learning (SAIL)





# THE COMMISSION ON CARE REPORT 2016

Commission on Care  
Final Report



- ❑ **RECOMMENDATION #5** – Eliminate health care disparities among Veterans treated in the VHA Care System by committing adequate personnel and monetary resources to address the causes of the problem and ensuring the **VHA Health Equity Action Plan (HEAP) is fully implemented**. According to the Commission, despite unique assets that secure VA’s position as an industry leader in today’s healthcare market, the challenges it faces in ensuring timely access to high quality, equitable healthcare for all Veterans remain real and in need of more action. The Commission made additional sub recommendation to address such challenges:
  - VHA work to eliminate health disparities by establishing health care equity as a strategic priority;
  - VHA provide the Office of Health Equity (OHE) adequate resources and level of authority to successfully build cultural and military competence among all VHA Care System providers and employees;
  - VHA ensure that the HEAP is fully implemented with adequate staffing, resources, and support;
  - VHA increase the availability, quality, and use of race, ethnicity, and language data to improve the health of minority Veterans and other vulnerable Veteran populations with strong surveillance systems that monitor trends in health status, patient satisfaction and quality measures.
- ❑ VA Administrative Changes for Implementation of Recommendation #5: **Make health equity a strategic priority by directing the implementation of the VHA HEAP nationwide and designating a leader and health equity clinical champions** within each VISN and VAMC for whom part of their respective FTE position descriptions includes focusing on health equity issues...

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# Focus on Health Equity and Action: State of VHA Care for Vulnerable Veterans

## Poll Questions 1



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## POLL QUESTION #1

- Select which one applies to you regarding the National Veteran Health Equity Report (NVHER):
  - I have read the entire NVHER
  - I have read portions of the NVHER
  - I am aware of the NVHER and plan to read it
  - I am not aware of the NVHER





# DEDICATION

□ *The National Veteran Health Equity Report is dedicated to the brave men and women who have served our country and their families*



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# NATIONAL VETERAN HEALTH EQUITY REPORT - PUBLICATION TEAM

## ❑ VA Office of Health Equity, Washington, DC

- Uchenna S. Uchendu, MD, Kenneth T. Jones, PhD

## ❑ VA HSR&D Center for the Study of Healthcare Innovation, Implementation & Policy (CSHIIP), VA Greater Los Angeles Healthcare System

- Donna L. Washington, MD, MPH, Deborah Riopelle, MSPH,  
Elizabeth M. Yano, PhD, MSPH

## ❑ Women's Health Evaluation Initiative (WHEI) VA HSR&D Center for Innovation to Implementation (Ci2i), VA Palo Alto Health Care System

- Susan Frayne, MD, MPH, Fay Saechao, MPH

## ❑ VA Employee Education System, Washington, DC

- Peggy Knotts, Sherry Keene, Scott A. Wood



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# NATIONAL VETERAN HEALTH EQUITY REPORT – CHAPTER AUTHORS

## Chapter 1: Introduction

- Elizabeth M. Yano, PhD, MSPH VA Greater Los Angeles Healthcare System (GLA)

## Chapter 2: Office of Health Equity: Background and Role in VHA Disparities Reduction

- Uchenna S. Uchendu, MD VA Office of Health Equity (OHE), Washington, DC

## Chapter 3: Health and Healthcare for Veterans in VHA by Race/Ethnicity

- Donna L. Washington, MD, MPH VA GLA

## Chapter 4: Health and Healthcare for Women Veterans in VHA

- Susan Frayne, MD, MPH VA Palo Alto Health Care System (VAPAHCS)
- Sally Haskell, MD VA Connecticut HCS
- Fay Saechao, MPH VAPAHCS
- Melissa Farmer, PhD VA GLA
- Patricia Hayes, PhD VA Women's Health Services, Washington, DC

## Chapter 5: Health and Healthcare for Older Veterans in VHA

- Debra Saliba, MD, MPH VA GLA
- Katherine Hoggatt, PhD VA GLA
- Adriana Izquierdo, MD, MSCE VA GLA

## Chapter 6: Health and Healthcare for Veterans in VHA in Rural Areas

- Ashley (Cozad) O'Toole, MPH Iowa City VA HCS
- Gina Capra, MPA VA Office of Rural Health (ORH) Washington, DC
- Nancy Maher, PhD VA ORH, Washington, DC

## Chapter 7: Health and Healthcare Disparities Among Veterans with Serious Mental Illness

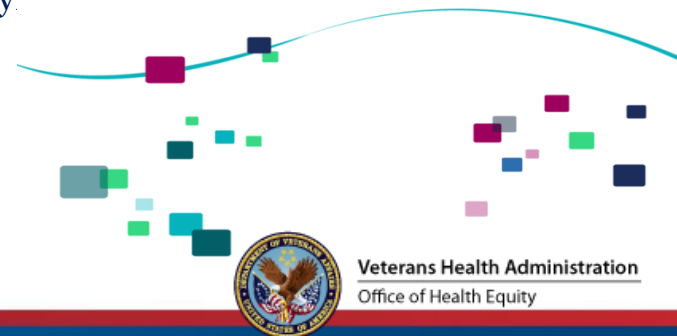
- Amy N. Cohen, PhD VA GLA
- Dawn L. Glover, MA VA GLA

