U.S. Department of Veterans Affairs

Focus on Health Equity and Action:

Release of the Inaugural VHA National Veteran Health Equity Report

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October 27, 2016 @ 3PM EST

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WHAT YOU CAN EXPECT

- ❑ Acknowledgement
- ❑ Background – Health Equity Action Plan
- ❑ NVHER - Highlights
  - Background
  - Data notes
  - Distribution
  - Socio-demographics
  - Health Conditions
  - Utilization
- ❑ Discussion

THANK YOU VETERANS ~ I CARE & VA CARES!

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myVA
Putting Veterans First

- Veteran/Customer Experience
- Employee Experience
- Support Service Excellence
- Performance Improvement
- Strategic Partnership

USH Priorities

Five Priorities

- Access
- Employee Engagement
- Best Practices and Consistency
- Development of a High Performance Network
- Restore Trust and Confidence

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VULNERABLE POPULATIONS

- Racial or Ethnic Group*
- Gender*
- 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)

- **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; and
  - 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.

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National Veteran Health Equity Report–FY2013

Overview & Select Highlights

http://www.va.gov/healthequity/NVHER.asp

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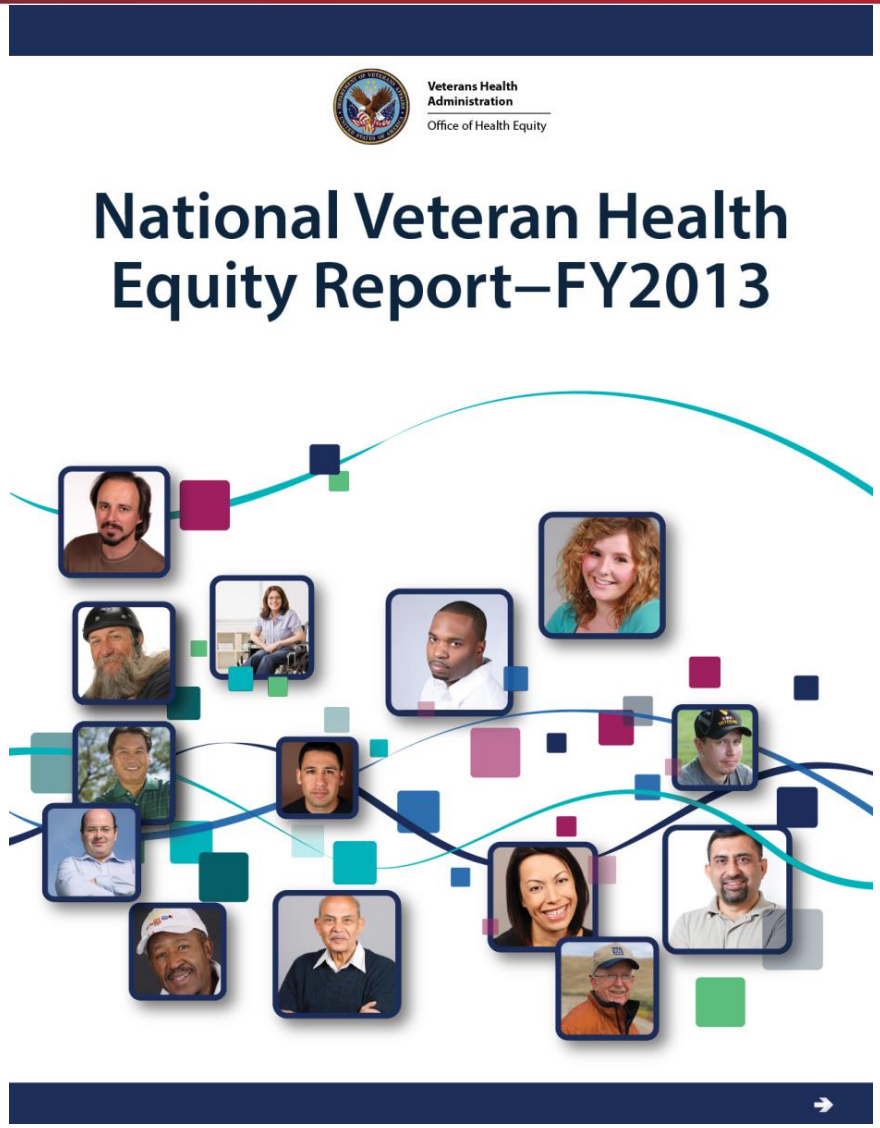
NATIONAL VETERAN HEALTH EQUITY REPORT–FY2013



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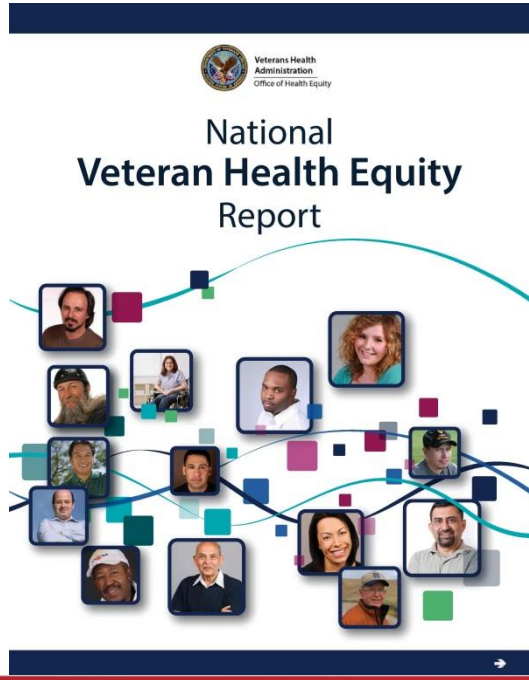
http://www.va.gov/healthequity/NVHER.asp

VHA NATIONAL VETERAN HEALTH EQUITY REPORT

- OHE venture with SMEs from the Palo Alto & GLA HSR&D COINs & chapter authors
- FY13 data as initial base
- Data variables by vulnerable populations + intersections
- Age, Gender, MH, Racial/Ethnic, Geography etc.
- Data variables within vulnerable populations for
  - Encounters in Primary Care, Mental Health , Emergency, Telephone etc.
  - Services in Fee Care, Cost of Care
  - Health Profile for medical and mental diagnoses domains
- Top Diagnoses by Vulnerable groups with identified gaps
  - Vulnerable Veteran groups
  - Use VA more
  - Have higher MH & complex medical diagnoses
  - Sicker with greater disease burden
- Full report and data released October 4, 2016!
- OHE - PEC => next steps with FY14 data including mortality



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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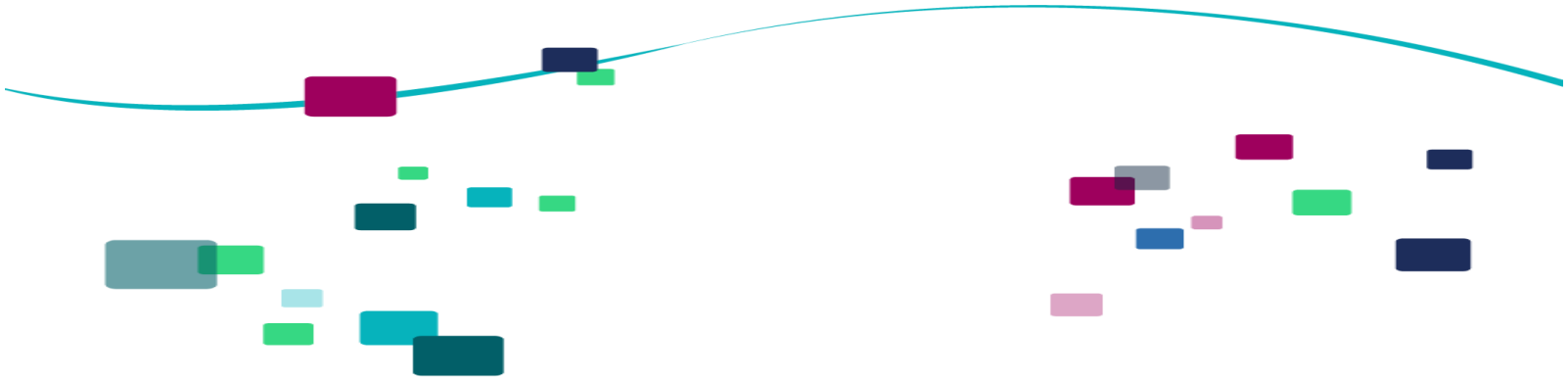
ACKNOWLEDGEMENT



- *The forces behind the Office of Health Equity at the United States Department of Veterans Affairs and this inaugural report*

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HOT OFF THE GRILL!

- AAMC President and CEO adds Endorses the NVHER!

