

# *Partnership in Pursuit of Health Equity: Focus on Minority Veterans*

*September 24, 2014*

**Office of Health Equity**

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**Center for Health Equity Research and Promotion**

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**Health Equity and Rural Outreach Innovation Center**

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Veterans Health Administration  
Office of Health Equity

CHERP



**HEROIC**  
HEALTH EQUITY AND RURAL  
OUTREACH INNOVATION CENTER  
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VA  
HEALTH  
CARE | Defining  
**EXCELLENCE**  
In the 21st Century

# Composition of the audience-

**What is your primary role ?**

- Student, trainee, or fellow**
- Clinician**
- Researcher**
- Manager or policy-maker**
- Other**

# Session Outline

- ❑ Introductions
- ❑ **Office of Health Equity Overview**
- ❑ CHERP – VISN4 HTN Racial Disparity Project
- ❑ HEROIC – Racial/Ethnic Data Collection in VHA
- ❑ Q&A

# *Partnership in Pursuit of Health Equity: Focus on Minority Veterans*

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## Office of Health Equity

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<http://vaww.pdush.med.va.gov/programs/ohe/oheDefault.aspx>



VA Central Office  
Washington DC



Veterans Health Administration  
Office of Health Equity

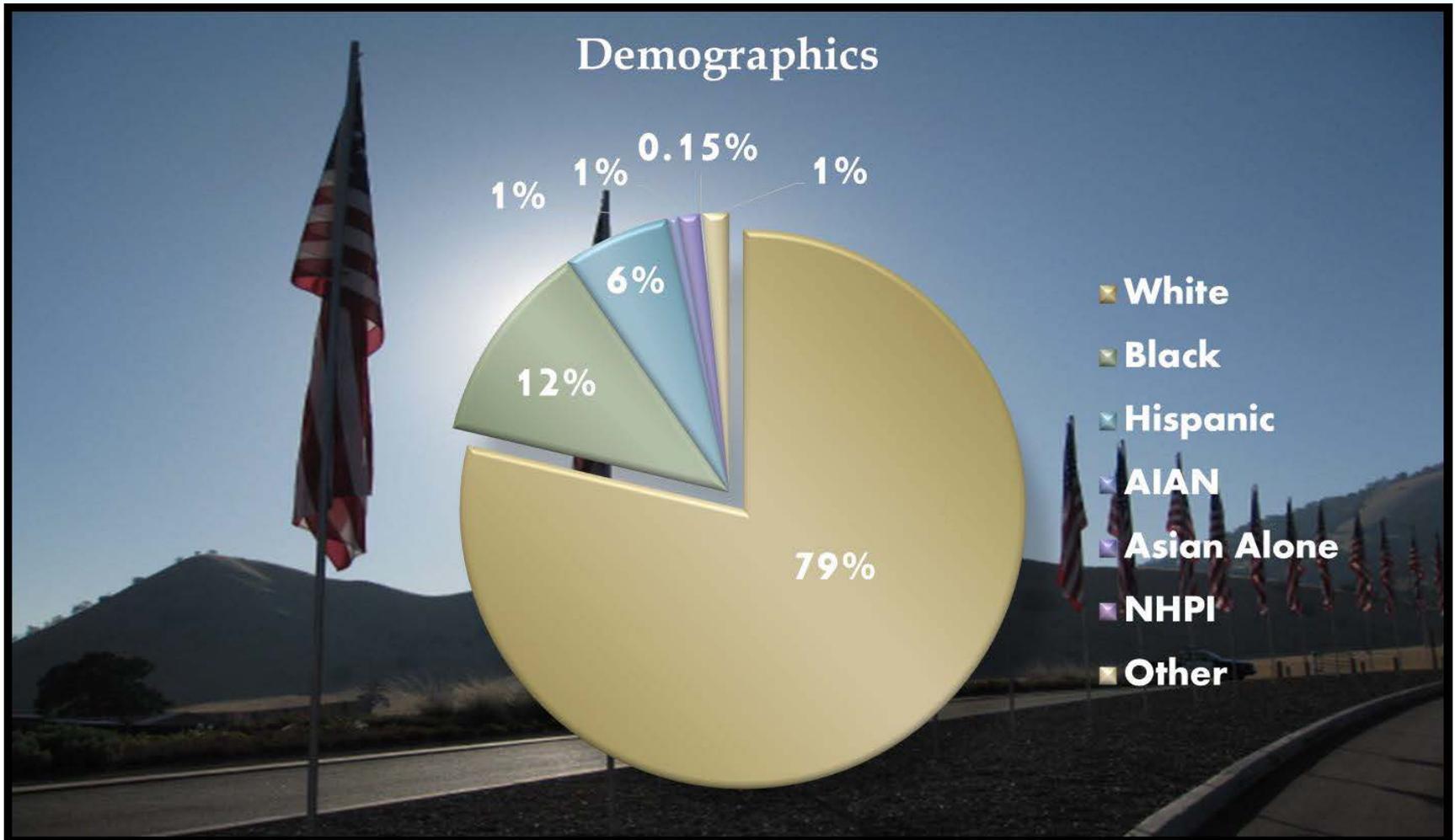


Greetings to All Veterans!



