

VA



U.S. Department
of Veterans Affairs

Focus on Health Equity and Action:

Using Effective Communication of Healthcare Disparities and Vulnerabilities to Empower Professionals, Veterans and Stakeholders

- **Diana Burgess, PhD**
- **Wendy Tenhula, PhD**
- **Uchenna S. Uchendu, MD**



FHEA 07.27.2017

Thursday July 27, 2017 @ 3PM ET



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SESSION OUTLINE

Introduction

- VA Health Equity Action Plan - HEAP
- Background & Sec VA Priorities

EMPOWER Project

- Overview
- Preliminary Findings

Make the Connection

- Peer to Peer Veteran Stories
- Health Equity Connection - Culturally Appropriate

Discussion with Q &A





VA HEALTH EQUITY ACTION PLAN - HEAP

OHE along with key partners developed the HEAP which Aligns with Sec VA Priorities, My VA, 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)



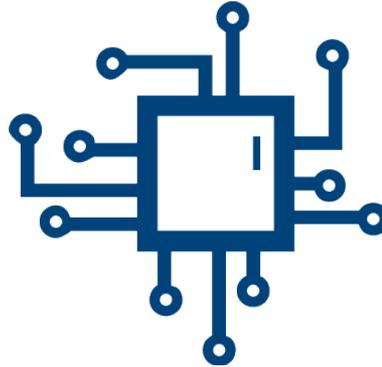
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TOP 5 PRIORITIES – SEC VA Dr. David Shulkin



Greater Choice



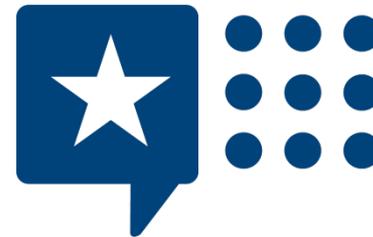
Modernize Systems



Efficiency



Improve Timeliness



Suicide Prevention



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SEC VA PRIORITIES & HEALTH EQUITY

Greater Choice

- Consider any disparate impact on vulnerable Veteran populations.

Improve Timelines

- Consider any disparate impact on vulnerable Veteran populations.

Suicide Prevention

- Apply equity lens to 2016 suicide mortality report to inform culturally appropriate and tailored prevention strategies for vulnerable Veteran populations as appropriate. More details on separate slide...

Accountability /Efficiency

- Implement Commission on Care Recommendation #5 – Eliminate Health Disparities among Veterans: Make Health Equity a Strategic Priority by Implementing the HEAP.
- Data transparency by assessing any disparate impact and making data on vulnerable Veterans publicly available.
- Go beyond collecting and analyzing disparities to actually addressing them in order to diminish or eliminate the gaps

Modernization

- Embed HEAP implementation into foundational services.
- Incorporate social determinants of health in the new EHR with connection to DoD & actionable data for vulnerable groups.
- Consider disparate impact of appeals on the vulnerable.
- Develop partnerships with community organizations to improve health and equity.



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HEALTH EQUITY LENS - SUICIDE PREVENTION

- ❑ **Suicide Prevention** - *Apply equity lens to 2016 suicide mortality report and subsequent data to inform culturally appropriate and tailored prevention strategies for vulnerable Veteran populations as appropriate:*
 - Data by sex/gender, race/ethnicity & military era/period of service
 - *Cultural competency training including Military Culture*
 - Holistic approach that incorporates the social determinants of health
 - Screening for changes in family & social support that trigger action
 - *Partnerships* with cross section of vulnerable populations & stakeholders
 - *Culturally sensitive outreach & treatment connection options*
 - *Use of peer support & community health workers*
 - Warm handoff especially during transitions of care
 - Review and *outreach* to Veterans who drop out of VA care
 - *Consider the impact of the intersection of vulnerabilities*





RELATED RESOURCES

Burgess DJ. (2011). [Addressing racial healthcare disparities: how can we shift the focus from patients to providers?](#) *Journal of General Internal Medicine*, 26(8): 828-830.

