

VETERANS HEALTH ADMINISTRATION

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 WEBSITE

<https://www.va.gov/healthequity>

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Office of Health Equity

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NATIONAL CENTER FOR HEALTH STATISTICS

Among adults with underlying diabetes, veterans are more likely to be diagnosed by a health professional

95.1% Veterans 73.5% Nonveterans

Veteran Diabetes Data

Recent data analysis describes diabetes among Veterans and Nonveterans. Source: Healthy People 2020. Learn more »

NEW LGB Chartbook Health Equity Video Veteran Diabetes Data

VHA Office of Health Equity

Equitable access to high-quality care for all Veterans is a major tenet of the VA healthcare mission. The Office of Health Equity (OHE) champions the elimination of health disparities and achieving health equity for all Veterans. OHE supports the VHA's vision to provide appropriate individualized health care to each Veteran in a way that eliminates disparate health outcomes and assures health equity.

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TODAY'S CYBERSEMINAR

Promoting Healthcare Equity in Veterans with a
Whole Health Approach: Focus on Hemoglobin A1c
Control in Patients with Diabetes



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Live Whole Health.

VA



U.S. Department of Veterans Affairs

Veterans Health Administration

Promoting Healthcare Equity in Veterans with a Whole Health Approach: Focus on Hemoglobin A1c Control in Patients with Diabetes

Nancy Cotter, MD

Kristen Tobias, PhD

Denise Fyffe, PhD

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Project Team

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POLL QUESTIONS

1. What is your primary role in the VA?

- a) PACT Clinician (e.g., MD; nursing; psychologist; social worker)
- b) Researcher
- c) Other Clinician

2. How familiar are you with the VA Whole Health System of Care?

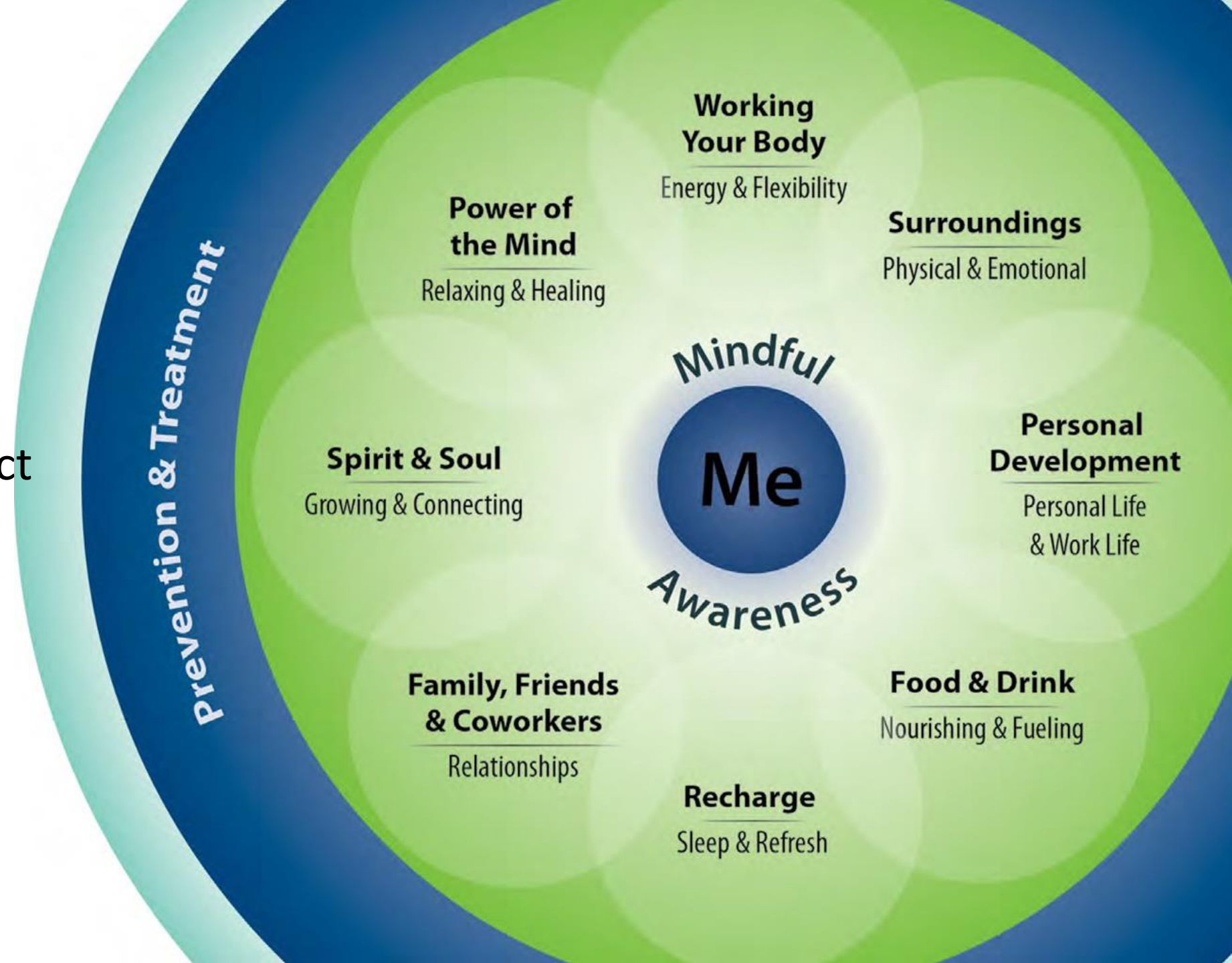
- a) Very familiar
- b) Somewhat familiar
- c) Never heard of it