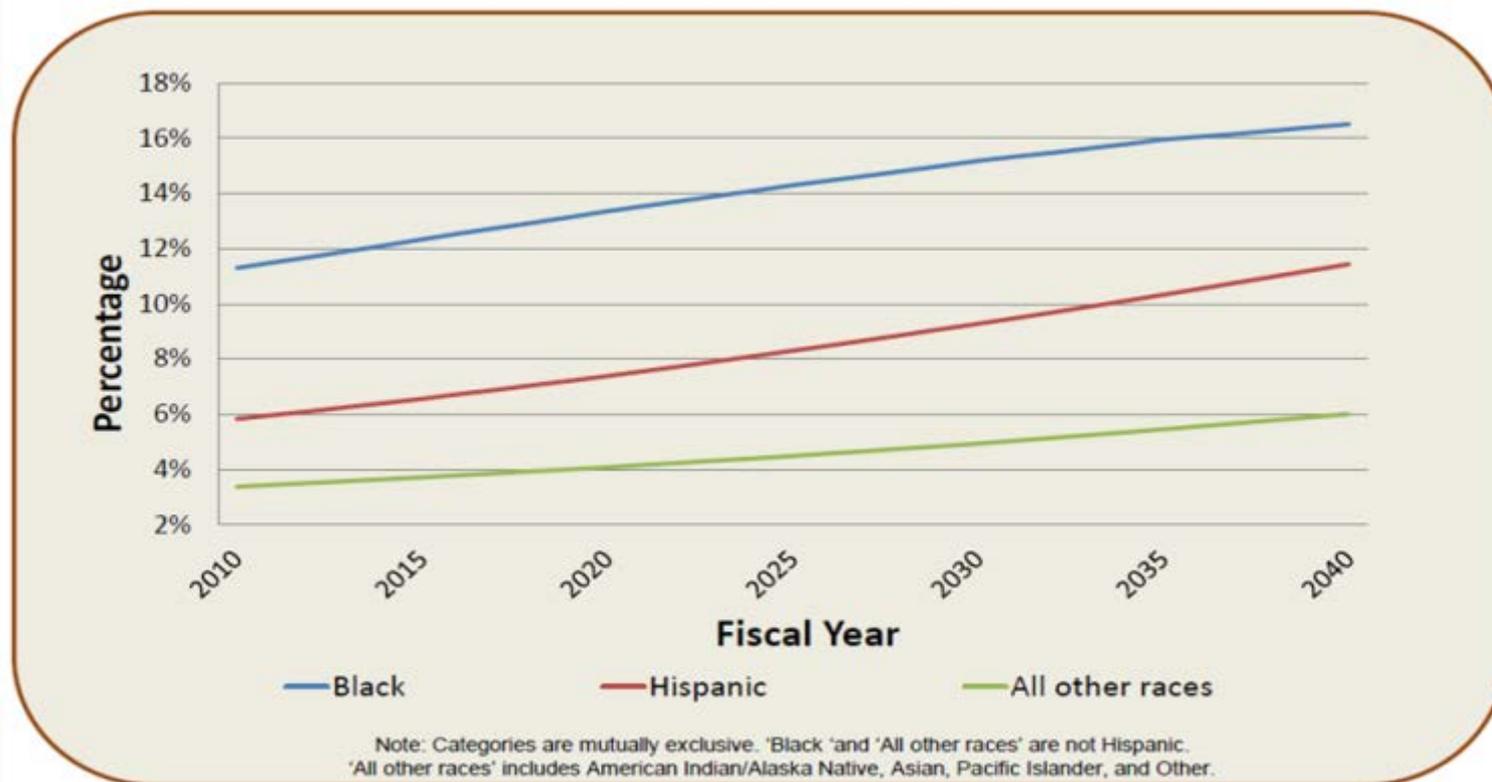
VA Core Values: *Integrity + Commitment + Advocacy + Respect + Excellence = ***I CARE***<sup>\*</sup>  
VETERANS HEALTH ADMINISTRATION*

# Veterans Demographics



# Minority Veteran Population

## Projected % of Minority Veteran Population 2010 to 2040



Source: Office of the Actuary, Veteran Population Projections Model (VetPop2011), Table 3L

4

# Minority Veteran Population Challenges

## ❖ From VA Center for Minority Veterans:

- ❑ Over representation among chronic diseases
- ❑ Health disparities
- ❑ Lower patient satisfaction
- ❑ Greater than 48% of homeless population
- ❑ Education gap
- ❑ Unemployment
- ❑ Incarceration

# VHA Office of Health Equity - History

- ❑ **Advisory Council on Minority Veterans - Connection**
  - **ACMV 2010 report\* - Recommendation #10 for VHA Action**
    - **Establish an Office of Health Equity ...**
  
- ❑ **VHA chartered Health Care Equality Workgroup – June 2011**
  
- ❑ **Office of Health Equity**
  - **Established in 2012**
  - **Fully Staffed 2013**

\*<http://www.va.gov/centerforminorityveterans/docs/cmldata/ACMV2011.pdf>

# VHA Office of Health Equity – VHA Strategic Plan

## ❖ VHA Strategic Plan Goal 1 of 3:

**VHA GOAL (1): PROVIDE VETERANS PERSONALIZED, PROACTIVE, PATIENT-DRIVEN HEALTH CARE**

### ❑ Objective: (*NLC Committee -HDC, HQVC*)

***1e. Quality & Equity – Veterans will receive timely, high quality, personalized, safe effective and equitable health care, irrespective of *geography, gender, race, age, culture or sexual orientation****

➤ **A section on the VHA strategic plan means weaving it into discussions *at all levels of policy, decision making, resource allocation, practice , performance plans etc.***

# VHA Office of Health Equity - Definitions

- ❑ **Health equity** is attainment of the highest level of health for all people.\*
- ❑ **A health disparity** is a particular type of health difference that is closely linked with social or economic disadvantage.\*
- ❑ **Socio-demographic** refers to a variety of socioeconomic (e.g., income, education, occupation) and demographic factors (e.g., age, race, ethnicity, primary language).\*\*

Health People 2020 \*

National Quality Forum\*\*

# VHA Office of Health Equity - Definitions

□ Health disparities adversely affect groups of people who have systematically experienced greater social and/or economic obstacles to health and/or a clean environment based on these:

- Racial or ethnic group
- Gender
- Age
- Geographic location
- Religion
- Socio-economic status
- Military Era\*
- Sexual orientation
- Mental health
- Disability
  - ✓ cognitive /sensory / physical
- other characteristics historically linked to discrimination or exclusion

# VHA Office of Health Equity - Project Highlights 1

## ❑ **Health Equity Coalition**

*The steering committee for VA Health Equity*

## ❑ **VHA Health Equity Action Plan - HEAP**

*Developed by Office of Health Equity through the Health Equity Coalition  
Communication and Roll out coming soon...*

## ❑ **VHA Strategic Plan goal 1 Objective e- Quality and Equity**

*Goal 1e- Business Owner:*

*Developed Strategies >Tactics > High level milestones – Met all in FY14*

***Strategic Goal #1, Objective 1e: Quality & Equity*** – Veterans will receive timely, high quality, personalized, safe effective and equitable health care, irrespective of geography, gender, race, age, culture or sexual orientation.

