# Office of Health Equity

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# OFFICE OF HEALTH EQUITY

Created in 2012

Vision: To ensure that VHA provides appropriate individualized health care to each Veteran in a way that-

- Eliminates disparate health outcomes and
- Assures health equity

# OFFICE OF HEALTH EQUITY GOALS

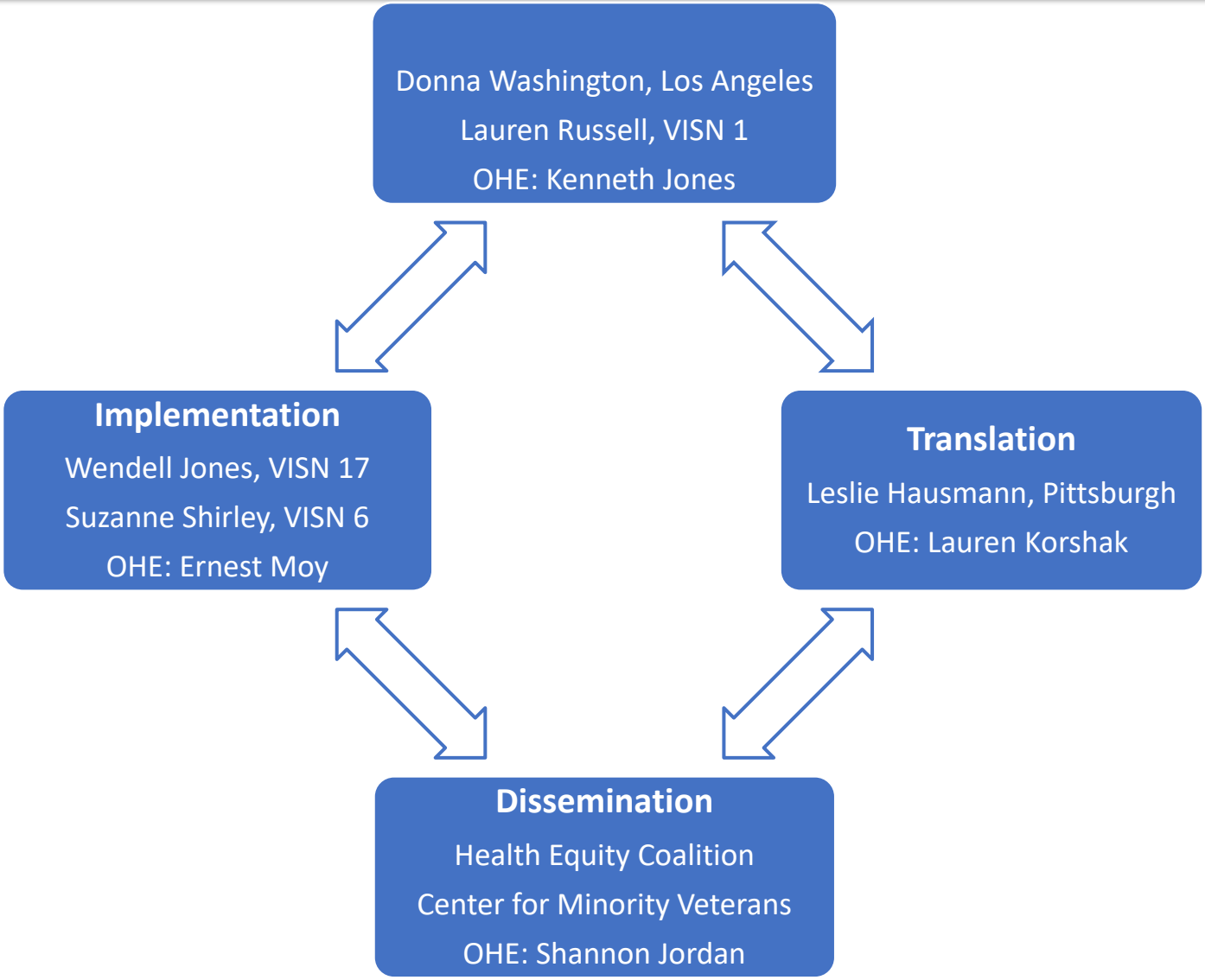
1. **Leadership:** Strengthen VA leadership to address health inequalities and reduce health disparities.
2. **Awareness:** Increase awareness of health inequalities and disparities.
3. **Health Outcomes:** Improve outcomes for Veterans experiencing health disparities.
4. **Workforce Diversity:** Improve cultural and linguistic competency and diversity of the VHA workforce.
5. **Data, Research and Evaluation:** Improve data and diffusion of research to achieve health equity.

# OFFICE OF HEALTH EQUITY POPULATIONS

Veterans who experience greater obstacles to health related to:

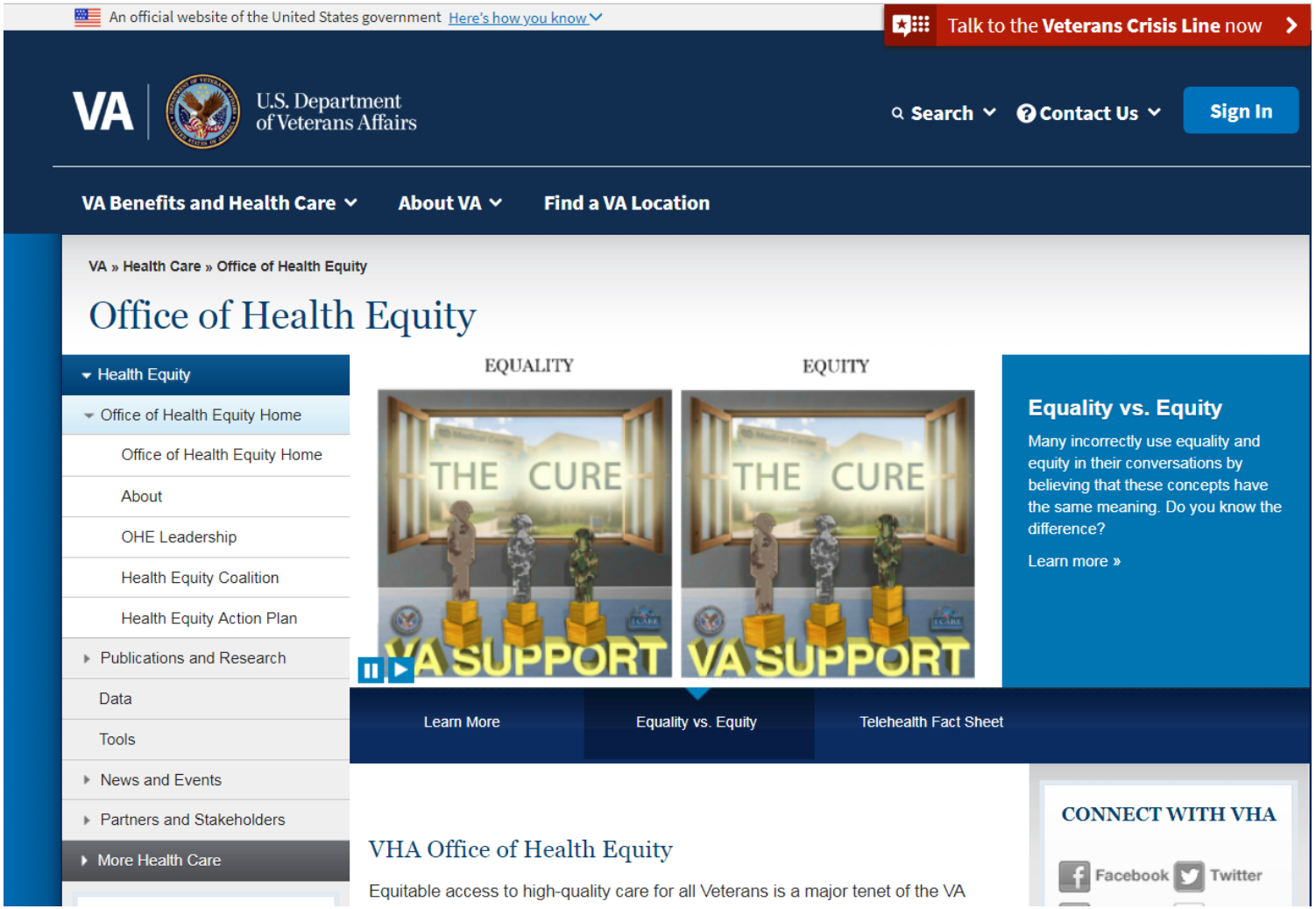
- Race or ethnicity
- Gender
- Age
- Geographic location
- Religion
- Socio-economic status
- Sexual orientation
- Mental health
- Military era
- Cognitive /sensory / physical disability

# OFFICE OF HEALTH EQUITY TEAM



# OFFICE OF HEALTH EQUITY WEBSITE

## https://www.va.gov/healthequity



# TODAY'S CYBERSEMINAR

The New York Times

"Regular exercise is the only well-established fountain of youth, and it's ***free***."

"Even More Reasons to Get a Move On" *New York Times;* Mar. 1, 2010

# OUR PRESENTERS

**Leslie R. M. Hausmann, PhD**
Associate Professor of Medicine, University of Pittsburgh Investigator and Co-Director of the Equity Capacity Building Core, Center for Health Equity Research and Promotion VA Pittsburgh Healthcare System

**Teresa Parks, RT**, Director, National Disabled Veterans Winter Sports Clinic


**Adam Greathouse**, Veteran Athlete and Competitor, National Veterans Disabled Winter Sports Clinic

# Racial and ethnic differences in use of exercise to help reduce arthritis pain


CHERP
CENTER FOR HEALTH EQUITY RESEARCH AND PROMOTION
VA HSR&D CENTER OF INNOVATION

LESLIE R.M. HAUSMANN, PHD

@LesHausmann

# Funding

VA HSR&D (IIR 13-080, PI: Hausmann)

National Institute of Arthritis and Musculoskeletal and Skin Diseases (K23-AR-067226, PI: Vina)

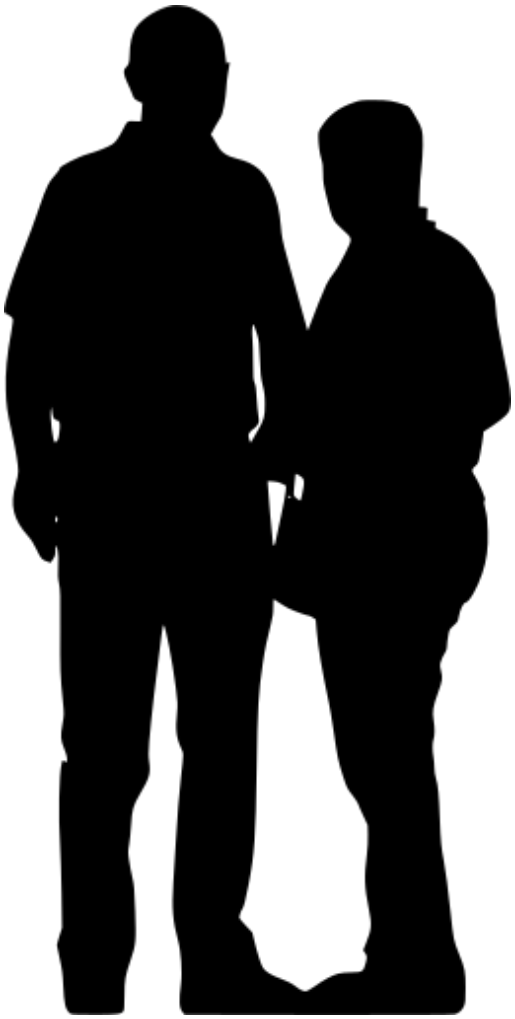
# Disclaimers

These views are my own and do not represent those of the Department of Veterans Affairs, the NIH, or the United States Government.

I have no financial conflicts to disclose.