- "Like two-thirds of my fellow physicians, I had the privilege of training at Veterans Administration (VA) hospitals and clinics…

- …because the VA sponsors approximately 10 percent of graduate medical education trainee positions, this report will inform the way the next generation of physicians thinks about equity and care for vulnerable patients…

- There is a common saying in health care, "You can only change what you measure." My hope is that this report will help guide those who serve and heal our nation's veterans to a more equitable future. While the journey to equity will no doubt be long, like Theodore Parker, I am certain it will bend toward justice.

~ Darrell G. Kirch, MD

PUBLICATION TEAM – CHAPTER AUTHORS

Chapter 1: Introduction

- Elizabeth Yano, PhD, MSPH *VA Greater Los Angeles Healthcare System*

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

- Uchenna S. Uchendu, MD *VA Office of Health Equity, Washington, DC*

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

- Donna L. Washington, MD, MPH *VA Greater Los Angeles Healthcare System*

Chapter 4: Health and Healthcare for Women Veterans in VHA

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- Sally Haskell, MD *VA Connecticut Healthcare System*
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Chapter 5: Health and Healthcare for Older Veterans in VHA

- Debra Saliba, MD, MPH *VA Greater Los Angeles Healthcare System*
- Katherine Hoggatt, PhD *VA Greater Los Angeles Healthcare System*
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Chapter 6: Health and Healthcare for Veterans in VHA in Rural Areas

- Ashley Cozad, MPH *Iowa City VA Medical Center*
- Gina Capra, MPA *VA Office of Rural Health, Washington, DC*
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Chapter 7: Health and Healthcare Disparities Among Veterans with Serious Mental Illness

- Amy N. Cohen, PhD *VA Greater Los Angeles Healthcare System*
- Dawn L. Glover, MA *VA Greater Los Angeles Healthcare System*

Chapter 8: VHA National Veterans Health Equity Report Highlights

- Donna L. Washington, MD, MPH *VA Greater Los Angeles Healthcare System*
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  - Susan Frayne, MD, MPH
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- **VA Employee Education System, Washington, DC**
  - Peggy Knotts
  - Sherry Keene
  - Scott A. Wood

DATA SOURCES

- Leverages WHEI Master Database and adds new variables; derived from multiple data sources, including:
  - ADUSH Enrollment File
  - National Patient Care Database
  - Non-VA (Fee) Medical Care Files
  - VA Managerial Cost Accounting System, MCA (DSS NDEs)
  - PSSG Enrollee File
  - VHA Vital Status File
  - OEF/OIF/OND Roster
- Denominator:
  - Veteran VHA patients in FY2013
- Variable creation:
  - Algorithms draw upon multiple sources

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POLL QUESTION #1

Have you read the *National Veteran Health Equity Report–FY2013*?

- ❑ **I have read the entire report**
- ❑ **I have read some of the report**
- ❑ **I have not read the report**

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National Veteran Health Equity Report–FY2013

Key Information For Interpreting the Results in the Chapters with Data

http://www.va.gov/healthequity/NVHER.asp

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DATA NOTES - RACE /ETHNICITY

- Race/ethnicity categories reported here are mutually exclusive
- All individuals with indication of Hispanic ethnicity are included in the "Hispanic" race/ethnicity group regardless of their race
- The remaining race/ethnicity categories contain Veteran patients who have identified as "non-Hispanic," but for simplicity, the label identifies only the race
- For example, "White" is used as shorthand for non-Hispanic White, and "Black/African American" is used as shorthand for non-Hispanic Black or African American
- The multi-race category is comprised of non-Hispanic individuals who identify more than one race

DATA NOTES - CONDITIONS

- Condition rates are based on ICD-9 diagnostic codes, with denominators representing counts of the number of patients using VHA for any reason (e.g., outpatient care, inpatient care, and outsourced VHA care)

- Use of FY13 data preceded implementation of ICD-10 diagnoses

- Use of diagnosis codes to ascertain prevalence of health conditions results in our use of the term “rate of diagnosed X,” where X represents the medical or mental health condition of interest

DATA NOTES - RURAL/URBAN

- In FY13 (and prior), VA defined rurality by using the three category URH scheme, which gave each Veteran the designation of urban, rural, or highly rural based on U.S. Census Bureau information and Veteran residence

- The URH scheme is used throughout this report. This classification system was updated in FY15 to the USDA and HHS Rural-Urban Commuting Area (RUCA) methodology to allow for increased consistency across federal agencies in the definition of rural designation

DATA NOTES - MENTAL HEALTH

- In order to contextualize the findings regarding the group of Veterans with SMI, we have established five comparison groups, for a total of six groups:
  - 1) serious mental illness;
  - 2) mood or anxiety disorders;
  - 3) post-traumatic stress disorder (PTSD);
  - 4) substance abuse;
  - 5) other mental health and
  - 6) no mental health diagnoses
- The comparison groups were formed **hierarchically** such that individuals who had comorbid mental health diagnoses were placed in the highest group for which they had a diagnosis, starting with the SMI group

DATA NOTES - UTILIZATION

- Veteran users of VA healthcare services may also use healthcare outside the VA (e.g., reimbursed through Medicare, Medicaid, private insurance, or other non-VA sources)
- Utilization represented in this report may therefore underestimate the total amount of care Veterans receive from all sources combined
- Further, long-term nursing home care and VA pharmacy services are not included in any counts of utilization
- Utilization data in this report include care outsourced and paid for by VA through the non-VA (Fee) medical care system
- These data pre-date changes in coding enacted through implementation of the Veterans Choice Act

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Distribution of Vulnerable Populations

http://www.va.gov/healthequity/NVHER.asp

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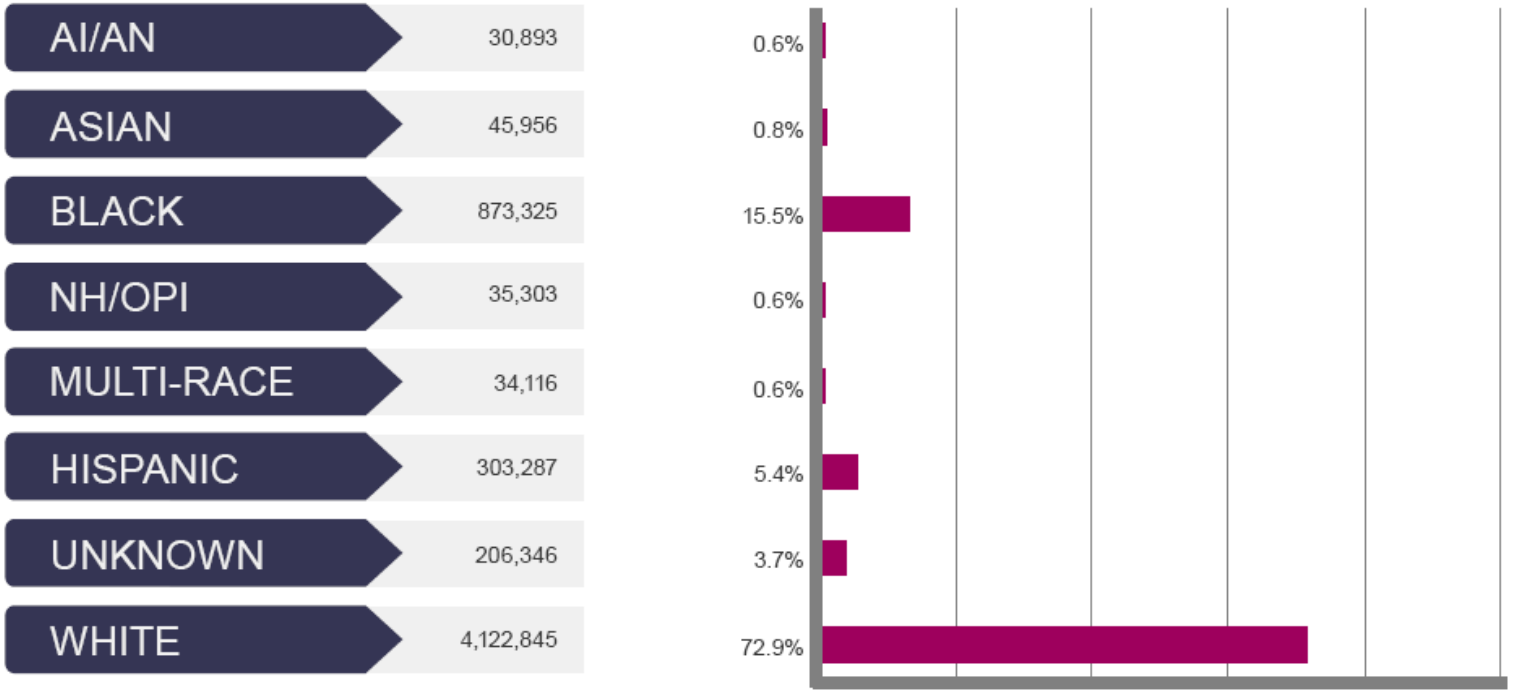
CHAPTER 3: HEALTH AND HEALTHCARE FOR VETERANS IN VHA BY RACE/ETHNICITY

EXHIBIT 3-1

DISTRIBUTION OF RACE/ETHNICITY AMONG VETERAN VHA PATIENTS, FY13



Abbreviations applied throughout this chapter: AI/AN = American Indian or Alaska Native; Black = Black or African-American; NH/OPI = Native Hawaiian or other Pacific Islander.