**Strategy:** VHA will develop an understanding of where health and health care inequities exist and identify factors that contribute to inequity in Veteran populations, and intervene to eliminate the inequities.

❖ **Health Equity Action Plan Focus Area Highlights:**

- ❑ ***Awareness:*** Crucial Strategic Partnerships within and outside VA
- ❑ ***Leadership:*** Health equity impact assessed for all policies, EDMs, memos, handbooks, procedures, directives, action plans and NLC decision
- ❑ ***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 SAIL and Balanced Score Card etc.

# VHA Office of Health Equity - Projects Highlights 2

- ❑ **Clinical Look at Unconscious Bias – CLUB** In response to ACMV 2012  
*OHE in collaboration with CHERP –Houston, Martinsburg and Pittsburgh*  
*Concluded 2014 – Stay tuned ...*

## **Unconscious Bias Videos - Health Equity Education tool**

<https://vaww.vha.vaco.portal.va.gov/sites/OHE/Pages/UB.aspx>

- ❑ **Evidence Synthesis Program topic**

*OHE topic for HSR&D ESP on PC Access for Mentally Ill Veterans –> Durham ESP Center*

- ❑ **Support of Disparities Related Research**

*Steering committees, Partnership, Advisory Council, Seed Grants, Support letter for grants etc.*

# VHA Office of Health Equity - Project Highlights 3

- ❑ **American Journal of Public Health VA Health Equity Supplement**  
*Call for papers yielded >70 submissions – On line release - August 6, 2014*

- ❑ **HEI**

*Very Successful in 2013*

*2014 Preliminary results very promising → Release November 2014*

- ❑ **Transgender Protocol**

*Dr. George Brown and Dr. Kenneth Jones – published /accepted papers*

*GLMA Presentation September 2014*

*Next steps with actionable items – >Veteran Impact*

- ❑ **VA Health Equity Themed Quality Improvement Project RFP**

*OHE field engagement for site relevant implementation projects*

*Funded Nine Projects for FY 2014*

# VA Health Equity Themed Quality Improvement RFP

- ❑ **Overarching goal - addressing health and/or healthcare disparity**
- ❑ **RFP target - QI projects in a subject that is pertinent to the VISN/facility demographics**
- ❑ **Action/implementation of intervention for a vulnerable population**
- ❑ **Partnership for evaluation**
- ❑ **Add value**
  - Racial or ethnic group
  - Gender
  - Age
  - Geographic location
  - Religion
  - Socio-economic status
  - Military Era
  - Sexual orientation
  - Mental health
  - Disability
    - ✓ cognitive /sensory / physical
  - other characteristics historically linked to discrimination or exclusion
- ❑ **Range -**
  - health outcomes
  - process measures
  - resource allocation
  - access
  - Implemented initiatives e.g. PACT
  - etc.



Veterans Health Administration  
Office of Health Equity

# Six Domains of Health Care Quality by Institute of Medicine -IOM

- ❑ **Safe:** Avoiding harm to patients from the care that is intended to help them.
- ❑ **Effective:** Providing services based on scientific knowledge to all who could benefit and refraining from providing services to those not likely to benefit (avoiding underuse and misuse, respectively).
- ❑ **Patient-centered:** Providing care that is respectful of and responsive to individual patient preferences, needs, and values and ensuring that patient values guide all clinical decisions.
- ❑ **Timely:** Reducing waits and sometimes harmful delays for both those who receive and those who give care.
- ❑ **Efficient:** Avoiding waste, including waste of equipment, supplies, ideas, and energy.
- ❑ **Equitable:** Providing care that does not vary in quality because of personal characteristics such as gender, ethnicity, geographic location, and socioeconomic status.

<https://cahps.ahrq.gov/consumer-reporting/talkingquality/create/sixdomains.html>

# VA Health Equity Themed Quality Improvement Projects – FY 2014

Project Name	Facility	VISN	Target Population(s)
Reducing Excess Heart Failure Readmissions for Blacks	Washington DC VAMC	5	Black patients hospitalized with a heart failure condition
Tobacco Cessation	VA Maryland HCS	5	Veterans with serious mental illness
Diabetes Case Management	Ralph H. Johnson VAMC	7	Veterans with diabetes and A1C >8.0%
Novel Technologies to Reduce Gender Disparities in Cardiovascular Disease	Miami VA HCS	8	Women age >40 who receive care at the PACT clinics
Healthy Women are Active	Alexandria VA HCS	16	Rural, urban, minority and lower socioeconomic status women Veterans
Collaboration Project to Address Health Disparities of Older Hospitalized Patients **	Central Arkansas HCS	16	Frail older hospitalized Veterans
Project Battlefield Acupuncture for PTSD/Pain	Central Arkansas HCS	16	Veterans with PTSD
Maternity Case Manager	G.V. (Sonny) Montgomery VAMC	16	Women, rural and highly rural populations
ICD Decision Aid	Portland VAMC	20	Elderly heart failure patients with cognitive impairment

*\*\* Funded in partnership with the Office of Rural Health*

# VHA Office of Health Equity - AJPH VA Health Equity Supplement

American Journal of

**PUBLIC  
HEALTH**

## Call for Papers VA Health Equity

*The American Journal of Public Health (AJPH)*, in collaboration with the VHA Office of Health Equity, intends to publish an **open access, online-only supplemental issue on VA Health Equity**. Original papers are invited that focus on improving the understanding of the root causes of health and health care disparities or on reducing or eliminating such disparities among vulnerable Veteran populations and patients treated within the VA Healthcare System. Vulnerable populations are groups of people who have systematically experienced greater social and/or economic obstacles to health and/or a clean environment based on their race or ethnicity, socioeconomic status, religion, sexual orientation, geographic location of residence, medical or psychiatric illness, or other characteristics historically linked to discrimination or exclusion.