Focus on Health Equity and Action Cyberseminar - 02/23/2017

[Using Veterans' Stories to Promote Health Equity and Reduce Disparities](#)

Thomas Houston, MD, MPH; Uchenna S. Uchendu, MD

[Office of Health Equity Bulletin – 05/05/2017](#)

Use Your Voice During Mental Health Month for Suicide Prevention

[VA Office of Health Equity. \(2016\). **National Veteran Health Equity Report—FY2013.**](#)

US Department of Veterans Affairs, Washington, DC. Available online at

[http://www.va.gov/healthequity/NVHER.asp.](http://www.va.gov/healthequity/NVHER.asp)

Veterans Health Administration Office of Health Equity. Timeline of U.S. Period of Service Eras. 2016. Available online at

https://www.va.gov/HEALTH EQUITY/docs/Period_of_Service_Timeline_OHE10212016.pdf



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Poll Question 1



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POLL QUESTION 1

- Which of the following statement do you believe to be true about health and healthcare disparities?
 - Disparities are rare or non-existent in VA
 - There is discomfort & avoidance around issues of inequities in healthcare
 - There is economic benefit to addressing healthcare disparities
 - Racial disparities are difficult to detect
 - All clinicians treat everyone the same – i.e. equally



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▪ **Diana Burgess, PhD**



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ACKNOWLEDGEMENTS

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- Research Team: Diana Burgess, Barbara Bokhour, Carson Clark, Brooke Cunningham, Tam Do, John Dovidio, Amy Gravely, Howard Gordon, Sarah Gollust, Dina Jones, Melissa Partin, Charlene Pope, Somnath Saha, Brent Taylor
- Disclaimer: The contents of this presentation do not represent the views of the Department of Veterans Affairs or the United States Government.
- The research team has no other disclosures.



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EMPOWER – ENHANCING MOTIVATION OF PROVIDERS ON WORK TO ELIMINATE RACIAL DISPARITIES

- How do we engage providers in reducing disparities through the use of narratives (stories), especially those providers who are most likely to be resistant?
 - Which messages work best with which providers?

Sequential mixed-method study

- Qualitative (Phase 1): Semi-structured interviews with 53 VHA providers from 3 facilities
- Quantitative (Phase 2): Experimental survey with 293 VHA providers from 4 facilities





- What are the challenges to engaging providers in efforts to reduce disparities?
- Think about what could be done to address these challenges:
 - In your role
 - At your facility
 - Within VHA system
 - Beyond VHA system





METHODS (PHASE 1, QUALITATIVE)

- Individual semi-structured interviews with 39 physicians and 14 nurse practitioners/physician assistants in three VA facilities
 - Completed prior survey about their beliefs about disparities
 - 89% white, 51% female, mean age: 50.9
- Providers were asked to read 2 stories about race and medicine
- Interview questions elicited providers' responses to these narratives
 - Interviews recorded and transcribed
 - Transcripts analyzed using thematic analysis
- Used a priori codes and also identified codes grounded in the data
- Conducted constant comparison analysis to refine and consolidate codes





CERTAIN BELIEFS MAY LEAD TO DISENGAGEMENT/RESISTANCE TO DISPARITIES-REDUCTION INITIATIVES

1. Disparities are rare or non-existent in VA

“Well, unfortunately, in some of environments it (race) still plays a very big role. **I’m very lucky in our hospital, I don’t see it. So I’m pretty lucky that I don’t have to deal with that. Our hospital, our patient population is about 80 percent black. A few Hispanics and a few whites, but it really doesn’t make a difference, because we just treat them as vets and move on... I think in the private world there’s differences like that, at least in the VAs that I’ve been, and I’ve been in a couple of them, I don’t see it as much because they’re looked as veterans first and race later.**”



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BELIEFS 2

2. Disparities are equated with overt discrimination & racism (which is rarely witnessed)

“Very rarely, if ever, have I ever seen any situation where I was sure that somebody was being denied a treatment because of their race. I just didn't ever really observe that, you know where I was convinced in my mind that was what was behind it”

“You know, I think I have been fortunate. I haven't really met anyone or worked with anyone who really has had a problem with race or ethnicity.”

- At odds with evidence that racial bias can be unconscious and play out in subtle ways (e.g., less favoritism).





3. Racial disparities are difficult to detect

- “...So. so did race play into it? Was it social economics, was it who knows, who knows?... so much that goes on...”