3. How familiar are you with functional medicine?

- a) Very familiar
- b) Somewhat familiar
- c) Never heard of it

Presentation Goals

- Rationale for project
- Grant objectives
- Project Phases



BACKGROUND & SIGNIFICANCE

Social Determinants of Health and Chronic Conditions

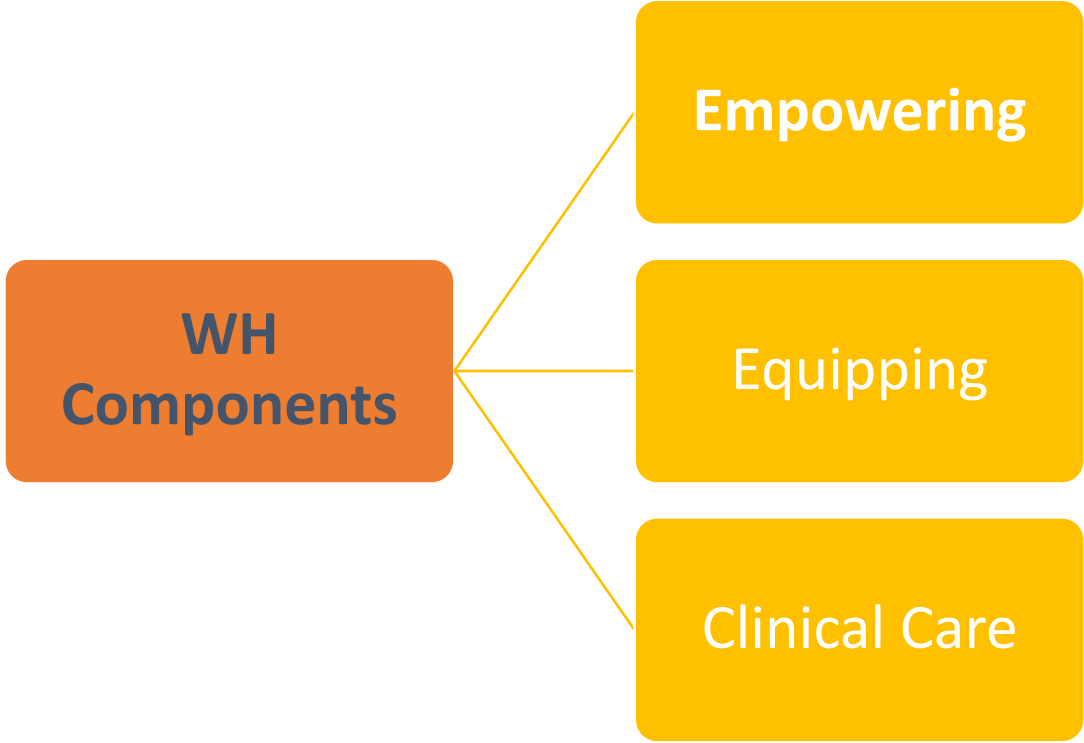
Fall 2020, concern over
SDOH gaps and
increased susceptibility
to COVID

How do we impact resilience in
the short term?

Found the Equity
Dashboard

If all Veterans have access to the same
resources, why are there differences?

The Whole Health System



The Pathway: Empowering

Atul Gawande

“We’ve been wrong about what our job is in medicine. We think our job is to ensure health and survival. But really it is larger than that. It is to enable well-being. And well-being is about the reasons one wishes to be alive. Those reasons matter not just at the end of life, or when disability comes, but all along the way.”



Wellbeing Programs: Equip!

**Skill building and support, complementary and integrative health (CIH) programs, health coaching and personal health planning.
Not diagnosis or disease based.**



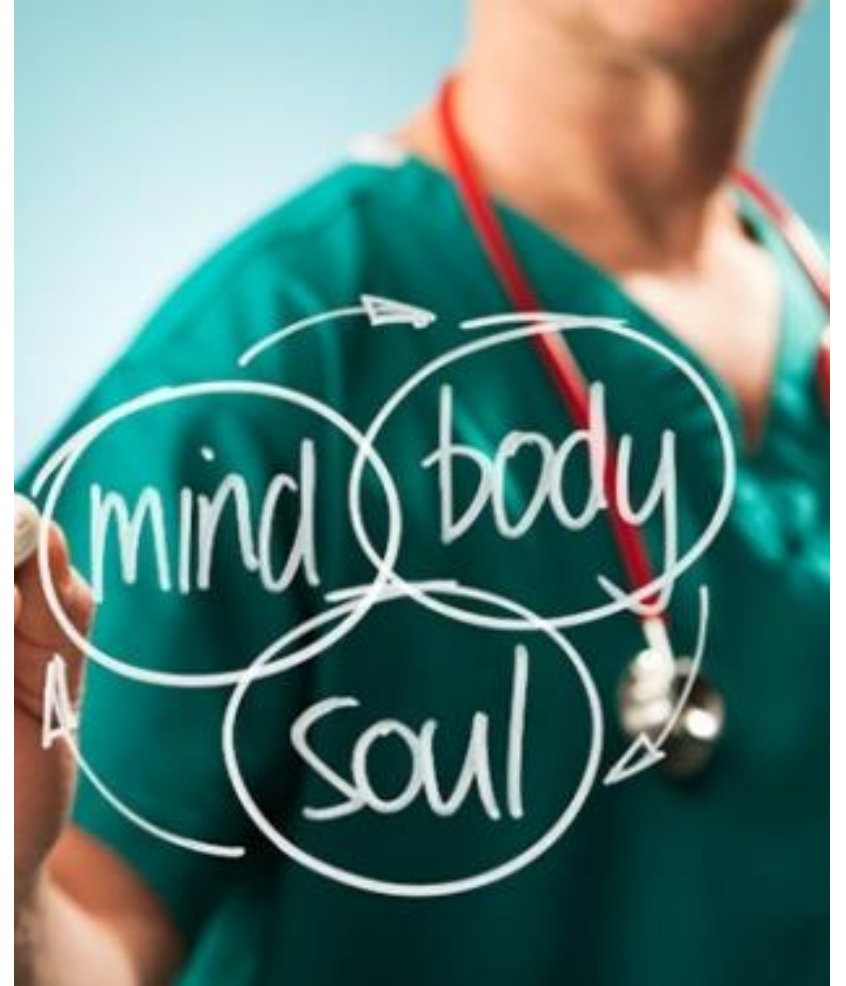
Tai Chi Easy
Diabetes Group
Heart Healthy Group
Life Skills Group
Healthy Teaching Kitchen
Alexander Technique
Drop-In Yoga Classes
Mindfulness Meditation
Warrior to Soulmate