Denominator: All Veterans who used any VHA care in FY13 (VHA outpatient care, inpatient care, pharmacy care, or Non-VA [Fee] Medical Care), referred to as "Veteran FY13 VHA patients" (Data source: WHEI Master Database).

Source: VHA National Health Equity Report 2016

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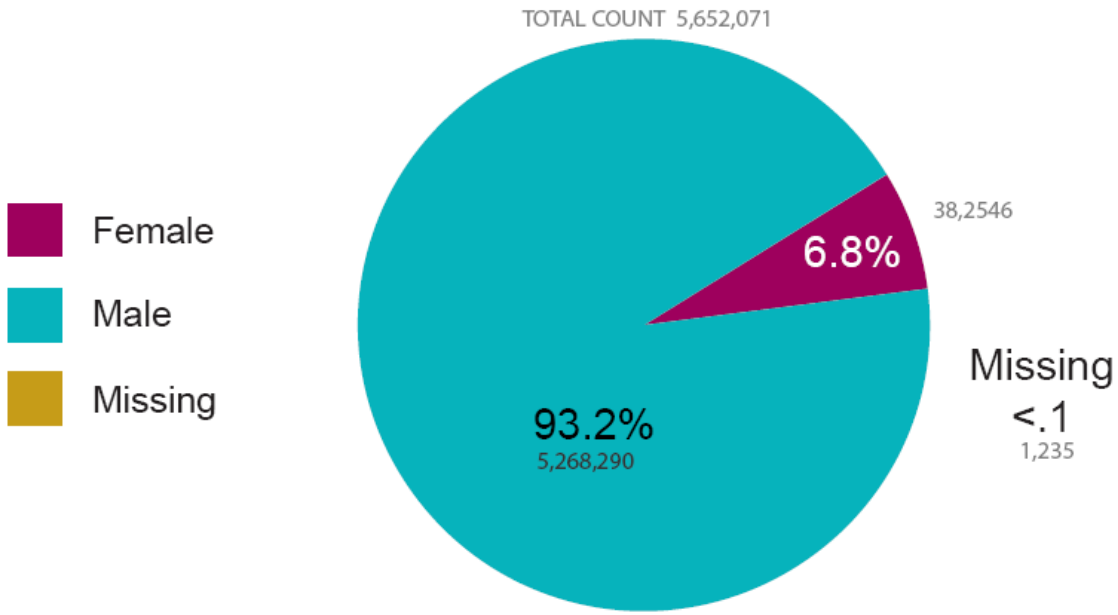
EXHIBIT 4-1

DISTRIBUTION OF GENDER AMONG VETERAN VHA PATIENTS, FY13



Note: The VHA databases available in FY13 did not include fields to distinguish between transgender and cisgender Veterans.

Denominator: All Veterans who used any VHA care in FY13 (VHA outpatient care, inpatient care, pharmacy care, or Non-VA [Fee] Medical Care), referred to as "Veteran FY13 VHA patients" (Data source: WHEI Master Database).

Source: VHA National Health Equity Report 2016

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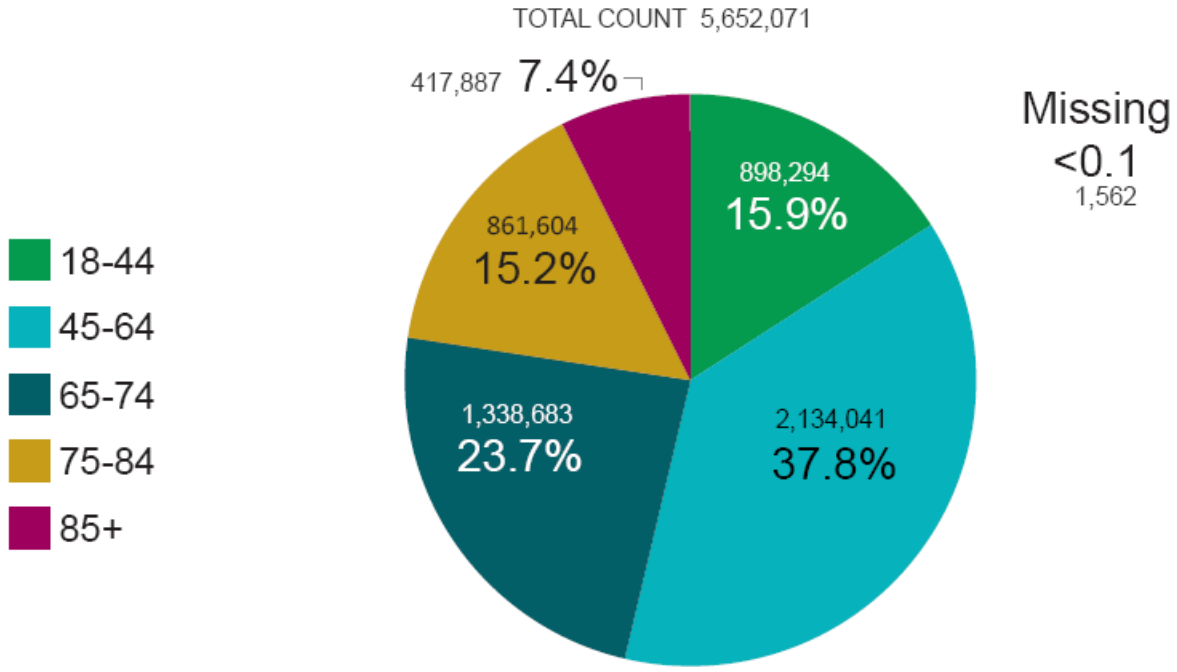
EXHIBIT 5-1

DISTRIBUTION OF AGE AMONG VETERAN VHA PATIENTS, FY13



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Source: VHA National Health Equity Report 2016

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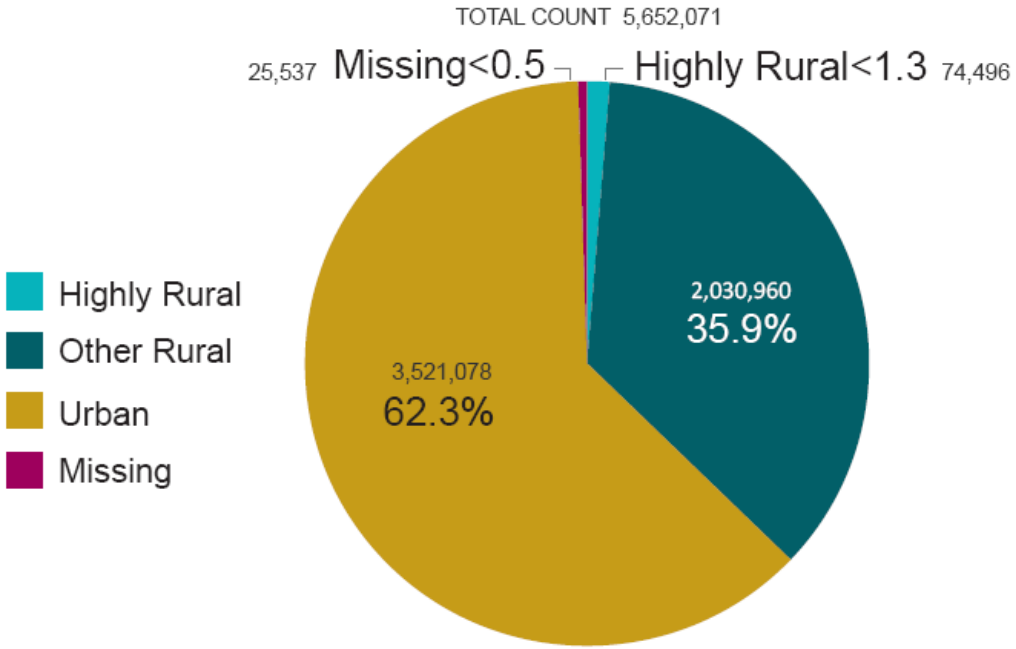
CHAPTER 6: HEALTH AND HEALTHCARE FOR VETERANS IN VHA IN RURAL AREAS

EXHIBIT 6-1

DISTRIBUTION OF RURAL/URBAN STATUS AMONG VETERAN VHA PATIENTS, FY13



Note: Categories for the URH codes are as follows: "highly rural" applies to Veterans who have an address in an county with <7 residents per square mile, "rural" applies to Veterans who have an address in any other non-urban location, and "urban" applies to Veterans who have addresses in areas with 50,000 or more people.

