

VA



U.S. Department
of Veterans Affairs

Focus on Health Equity and Action:

Using Veterans' Stories to Promote Health Equity and Reduce Disparities

Thomas K. Houston, MD
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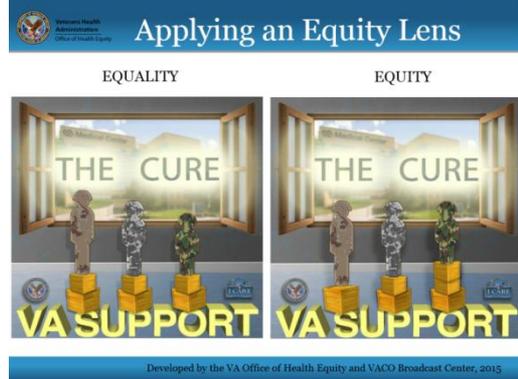
February 23, 2017 @ 3PM EST



Veterans Health Administration
Office of Health Equity

- ❑ Background – VHA Health Equity Action Plan
- ❑ Using Patient Stories to Reduce Hypertension Related Disparities
- ❑ Virtual Patient Health Equity Training Modules
- ❑ Demo
- ❑ Next Steps and Possibilities
- ❑ Q & A with Discussion





❑ Vision

- Office of Health Equity champions the advancement of health equity and reduction of health disparities

❑ Mission

- Position Veterans Health Administration (VHA) as a national leader in achieving equity in health care and health outcomes among vulnerable populations
- *Champion efforts* to address health disparities through education, training, communications, programs, projects and initiatives that *bring synergy and break down silos within the organization*
- Capitalize on the existing network of Department of Veterans Affairs (VA) Offices and Veteran advocates to coordinate and harness efforts to advance health equity and achieve equitable health care
- Represent VA and serve as liaison to other governmental and non-governmental organizations working to achieve health equity





VULNERABLE POPULATIONS

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





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)





POLL QUESTION 1

- How often do you use Veteran stories or narratives in your work?
 - I always use them in my work.
 - I sometimes use them in my work.
 - I rarely/never use them in my work.



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Our STORIES Team

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The views represented in the presentation are those of the authors and do not necessarily reflect the views of the VHA.

We have no conflicts of interest.



Our STORIES - Background

- ❑ African-Americans have higher rates of hypertension and uncontrolled hypertension compared to whites
- ❑ Educational behavioral interventions have had limited success in controlling blood pressure.
- ❑ African-American oral traditions make stories central to communication
- ❑ Narrative communication may be an important intervention strategy
 - Break down cognitive resistance through transportation and identification with stories
- ❑ Our prior study showed a significant effect of stories on BP outcomes in a single site, with an attention control



Our STORIES - Hypothesis

- ❑ Compared with an education-only control, A Stories-plus-education intervention will result in lower blood pressure at six-months

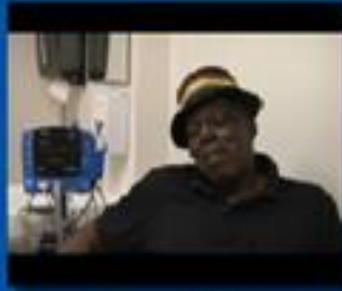


Our STORIES - Methods

- ❑ Design: patient-level randomization, randomization stratified by site
- ❑ Participants:
 - 619 African-American patients uncontrolled BP
 - 3 US Department of Veterans Affairs Medical Centers
 - Control
 - DVD with didactic information about controlling BP
 - Intervention
 - Didactic information PLUS
 - African-American patients telling their success stories in controlling blood pressure



Our STORIES - Veterans



Willie



Richard



Danny



Morris



Patricia

Questions?

Learn More.....

What's next?



Our STORIES - Methods

- ❑ Data collection
 - Surveys at baseline, immediately post-viewing of DVDs, and 6 month follow-up
 - Blood pressure – baseline and 6- month follow-up
 - Analysis
 - Linear regression with dependent variable follow-up blood pressure, independent variable groups assignment
 - Adjusted for baseline blood pressure and site



Our STORIES - Participant Characteristics

- 92% Male
- 91% >50 years old
- 47% Diabetes
- 92% High school graduate or beyond
- 53% earned < \$20,000/ yr.
- 22% unstably housed
- 35% did not think their BP was under control
- 40% had inadequate health literacy
- No significant differences between intervention and control groups