https://www.michaelcurtispt.com/knee-arthritis/old-man-suffering-from-knee-pain/

# Burden of Arthritis



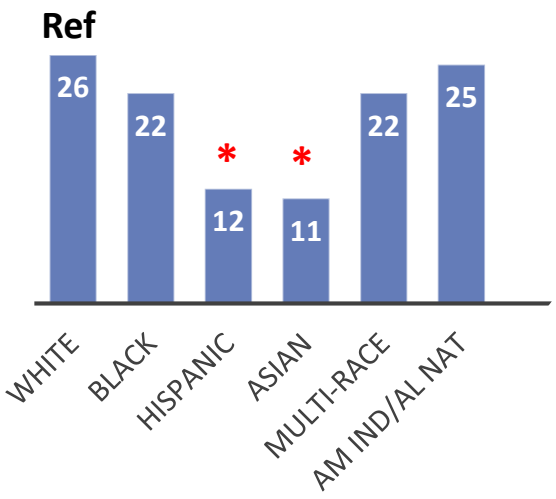
https://svgsilh.com/image/2029253.html

**1 in 5** US adults had arthritis from 2013-2015

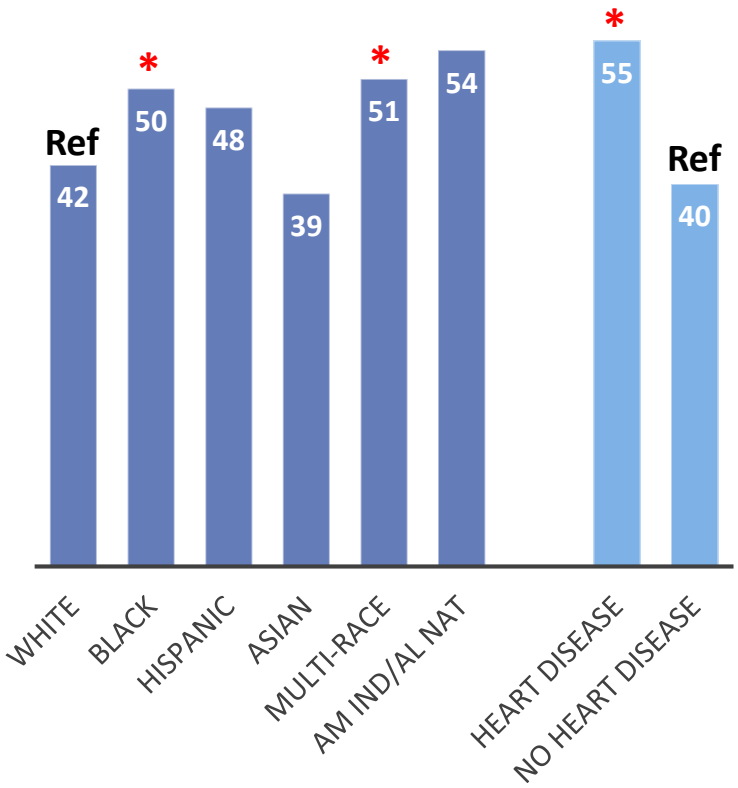
Of those with arthritis, **43%** had activity limitations due to arthritis

Barbour et al. MMWR. 2017; 66(9): 246-253)

Prevalence (%) of Arthritis



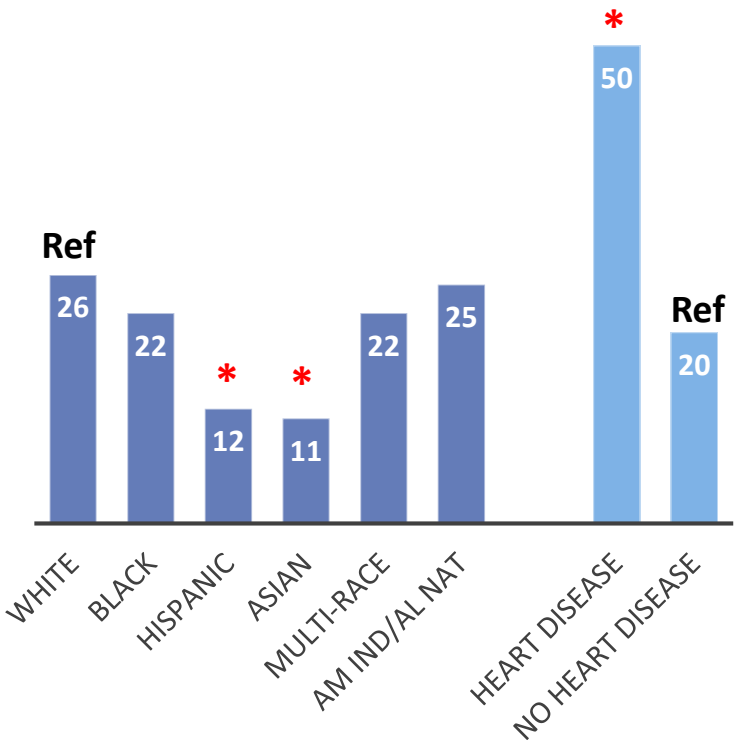

Prevalence (%) of Activity Limitations



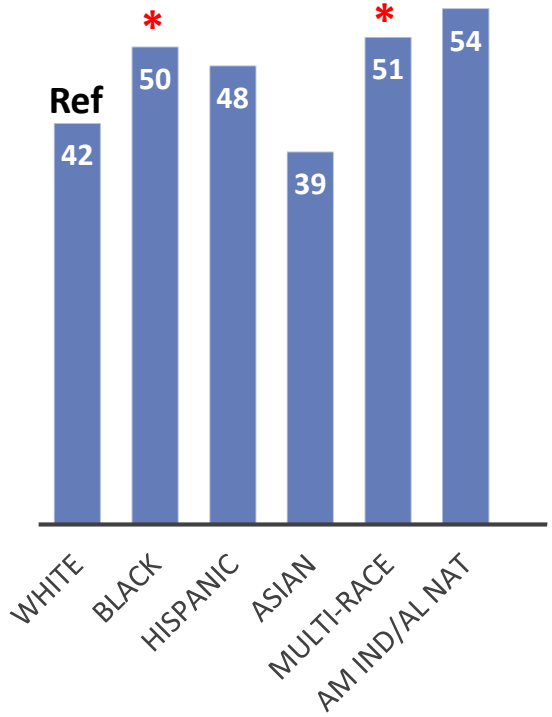

Barbour et al. MMWR. 2017; 66(9): 246-253)

# Variation in Burden

Prevalence (%) of Arthritis




Prevalence (%) of Activity Limitations



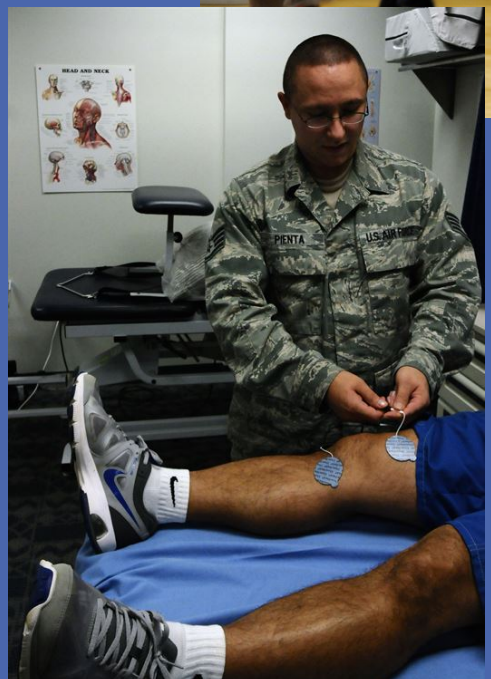

Barbour et al. MMWR. 2017; 66(9): 246-253)