Denominator: All Veterans who used any VHA care in FY13 (VHA outpatient care, inpatient care, pharmacy care, or Non-VA [Fee] Medical Care), referred to as "Veteran FY13 VHA patients" (Data source: WHEI Master Database).

Source: VHA National Health Equity Report 2016

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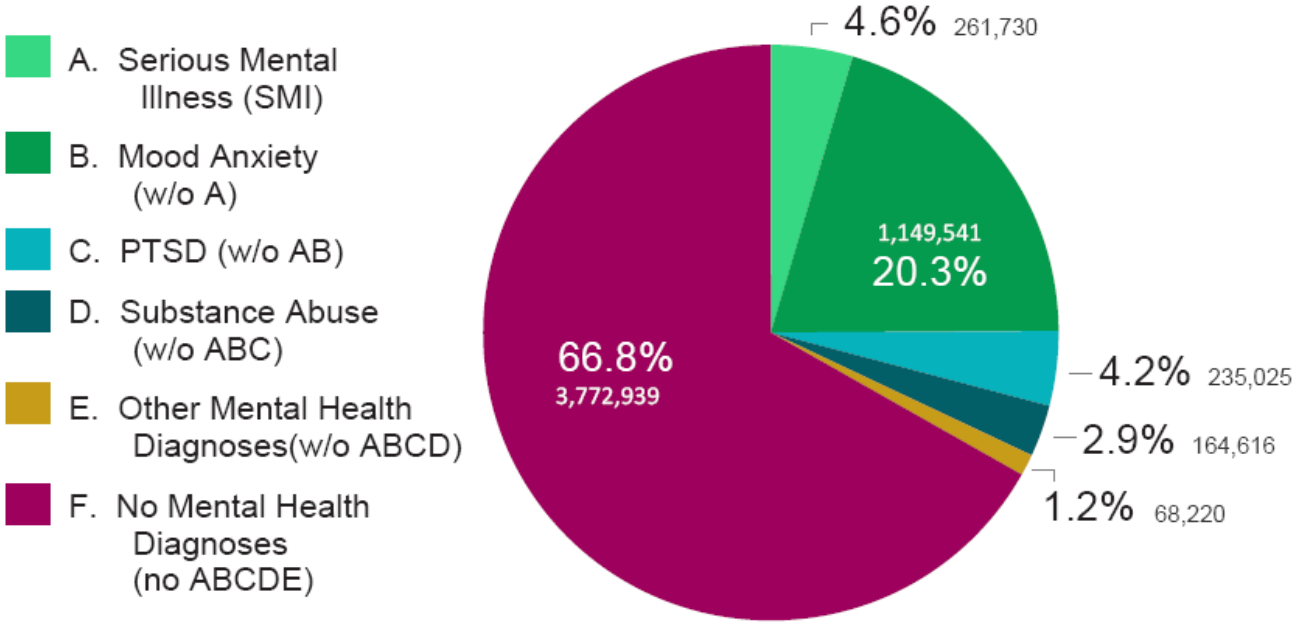
CHAPTER 7: HEALTH AND HEALTHCARE DISPARITIES AMONG VETERANS WITH SERIOUS MENTAL ILLNESS

EXHIBIT 7-1

DISTRIBUTION OF MENTAL HEALTH DIAGNOSES AMONG VETERAN VHA PATIENTS, FY13

HIERARCHICAL PRESENCE OF SERIOUS MENTAL ILLNESS, FY13

TOTAL COUNT 5,652,071



Denominator: All Veterans who used any VHA care in FY13 (VHA outpatient care, inpatient care, pharmacy care, or Non-VA [Fee] Medical Care), referred to as "Veteran FY13 VHA patients" (Data source: WHEI Master Database).

Source: VHA National Health Equity Report 2016

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Sociodemographic Highlights

http://www.va.gov/healthequity/NVHER.asp

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EXHIBIT 4-3

PERCENT DISTRIBUTION OF RACE/ETHNICITY BY GENDER AMONG VETERAN VHA PATIENTS, FY13

	Female	Male	Total
Count	382,546	5,268,290	5,650,836
Race/Ethnicity	%	%	%
American Indian/Alaska Native	0.8	0.5	0.6
Asian	1.1	0.8	0.8
Black/African American	27.1	14.6	15.5
Native Hawaiian/Other Pacific Islander	0.8	0.6	0.6
Multi-race	1.0	0.6	0.6
Hispanic	6.2	5.3	5.4
Unknown	6.6	3.4	3.6
White	56.4	74.2	73.0

Missing = 1,235

Denominator: All Veterans who used any VHA care in FY13 (VHA outpatient care, inpatient care, pharmacy care, or Non-VA [Fee] Medical Care), referred to as "Veteran FY13 VHA patients" (Data source: WHEI Master Database).

Source: VHA National Health Equity Report 2016

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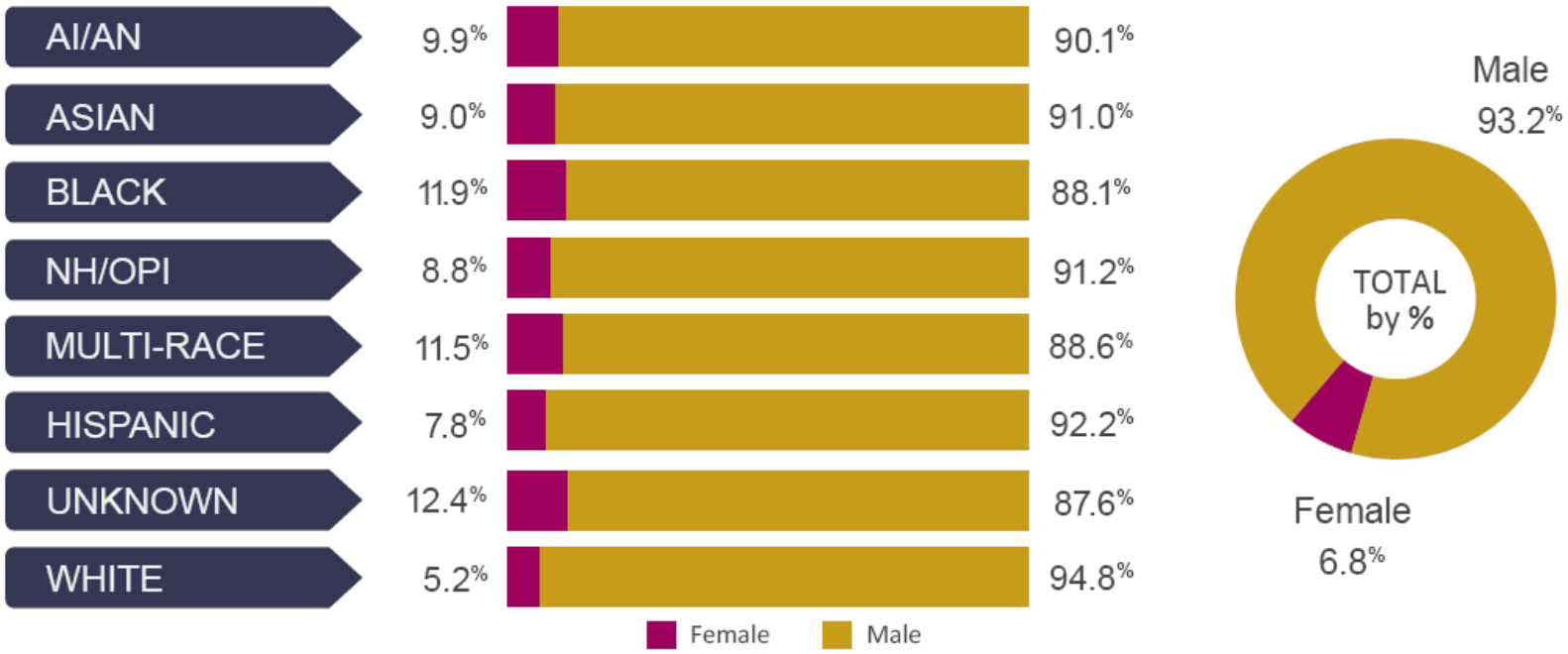
CHAPTER 3: HEALTH AND HEALTHCARE FOR VETERANS IN VHA BY RACE/ETHNICITY