Potential authors should visit the AJPH website (<http://www.ajph.org>) to review the *Instructions for Authors* and specific guidelines for the various types of manuscripts. Research papers (3,500 words) and Briefs (800 words) are encouraged. All manuscripts will undergo standard peer review by the AJPH editors and peer referees as defined by the AJPH policy. To be considered for inclusion in this supplement, manuscripts must be submitted by **January 10, 2013**, using the online submission system at <http://www.editorialmanager.com/ajph>. For additional information about this supplement, please contact the co-guest editors at [Carson.clark@va.gov](mailto:Carson.clark@va.gov).

*Guest Editors:* **Said A. Ibrahim, MD, MPH**, UPENN School of Medicine, Co-Director, VA CHERP; **Michael J. Fine, MD, MSc**, University of Pittsburgh School of Medicine, Director, VA CHERP; **Leonard Egede, MD, MSc**, Medical University of South Carolina, Director, VA HEROIC; and **Uche S. Uchendu, MD**, Chief Officer, VHA Office of Health Equity, VA Central Office, Washington, DC.



# VHA Office of Health Equity presents AJPH VA Health Equity Supplement 2014

Supplement to  
American Journal of  
**PUBLIC  
HEALTH**  
A PUBLICATION OF  
AMERICAN PUBLIC HEALTH ASSOCIATION

Racial Disparities in Cancer Care | Access to Care for Transgender Veterans | Hepatitis C Among US Veterans | Battling Tobacco Use at Home | **HEALTH EQUITY** | How Might the Provision of Culturally Competent Services Be Enhanced for American Indian and Alaska Native Veterans? | Improving Trends in Gender Disparities | Suicidality Among Hispanic and African American Veterans Following Surgery



VA Intranet [http://vaww.vha.vaco.portal.va.gov/sites/OHE/Pages/VA\\_AJPH.aspx](http://vaww.vha.vaco.portal.va.gov/sites/OHE/Pages/VA_AJPH.aspx)  
Internet <http://ajph.aphapublications.org/toc/ajph/104/S4>

# VHA Office of Health Equity - *Get involved!*

- ❑ The pursuit of Health Equity *should be* everyone's business.
- ❑ It is a journey that takes time and 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.

# VHA Office of Health Equity : Research Partners

- ❑ Multiple partners within VHA and beyond - Thanks to all of you!
- ❑ If you are not joining forces with us yet – See what you are missing...
- ❑ OHE Highlighting two partners on this Cyber seminar:
- ❑ Specific Projects with **\*Focus on Minority Veteran\***
  - ❑ **Center For Health Equity Research and Promotion**  
Dr. Leslie Hausmann
  - ❑ **Health Equity and Rural Outreach Innovation Center**  
Dr. Chanita Hughes-Halbert

# Session Outline

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- ❑ Q&A

# VISN4 HYPERTENSION RACIAL DISPARITY PROJECT

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Leslie R.M. Hausmann, PhD

Center for Health Equity Research and Promotion

VA Pittsburgh Healthcare System

# Poll Question

- Are racial/ethnic differences in patient care or health outcomes systematically monitored at your VA facility?
  - Yes
  - No
  - I am not sure

# Project Origin

- VISN4 FY13 performance plan included an objective to reduce disparities
  - Develop a VISN-wide ***Health Equity Dashboard (HED)*** and distribute to VISN4 facility leaders
  - Identify specific opportunities for improvement
  - Oversee implementation of initiatives to reduce disparities and monitor their impact

# HED Data Source

- Tool previously-developed in VISN4 to calculate adherence to clinical guidelines for disease management and prevention, including:
  - Screenings (e.g., tobacco use, alcohol misuse, depression, colon cancer)
  - Counseling (e.g., tobacco cessation, weight loss)
  - Immunizations (influenza and pneumococcal)
  - Disease management (e.g., diabetes, hypertension)