## Chapter 8: VHA National Veterans Health Equity Report Highlights

- Donna L. Washington, MD, MPH VA GLA
- Elizabeth M. Yano, PhD, MSPH VA GLA
- Uchenna S. Uchendu, MD VA OHE, Washington, DC

## Technical Appendix

- Fay Saechao, MPH VAPAHCS
- Susan M. Fray





# NATIONAL VETERAN HEALTH EQUITY REPORT—FY2013

- Additional Background: Check out October 27, 2016 Focus on Health Equity and Action: Release of the National Veteran Health Equity Report archived cyber seminar



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# NATIONAL VETERANS HEALTH EQUITY REPORT - INTRODUCTION

- Presenter: Elizabeth M. Yano, PhD, MSPH
- Discussion Points:
  - Report Rationale and Purpose
  - Overview of Content





# STATE OF CARE FOR VETERANS BY RACE/ETHNICITY

- Presenter: Donna L. Washington, MD, MPH

- Discussion Points:

- Racial and ethnic diversity of Veteran VHA User population is increasing, particularly in younger groups and women.
- Greater VA ambulatory care utilization by racial/ethnic groups that are traditionally underserved in the private sector compared with utilization by White Veterans.
- Prevalence of diagnosed conditions – higher in racial/ethnic minorities in VA versus in broader U.S., but lower in racial/ethnic minorities in VA compared with White Veterans in VA.



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# STATE OF CARE FOR WOMEN VETERANS

- Presenter: Susan Frayne, MD, MPH

- Discussion Points:

- Women are one of the fastest growing populations in VHA, representing nearly 7% of VHA patients in FY13 (380,000 women). Since continued growth in the women Veteran population is expected, VHA must continue to strategically plan for capacity and services to meet the healthcare needs of women Veterans across the lifespan, and to provide equitable, high quality care for women Veterans at all sites of care.
- Despite their younger average age, women have higher or similar rates of most diagnosed condition domains compared to men. Among the most common conditions in women Veterans are cardiovascular risk factors (e.g., hypertension, lipid disorders, obesity), mental health conditions (e.g., depression, anxiety and PTSD), musculoskeletal conditions (e.g., joint disorders, spine disorders), and reproductive health conditions (e.g., menopausal disorders, menstrual disorders).





# STATE OF CARE FOR OLDER VETERANS

- Presenter: Debra Saliba, MD, MPH, AGSF
- Discussion Points:



- 46% of Veteran VHA users are age 65 and older. This percentage is projected to increase and to become more diverse.
- The population of older Veterans face an increased burden of chronic disease, polypharmacy, functional decline and geriatric syndromes.
- Older Veterans are more likely to live in rural locations compared to their younger counterparts.





# STATE OF CARE FOR VETERANS IN VHA IN RURAL AREAS

- Presenter: Ashley O'Toole, MPH

- Discussion Points:

- Overall, the distribution of diagnosed conditions between rural and urban Veterans are largely similar, with rural Veterans having higher diagnosed rates of some conditions (e.g., diabetes and COPD) while urban Veterans have higher diagnosed rates of other conditions (e.g., HIV and Hepatitis C).
- Disparities in health outcomes are largely a result of geographic differences in delivery of and access to quality care, which encompasses differences in prevention, diagnosis, screening, outreach, and clinical service delivery.
- Understanding how rurality impacts health goes beyond exploring rates of health conditions, and should explore differences in health outcomes, in treatment provision, and in health behaviors, to name a few.



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# STATE OF CARE FOR VETERANS WITH SERIOUS MENTAL ILLNESS



## ■ Discussion Points:

(Prepared by Amy N. Cohen, PhD)

- Similar to the Veteran population on the whole, Veterans with serious mental illness have high rates of hypertension and lipid disorders. On top of those disorders, the Veteran population with serious mental illness also has a very high rate of tobacco use. These are each significant risk factors for coronary heart disease.
- Compared to the Veteran population on the whole, the Veteran population with serious mental illness had considerably more burden from psychosocial factors and housing insufficiency.
- Compared to the Veteran population on the whole, the Veteran population with serious mental illness had higher rates of dental disorders and dental caries.