EXHIBIT 3-3

PERCENT DISTRIBUTION OF GENDER BY RACE/ETHNICITY AMONG VETERAN VHA PATIENTS, FY13



Note: AI/AN = American Indian or Alaska Native; Black = Black or African-American; NH/OPI = Native Hawaiian or other Pacific Islander.
Missing = 1,235
Denominator: All Veterans who used any VHA care in FY2013 (VHA outpatient care, inpatient care, pharmacy care, or Non-VA [Fee] Medical Care), referred to as "Veteran FY2013 VHA patients" (Data source: WHEI Master Database).
Source: VHA National Health Equity Report 2016

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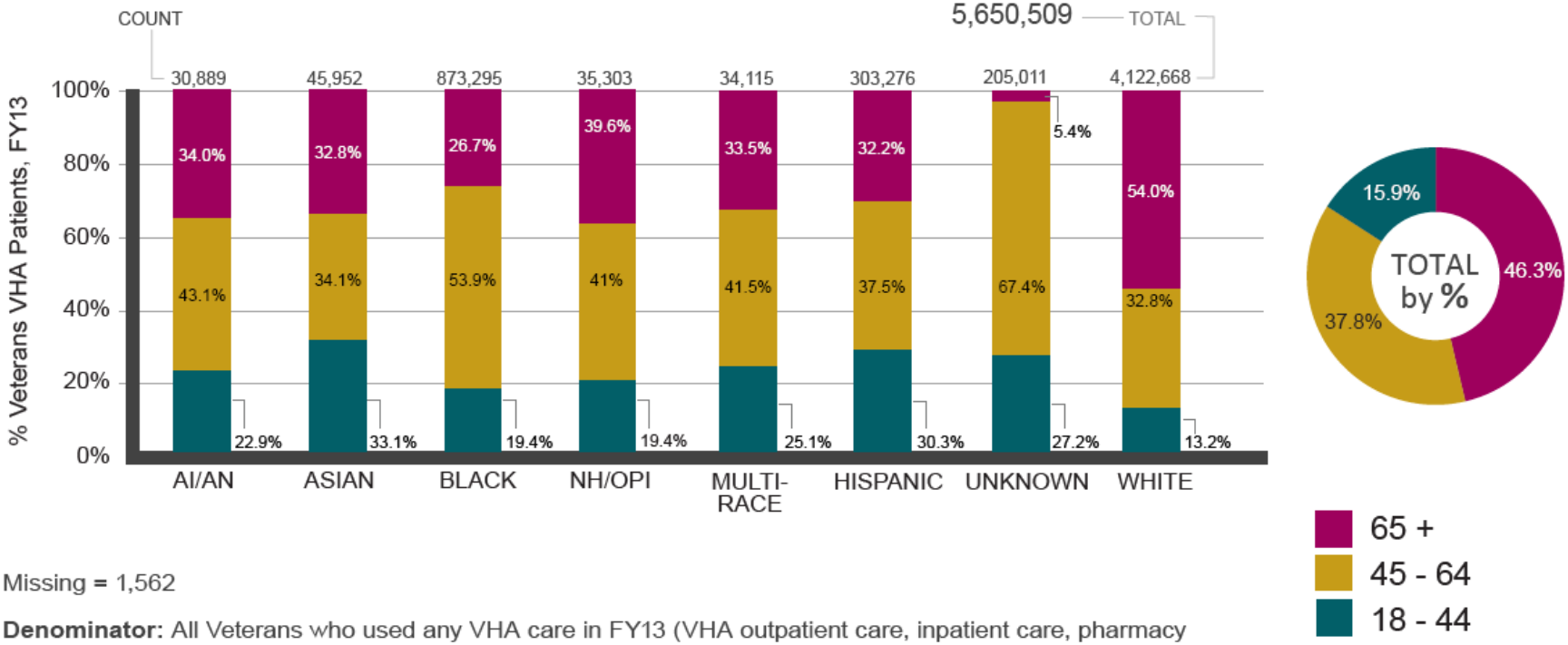
CHAPTER 3: HEALTH AND HEALTHCARE FOR VETERANS IN VHA BY RACE/ETHNICITY

EXHIBIT 3-4

PERCENT DISTRIBUTION OF AGE BY RACE/ETHNICITY AMONG VETERAN VHA PATIENTS, FY13



Missing = 1,562

Denominator: All Veterans who used any VHA care in FY13 (VHA outpatient care, inpatient care, pharmacy care, or Non-VA [Fee] Medical Care), referred to as "Veteran FY13 VHA patients" (Data source: WHEI Master Database).

Source: VHA National Health Equity Report 2016

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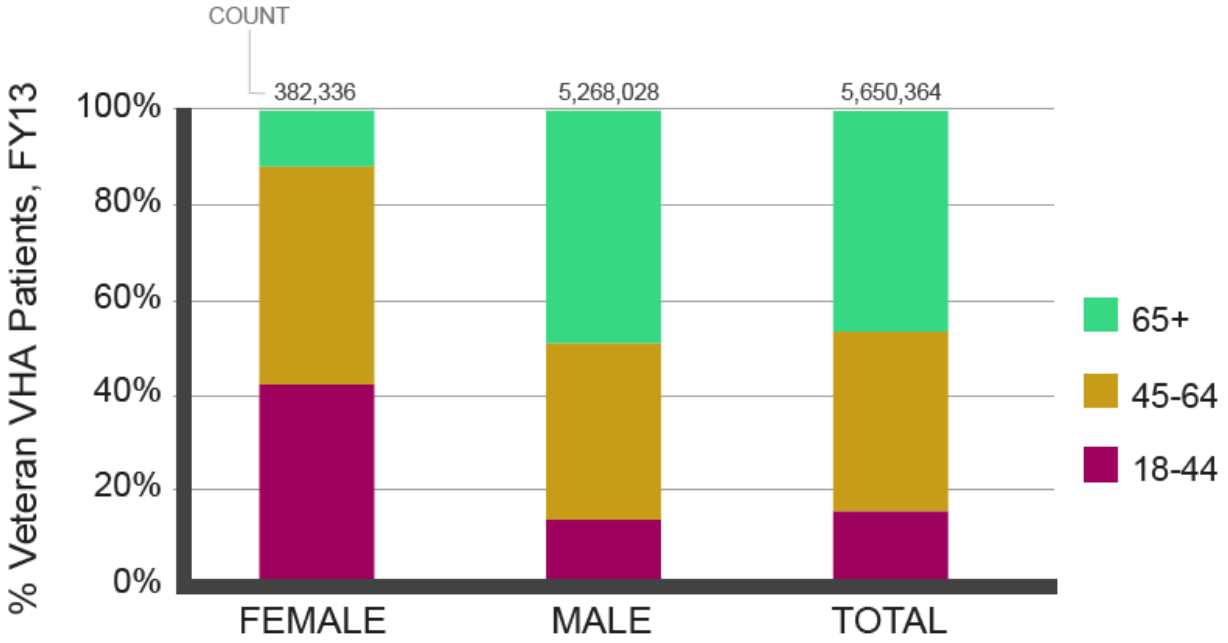
EXHIBIT 4-2

PERCENT DISTRIBUTION OF AGE BY GENDER AMONG VETERAN VHA PATIENTS, FY13



Note: The VHA databases available in FY13 did not include fields to distinguish between transgender and cisgender Veterans.

Denominator: All Veterans who used any VHA care in FY13 (VHA outpatient care, inpatient care, pharmacy care, or Non-VA [Fee] Medical Care), referred to as "Veteran FY13 VHA patients" (Data source: WHEI Master Database).

Source: VHA National Health Equity Report 2016

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URBAN/RURAL RESIDENCE

- Over one-third of Veterans served by VHA reside in rural areas
  - 1.3% highly rural; 35.9% rural; 62.3% urban

- Older (age 65+) Veterans were more likely to live in rural locations (40.7%) compared to their younger counterparts
  - 36.8% of 45-64 year olds; 29.4% of 18-44 year olds

- In contrast to other racial/ethnic groups, a majority of American Indian/Alaska Native Veteran VHA users lived in rural areas
  - 53.5%, versus 42.6% of Whites, and smaller percentages of other groups

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Health Conditions Highlights

http://www.va.gov/healthequity/NVHER.asp

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TOP 7 CATEGORIES AND PERCENT

- The top condition categories for diagnoses were:

  #1 Endocrine/Metabolic/Nutritional (63.6%);
  #2 Cardiovascular (60.6%);
  #3 Musculoskeletal (49.8%);
  #4 Other (46.8%);
  #5 Sense Organ (42.6%);
  #6 Gastrointestinal (34.7%);
  #7 Mental Health/Substance Use Disorder (33.2%).

