

VA



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Focus on Health Equity and Action:

Pursuing Health Equity for Veterans with a Dedicated National Program Office—Five Years in Review

- Uchenna S. Uchendu, MD
- Kenneth T. Jones, PhD

Thursday February 22, 2018 @ 3PM ET



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DISCLOSURE/DISCLAIMER

- ❑ The opinions expressed in this session are those of the authors who are responsible for the presentation content and do not necessarily represent the views of the Department of Veterans Affairs or the United States Government. Therefore, no statement in this document should be construed as an official position of the Department of Veterans Affairs.

The VA Office of Health Equity was created in 2012 to champion reduction of health and healthcare disparities and galvanize efforts, enhance synergy across the VA and spur actions towards achieving health equity for all Veterans.



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SESSION OUTLINE

- Development of a National Program to Advance Veteran health equity
- VA Health Equity Action Plan Activities
- Looking Forward – Achieving Equity in Veteran Health and Well-Being
- Discussion with Q&A

Note: Discussed resources available on the OHE Website at <https://www.va.gov/HEALTHEQUITY/>



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Development of a National Program to Advance Veteran Health Equity



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HEALTH EQUITY TIMELINE HIGHLIGHTS

1985	<ul style="list-style-type: none">• <i>Report on Black and Minority Health (Heckler Report)</i> published and mobilized HHS efforts to eliminate health and health care disparities
1986	<ul style="list-style-type: none">• Congress creates HHS Office of Minority Health
1990	<ul style="list-style-type: none">• Americans with Disabilities Act prohibits discrimination based on disability
1994	<ul style="list-style-type: none">• Congress establishes Center for Minority Veterans & Center for Women Veterans
2000	<ul style="list-style-type: none">• HHS releases Healthy People 2010, which includes goal of eliminating health disparities
2001	<ul style="list-style-type: none">• VHA National Ethics Committee releases <i>An Ethical Analysis of Ethnic Disparities in Health Care</i>
2003	<ul style="list-style-type: none">• First national healthcare disparities report (HHS)• Institute of Medicine publishes <i>Unequal Treatment</i>
2007	<ul style="list-style-type: none">• HHS Office of Minority Health creates the National Partnership for Action to End Health Disparities
2010	<ul style="list-style-type: none">• Affordable Care Act expands Offices of Minority Health across HHS agencies
2011	<ul style="list-style-type: none">• VHA Health Equality Workgroup provided recommendations as to how VHA can provide a more equitable health care delivery system
2012	<ul style="list-style-type: none">• VA Office of Health Equity (OHE) established in VHA – charged with a wider scope for disparate impact on populations: race/ethnicity, gender/sex, sexual orientation, geography, disability, etc.
2013	<ul style="list-style-type: none">• VA OHE fully staffed with Uchenna S. Uchendu, MD, Chief Officer• VA Health Equity Action Plan created
2016	<ul style="list-style-type: none">• VA Commission on Care Recommendation #5 Health Care Equity



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ETHICAL REASON FOR VETERAN HEALTH EQUITY

An Ethical Analysis of Ethnic Disparities in Health Care

*A Report by the National Ethics Committee
of the Veterans Health Administration*

August 2001

*National Center for Ethics
Veterans Health Administration
Department of Veterans Affairs*

“VA’s ethical obligation to provide the highest quality of care to all veterans includes reducing and eliminating health care disparities due to ethnicity. Because of its national scope, diverse patient population, specialized resources, and proven record of making systemic changes to address complex problems, VA should play a leadership role in reducing and eliminating ethnic disparities in health care and thereby serve as a model for other health care systems and the nation.”

Source: Saha et al., 2001.



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VULNERABLE VETERAN POPULATIONS

- Racial or ethnic group
- Gender
- Age
- Geographic location
- Religion
- Socio-economic status
- Sexual orientation
- Mental health
- Military era
- Cognitive / sensory / physical disability
- Other characteristics historically linked to discrimination or exclusion

**VHA Strategic Plan Objective (1e)
Quality and Equity** - Veterans will receive timely, high quality, personalized, safe effective and equitable health care irrespective of geography, gender, race, age, culture or sexual orientation.



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VETERAN HEALTH EQUITY

❑ Select literature

- Disparities in various clinical, utilization, and outcomes for racial and ethnic minority veterans (Saha et al., 2008)
- Facilities serving a higher proportion of minority veterans deliver lower quality care compared to those facilities serving a majority of white Veterans (Hernandez et al., 2016)
- Negative associations overall for adults with mental illnesses and quality indicators disparities (Gierisch et al., 2014)
- Female Veterans more likely to report musculoskeletal and skin disorders, depression, and adjustment disorders (Haskell et al., 2011)
- Rural Veterans less likely to receive mental health services compared to urban veterans and more likely to report lower mental and physical quality of life (Cully et al., 2010; Wallace et al., 2006; Weeks et al., 2006)