# Variation in Burden


https://www.oarsi.org/sites/default/files/docs/2019/oa_clinic_infographic_0.pdf

# Recommended Treatments


May Cause
DROWSINESS


HEAD AND NECK

# Today's focus

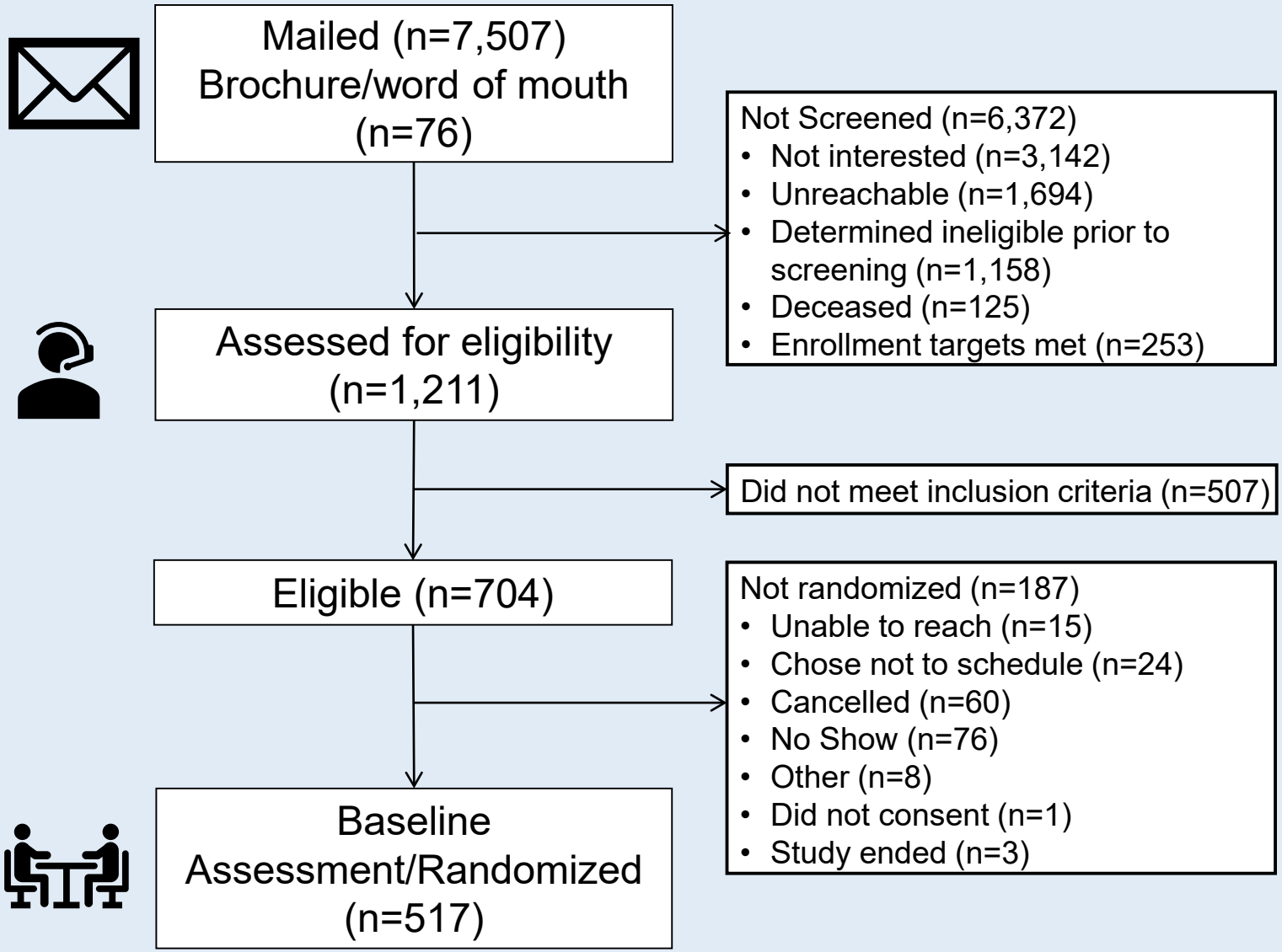
Racial and ethnic differences in **exercise** as a treatment for arthritis

# Staying Positive with Arthritis

## *A Program to Improve Quality of Life*

Hausmann et al. *Contemp Clin Trials.* 2018; 64:243-253.
Hausmann et al. *JAMA Network Open.* 2018; 1(5):e182533.
Vina et al. *Osteoarthritis & Cartilage*. 2019; 27(7):1018-1025.
Tighe et al. *Pain Medicine*. (In press).

Can a positive psychological intervention reduce racial disparities in pain among US military Veterans?


Mailed (n=7,507)
Brochure/word of mouth
(n=76)
Not Screened (n=6,372)
• Not interested (n=3,142)
• Unreachable (n=1,694)
• Determined ineligible prior to screening (n=1,158)
• Deceased (n=125)
• Enrollment targets met (n=253)
Assessed for eligibility
(n=1,211)
Did not meet inclusion criteria (n=507)
Eligible (n=704)
Not randomized (n=187)
• Unable to reach (n=15)
• Chose not to schedule (n=24)
• Cancelled (n=60)
• No Show (n=76)
• Other (n=8)
• Did not consent (n=1)
• Study ended (n=3)
Baseline
Assessment/Randomized
(n=517)

# Outcomes

## Activity-related arthritis treatments at baseline

Do you see a practitioner for any of the following treatments specifically for joint pain or arthritis?

Physical therapy (Yes/No)

Are you currently using any of the following specifically for joint pain or arthritis?

Any kind of physical exercise, either on land or in the water (Yes/No)

Yoga, Tai Chi, Chi Gong, or Pilates (Yes/No)