4. Color–blind ideology

“I’m just a kind of provider who has treated all my patients no matter what color they are. I’ll just say I treat them all the same.”





BELIEFS 5

5. Focus on patient-level causes of disparities (e.g., cultural differences, mistrust, patient behavior)

“...like African Americans just have this innate just, I know I’m generalizing, but a lot of the culture distrust of um...physicians...”

“But you see it with Hispanics, because they are very histrionic, a lot, very often.”

- These explanations sometimes reflect ethnic/racial stereotypes and biases





BELIEFS 6

6. Discomfort and avoidance around issues of race

“I wouldn't walk down the hall and say, hey, you know, I've got this patient, blah, blah, blah, blah. I just wouldn't do that. It doesn't come up very much. **And when it does, you know, you're in a situation where nobody wants to look like they're Archie Bunker or something like that and say something stupid.** But people may be thinking it, Lord knows.”

- Anxiety about race expressed in various ways





7. Other problems are seen as more important than racial disparities

“If I were going to put my efforts somewhere, you know, I think I would put it more toward the vulnerable groups rather than the ethnic disparities...because if you have, you know, the alcoholic in the dregs, whatever, African-American, the problem is not the color of his skin, the problem is his social situation...”

10934, white

- Focus on healthcare quality overall, rather than issues of equity.





II. PROVIDERS VARY WIDELY IN THEIR BELIEFS ABOUT DISPARITIES –HOW DO WE SPEAK TO SUCH A DIVERSE GROUP

- I haven't personally experienced any change in value of care based on ... what color they are.”

“I feel that patients of different ethnicity, sometimes, they don't get the extra mile... They come in expressing something that they're experiencing, and if there is any difficulty in the communication, I'm not sure if it gets pursued as much”





SUMMARY: MANY CHALLENGES TO ENGAGING PROVIDERS IN DISPARITY-REDUCTION EFFORTS

I. Certain beliefs may lead to disengagement or opposition to VA disparities-reduction initiatives.

- 1. Disparities are rare or non-existent in VA**
- 2. Disparities are equated with overt discrimination & racism**
- 3. Racial disparities are difficult to detect**
- 4. Color blind ideology**
- 5. Focus on “patient-level” causes of disparities (often reflecting biases)**
- 6. Discomfort & avoidance around issues of race**
- 7. Other problems seen as more important than racial disparities**

II. Providers are at different places in their beliefs about disparities – how do we engage them all



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IMPLICATIONS

- To engage providers disparities-reducing initiatives, we need to develop creative ways to address these beliefs and experiences
- Need to convey to providers the difficulty of detecting disparities and make disparate treatment and outcomes more visible to providers
- Find ways to “show not tell”
- Increase providers’ comfort in talking about issues related to race/ethnicity
- Develop ways to tailor initiatives to providers’ pre-existing beliefs
- Narratives can be an effective tool to spark conversation



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STAY TUNED...

- **EMPOWER Toolkit**
- **Contact me at: diana.burgess@va.gov**



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Poll Question 2



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POLL QUESTION 2

- I have viewed the video content on VA's **Make the Connection** and/or shared it with a Veteran, their family member and/or caregiver.

Yes

No



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■ **Wendy Tenhula, PhD**



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Make the Connection

Overview



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Make the Connection is about Veterans **sharing their stories** of strength and resilience, inspiring others to seek support.



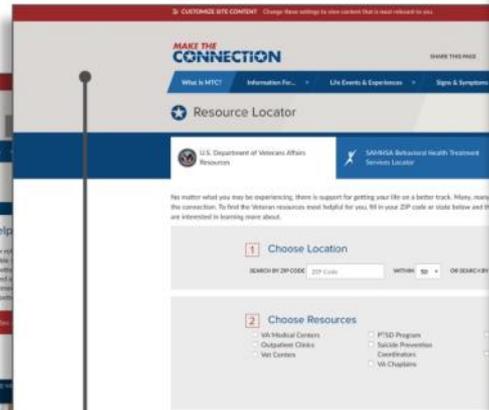
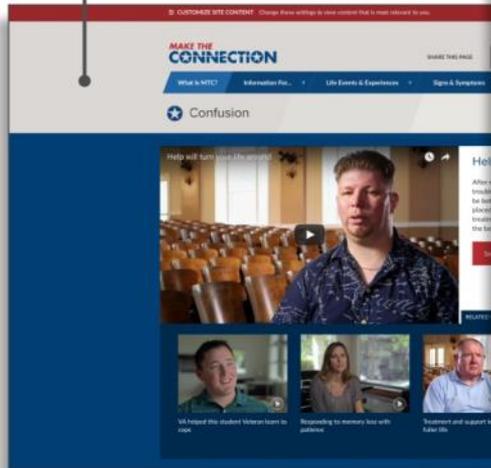
Make the Connection fosters Veterans' positive perceptions of mental health treatment and encourages help-seeking behavior through:



Nonclinical descriptions of mental health conditions



More than **600 videos** of Veterans from every branch of service and their families and friends



A resource locator



FILTERS ALLOW USERS TO SEE VIDEOS THAT RESONATE WITH THEM

MAKE THE CONNECTION SHARE THIS PAGE [Social Media Icons] FIND LOCAL SUPPORT

What's New Information For... Life Events & Experiences Signs & Symptoms Conditions Videos Resources

Video Gallery

Choose from the options below to find the stories most relevant to you. Sort videos on as many or as few options as you prefer.

GENDER: Both ERA: All BRANCH: All COMBAT EXPERIENCE: Both **Advanced Filters**

FAMILY/FRIEND: Both

Showing 24 of 634 matching stories

A Marine's journey of recovery after TBI and PTSD

Women Veterans' inspiring true stories

Brenda found the support she needed to live well

Finding a Veteran connection years after Vietnam

Matt faced his challenges head on

Sully shares his trauma and recovery experience

Sober and managing bipolar for a happier life

Counseling and therapy to get through tough times



GENDER: Both ERA: All BRANCH: All COMBAT EXPERIENCE: Both **Close**

FAMILY/FRIEND: Both

<p>Life Events & Experiences</p> <ul style="list-style-type: none"> <input type="checkbox"/> Death of Family or Friends <input type="checkbox"/> Family and Relationships <input type="checkbox"/> Financial and Legal Issues <input type="checkbox"/> Homelessness <input type="checkbox"/> Jobs and Employment <input type="checkbox"/> Physical Injury <input type="checkbox"/> Preparing for Deployment <input type="checkbox"/> Retirement and Aging <input type="checkbox"/> Spirituality <input type="checkbox"/> Student Veterans / Higher Education <input type="checkbox"/> Transitioning from Service 	<p>Signs & Symptoms</p> <ul style="list-style-type: none"> <input type="checkbox"/> Alcohol or Drug Problems <input type="checkbox"/> Anger and Irritability <input type="checkbox"/> Chronic Pain <input type="checkbox"/> Confusion <input type="checkbox"/> Difficulty Concentrating <input type="checkbox"/> Dizziness <input type="checkbox"/> Eating Problems <input type="checkbox"/> Feeling on Edge <input type="checkbox"/> Feelings of Hopelessness <input type="checkbox"/> Flashbacks <input type="checkbox"/> Gambling <input type="checkbox"/> Guilt <input type="checkbox"/> Headaches <input type="checkbox"/> Loss of Interest or Pleasure <input type="checkbox"/> Nightmares <input type="checkbox"/> Noise or Light Irritation <input type="checkbox"/> Reckless Behavior <input type="checkbox"/> Relationship Problems <input type="checkbox"/> Social Withdrawal / Isolation <input type="checkbox"/> Stress and Anxiety <input type="checkbox"/> Trouble Sleeping 	<p>Conditions</p> <ul style="list-style-type: none"> <input type="checkbox"/> Adjustment Disorder <input type="checkbox"/> Anxiety Disorders <input type="checkbox"/> Bipolar <input type="checkbox"/> Depression <input type="checkbox"/> Effects of Military Sexual Trauma <input type="checkbox"/> Effects of Traumatic Brain Injury <input type="checkbox"/> Problems with Alcohol <input type="checkbox"/> Problems with Drugs <input type="checkbox"/> PTSD <input type="checkbox"/> Schizophrenia <input type="checkbox"/> Suicide 	<p>Kind of Story</p> <ul style="list-style-type: none"> <input type="checkbox"/> My Story, My Connection <input type="checkbox"/> Long Video Testimonial <input type="checkbox"/> Short Video Testimonial <input type="checkbox"/> Public Service Announcement <input type="checkbox"/> Compilation
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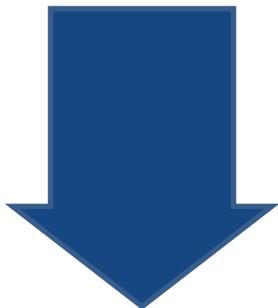