Our STORIES - Results: Transportation

Transportation Scale	I	C	P-value
	Mean (SD)	Mean (SD)	
The DVD affected me emotionally. **	4.3 (2.3)	3.2 (2.2)	<0.0001
The events in the DVD are relevant to my everyday life.	6.1 (1.6)	6.3 (1.4)	0.0782
I was mentally involved in the DVD while watching it.	6.6 (0.9)	6.5 (1.3)	0.1041
While I was watching the DVD, activity going on in the room around me was on my mind.	1.5 (1.5)	1.4 (1.3)	0.2034
I found my mind wandering while watching the DVD.	1.7 (1.5)	1.6 (1.5)	0.3487



Our STORIES - Main Outcomes

N= 527

All sites	BASELINE BLOOD PRESSURE			
	SBP/DBP mean	(SD)		
ALL				
Control	139.0/81.1	(18.1, 13.1)		
Intervention	137.8/80.2	(17.3, 11.9)		
I/C Difference	-1.2/-0.9			
	ttest p =0.4/0.4			



Our STORIES - Main Outcomes

N= 527

All sites	BASELINE BLOOD PRESSURE		FOLLOW-UP BLOOD PRESSURE	
		(SD)	SBP/DBP mean	(SD)
ALL		(SD)		(SD)
Control	139.0/81.1	(18.1, 13.1)	141.0/81.8	(18.1, 13.2)
Intervention	137.8/80.2	(17.3, 11.9)	137.9/80.0	(18.3, 13.0)
I/C Difference	-1.2/-0.9		-3.1/-1.8	
	ttest p =0.4/0.4		ttest p = 0.05/0.12	



Our STORIES - Conclusions

- ❑ Patients who viewed patient stories reported:
 - Significantly higher emotional engagement
- ❑ The stories DVD resulted in a difference in blood pressure at follow-up, comparing intervention versus control



Our STORIES - Discussion

- ❑ Changing behaviors to improve HTN control can be difficult, and didactic education isn't often effective
- ❑ Videotaped patient stories can be an effective intervention to improve on patients' intentions to change behavior
 - Effect may be through emotional engagement
- ❑ DVDs of patients' stories may tap into effect of peer interventions, albeit at lower intensity and cost
- ❑ Behavioral intentions associated with clinical outcomes in prior research
 - Recent preliminary analyses of the STORIES intervention on longer term outcomes are promising



POLL QUESTION 2

- How familiar are you with the Virtual Patient Training Modules developed by VA Office of Health Equity?
 - I am very familiar.
 - I am somewhat familiar.
 - I am not familiar.



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



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HYPERTENSION VIDEO DISSEMINATION

- ❑ OHE partnered with VHA Employee Education System to make videos available to Veterans and their stakeholders
 - Reimbursed EES for the cost of closed captioning videos
 - Hosted videos on OHE websites
 - <http://www.va.gov/healthequity/Tools.asp#htn>





HIGH BLOOD PRESSURE STORIES – VIDEO

□ Journey's With High Blood Pressure

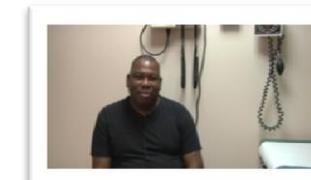
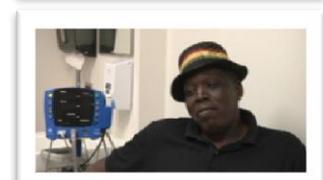
■ Veteran Stories

- Narratives from 7 African American
- Veterans who have managed their high blood pressure



■ Learn More Resources

- What is High Blood Pressure
- Diet & Exercise
- Smoking & Alcohol
- Talking to Family, Friends & Doctors
- Taking Medication & Stress





HIGHLIGHTS AND POSSIBILITIES

❑ Highlights – Hypertension Stories

- We studied the impact of a stories-based DVD to improve hypertension control.
- Stories DVDs were more engaging than DVDs with purely didactic information.
- Stories DVDs influenced African-American patients' intention to change behaviors.
- Stories DVDs are a scalable and effective way to use peer influence on health behaviors.