Clinical Care: Treatment

Clinical care is provided in outpatient and inpatient settings which are attentive to healing environments and healing relationships, integrate holistic approaches into their treatment plans, and connect what is important to the Veteran to their health.

- Personal Health Inventory
- Lifestyle Medicine
- Health Coaching
- CIH



Functional Medicine

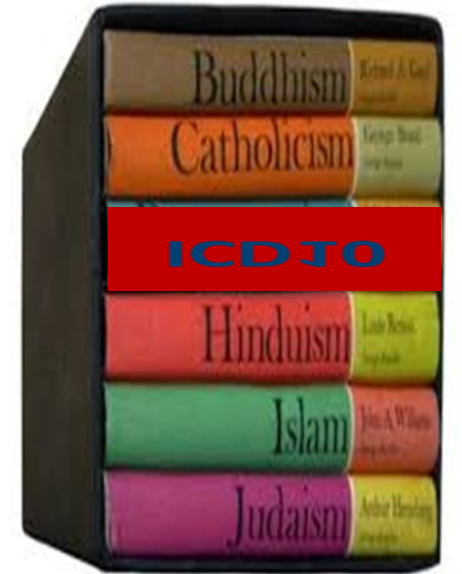
Addresses the underlying causes of disease, using a systems-oriented approach and engaging both patient and practitioner in a therapeutic partnership.



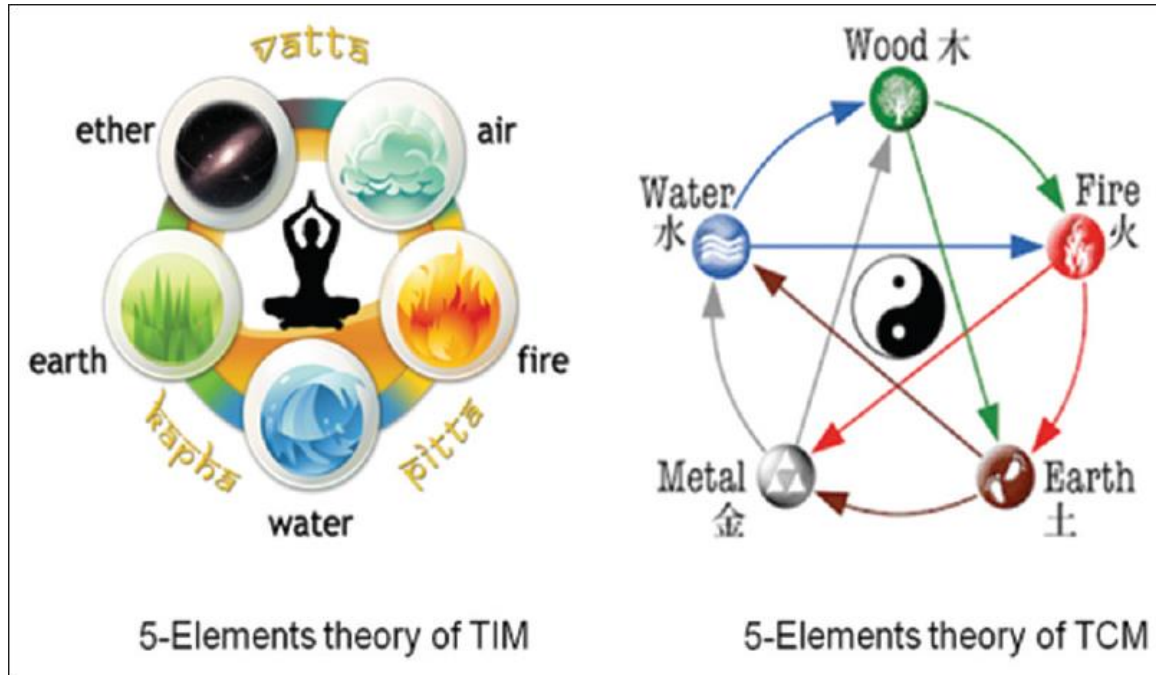
Functional Medicine: A New Paradigm

Systems biology

- Focuses on interaction of multiple systems
- Looks at physiology as a web vs parallel systems
- Concept of imbalances vs diseases
- Continuum of Optimal Function to Disease



Functional Medicine: A New Paradigm



- Seeks to identify root cause of multiple conditions
- Seeks to support the body's natural homeostatic mechanisms
- Looks for patterns of dysfunction that may underly multiple disease entities
- Systematic approach to chronic disease