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FILTERS ALLOW USERS TO SEE VIDEOS THAT RESONATE WITH THEM

All stories



- Gender
- Era
- Branch
- Combat Experience
- Family/Friend
- Life Events & Experiences
- Signs & Symptoms
- Conditions
- Kind of Story

GENDER: Both | ERA: All | BRANCH: All | COMBAT EXPERIENCE: Both | FAMILY/FRIEND: Both | Advanced Filters

Showing 24 of 634 matching stories

- A Marine's journey of recovery after TBI and PTSD
- Women Veterans' inspiring true stories
- Brenda found the support she needed to live well
- Finding a Veteran connection years after Vietnam



GENDER: Female | ERA: 2001-Present OEF / OIF / OND | BRANCH: U.S. Army | COMBAT EXPERIENCE: Yes | FAMILY/FRIEND: Both | Advanced Filters

Showing 5 of 5 matching stories

- Gathering the strength to get back on track
- Trying to overcome isolation and reach out
- Steps to overcome panic attacks
- A spouse takes steps to help her Veteran succeed



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MANY STORIES FEATURE VETERANS IN OHE-DEFINED VULNERABLE

- Randy found the tools to manage his **bipolar disorder** and live well.



- Tracey overcame **PTSD** and **MST** one day at a time and now enjoys life with her wife.



- Brenda learned to live with her **schizophrenia** and now thrives.



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



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RESOURCE LOCATOR ALLOWS USERS TO FIND SUPPORT NEAR THEM

★ Resource Locator



U.S. Department of Veterans Affairs
Resources



SAMHSA Behavioral Health Treatment
Services Locator



National Resource Directory

No matter what you may be experiencing, there is support for getting your life on a better track. Many, many Veterans have found the strength to reach out and make the connection. To find the Veteran resources most helpful for you, fill in your ZIP code or state below and then check the boxes to indicate the programs or topics you are interested in learning more about.

1 Choose Location

SEARCH BY ZIP CODE WITHIN OR SEARCH BY STATE

2 Choose Resources

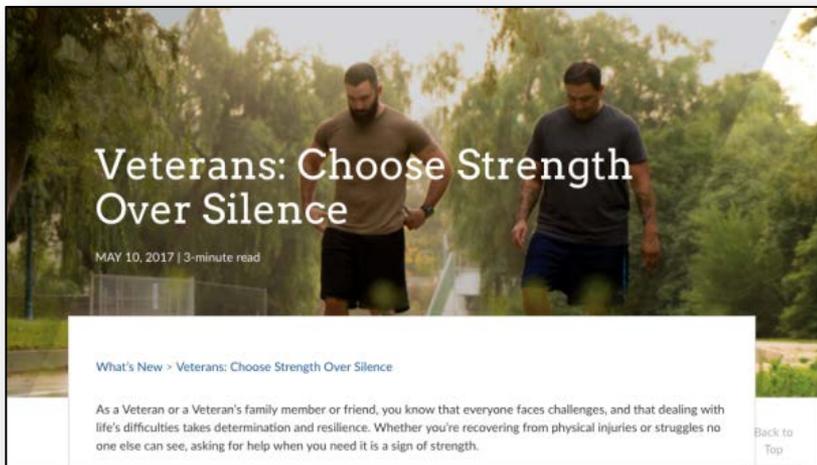
- VA Medical Centers
- Outpatient Clinics
- Vet Centers
- PTSD Program
- Suicide Prevention Coordinators
- VA Chaplains
- Veterans Benefits Administration Offices
- All VA Resources