- Top diagnoses in the groups >>>

TOP CONDITIONS BY RACE/ETHNICITY - CHAPTER 3: HEALTH AND HEALTHCARE FOR VETERANS IN VHA BY RACE/ETHNICITY

EXHIBIT 3-15

CONDITIONS DIAGNOSED IN ≥ 20% OF A RACIAL/ETHNIC GROUP

Count	AI/AN 30,893	Asian 45,956	Black 873,325	NH/OPI 35,303	Multi-race 34,116	Hispanic 303,287	Unknown 206,346	White 4,122,845	TOTAL 5,652,071
CONDITIONS	%	%	%	%	%	%	%	%	%
Hypertension	43.9	39.3	55.7	51.8	48.7	44.5	31.0	51.7	51.0
Lipid Disorders	39.7	37.4	39.3	48.5	44.0	43.7	31.1	50.2	47.3
Diabetes Mellitus	26.1	22.1	26.2	28.3	24.9	26.7		23.6	23.8
Refraction Disorders			19.9	20.4	20.9	21.2			
Dermatologic Disorders – Other					19.6				
Spine Disorders – Lumbosacral	20.7		21.6	21.0	22.3	22.2			
Hearing Problems								20.3	17.6
Joint Disorders - Lower Extremity	19.5		21.9		20.3				
Depression, Possible – Other	19.7				20.6				
Overweight / Obesity						19.8			
PTSD	20.7								

Key: Grayed out cells indicate conditions in which the diagnosed prevalence in a group is < 20% (rounded).

Denominator: All Veterans who used any VHA care in FY13 (VHA outpatient care, inpatient care, pharmacy care, or Non-VA [Fee] Medical Care), referred to as "Veteran FY13 VHA patients" (Data source: WHEI Master Database).

Source: VHA National Health Equity Report 2016

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TOP CONDITIONS BY GENDER

Exhibit 4-14. Conditions with Frequency of at least 5% in Women, Sorted by Rank Order in Women, and Difference in Frequency for Women Versus Men (*excerpt*)

Rank among women	Condition	Female 382,546	Male 5,268,290	%Δ
1	**Hypertension**	28.5	52.7	-24.1
2	**Lipid Disorders**	27.7	48.7	-21.0
3	**Depression, Possible - Other**	26.2	15.2	10.9
4	**Joint Disorders - Lower Extremity**	23.1	15.7	7.3
5	**Spine Disorders - Lumbosacral**	21.8	17.5	4.3
22	**Diabetes Mellitus**	11.2	24.7	-13.6

TOP CONDITIONS - RURAL - DIAGNOSED 20% OR MORE

Exhibit 6-13. Percent Distribution of Diagnosed Conditions by Rural/Urban Status among Veteran VHA Patients, FY13 (*excerpt*)

	Highly Rural	Other Rural	Urban	TOTAL
Count	74,496	2,030,960	3,521,078	5,626,534
Hypertension	49.2	54.4	49.3	51.1
Lipid Disorders	46.6	51.9	44.8	47.4
Diabetes Mellitus	22.3	25.2	23.1	23.8
Esophageal Disorders	18.3	20.3	16.4	17.9

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TOP CONDITIONS BY AGE - HIGHLIGHTS

- Young age (18-44 year old)
  - High prevalence of spine disorders

- 65+
  - Hypertension
  - Lipid
  - Diabetes Mellitus
  - Coronary Artery Disease
  - Sensory Organ

TOP CONDITIONS BY MENTAL HEALTH - CHAPTER 7: HEALTH AND HEALTHCARE DISPARITIES AMONG VETERANS WITH SERIOUS MENTAL ILLNESS

EXHIBIT 7-16

PERCENT DISTRIBUTION OF MOST PREVALENT CONDITIONS IN THE OVERALL VA POPULATION BY MENTAL HEALTH DIAGNOSES, FY13

Mental Illness Categories, FY13

	A. Serious Mental Illness (SMI)	B. Mood Anxiety (w/o A)	C. PTSD (w/o AB)	D. Substance Abuse (w/o ABC)	E. Other Mental Health Diagnoses (w/o ABCD)	F. No Mental Health Diagnoses (no ABCDE)	Total
Count	261,730	1,149,541	235,025	164,616	68,220	3,772,939	5,652,071
Conditions	%	%	%	%	%	%	%
Hypertension	50.7	52.8	48.7	57.9	43.8	50.5	51.0
Lipid Disorders	47.1	49.6	46.6	41.2	41.5	47.0	47.3
Diabetes Mellitus	25.6	24.4	24.0		19.6	23.9	23.8
Refraction Disorders	24.0	23.2	23.0				
Dermatologic Disorders-Other	23.0	22.5	21.9		20.8		
Esophageal Disorders	24.2	24.9	19.9				
Spine Disorders -Lumbosacral	26.1	28.6	26.2	19.7	22.9		
Eye Disorders - Other		19.7					
Joint Disorders - Lower Extremity	21.5	23.2	22.1		21.5		
Overweight/Obesity	21.6	20.3					
Joint Disorders - Unspecified or Multiple Joints		20.4					
Tobacco Use Disorder	32.8	22.7		44.2			
Residual Codes	22.2						
Psychosocial Factors - Other	21.2						

Key: Blacked out percentages were less than 20% rounded. Table ordered by rank of the total VA population involved in the condition.

Denominator: All Veterans who used any VHA care in FY2013 (VHA outpatient care, inpatient care, pharmacy care, or Non-VA [Fee] Medical Care), referred to as "Veteran FY2013 VHA patients" (Data source: WHEI Master Database).

Source: VHA National Health Equity Report 2016

POLL QUESTION #2

How likely are you to use the National Veteran Health Equity Report–FY2013 in your work related to vulnerable Veterans?

- ❑ **Very likely**
- ❑ **Somewhat likely**
- ❑ **Not at all likely**

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National Veteran Health Equity Report–FY2013

Utilization Highlights

http://www.va.gov/healthequity/NVHER.asp

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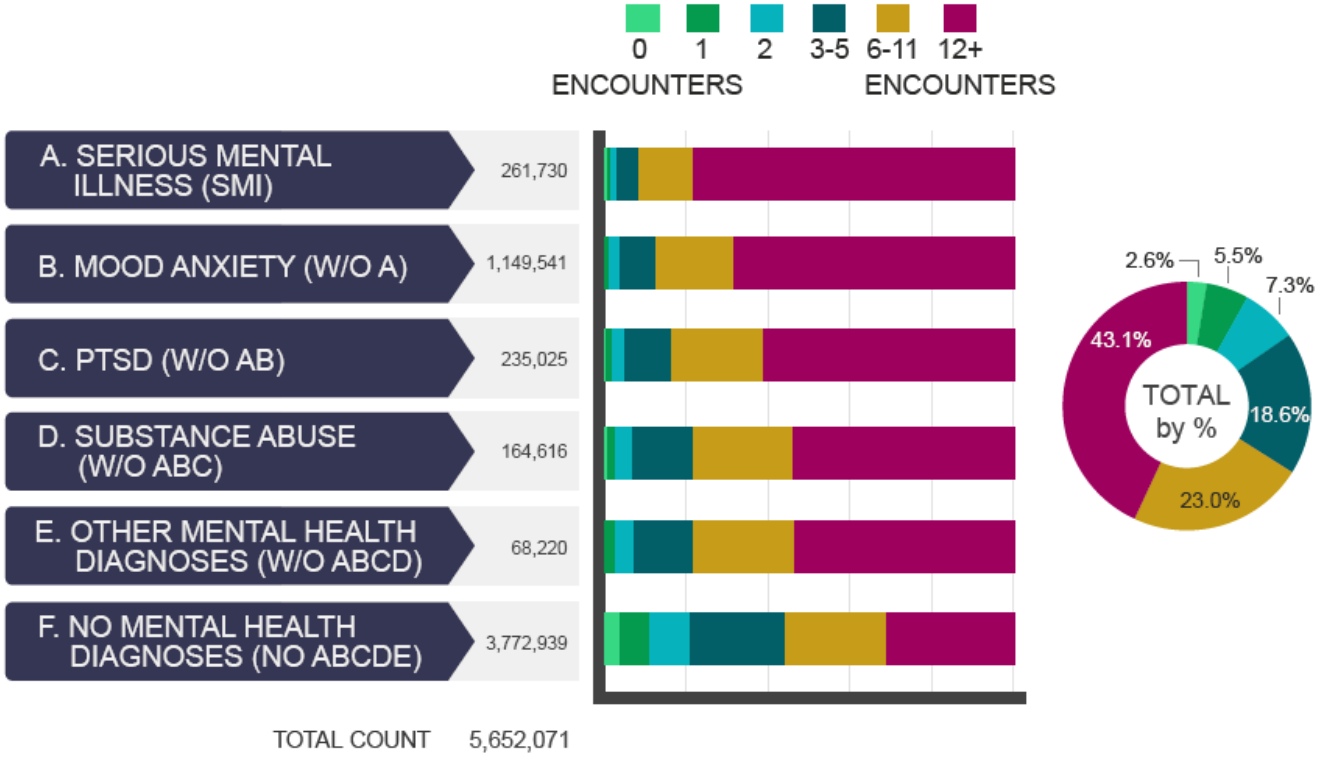
CHAPTER 7: HEALTH AND HEALTHCARE DISPARITIES AMONG VETERANS WITH SERIOUS MENTAL ILLNESS

EXHIBIT 7-8

PERCENT DISTRIBUTION OF OUTPATIENT ENCOUNTERS BY MENTAL HEALTH DIAGNOSES AMONG VETERAN VHA PATIENTS, FY13

HIERARCHICAL PRESENCE OF SERIOUS MENTAL ILLNESS, FY13



Denominator: All Veterans who used any VHA care in FY13 (VHA outpatient care, inpatient care, pharmacy care, or Non-VA [Fee] Medical Care), referred to as "Veteran FY13 VHA patients" (Data source: WHEI Master Database).