❑ Highlights – Virtual Patient (VP) Stories

- Collected stories of Veteran experiences related to social determinants and unconscious biases
- Stories invoke reflection and engage the learner with interactive format
- The VP cases used a menu of options to reflect a cross section of the Vulnerable populations
- Modules easily accessible anywhere, anytime and actionable
- VPs maximize use of technology to impart knowledge and skills in a realistic decision making simulation

➤ **OHE & Research Team >>> DVD for other utilities beyond the research**

➤ **OHE & EES >>> DVD Repackaged to reach Veterans , caregivers & stakeholders**



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Virtual Patient Cases with Determinants of Health

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



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HEALTH EQUITY VIRTUAL PATIENT - INTRO

- ❑ The health equity virtual patient training modules connect the social determinants of health, conscious and unconscious biases in health care in order to inform well-rounded patient centered equitable care plan and ultimate outcome.





HEALTH EQUITY VIRTUAL PATIENT MODULES - ENDORSEMENTS

- ❑ Highly acclaimed, featured and endorsed by a cross section of stakeholders – some examples are:
 - Veterans and families
 - VA employees
 - DHA Military Health System Speaker Series January 2017
 - American Academy of Medical Colleges (AAMC)
 - MedEdPORTAL – Repository for the education of medical students, residents, fellows & faculty
 - Public health communities & Non-profit foundations
 - 100 Million Healthier Lives via Veterans Hub
 - Federal agencies via Federal Interagency Health Equity Team
 - ...





HEALTH EQUITY VIRTUAL PATIENT - BACKGROUND

- ❑ OHE accessed the simulation platform under EES contract
 - Story telling with branched narrative
 - Interactive modules elicit active participation not typically possible in the routine didactic format
- ❑ OHE provided content as subject matter expert; developed modules from scratch for two Virtual Patient Cases
 - Scenarios evolving with the branching options
 - Allows reflection and reasoning with real time feedback
 - Modules easily accessible anywhere, anytime, with same consistency delivered for each experience
 - Option for learning in private allows psychological safety on sensitive topics like conscious and unconscious biases that impact health disparities





HEALTH EQUITY VIRTUAL PATIENT - OVERVIEW

- ❑ Determinants of Health module
 - Rated E for Everyone – health care workers, educators, Veterans, care givers & families
 - Contains multiple stories that illustrate a variety of concepts
 - Menu of options with stories to from multiple vulnerabilities +/- intersectionality

- ❑ Casting the Health Equity Lens on Routine Check-up: Lucille F.,
 - Journey through a Primary Care visit
 - Incorporating determinants of Health
 - Targets clinicians but not exclusive





HEALTH EQUITY VIRTUAL PATIENT CASES

❑ Determinants of Health and Healthcare

- For All Employees
- ~30 minutes



❑ Casting the Health Equity Lens on Routine Check-up:

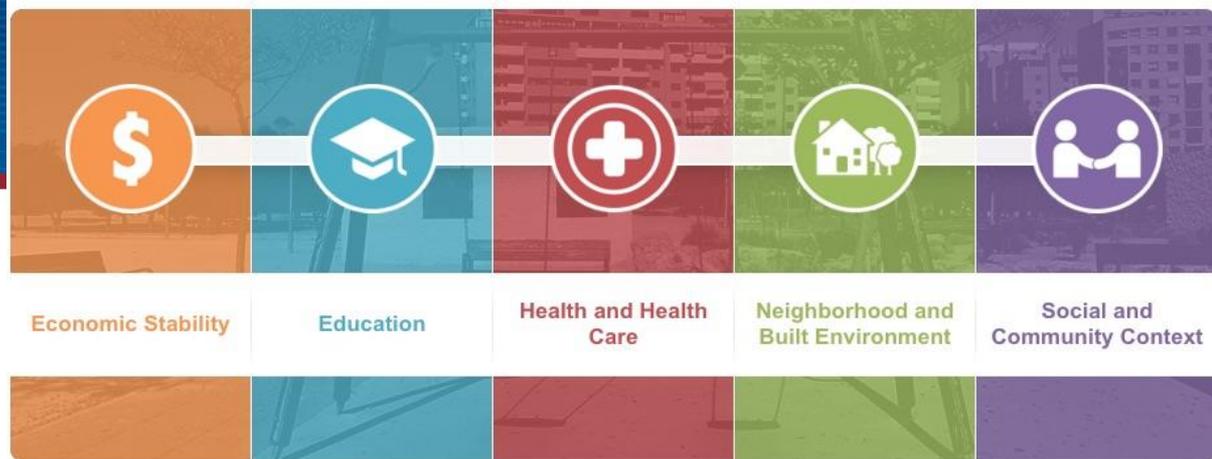
Lucille F., 54

❑ Routine Check-Up

- ~60 minutes



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Economic Stability

- Poverty
- Employment
- Food security
- Housing stability

Education includes:

- High School graduation,
- Enrollment in Higher Education language and literacy,
- Early childhood education and development.