# Analysis

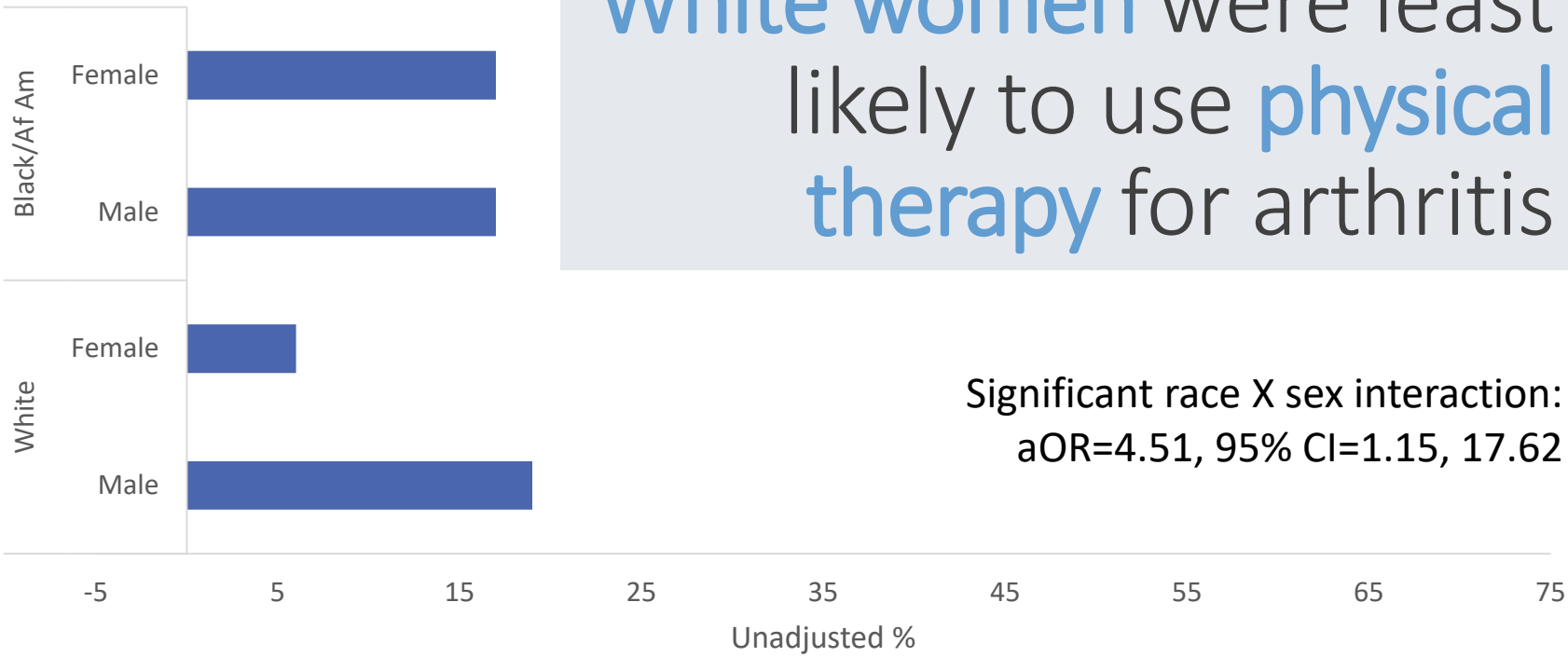
Do these outcomes differ by **race** (Non-Hispanic white or Black/African American) and/or by **sex**?

Simple frequencies and logistic regression

Separate models examined **main effects** of race and sex separately **and their interaction**

All models **adjusted for site**; fully adjusted models included site, **age, BMI, arthritis symptoms** (WOMAC score) and **comorbidity** (Charlson index)

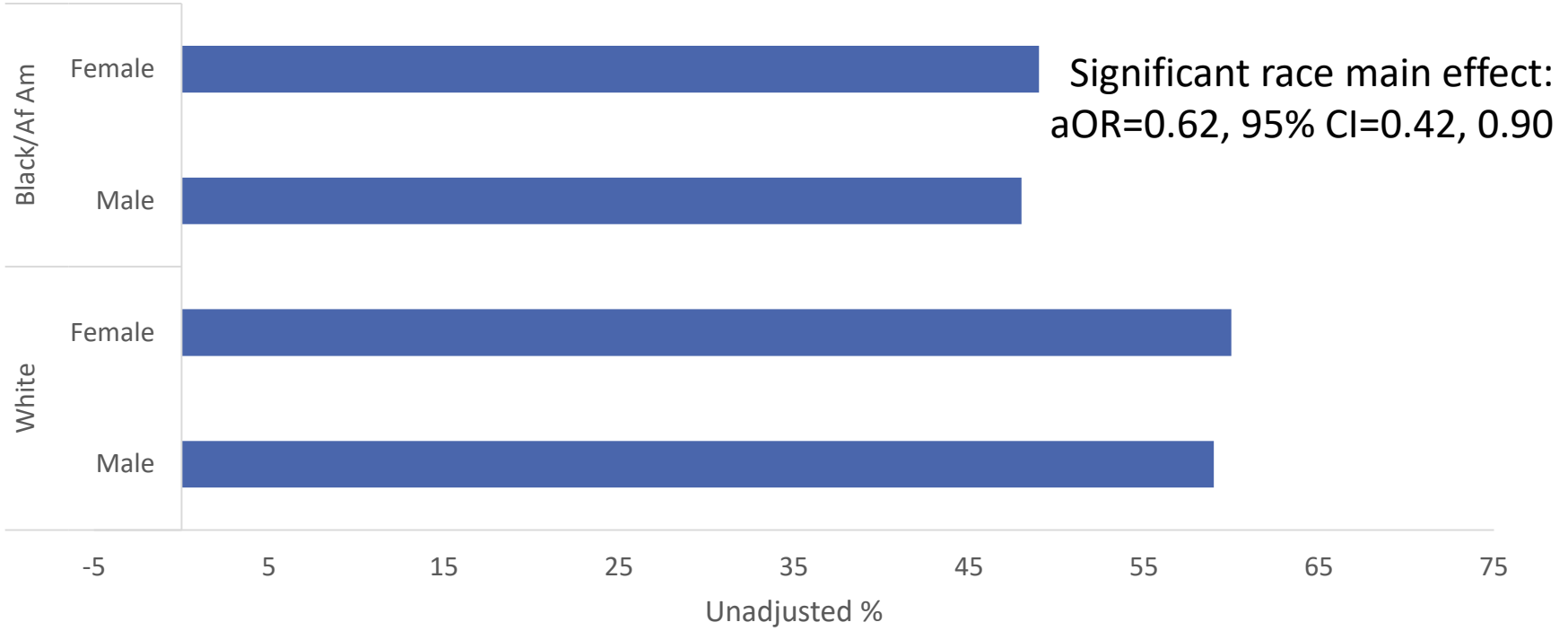
# White women were least likely to use physical therapy for arthritis