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“WHAT’S NEW” ENGAGES USERS BY HIGHLIGHTING TIMELY, INTERESTING STORIES



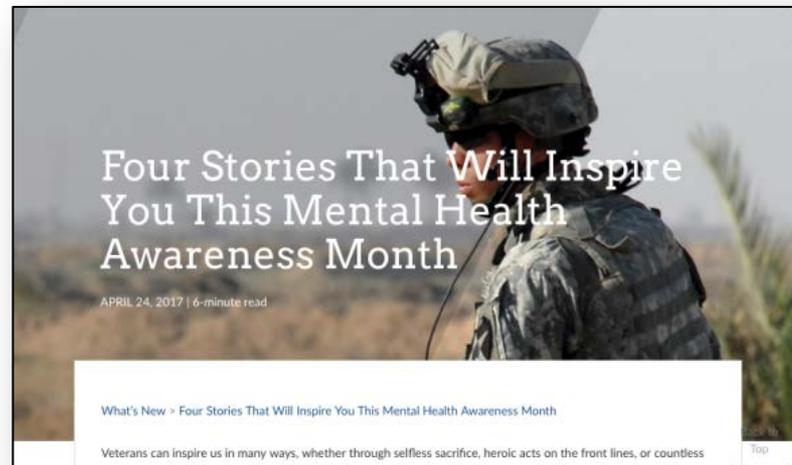
Veterans: Choose Strength Over Silence

MAY 10, 2017 | 3-minute read

What's New > Veterans: Choose Strength Over Silence

As a Veteran or a Veteran's family member or friend, you know that everyone faces challenges, and that dealing with life's difficulties takes determination and resilience. Whether you're recovering from physical injuries or struggles no one else can see, asking for help when you need it is a sign of strength.

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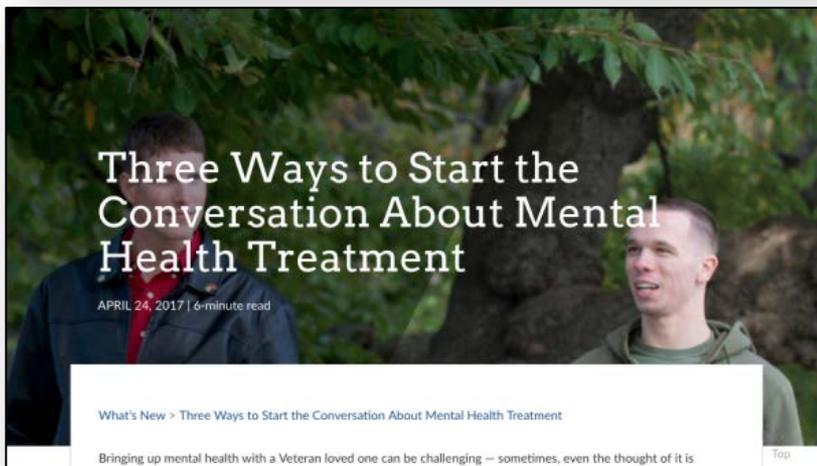
Four Stories That Will Inspire You This Mental Health Awareness Month

APRIL 24, 2017 | 6-minute read

What's New > Four Stories That Will Inspire You This Mental Health Awareness Month

Veterans can inspire us in many ways, whether through selfless sacrifice, heroic acts on the front lines, or countless

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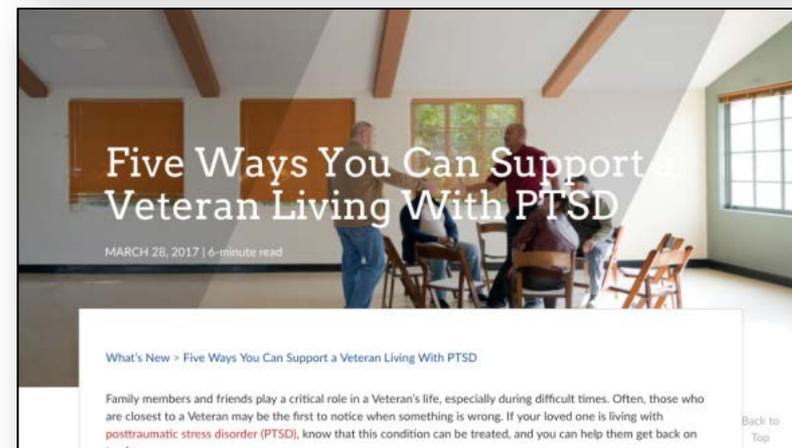
Three Ways to Start the Conversation About Mental Health Treatment