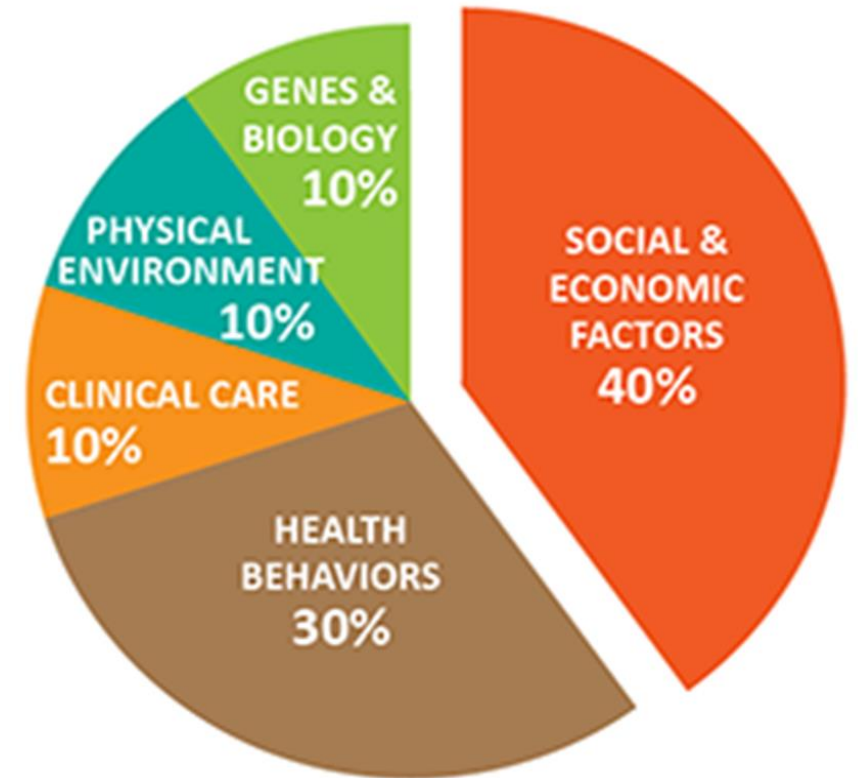
Functional Medicine Asks

What systems are not functioning properly?

What needs to be added?

What needs to be removed?

How does current lifestyle contribute?



DETERMINANTS OF HEALTH

Whole Health Diabetes Quality Improvement Program

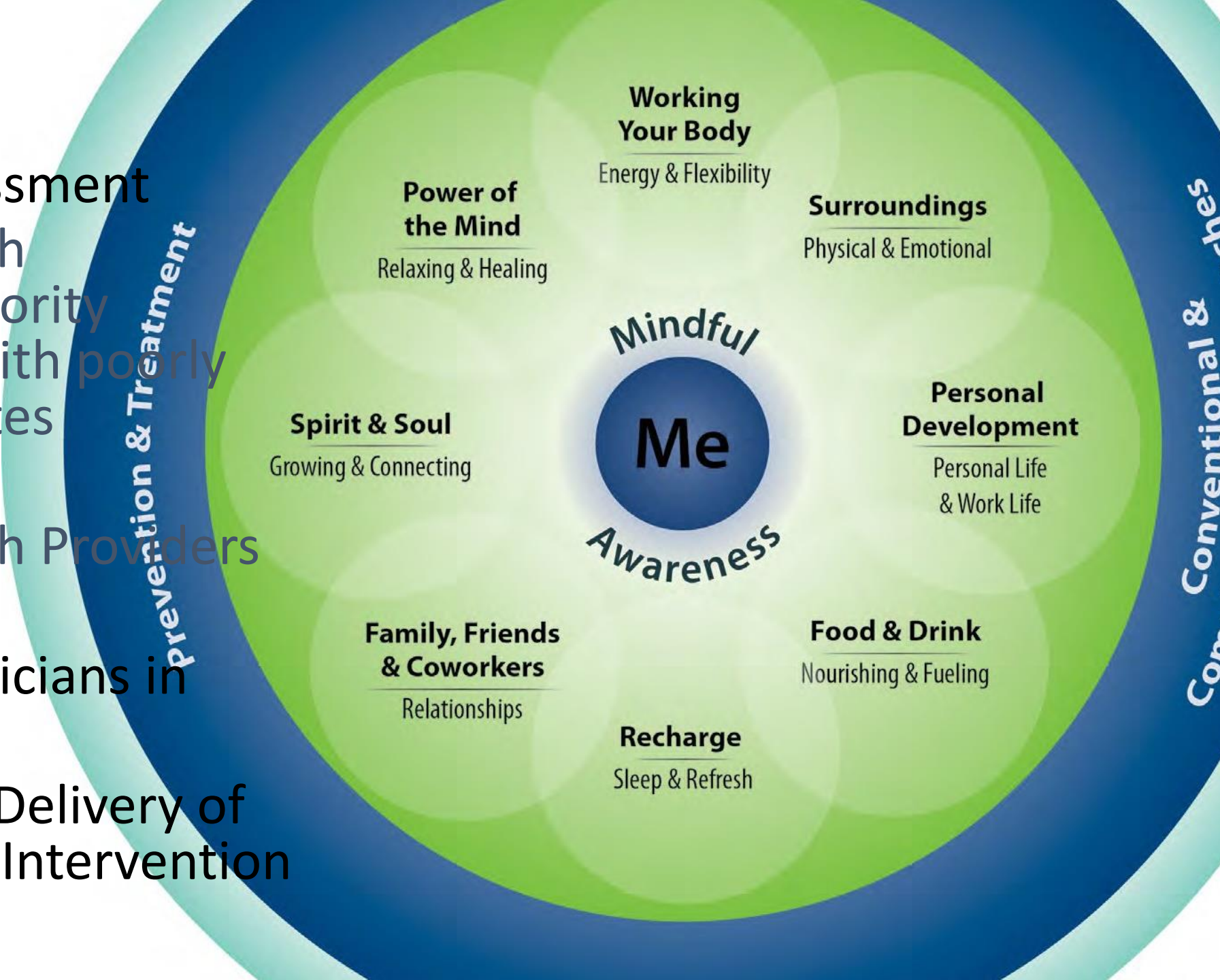
Project Phases

Phase 1: Needs assessment

- Focus groups with ethnic/racial minority Veterans living with poorly controlled diabetes
- Survey to PACT
- Focus groups with Providers and Nurses