Significant race X sex interaction:
aOR=4.51, 95% CI=1.15, 17.62

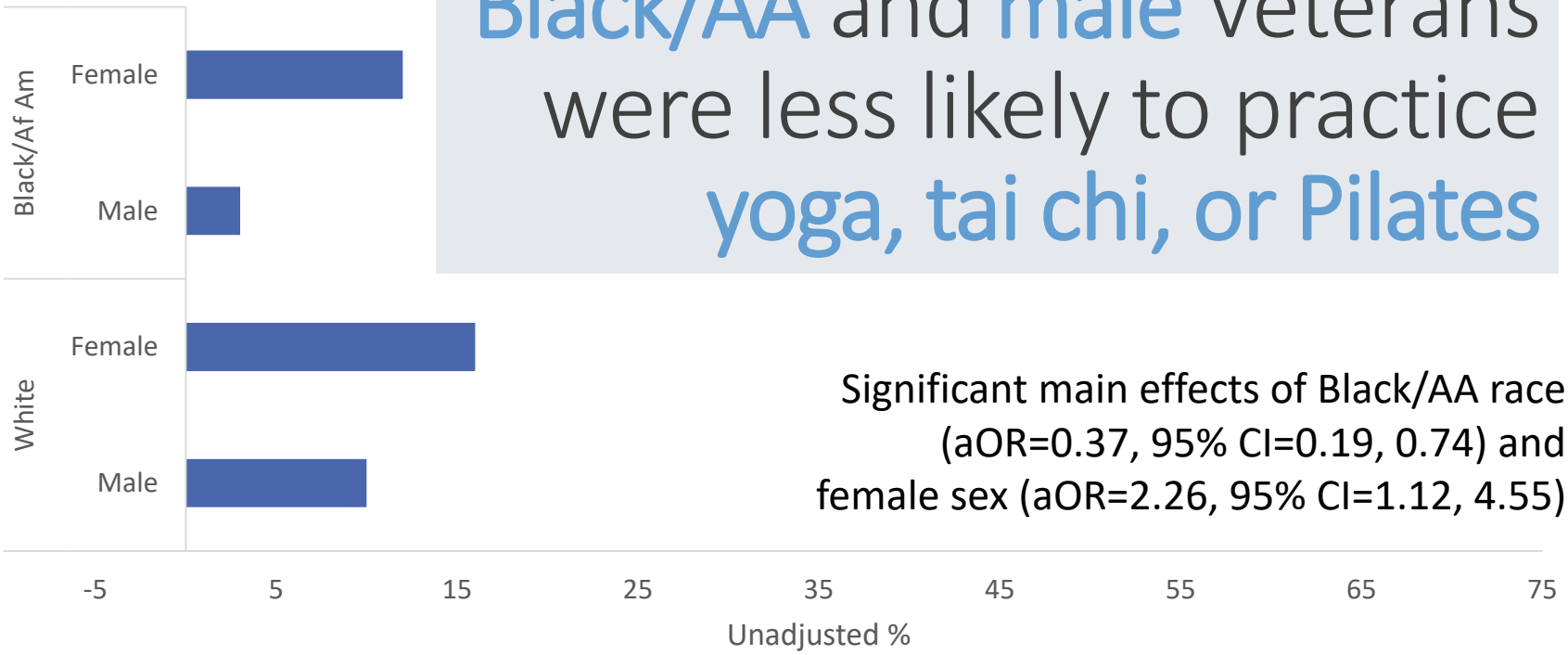
Physical therapy

# Black/AA Veterans were less likely to use physical exercise for arthritis




Physical exercise

# Black/AA and male Veterans were less likely to practice yoga, tai chi, or Pilates




Significant main effects of Black/AA race (aOR=0.37, 95% CI=0.19, 0.74) and female sex (aOR=2.26, 95% CI=1.12, 4.55)

# Yoga, Tai Chi, or Pilates

# Limitations

Convenience sample

Self-reported utilization

Simple measures of exercise

# Summary

In this sample of Veterans with arthritis, use of physical therapy, physical exercise, and yoga/tai chi/Pilates was low overall, and varied by race and sex

Physical therapy was used less among white women

Physical exercise and yoga/tai chi/Pilates were used less by Black/African American Veterans

**Arthritis Care & Research**
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DOI 10.1002/acr.23852


American College of Rheumatology
*Empowering Rheumatology Professionals*



# Modifiable Determinants of Exercise Use in a Diverse Ethnic Population With Osteoarthritis

Ernest R. Vina,[1] Michael J. Hannon,[2] Leslie R. M. Hausmann,[3] Said A. Ibrahim,[4] Jazmin Dagnino,[1] Andrea Arellano,[1] and C. Kent Kwoh[1]

Ernest R. Vina, MD MS
Associate Professor
University of Arizona
Arthritis Center

# Today's focus

Ethnic (Hispanic vs. non-Hispanic) differences in exercise use for arthritis

Health beliefs about exercise and providers as predictors of exercise use for arthritis

# Methods

**Patients:** Hispanic (n=130) and Non-Hispanic (n=232) patients from Banner University medical center clinics (Phoenix, AZ)

**Eligibility:** ≥50 years old, diagnosis of knee or hip osteoarthritis, no cognitive disfunction, clinic visit in next 45 days, chronic and frequent pain

**Process:** Eligible patients identified via medical records and telephone were given a survey (in English or Spanish) at a clinic visit to return by mail

# Outcomes

## Use of exercise for joint pain or arthritis

Are you currently using or participating in exercise for joint pain or arthritis? (Yes/No)

Have you used or participated in exercise for joint pain or arthritis in the last 6 months? (Yes/No)

# Predictors

Beliefs and attitudes about providers and exercise

Familiarity with exercise as a treatment for arthritis (Yes/No)

- Aware of exercise as arthritis treatment
- Friends or family exercise
- Understand what happens to someone when they exercise

Perceived benefit and risk of exercise for arthritis (1-5 scale, higher=more)

Physician participatory decision making style (0-100, higher= more involvement of patients in decision-making)

# Analysis

Do **exercise use** and **beliefs** about exercise and providers differ by **ethnicity** (Non-Hispanic vs. Hispanic)?