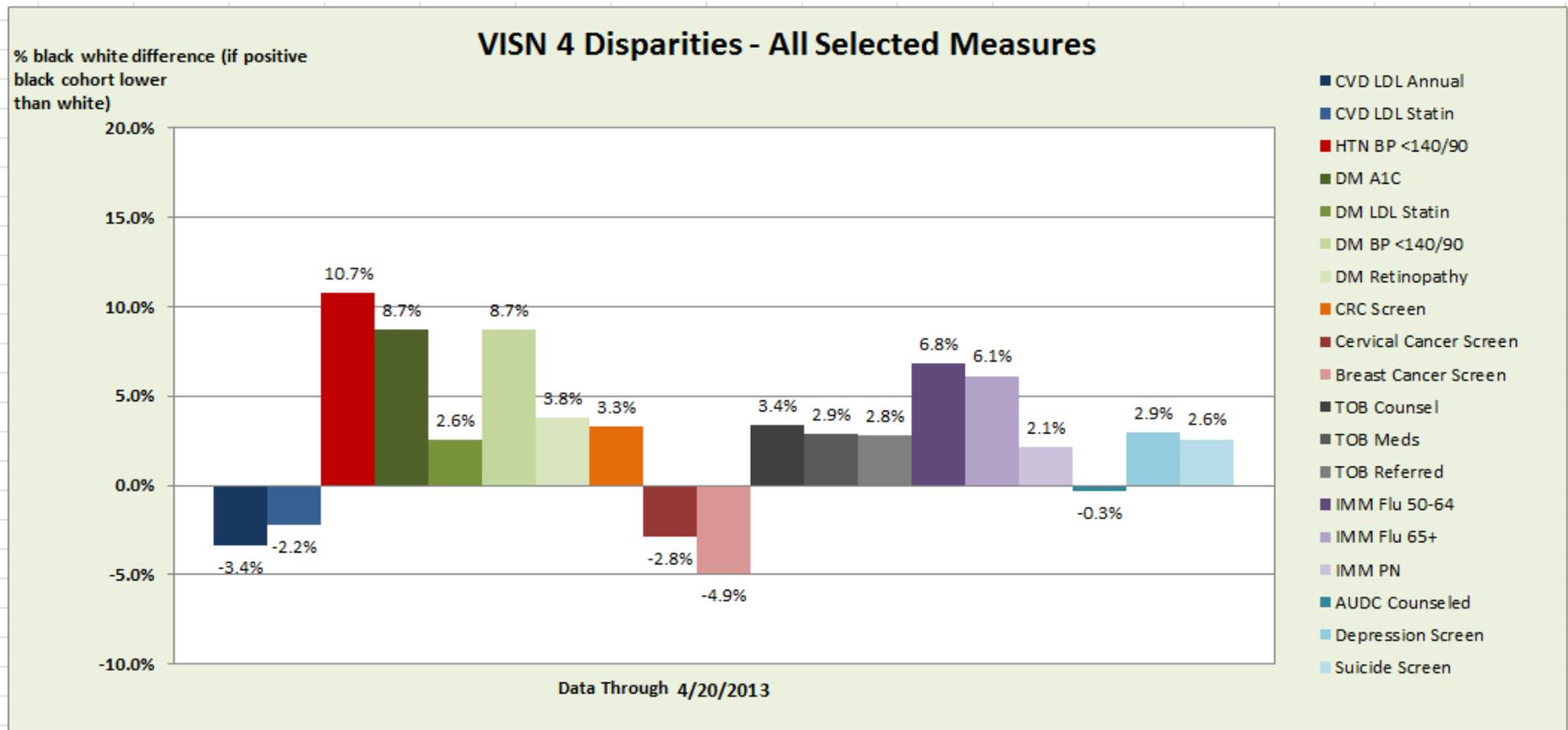
# Creating the HED

- Add race as a patient characteristic
- Set up race contrasts for all metrics
- Determine minimal numbers needed to make valid inferences
- Identify largest and most consistent disparities (i.e., opportunities for improvement)
- Develop reporting tools to facilitate action and monitor progress

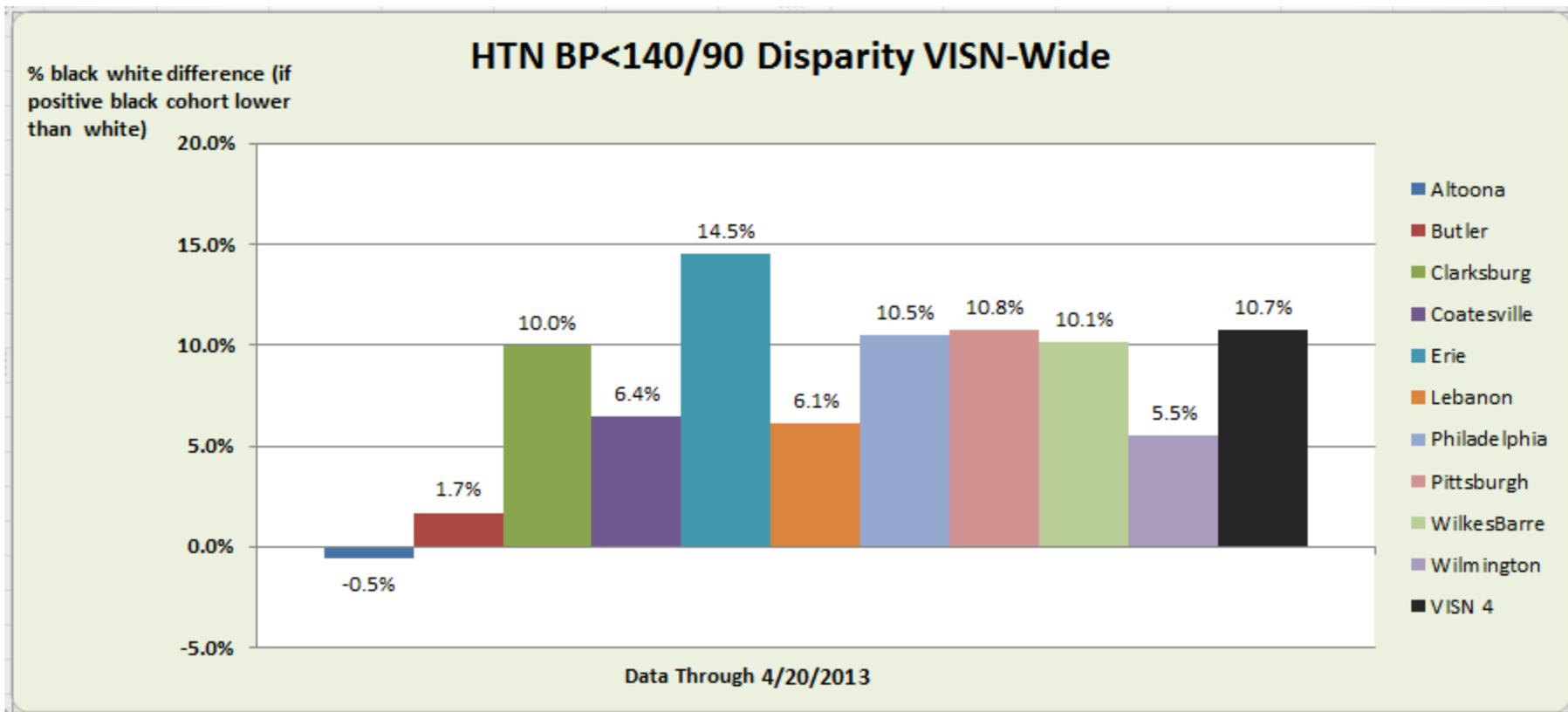
# VISN4 – CHERP Partnership

- CHERP partnered with the VISN to develop the dashboard, providing expertise on:
  - Identifying patient race from administrative data
  - Statistical consultation
  - Constructing spreadsheets and charts to display race (White vs. Black) differences
  - Interpretation of race differences to identify best targets for disparities reduction