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# STATE OF CARE DATA FOR VULNERABLE VETERANS

- Presenter: Fay Saechao, MPH
- Discussion Points:
  - Data represent subpopulations of FY2013 Veteran VHA patients by vulnerable group, and leverages an existing database, the WHEI Master Database, to describe sociodemographic characteristics, utilization and diagnosed health conditions among these subgroups.
  - The WHEI Master Database draws from several national VA administrative databases including the ADUSH enrollment file, National Patient Care Database, Non-VA (Fee) Medical Care, PSSG, and the VA OEF/OIF/OND Roster.
  - Many of the variables described in this report are derived from multiple data sources across multiple years, which allows for more complete and accurate data capture.





## ■ Discussion





# VHA NATIONAL VETERAN HEALTH EQUITY REPORT - SNAPSHOT OF TOP DIAGNOSES

- ❑ Racial/Ethnic (Exhibit 3-15): \* **Higher** % than in reference group
  - AI/AN - Hypertension| Lipid Disorders| **Diabetes Mellitus\***
  - Asian - Hypertension| Lipid Disorders| Diabetes Mellitus
  - Black - **Hypertension\***| Lipid Disorders| **Diabetes Mellitus\***
  - NH/OPI – **Hypertension\***| Lipid Disorders| **Diabetes Mellitus\***
  - Hispanic - Hypertension| Lipid Disorders| **Diabetes Mellitus\***
  - Lumbosacral spine disorders\* >20% for all except Asian & White Veterans
- ❑ Women (Exhibit 4-14): Hypertension| Lipid Disorder| **Depression| Joint & Spine Disorders**
- ❑ Age 65+ (Exhibit 5-13): Hypertension| Lipid Disorders| Diabetes Mellitus & Coronary Artery Disease; Age 18-44: High prevalence of spine disorders
- ❑ Rural (Exhibit 6-13): Lipid Disorders| Hypertension| Diabetes Mellitus
- ❑ Serious Mental Illness (7-16): Hypertension| Lipid Disorders| **Tobacco Use**



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## Poll Questions 2



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## POLL QUESTION #2

- Select which **one** applies to your actions related to the National Veteran Health Equity Report:
  - I have a *promising practice* advancing health equity
  - I am implementing a project to address disparities
  - I am working on a plan to take action on health disparities among Veterans
  - I am considering taking action in 2017
  - I want to learn more in order to take action



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## Audience Questions

<https://www.va.gov/HEALTHEQUITY/NVHER.asp>



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# FOCUS ON HEALTH EQUITY AND ACTION CYBER SEMINAR SERIES

❑ **02/23/2017 3-4P ET: Applying Veteran Stories to Advance Health Equity**

**Register Early!**

❑ **Future Sessions – Mark your calendars to join us from 3-4PM ET on the following Thursdays:**

\*\*02/23/2017      \*\*03/30/2017      \*\*04/27/2017

\*\*06/29/2017      \*\*07/27/2017

\*\*08/31/2017      \*\*09/28/2017      \*PEC 06/20/2017

❑ **01/26/2017 – Today’s Session- Archive coming soon**

❑ **Past Sessions - Archived**

- [Release of the Inaugural VHA National Veteran Health Equity Report](#) – 10/27/2016
- [National Expert Panel Discussion on TBI & Chronic Traumatic Encephalopathy Morbidity & Mortality among Vulnerable Veterans](#) - 06/30/2016
- [Race/Ethnicity Data Collection in the Veterans Health Administration](#) - 04/28/2016
- [Using Data to Characterize Vulnerable Veteran Populations](#) - 03/24/2016
- [Treatment of HCV-ALD Among VHA Vulnerable Populations](#) - 02/25/2016
- [Findings from the VISN 4 Hypertension Racial Disparities Quality Improvement Project](#) - 01/21/2016
- [Office of Health Equity Hepatitis C Virus-Advanced Liver Disease Disparities Dashboard](#) - 11/19/2015



## National Veteran Health Equity Report



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# GET INVOLVED!

- The pursuit of Health Equity should be everyone's business.
- It is a journey that takes time and *sustained* effort.
- What can you do today in your area of influence to improve health equity?
- At a minimum - in all your actions - do not increase the disparity.
- Thank you!





# PRESENTER INFORMATION

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# THANK YOU!





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[www.va.gov/healthequity](http://www.va.gov/healthequity)

- OHE Listserv sign up link:  
<http://www.va.gov/HEALTH EQUITY/Updates.asp>



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What's new in the VHA Office of Health Equity?  
VHA Office of Health Equity sent this bulletin at 12/02/2016 04:45 PM EST

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Announcements

December 2, 2016

Snapshot of Fiscal Year 2016 Accomplishments in Veteran Health Equity

The Office of Health Equity is delighted to share some of our accomplishments over the past fiscal year in championing health equity for Veterans. Here are a few highlights:

- Solicited and Supported facilities to participate in the USH VA Priorities Best Practices Consortium by submitting health equity efforts.
- Responded to the Commission on Care recommendations in support of health equity.
- Launched new communication tools, including external website and listserv to raise awareness of health equity.



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