Social and Community Context

- Social cohesion
- Civic participation
- Perceptions of discrimination and equity
- Incarceration/institutionalization

Health and Health Care

- Access to health care
- Access to primary care
- Health literacy

Neighborhood and Built Environment

- Access to healthy foods,
- Quality of housing.
- Crime and violence,
- Environmental conditions





MORE DEFINITIONS

- ❑ **Stereotypes** are efficient knowledge structures people use to categorize others based on socially agreed-upon normative beliefs about groups.
- ❑ **Prejudice** is the acceptance and endorsement of prevailing stereotypes. Unfair/unreasonable opinion/feeling based solely on the persons membership of a social group formed without enough thought/knowledge
- ❑ **Discrimination** occurs when people act upon their prejudices. The emotional response (prejudice), not the cognitive process (stereotyping), leads to discriminatory behaviors.
- ❑ **Bias _Noun:** Prejudice in favor of or against one thing, person, or group compared with another, usually in a way considered to be unfair. Lacks neutral viewpoint
- ❑ **Bias _Verb:** Cause to feel or show inclination or prejudice for or against someone or something.





VP STORY BIASES – ?UNCONSCIOUS

Conscious

Unconscious

- In-group/Affinity
- Stereotype
- Anchoring Bias
- Confirmation Bias

Everyone is susceptible to Unconscious Bias





STORIES OF REAL PEOPLE... SDOH

- Dennis Theroux – Older Veteran, had a stroke
- Crystal Smith – Female Veteran inquiring about benefits
- Reba Joan Baxter – Homeless post Hurricane Katrina
- Mocco Chisaka – Has Hepatitis C Virus and preconceived notions as a result of Japanese ancestry and experiences – ‘look like the enemy’



❑ **Determinants of Health Training Module for All**

- Provides an awareness of Veteran populations that are at risk for health disparities, factors that put them at risk, and what you can do within your area of influence to move toward attaining the highest level of health for all

❑ **Casting the Health Equity Lens on Routine Check-up: Lucille F.**

- Provides an interactive example of incorporating social determinants of health in the delivery of patient-focused care.





VP CASE STORY - REBA J. BAXTER

Meet Reba Joan Baxter



Reba Joan Baxter is 47 year old Veteran who served as a transportation officer during the Bosnia and Kosovo conflicts. Her hearing was affected in theater by a roadside Improvised Explosive Device (IED).

Reba Joan lives in Monroe, Louisiana. She was displaced during Hurricane Katrina and has been homeless for several years. Reba Joan usually comes to the local facility once or twice a week around lunchtime, when only one nurse and doctor are covering the clinic. Reba Joan complains about a range of ailments, including stomach discomfort, back pain, and headaches.

The staff has tried to get Reba Joan to see the social worker to obtain housing. However, she doesn't stay to see the social worker or come to the appointment time that is set for her. Someone at the clinic will typically check her vitals, give her something to eat, and then Reba Joan goes on her way.

What factors do you think make Reba Joan vulnerable to health inequity? Select all that apply.

- Race/ethnicity
- Age
- Gender
- Geographic location
- Religion
- Socioeconomic status (housing, income, education)
- Sexual orientation
- Military era and service
- Disability (cognitive, physical, sensory)
- Reba Joan is not at risk from any of these factors

[Continue](#)



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VP CASE STORIES – JAMAL, GERRY & ELIJAH

Jamal H. Aziz



It is a busy day at the clinic. A young, male Veteran checks in, giving the name Jamal H. Aziz. Jamal has a beard and wears a traditional Muslim prayer cap.

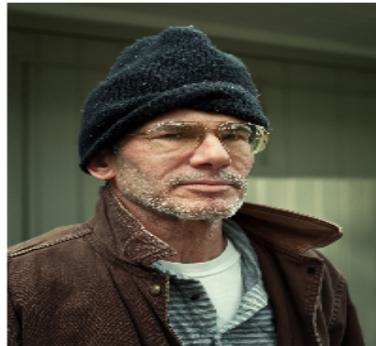
The waiting room becomes quiet upon his arrival, but soon after he notices several other people in the waiting area are staring at him and whispering to one another. The security guard moves from his position at the front door, closer to the desk and waiting area.