# Baseline VISN4 White-Black Disparities



# Baseline Hypertension (HTN) Disparities Across VISN4 Facilities



# Roll-out of HED

- Availability and purpose of HED announced to VISN4 facility leaders in June 2013
- Inclusion of goal to reduce HTN race disparity in the FY14 performance plan also announced
  - Launch workgroup to determine strategies to reduce HTN disparities, focusing on African Americans with severe HTN
  - Significantly reduce number of Veterans with severe HTN in VISN4

# VISN4 Plan to Reduce HTN Disparities

- Appoint project leaders for VISN and facilities
- Identify factors contributing to local blood pressure control disparities
- Create and implement local action plans to address these factors
- Use HED to generate VISN, facility, and provider-level reports of Black and White HTN rates
- Discuss progress on VISN-wide and facility calls

# From Development to Evaluation: VISN4 – CHERP – OHE Partnership

- CHERP partnered with OHE and VISN4 to document the process and impact of this network-wide effort to reduce disparities



# Evaluation Aims

- Document development and roll-out of HED
- Describe nature and intensity of specific interventions implemented at facilities
- Identify implementation barriers and facilitators
- Assess impact of interventions on VISN-wide and facility-level HTN disparities

# Evaluation Activities – Qualitative

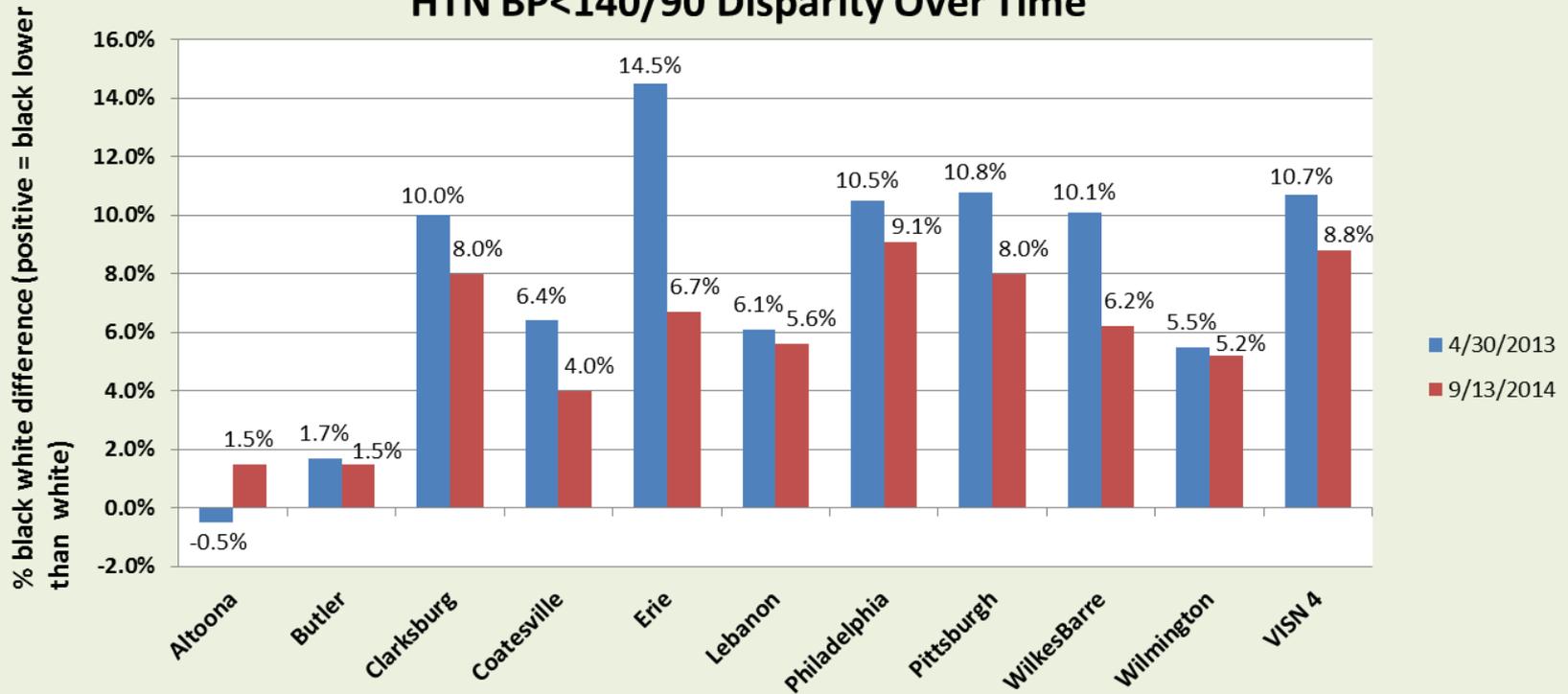
- Document implementation of project across VISN4 facilities
  - Observe VISN-wide and facility calls about project
  - Conduct semi-structured telephone interviews with facility project leaders

# Evaluation Activities – Quantitative

- Identify successful intervention strategies for reducing racial disparities in HTN
  - Examine changes in VISN and facility-level HTN disparities over time
  - Examine how specific intervention strategies are related to changes in HTN disparities