Phase 2: Training clinicians in Functional Medicine

Phase 3: Design and Delivery of Whole Health Group Intervention



Phase 1: Needs Assessment

Primary Care Equity Dashboard

- Tool designed to identify healthcare inequities among Veterans
 - Provides data on performance and inequities for chronic disease management & prevention (HEDIS)
- Examine VANJ healthcare quality metrics and disparities to identify goal for process improvement with Whole Health approach
- Consultation with Leslie Hausmann, PhD and team at VA Pittsburgh Healthcare System, Center for Health Equity Research and Promotion (CHERP)
 - Recommendation to look at metrics $\geq 6\%$ absolute difference from national benchmark



Primary Care Equity Dashboard

Home

Performance Snapshot

Equity Deep Dive

Facility

(V02) (561) New Jersey HCS

Timeframe

FY2020 Q4



Distance from National Score by Facility and Division

Facility and Division Data by Measure

	National	Preferred Direction	Score	Average Patients per Month	Absolute Difference from National
+ HbA1c testing in patients with diabetes (c9h_ec)	86.3 %	Higher	79.7 %	5941	6.6 %
+ HbA1c less than 8 in patients with diabetes (dmg13h_ec)	66.2 %	Higher	59.4 %	5939	6.8 %
+ Poor control of HbA1c in patients with diabetes (dmg23h_ec)	25.6 %	Lower	32.4 %	5941	6.8 %
+ Blood pressure less than 140/90 in patients with diabetes (dmg27h_ec*)	67.2 %	Higher	64.4 %	5941	2.8 %
+ Controlling high blood pressure in patients with hypertension (ihd53h_ec*)	65.5 %	Higher	64.1 %	12916	1.4 %
+ Statin therapy for patients with cardiovascular disease (statn1_ec*)	84.8 %	Higher	76.8 %	1857	8.0 %
+ Statin adherence for patients with cardiovascular disease (statn4_ec)	82.9 %	Higher	81.8 %	1374	1.0 %
+ Statin therapy for patients with diabetes (statn7_ec*)	74.9 %	Higher	66.7 %	4795	8.2 %
+ Statin adherence for patients with diabetes (statn8_ec)	78.5 %	Higher	76.5 %	3116	2.0 %
+ Non-recommended PSA screening in men 70 years and older (psa1_ec)	24.3 %	Lower	22.8 %	19113	1.5 %

Red numbers=lower/worse performance than national benchmark



Primary Care Equity Dashboard

Home

Performance Snapshot

Equity Deep Dive

Equity QI Resources



Facility (V02) (561) New Jersey HCS

Division All (561) New Jersey HCS [Refresh Data](#)

Timeframe FY2020 Q4

Measure dmg23h_ec

Measure Details

Description: Poor control of HbA1c in patients with diabetes

National Score: 25.6%

Preferred Direction: Lower



Distance from National Score and Population Size by Patient Demographics

RACE/ETHNICITY

	Average Patients per Month	Score	Absolute Difference from National
White	3396	30.1 %	4.5 %
Black	1717	34.4 %	8.8 %
Hispanic	441	38.6 %	13.0 %
Asian	56	41.1 %	15.5 %
Amer Ind/AK	14	54.8 %	29.2 %
HI/Pac Island	23	30.4 %	4.8 %
Multiple	35	28.3 %	2.7 %

SEX

	Average Patients per Month	Score	Absolute Difference from National
Male	5679	32.2 %	6.6 %
Female	262	36.3 %	10.6 %

GEOGRAPHICAL RESIDENCE

	Average Patients per Month	Score	Absolute Difference from National
Rural	410	33.2 %	7.6 %
Urban	5527	32.3 %	6.7 %

NOTE: If the tables are blank, there were not sufficient observations for the Facility and Division you selected.

Focus Group Data Collection

Screen
Potential
Veterans

- Inclusion criteria
- Willingness to participate in focus group

Survey
Questions

- Demographics
- Whole Health Interest & Usage
- Global Health

Virtual Focus
Group

- Stratified by race/ethnicity

Recruitment Efforts Using the Equity Dashboard

	# Veterans	Called	Did not answer	Answered	Agreed	Declined	Missing Info (not called)	Attended
Black	132	95	41	54	22	32	3	14
Hispanic	53	51	16	35	12	23	2	7
Asian	10	10	5	5	2	3	0	0
Totals	195	156	62	94	36	58	5	21

- 80% of Veterans were called (n = 156).
 - Of those called, 60% (n = 94) answered.
- 38% (n = 36) initially agreed to participate & completed questionnaires
- 22% (n = 21) participated in focus group

Quantitative Data Collection

- Demographics & health status
- Questionnaires
 - Patient-Reported Outcome Measurement Information System (PROMIS) 10
 - WH Interest and Usage
 - Diabetes Self-Management Questionnaire (DSMQ)
 - Perceived Health Competence-2 (PHQ-2)

Qualitative Data Collection

- Veteran focus groups
- Provider/Nurse focus groups

Participant Demographics (N = 21)