Source: VHA National Health Equity Report 2016

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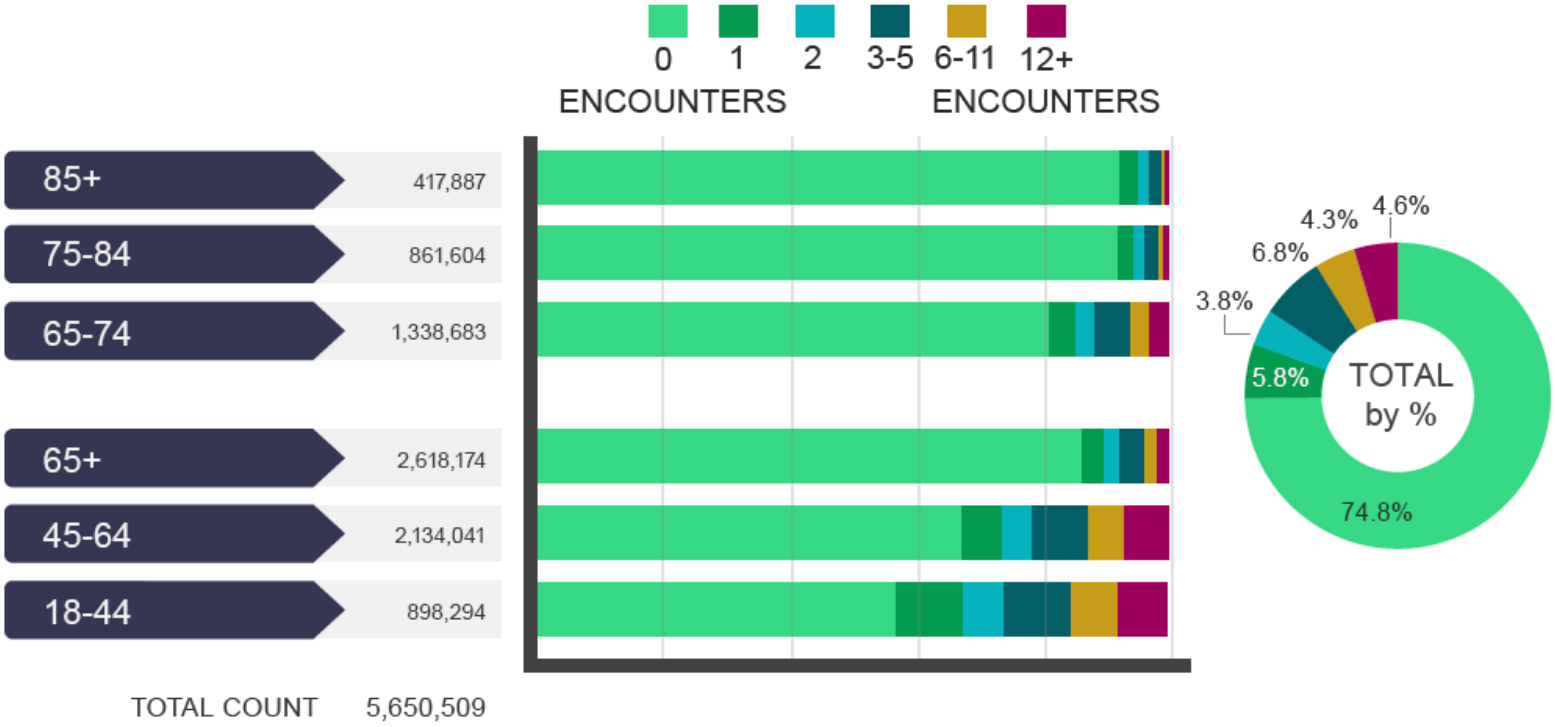
CHAPTER 5: HEALTH AND HEALTHCARE FOR OLDER VETERANS IN VHA

EXHIBIT 5-8

PERCENT DISTRIBUTION OF MENTAL HEALTH/SUBSTANCE USE DISORDER ENCOUNTERS BY AGE AMONG VETERAN VHA PATIENTS, FY13



Missing = 1,562.

Denominator: All Veterans who used any VHA care in FY13 (VHA outpatient care, inpatient care, pharmacy care, or Non-VA [Fee] Medical Care), referred to as "Veteran FY13 VHA patients" (Data source: WHEI Master Database).

Source: VHA National Health Equity Report 2016

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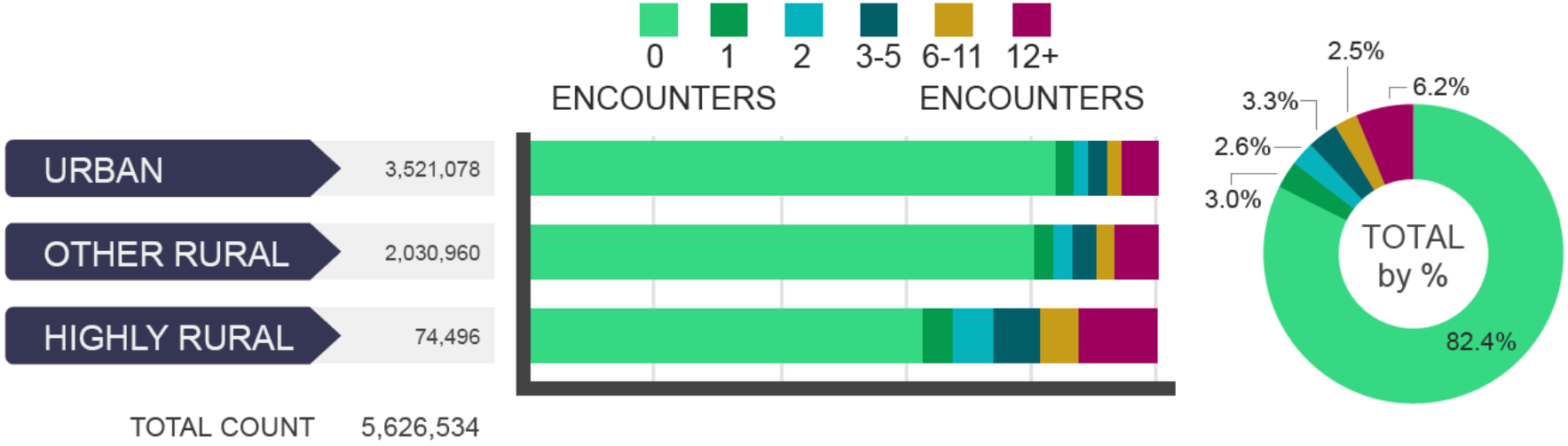
EXHIBIT 6-11

PERCENT DISTRIBUTION OF FEE OUTPATIENT SERVICES ENCOUNTERS BY RURAL/URBAN STATUS AMONG VETERAN VHA PATIENTS, FY13



Missing = 25,537.

Denominator: All Veterans who used any VHA care in FY13 (VHA outpatient care, inpatient care, pharmacy care, or Non-VA [Fee] Medical Care), referred to as "Veteran FY13 VHA patients" (Data source: WHEI Master Database).