APRIL 24, 2017 | 6-minute read

What's New > Three Ways to Start the Conversation About Mental Health Treatment

Bringing up mental health with a Veteran loved one can be challenging — sometimes, even the thought of it is

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Five Ways You Can Support a Veteran Living With PTSD

MARCH 28, 2017 | 6-minute read

What's New > Five Ways You Can Support a Veteran Living With PTSD

Family members and friends play a critical role in a Veteran's life, especially during difficult times. Often, those who are closest to a Veteran may be the first to notice when something is wrong. If your loved one is living with **posttraumatic stress disorder (PTSD)**, know that this condition can be treated, and you can help them get back on track.

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MTC SUPPORTS VA MENTAL HEALTH CLINICIANS' WORK

“Sometimes my interventions are not enough, and it takes matching someone to the right era, symptom, [or] experience. ***Make the Connection*** does that for me on a daily basis.”

– **Todd Harwood** (MTC alumnus)
Peer Specialist
Charleston VAMC



Showing a video piece is often a lot more powerful than just providing some sort of didactic or lecture information.”

– **Dr. Jade Wolfman-Charles**
Clinical Psychologist
Baltimore VAMC



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MTC CAN HELP SUPPORT THE VETERANS YOU WORK WITH

- Counter misconceptions
- Validate Veterans' experiences
- Foster difficult conversations
- Close the gap between reluctance and willingness to engage in treatment
- Reinforce key messages after conversations
- Encourage treatment adherence



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YOU CAN HELP PROMOTE MTC IN YOUR AREA

Outreach to patients and families

- Wallet cards and info in patient intake or discharge materials.
- Videos and content relevant for specialty areas and treatment plans
- Family member education and engagement in recovery

Promotion in VAMCs

- Videos and electronic banners
- Content calendars for Web and Social media
- Sharing “What’s New” content

Staff training

- Common challenges and perspectives
- *Make the Connection* educational video

Community engagement

- Materials for mental health summits and community events
- Videos and content for local media



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Poll Question 3



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YOUR INPUT REQUIRED...

- What are your ideas and/or suggestions for tackling the disparities among Veterans with Chronic Diseases like Mental Health disorders, Diabetes and Obesity?



- Write your response in the chat box



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PRESENTER INFORMATION

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- ❑ Diana Burgess, PhD: Diana.Burgess@va.gov
- ❑ Wendy Tenhula, PhD: Wendy.Tenhula@va.gov

THANK YOU!



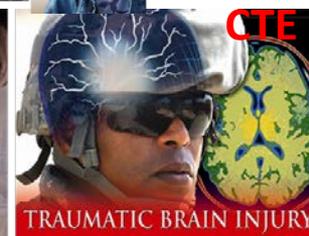
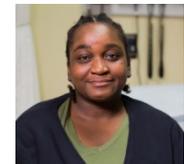
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FOCUS ON HEALTH EQUITY AND ACTION CYBER SEMINAR SERIES



Veterans' Stories



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07/27/2017: Using Effective Communication of Healthcare Disparities & Vulnerabilities to Empower Professionals, Veterans and Stakeholders

FY 17 Season Finale – Join us from 3-4PM ET on Thursday 09/28/2017

Past Sessions – Archived

- Chronic Health Conditions among Vulnerable Veterans: Current Research and Action 06/29/2017
- Military Service History and VA Benefit Utilization for Minority Veterans - 04/27/2017
- Incorporating Social Determinants of Health into VHA Patient Care and EHR - 3/30/2017
- Using Veterans' Stories to Promote Health Equity and Reduce Disparities - 02/23/2017
- 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



OFFICE OF HEALTH EQUITY INFORMATION

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or 202-632-8470

www.va.gov/healthequity

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



Receive Updates Enter Email Address

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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

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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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