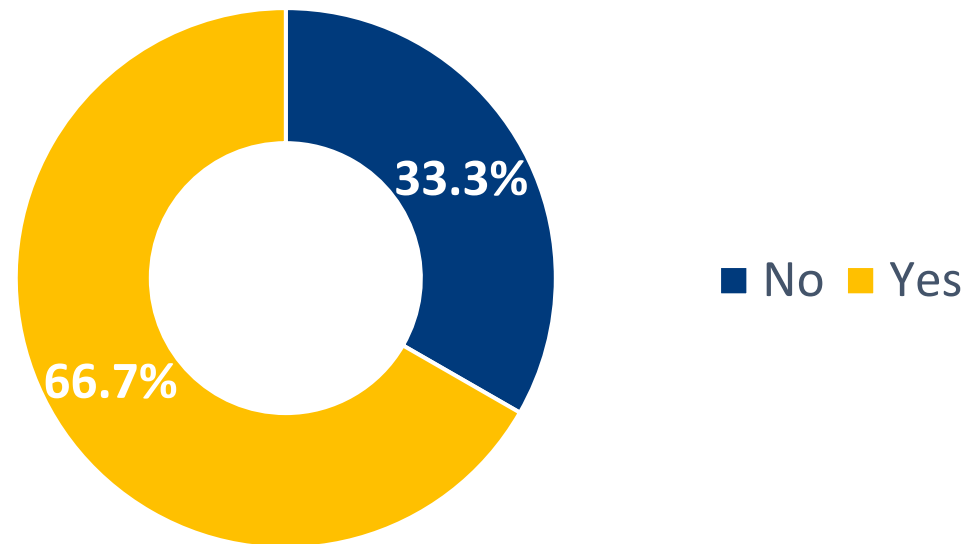
	MEAN (SD)
Participant Age	60.19 (6.50)
	% (n)
Sex	
Male	90.5% (n = 19)
Female	9.5% (n = 2)
Race	
Hispanic	33.3%
Non-Hispanic Black or African American	61.9%
Multiracial	4.8%
Combat	42.9% (n = 9)

	% (n)
Marital Status	
Single	42.9% (n = 9)
Married	33.3% (n = 7)
Divorced	19.0% (n = 4)
Living w/ Partner	4.8% (n = 1)
Education	
High School	23.8% (n = 5)
Part College	52.4% (n = 11)
College Degree and higher	23.8% (n = 5)
Employment	
Currently employed	52.4% (n = 11)
Full-time	47.% (n = 10)

Health Status Items (N = 21)

	% (n)

Mental Health Diagnosis



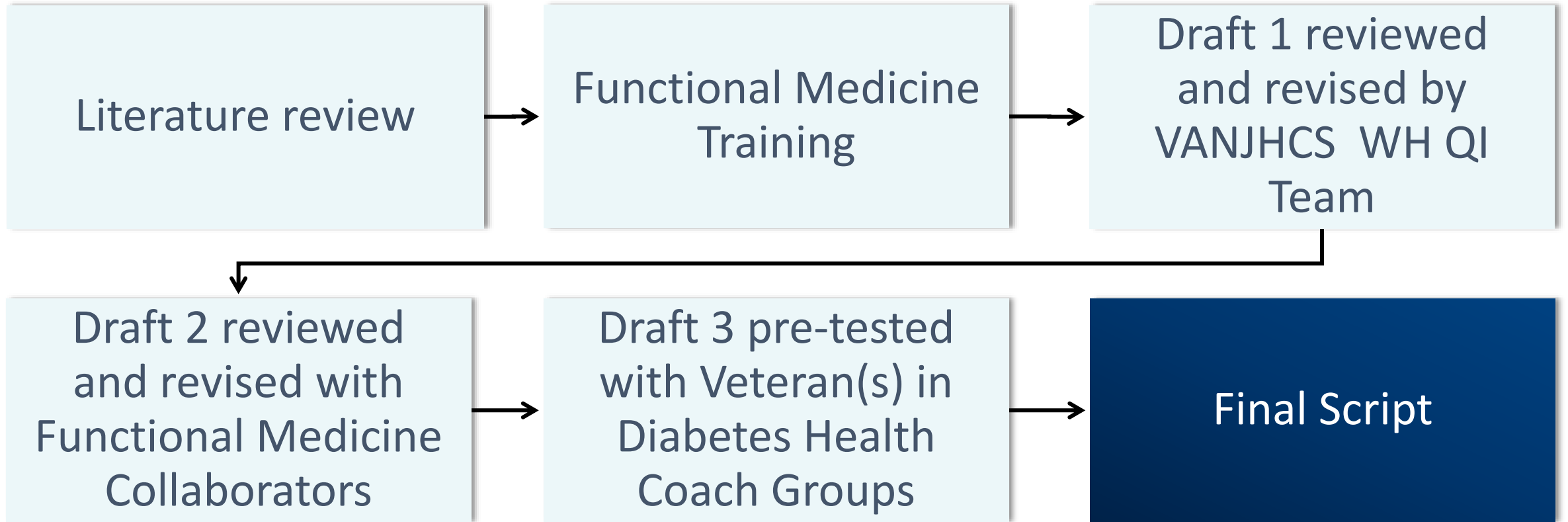
PROMIS-10

	Mean (SD)
Global Mental Health	43.5 (9.4)

	Not at all interested	Somewhat/ very interested	Already using	Not sure
Acupuncture	38.1%	57.1%	4.8%	0.0%
Biofeedback	19.0%	66.7%	9.5%	4.8%
Clinical Hypnosis	52.4%	42.9%	4.8%	0.0%
Guided Imagery	33.3%	52.4%	14.3%	0.0%
Meditation	14.3%	81.0%	4.8%	0.0%
Yoga	42.9%	52.4%	4.8%	0.0%
Tai Chi/Chi Gong	38.1%	61.9%	0.0%	0.0%
Health Coach, Ind Goals	23.8%	71.4%	4.8%	0.0%
WH Group, Goals	33.3%	57.1%	4.8%	4.8%
Discuss MAP	9.5%	90.5%	0.0%	0.0%
Group/class focused on lifestyle behaviors	28.6%	66.7%	4.8%	0.0%

Focus Group Results

Focus Group Script: Development



Focus Group Script: Topics

Topic	Sample Focus Group Question
Getting to know diabetes	How do you think you got diabetes? How does diabetes affect your life in way that is not physical (e.g., mood; attitude; relationships)?
Diabetes Management	How has the VA helped you manage your diabetes? Describe the lifestyle change you have made to help you manage your diabetes. What's worked? What hasn't worked?
Other things that may affect diabetes	In what ways does "culture" affect the way you manage diabetes? How does diabetes impact your expenses or cost of living?