Source: VHA National Health Equity Report 2016

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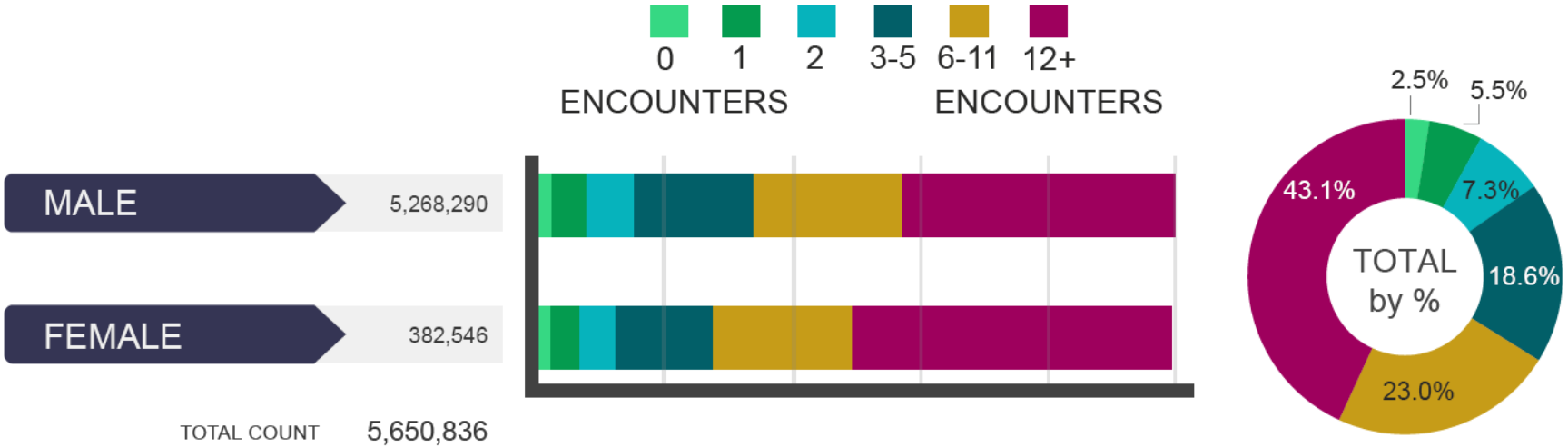
EXHIBIT 4-6

PERCENT DISTRIBUTION OF VHA OUTPATIENT ENCOUNTERS BY GENDER AMONG VETERAN VHA PATIENTS, FY13



Denominator: All Veterans who used any VHA care in FY13 (VHA outpatient care, inpatient care, pharmacy care, or Non-VA [Fee] Medical Care), referred to as "Veteran FY13 VHA patients" (Data source: WHEI Master Database).

Source: VHA National Health Equity Report 2016

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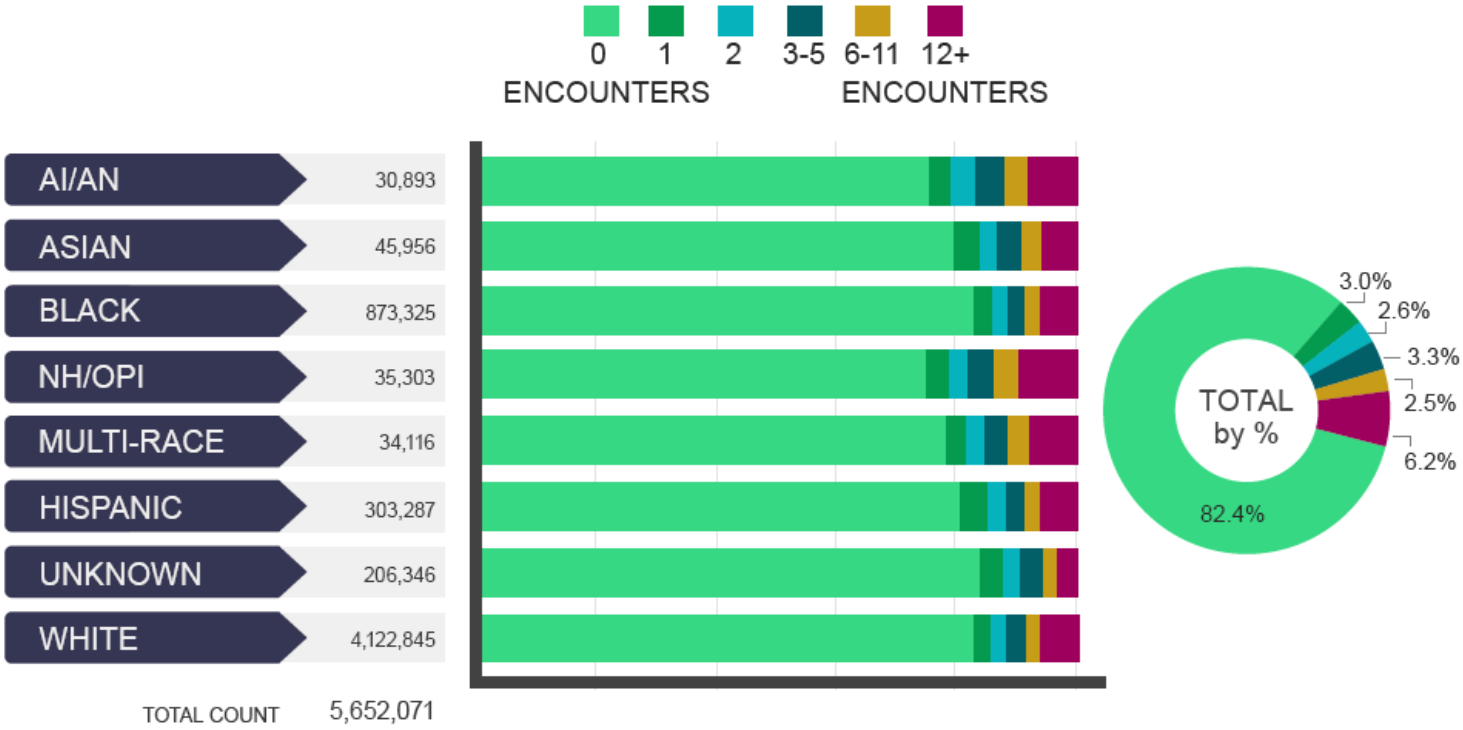
CHAPTER 3: HEALTH AND HEALTHCARE FOR VETERANS IN VHA BY RACE/ETHNICITY

EXHIBIT 3-12

PERCENT DISTRIBUTION OF FEE OUTPATIENT SERVICES BY RACE/ETHNICITY AMONG VETERAN VHA PATIENTS, FY13



Abbreviations applied throughout this chapter: AI/AN = American Indian or Alaska Native; Black = Black or African-American; NH/OPI = Native Hawaiian or other Pacific Islander.

Denominator: All Veterans who used any VHA care in FY13 (VHA outpatient care, inpatient care, pharmacy care, or Non-VA [Fee] Medical Care), referred to as "Veteran FY13 VHA patients" (Data source: WHEI Master Database).

Source: VHA National Health Equity Report 2016

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FOCUS ON HEALTH EQUITY AND ACTION CYBER SEMINAR SERIES

11/17/2016 3-4P ET: Health Disparities among Veterans with Serious Mental Illness – Findings and Intervention Framework- Register Now!

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

**01/26/2017	**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

- **10/27/2016 – Today's Session- Archive coming soon**

- **Past Sessions Archived**

National Expert Panel Discussion on TBI & Chronic Traumatic Encephalopathy Morbidity & Mortality among Vulnerable Veterans - 06/30/2016

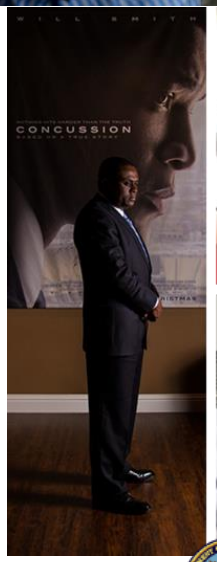
Race/Ethnicity Data Collection in the Veterans Health Administration -04/28/2016

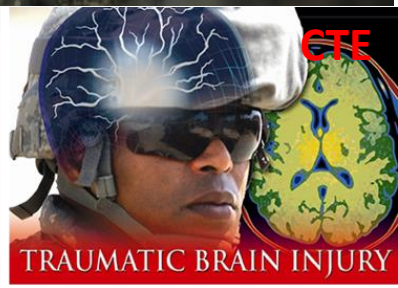
Using Data to Characterize Vulnerable Veteran Populations - 03/24/2016

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





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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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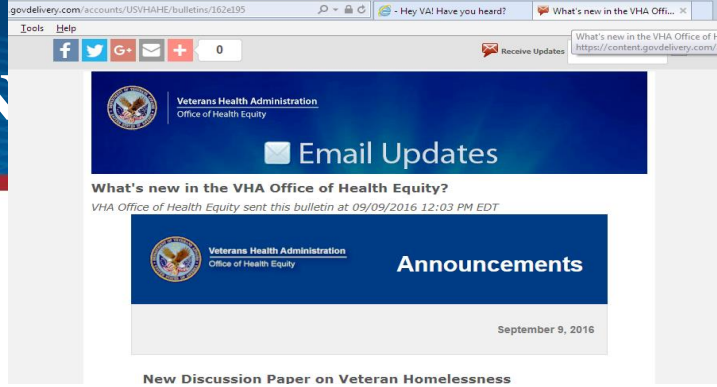
THANK YOU!

OHE CONTACT INFORMATION



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www.va.gov/healthequity

- OHE Listserv sign up link: http://www.va.gov/HEALTHEQUITY/Updates.asp

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