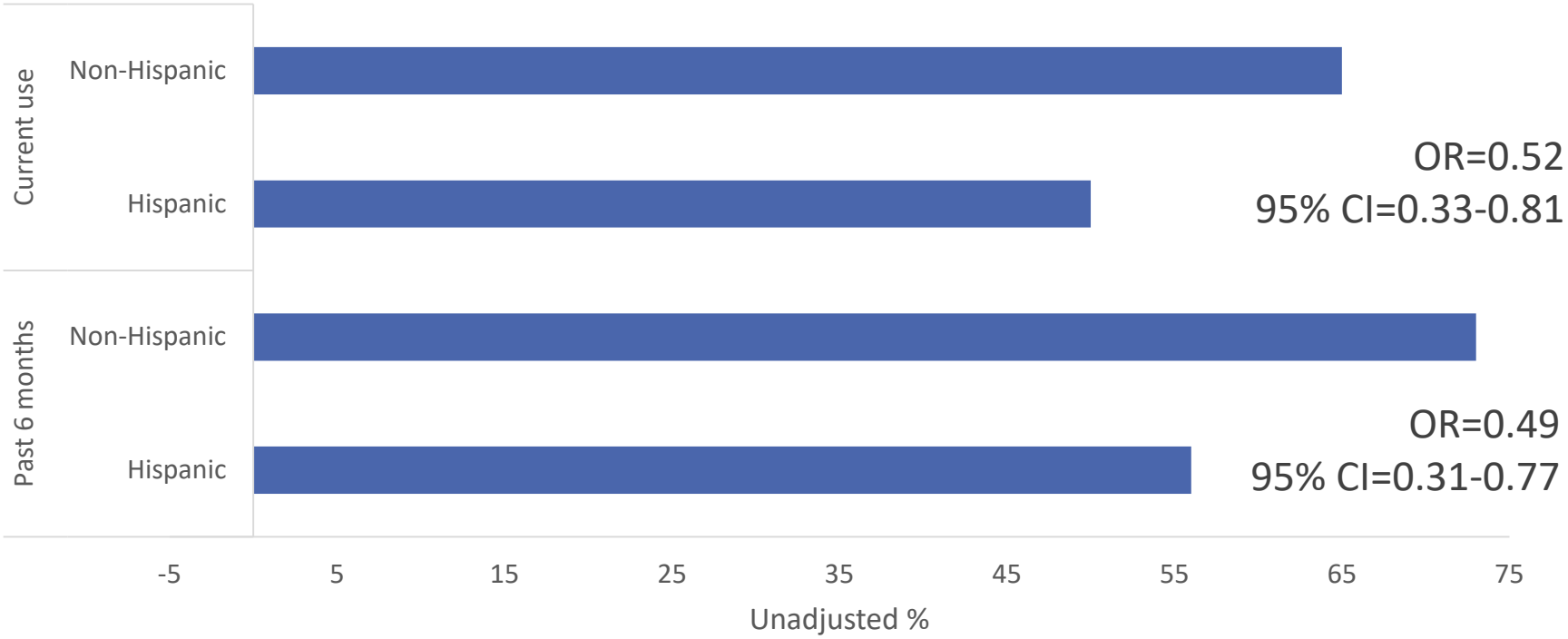
Simple frequencies and unadjusted logistic regression

Are **ethnicity** and/or **beliefs** about exercise and providers associated with **use of exercise** for arthritis?

Separate models for current and past exercise

Final models included ethnicity, belief variables, and clinical and demographic variables associated with the outcome at $p<0.15$)

# Hispanic patients were less likely to use exercise as a treatment for arthritis



# Hispanic patients were less familiar with exercise, perceived less benefits, and were involved less in treatment decisions

| | Hispanic (n=130) | Non-Hispanic (n=232) | P-value |
|---|---|---|---|
| **Aware of exercise for arthritis, %** | 80 | 91 | <0.001 |
| **Family/friends exercise, %** | 38 | 60 | <0.001 |
| Understands effects of exercise, % | 74% | 84% | 0.053 |
| **Perceived benefit, m (sd)** | 3.0 (1.0) | 3.3 (1.0) | <0.001 |
| Perceived risk, mean (sd) | 2.0 (0.8) | 1.8 (0.8) | 0.083 |
| **Physician participatory decision-making, m (sd)** | 53.5 (30.2) | 67.9 (28.0) | <0.001 |

# After adjustment, exercise was associated with familiarity and perceived benefit, and *not with* ethnicity

| | Currently (n=349)* | Past 6 months (n=354)** |
|---|---|---|
| Hispanic ethnicity | 0.86 (0.49-1.50) | 0.74 (0.41-1.33) |
| Aware of exercise for arthritis | -- | -- |
| **Family/friends exercise** | 2.22 (1.27-3.48)$^{+}$ | 3.20 (1.76-5.84)$^{+}$ |
| **Understands effects of exercise** | 1.76 (0.89-3.48) | 2.19 (1.15-4.19)$^{+}$ |
| **Perceived benefit** | 1.87 (1.40-2.50)$^{+}$ | 2.24 (1.64-3.04)$^{+}$ |
| Perceived risk | 0.75 (0.53-1.05) | -- |
| Physician participatory decision-making | -- | -- |

*Model included age, arthritis severity, marital status, depressive symptoms, and quality of life

**Model included age, arthritis severity, and knee vs. hip arthritis

$^{+}p<0.05$

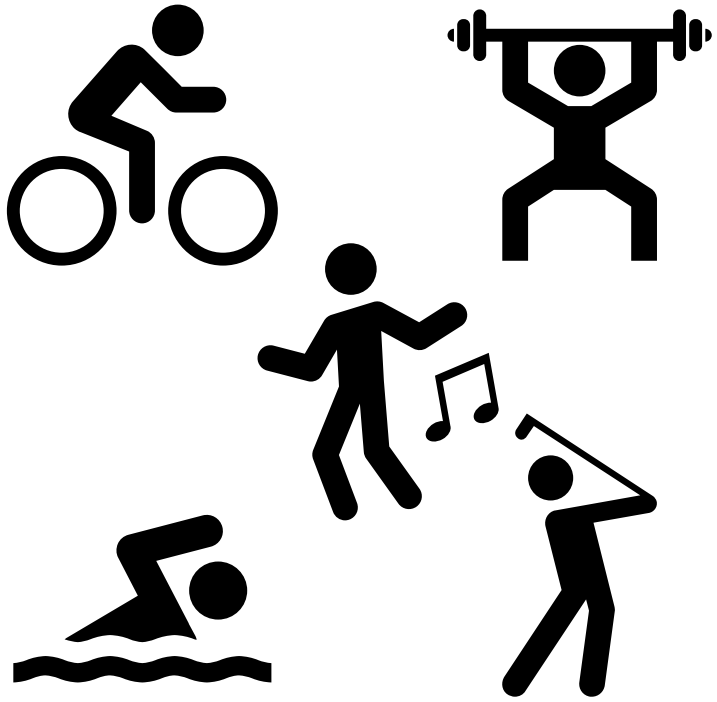
# Limitations

# Summary

In this sample of patients with arthritis, use of **physical exercise** was **lower among Hispanic patients**

This difference was **not significant** after accounting for **clinical factors and beliefs**

Patients were **more likely to exercise** for arthritis if they have **friends/family who exercise** and **believe exercise is beneficial**