Focus Group Procedures



Purposeful sampling based on Equity Dashboard



Focus group was led by experienced facilitators and note taker



Open-ended guided by script group discussion with probes



Duration: 1.5 to 2 hours



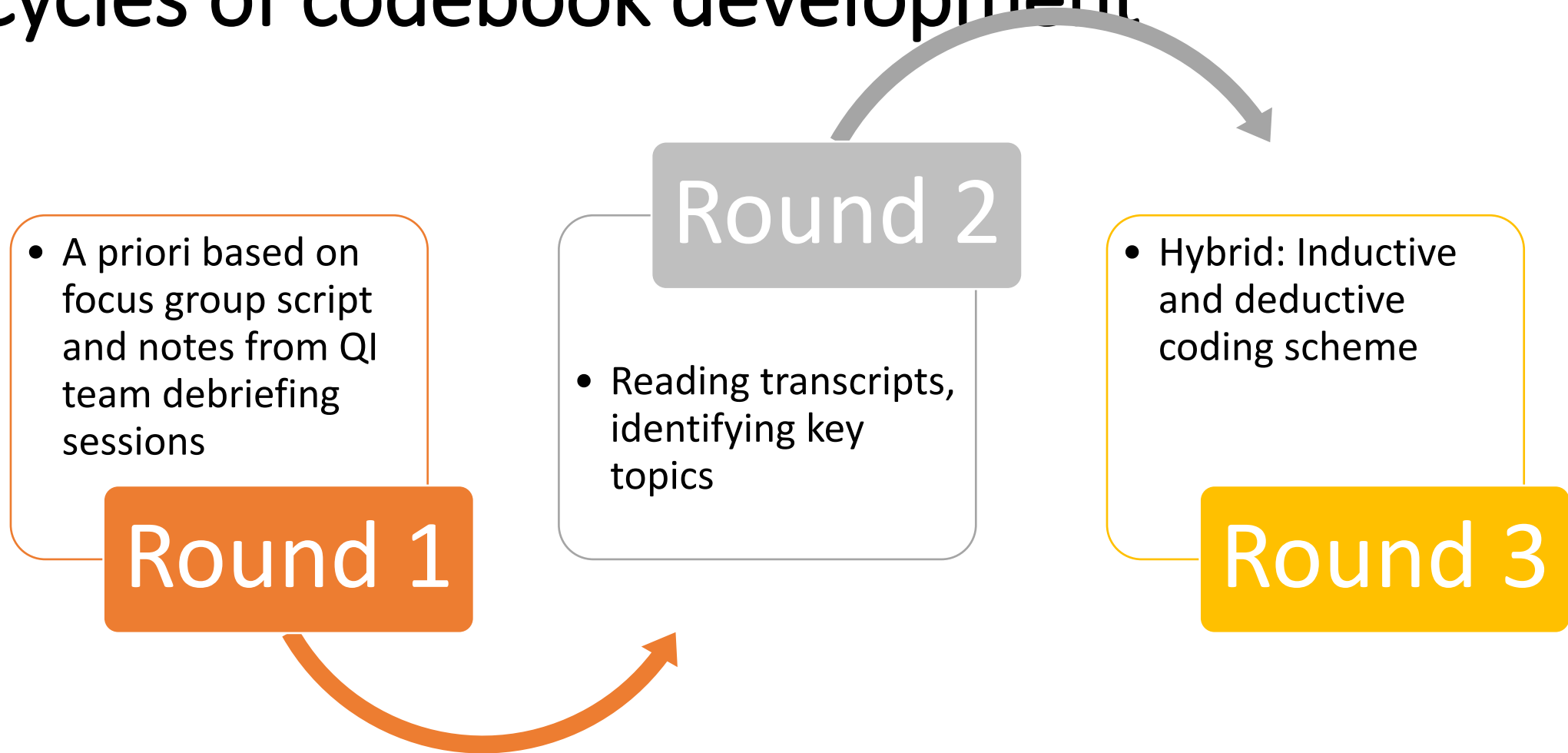
Audio-recorded and transcribed focus group discussion



Whole Health Program Team debriefed after focus groups during weekly team meetings

Qualitative Focus Group Results

Cycles of codebook development



Knowledge & Beliefs about Diabetes

Code	Definition
Diabetes Etiology	Veterans' perspectives about how s/he got diabetes

“Everybody knew that at some point in time, you're going to get diabetes...there was no emphasis on preventative measures.”

“I feel like it's a genetic disease because my entire family has diabetes...It's a part of our life, and all of us expect to have it at some point in time.”

“My family has a history of diabetes, so I kind of anticipated that it was going to be my turn eventually.”

“Mine is, I think, from generational because my grandmother has it. My mom has it.”