What type of bias does Jamal's story illustrate? Select one answer.

- In-group/Affinity
- Stereotyping
- Anchoring
- Confirmation

Continue

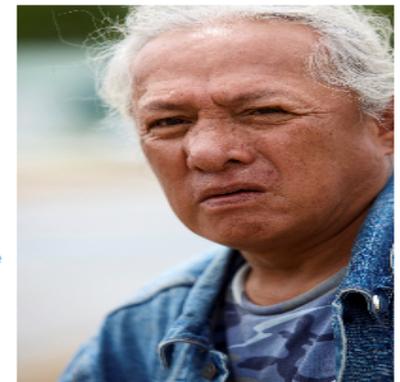
Gerry Xavier and Elijah Bird



Gerry Xavier is a White male Veteran who lost his job and became homeless when the bank foreclosed on his house. Looking for a place to stay, he comes into a facility, located outside of Phoenix, Arizona, that serves as a shelter in one section and a halfway house on another. He is given a place to stay overnight.

A few minutes later, Elijah Bird a Native American Veteran enters, also looking for a place to stay. Before admitting him, the person at the check-in desk requires him to take a breathalyzer test. The Veteran advises that he does not drink alcohol but is told he would not be admitted without it. The result is 0.00, indicating that no alcohol has been consumed and Elijah is not impaired.

The staff gives Elijah a place to stay overnight, but is heard muttering "Will the wonders never cease? I thought I'd catch him well above the legal limit since every one of them is a drunk. We don't need that in this place."



What type of bias does Gerry and Elijah's story illustrate? Select one answer.



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DEMONSTRATION –





Health Equity Virtual Patient Cases

❑ Determinants of Health and Healthcare

- For All Employees
- ~30 minutes



❑ Casting the Health Equity Lens on Routine Check-up:

Lucille F., 54

- ❑ Routine Check-Up
- ~60 minutes



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VP CASE PC VISIT WITH LUCILLE F.-



Your Practice

- As part of a Patient Aligned Care Team (PACT), you work to provide general primary care, as well as care specific to women Veterans
- This can include health evaluation, disease prevention, screening and
- treatment of chronic conditions, reproductive healthcare, and counseling and treatment in nutrition, weight control, and substance abuse
- Today's patient list includes Ms. Lucille Frazier. She is scheduled for a comprehensive exam, which takes about an hour
- She is a new patient, having been seen by another VA PCP in a different state, so you'll be meeting her for the first time and reviewing her medical record prior to her appointment

- *Continue*





VP CASE PC VISIT WITH LUCILLE F.



□ Your Patient, Lucille Frazier

- Lucille Frazier is a single, 54-year-old African American woman who has been seen for several years at a Community Based Outpatient Clinic (CBOC) in Tennessee
- Her physical address indicates that she lives in an older part of town by the river that is rapidly changing due to gentrification; home prices are rising to unprecedented levels and many of the Victorian homes are being renovated.
- Five years ago Lucille gained 60 pounds and received a diagnosis of depression, for which she was prescribed an SSRI
- Two years ago she was diagnosed with hypertension and hyperlipidemia; she was prescribed medication to manage both conditions
- Last provider noted A1C level of 5.9 percent and discussed pre-diabetes with Lucille. Follow up in 6 months was recommended but not done



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VP CASE PC VISIT WITH LUCILLE F.



Personal Health Plan

- **What factors would you take into consideration for Lucille's plan?**
- **Select all that apply**
 - Biological factors (race, gender, age)
 - Behavior & lifestyle (alcohol & tobacco use, exercise)
 - Social & living conditions (housing, environment, social cohesion, community context)
 - Military service & era
 - Health (overall, disability) and Health Care





VP CASE PC VISIT WITH LUCILLE F. - VIDEO CLIPS



❑ **Lucille VIDEO Clip #1 reason for moving back ...**

❑ **Lucille (VIDEO Clip #8 on Military History:**

“Of course! I’m always proud to tell people I was an Army nurse. I came into nursing through ROTC after graduating high school in ‘79.

I got honorable discharge in 1993. I had two tours in Saudi Arabia in the Gulf War, ‘91 and ‘92.

I was glad I served but ready to get out when I did; being in theater was a real eye-opener.

Looking back, that’s when I was happiest. I got my degree, a career, and I was in great shape!”