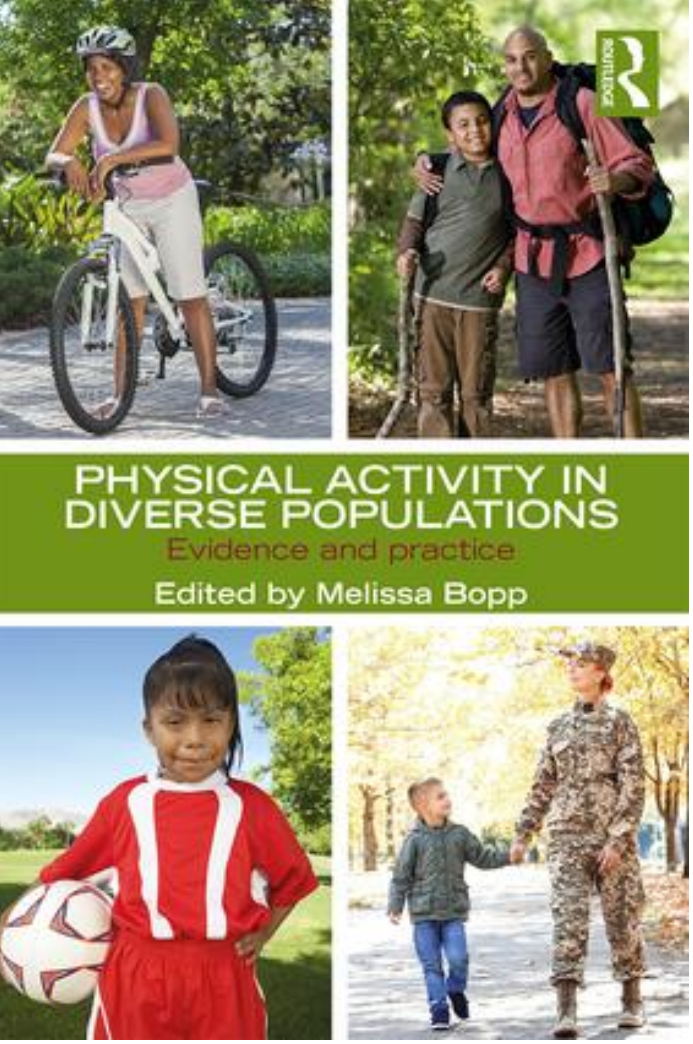


# Implications

Exercise recommendations may need to be **culturally tailored**

**Patient preferences** for activities should be explored

Educational targets include the **benefits of exercise**, especially for people with arthritis




*"…explores the social, cultural, political and environmental factors that influence engagement in physical activity in a range of diverse populations and presents evidence-based, culturally appropriate strategies for targeting and promoting physical activity participation."*

## Populations include:

**African Americans**, **Latinos**, Asian Americans and Native Americans

**Military veterans** and physically disabled

Low-income

Rural

LGBT

# Thanks!

**Leslie Hausmann, PhD**
Leslie.hausmann@va.gov
@LesHausmann

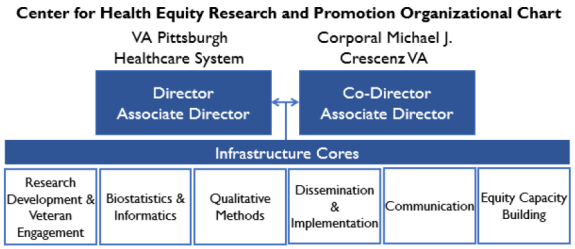
# EQUITY CAPACITY BUILDING CORE

CHERP
CENTER FOR HEALTH EQUITY RESEARCH AND PROMOTION

**The Center for Health Equity Research and Promotion (CHERP)** is a research Center of Innovation (COIN) funded by VA Health Services Research & Development (HSR&D). We are home to over 36 COIN Investigators who work towards CHERP's overarching mission to advance the quality and equity of health and health care among Veterans. Our goal is to identify, understand, and eliminate disparities effecting Veteran populations who are at greater risk for poor health or health care due to social, economic, and/or environmental disadvantage (e.g., minoritized race or ethnicity, marginalized sexual orientation or gender identity, lower socioeconomic class, etc.).

## The Equity CBC

**The Equity Capacity Building Core (CBC)** is one of six resource cores that support various aspects of CHERP research. The purpose of the Equity CBC is to increase the volume and impact of health equity research and quality improvement activities by fully integrating an equity theme throughout CHERP's research, training, and service activities.




## What We Offer

### Health equity training and mentorship

- Post-doctoral Fellowships in the areas of health services research, women's health, medication safety, and addiction based in Pittsburgh and Philadelphia, PA: https://www.cherp.research.va.gov/research/CHERP_Health_Services_Research_Fellowship.asp
- Distance mentoring for trainees and junior investigators with an interest in developing a VA research program on health equity

### Tools to facilitate VA health equity research and quality improvement

- An equity dashboard to identify disparities in management of chronic diseases and support equity-focused quality improvement
- Compendium of best available variables from VA and publicly available data sources to identify vulnerable populations and potential determinants of health and health care inequities among Veterans

### Creating collaboration and partnerships around health equity

- Connecting investigators and stakeholders to facilitate and support collaborations and partnership on new investigator-initiated equity research, service-directed projects, and quality improvement initiatives
- Partner with VA Program Offices to incorporate an equity lens into their operations

## Contact Us

- To connect with the Equity CBC, please email EquityCBC@va.gov
- For more information on CHERP, please visit https://www.cherp.research.va.gov/index.asp
- For more information on the VHA Office of Health Equity, please visit https://www.va.gov/healthequity/

# NATIONAL DISABLED VETERANS WINTER SPORTS CLINIC

The National Disabled Veterans Winter Sports Clinic is the largest rehabilitative program of its kind in the world today. It utilizes adapted physical activities as well as workshops and educational sessions to aid in the rehabilitation of severely disabled veterans. Activities such as Alpine and Nordic skiing, Snowmobiling, scuba diving, fly fishing, wheelchair golf, wheelchair self defense, rock wall climbing, sled hockey, trap shooting, blues harmonica instruction, dog sledding, goal ball for the visually impaired, wheelchair fencing and amputee volleyball, are a small portion of adapted sports and activities that have been offered in the past 20 years.


BLIND
SKIER


VA
DAV
389

# TRENDS / CONTACT

| **Trends** | # Veterans | / # VAMCs | / # 1st Time Participants |
|---|---|---|---|
| 2015 - | 346 | / 98 | / 133 |
| 2016 - | 325 | / 99 | / 114 |
| 2017 - | 353 | / 98 | / 121 |
| 2018 - | 390 | / 107 | / 146 |
| 2019 - | 395 | / 103 | / 126 |

**Point of Contact:**

Name: Teresa Parks
Title: Director NDVWSC
E-mail: Teresa.Parks@va.gov
Phone: 970-263-5040
Website: www.wintersportsclinic.org

# QUESTIONS?

Contact Information: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