Nutrition

Code	Definition
Context of food choices	Veteran identifies the ways in which their context influences their food choices, such as culture/heritage or military diet

“



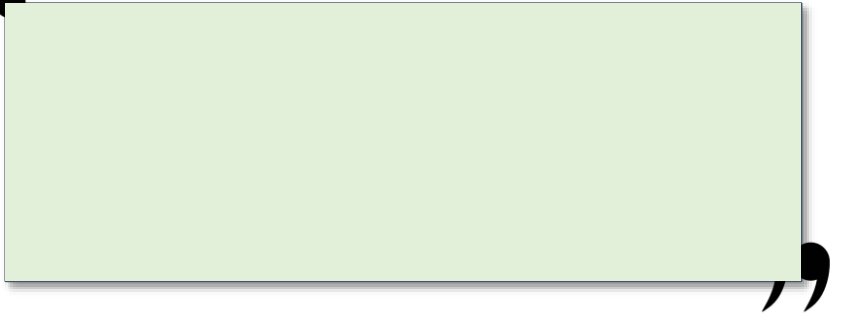
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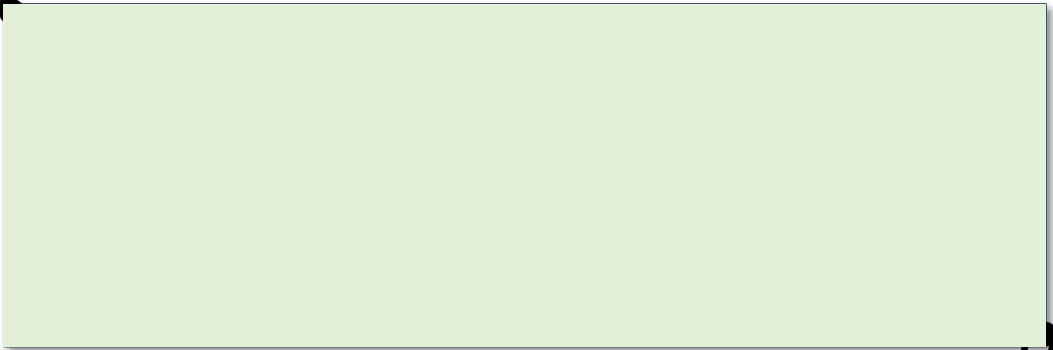
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Psychological Factors

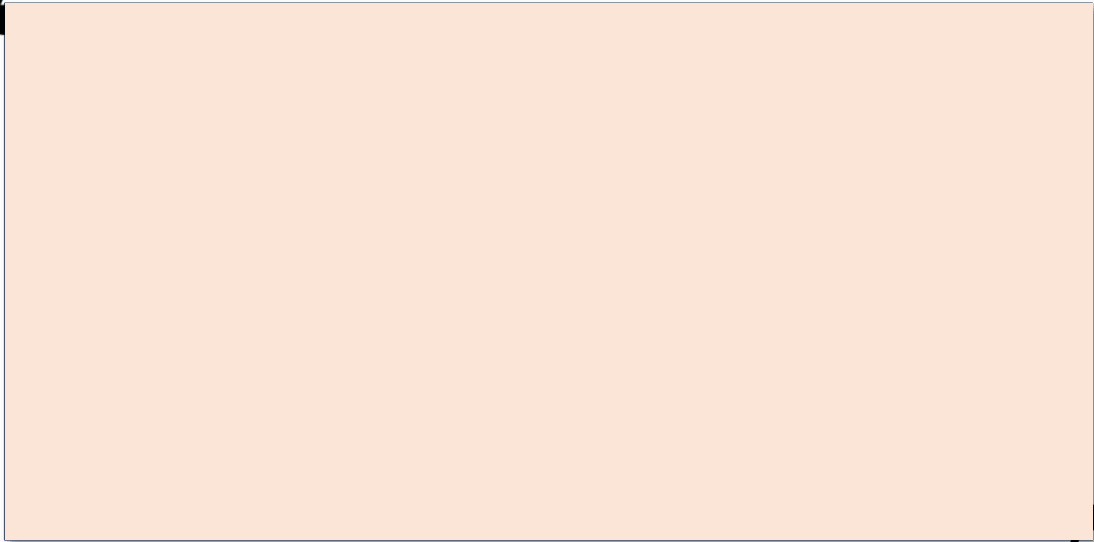
Code	Definition
Motivation	Veteran describes the way that they sustain effort and motivation around healthy habits

“



”

“



”

“



”

“ I equate it to denial. ”

Healthcare

Code

Definition

Accessing Healthcare

Veteran describes barriers accessing (VA or civilian) healthcare to manage their diabetes

“

“

”

”

“

“

”

”

Focus Group Themes

Knowledge & Beliefs

Nutrition

Psychological Factors

Healthcare

Intervention

Didactics

Nutrition

Mindfulness

Health Coaching



Lessons Learned

- Mixed methods procedures were complicated by
 - COVID restrictions
 - Time and process coordination
 - Staffing
 - Recruitment issues
- Behavioral change and healthcare activation can be difficult to assess (e.g., ceiling effect, positive impression management)
 - DSMQ was replaced by Problem Areas in Diabetes Questionnaire (PAID)
 - Perceived Health Competence-2 was replaced by important and competence ruler
- Important to have access to Veterans medical team to assist with acute medical needs during program evaluation (e.g., recruitment and/or focus groups)
- Minority Veterans with poorly managed diabetes are interested in Whole Health approach to care
- Provider perceived barriers to caring for Veterans aligned with Veterans barriers to self-care (e.g., need for more education and existing time barriers)

Intervention:

Promoting Resilience and Equity with
Whole Health and Functional Medicine
(PREWHF)

WH SDOH Intervention

Components

- Changing the conversation to focus on Veteran's personal health goals/increase **self-awareness**
- Teach Veterans to better care for themselves/equip
 - Increase **knowledge**
 - **Skill** building

Outcomes

- Self-reported quality of life
- Self-reported diabetes-related distress
- DM status (e.g. biomarkers)
- Confidence/ self-efficacy

Weekly Content

- Check In
- Positive Physiology
- Mindfulness
- Nutrition and Cooking



Live Whole Health.

VA



U.S. Department of Veterans Affairs

Veterans Health Administration

Thank you!

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