❑ **Lucille VIDEO Clip #9 Turning point:**



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HEALTH EQUITY VIRTUAL PATIENT - YOUR ROLE

- The stories of patients come alive in these modules. I encourage you to "keep an open mind" as you take the journey with the Veterans in these virtual patient health equity training modules. Reflect on these encounters, apply what you learn and do not forget to share with others.
- We welcome your feedback!





POLL QUESTION 3

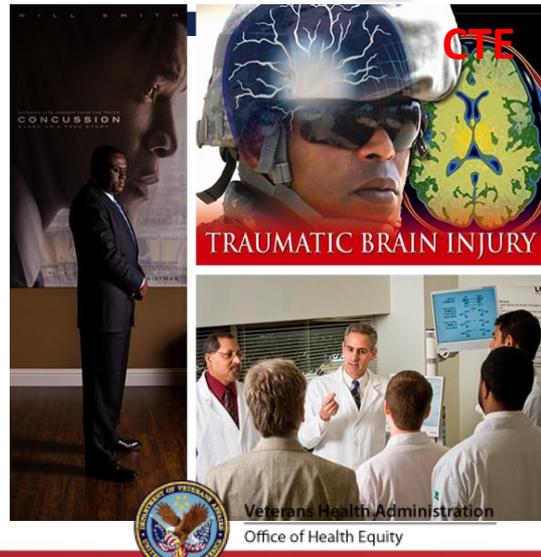
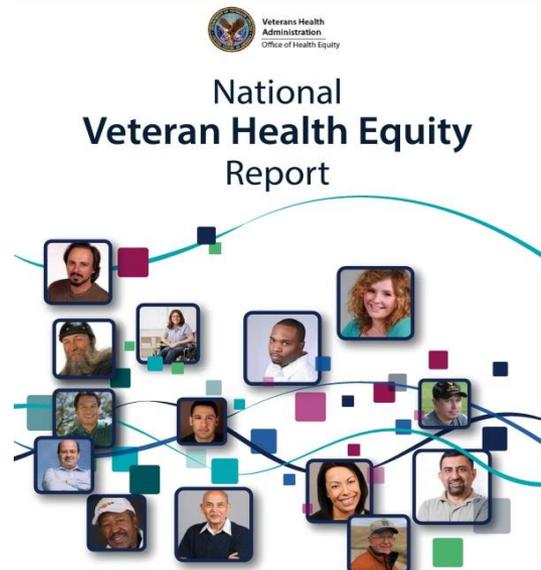
- How likely will you use Veteran stories or narratives in your work?
 - I definitely will use them in my work.
 - I probably will use them in my work.
 - I probably will not use them in my work.





FOCUS ON HEALTH EQUITY AND ACTION CYBER SEMINAR SERIES

- ❑ **03/30/2017 3-4P ET: Incorporating Social Determinants of Health into VHA Patient Care and Electronic Medical Records [Register Now!](#)**
- ❑ **Future Sessions – Mark your calendars to join us from 3-4PM ET on the following Thursdays:**
 - **03/30/2017 **04/27/2017
 - **06/29/2017 **07/27/2017
 - **08/31/2017 **09/28/2017 * *OHE-QUERI PEC 6/20/2017*
- ❑ **02/23/2017 – Today’s Session- Archive coming soon**
- ❑ **Past Sessions – Archived**
 - [State of VHA Care for Vulnerable Veterans - 01/26/2017](#)
 - [Release of the Inaugural VHA National Veteran Health Equity Report – 10/27/2016](#)
 - [National Expert Panel Discussion on TBI & Chronic Traumatic Encephalopathy Morbidity & Mortality among Vulnerable Veterans - 06/30/2016](#)
 - [Race/Ethnicity Data Collection in the Veterans Health Administration - 04/28/2016](#)
 - [Using Data to Characterize Vulnerable Veteran Populations - 03/24/2016](#)
 - [Treatment of HCV-ALD Among VHA Vulnerable Populations - 02/25/2016](#)
 - [Findings from the VISN 4 Hypertension Racial Disparities Quality Improvement Project - 01/21/2016](#)
 - [Office of Health Equity Hepatitis C Virus-Advanced Liver Disease Disparities Dashboard - 11/19/2015](#)





GET INVOLVED!

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





PRESENTER INFORMATION

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THANK YOU!





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



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Email Updates

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

Announcements
December 2, 2016

Snapshot of Fiscal Year 2016 Accomplishments in Veteran Health Equity

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

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



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