# Early Signs of Progress

## HTN BP<140/90 Disparity Over Time



# Remaining Steps

- Finish qualitative and quantitative evaluation activities
- Disseminate findings via final report, webinars, etc. (stay tuned!)
- Develop a resource guide that:
  - Describes how to develop a disparities dashboard
  - Summarizes lessons learned from the project
  - Presents effective strategies used by VISN4 facilities to reduce racial disparities in HTN
  - Serves as a resource for identifying and addressing other disparities that affect vulnerable Veteran patient populations

# THANKS!

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Leslie R.M. Hausmann, PhD

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# Obtaining Race/Ethnicity Data in the Veterans Health Administration

Chanita Hughes Halbert, PhD; Aleatha Fields;  
Mulugeta Gebregziabher, PhD; Cheryl Lynch,  
MD, MPH; Charlene Pope, PhD, RN; Rebekah  
Walker, PhD; Leonard Egede, MD, MS



**Supported by the Office  
of Health Equity**

# Health and Health Care Disparities

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- ...differences that occur by gender, race or ethnicity, education or income, disability, living in rural localities or sexual orientation (Healthy People 2010)
- ...differences in the incidence, prevalence, mortality, and burden of diseases and other adverse health conditions that exist among specific population groups in the US (NIH)
- “...racial or ethnic differences in the quality of health care that are not due to access-related factors or clinical needs, preferences and appropriateness of intervention” (IOM, Unequal Treatment. 2003; pp. 31-32)

# Is Race the Most Effective Way to Address Disparities?

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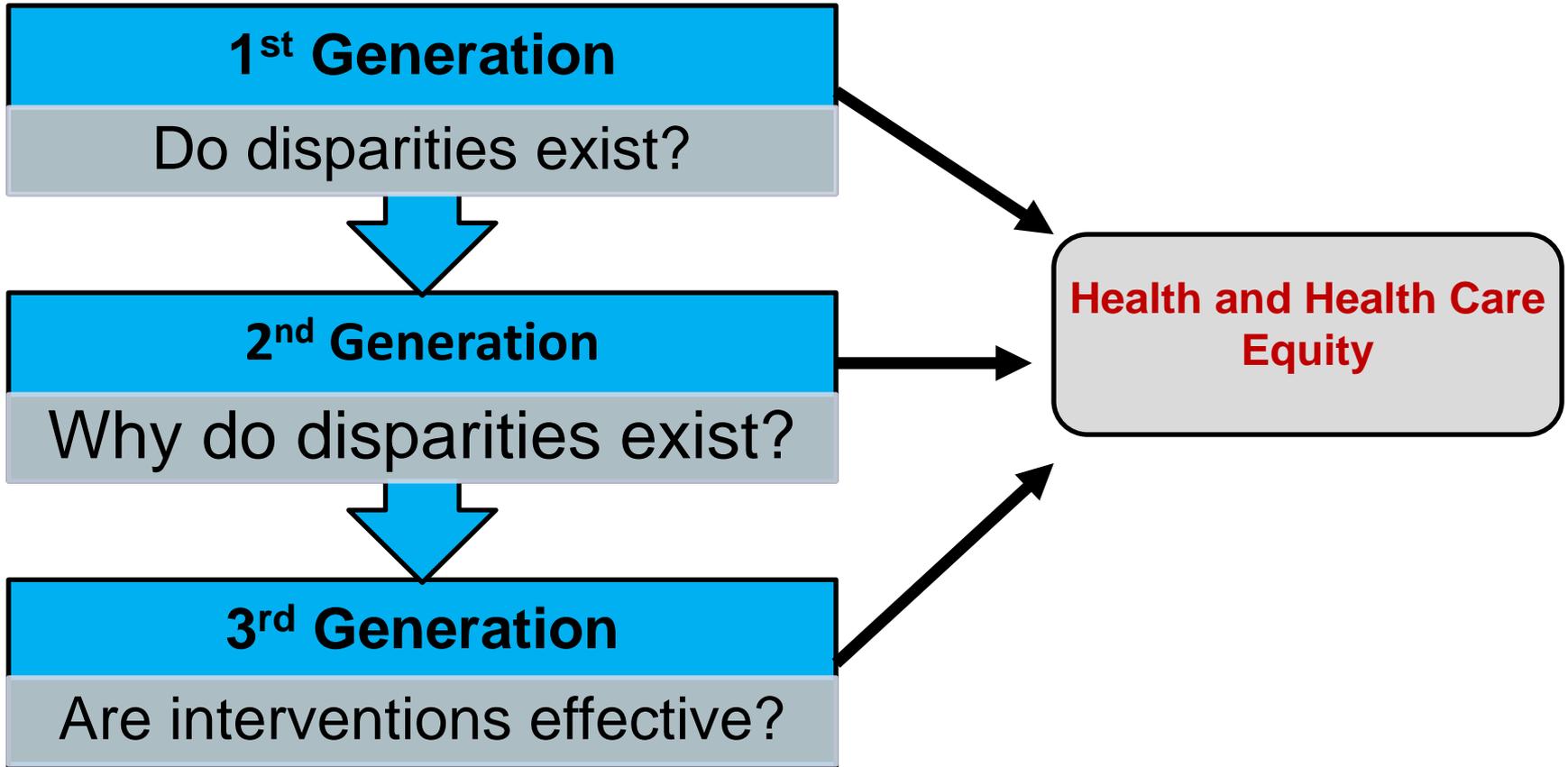
- Race is not used consistently across studies
- Race is used to measure a number of different factors (e.g., proxy for SES, measure of biological variation, indicator of cultural factors) in different settings
- Comparing minority to non-minority racial groups may stigmatize and label minority populations as being deviant
- Attributing disparities to race may imply that racial background is the underlying cause of health outcomes
- Focusing on race may divert attention from other causal factors (e.g., racism, SES)
- Race is often confounded with SES; it may be difficult to separate the effects of these variables on health outcomes

# Why Does Race Matter?

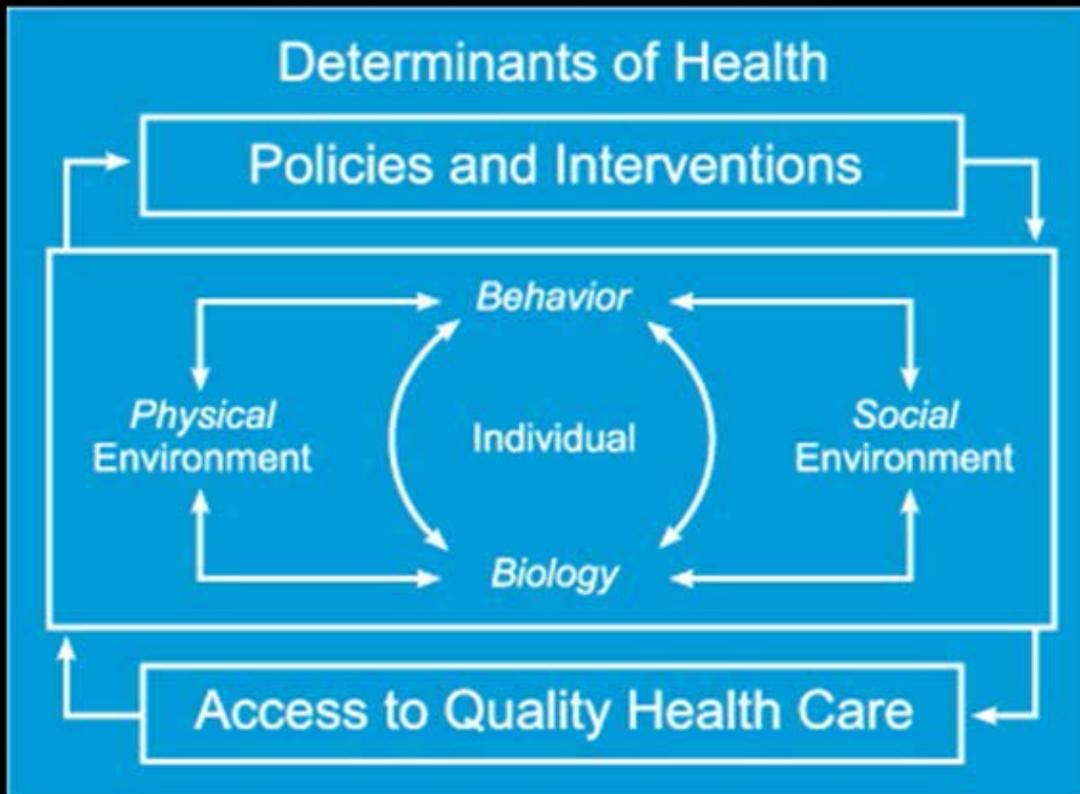
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- Race captures the history and current practice of inequality and injustice in the US
- Race reflects the history of racism in the US
- Race is an important organizing principle in society
- Race has been (and is still) used to monitor social and economic progress
- Group comparison is a central component of social interaction
- Race has an independent effect on health outcomes after socioeconomic factors (e.g., income, employment) are considered

# Trajectory for Disparities Research



## Determinants of Health



# Policies for Obtaining Race/Ethnicity in the VA

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- Collection of race/ethnicity is mandated by federal regulation
  - OMB Directive Revision No. 15 (1997)
  - Joint Commission (2010)
- Patient self-report to administrative staff is the preferred method for obtaining race/ethnicity from VA patients
- Missing data on race/ethnicity is common in the Patient Treatment File (PTF)
- About 20% of race/ethnicity data is missing from national and local VHA

# Project Objectives

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- Identify patient attitudes and preferences for how to report their race/ethnicity as part of obtaining medical care in the VA
- Determine the perception of patients, providers, and staff regarding barriers and facilitators to obtaining race/ethnicity.
- Develop and validate statistical methods for addressing missing race/ethnicity data in health equity research that uses VHA data

# Project Setting and Methods

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- Ralph H. Johnson VAMC, Charleston, SC
- African American, white, and Hispanic patients, health care providers, and clinic staff
- Qualitative and quantitative strategies are being used to identify patient and provider preferences, attitudes, and practices

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# **Preliminary Findings**

## **Health Care Providers**

# Is Race/Ethnicity Important?

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- All Veterans should get equal medical care
  - Race is important...but, only if indicated for treatment of medical conditions and clinical care
- Health care providers should be color blind and the patient's race/ethnicity should not matter

# Perceptions about Obtaining Race/Ethnicity

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- Awkward to ask patient about his/her racial/ethnic background
- Clinical judgment (e.g., observation) is used to determine race/ethnicity
- Race/ethnicity should be obtained as part of a psychosocial assessment...and by someone else
- Providers are not able to correct missing data

# Potential Interventions for Future Development

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- Development of interfaces that enhance the interoperability of different systems (clinical, administrative) to relay self-identified race/ethnicity (SIRE) data;
- Legislation encouraging VHA use of electronic enrollment transaction standards to submit SIRE data when individuals enroll in the VHA or VBA;
- Educating patients and providers about the importance of SIRE by providing a rationale for asking SIRE questions to increase the level of comfort with providing this information;

# Potential Interventions for Future Development

---

- Creating multiple points of engagement in the health care system to ensure systematic data collection and use [e.g., multiple mechanisms for staff to gather SIRE]
- System alerts/reminders to update demographic data annually and to update SIRE data if those fields are not populated
- Linkage and sharing of SIRE data from research studies to VHA clinical and administrative systems from which health-related data are being collected

# QUESTIONS & COMMENTS

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