HEALTH EQUITY AT THE VA

- ❑ VA research and centers have documented disparate care and needs
 - Health Equity and Rural Outreach Innovation Center improves access and equity in health care by increasing understanding of geographic, race/ethnic, and gender-related disparities among veterans
 - Center for Health Equity Research and Promotion has advanced health equity research by conducting rigorous studies and training and mentoring investigators to study and better understand sources of disparate care
 - Additional centers have focused on patient groups relevant to health equity (e.g., women, homelessness, aging, and mental health) and needs

- ❑ Translating research into action and strategically coalescing efforts around key priority areas requires coordination through a national program office
 - Office of Health Equity was formed within the VA Veterans Health Administration in 2012 with an immediate charge to map the path forward for VA's pursuit of health equity



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VA HEALTH EQUITY ACTION PLAN (HEAP)

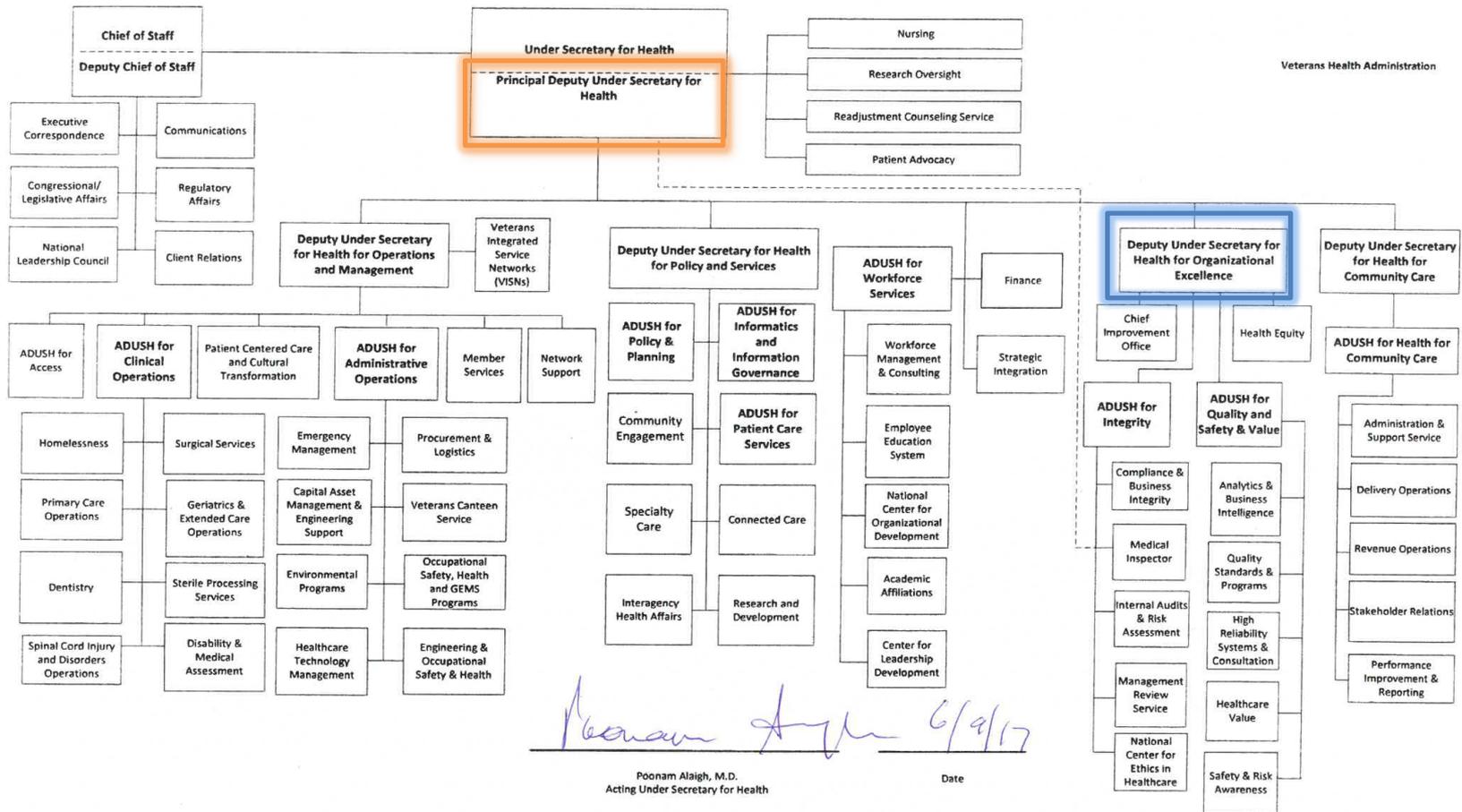
OHE along with key partners including the Health Equity Coalition developed the HEAP to align with evolving Sec VA Priorities, My VA, the VHA Strategic Plan (see Objective 1E Quality & Equity), and other agency and national strategic goals.

Goals of the HEAP are aligned with the National Partnership for Action

- ❑ **Leadership:** Health equity impact assessed for all policies, executive decision memos, handbooks, procedures, directives, action plans and National Leadership Council decisions
- ❑ **Awareness:** Crucial strategic partnerships within and outside VA
- ❑ **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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Poonam Alaigh 6/9/17

Poonam Alaigh, M.D. Acting Under Secretary for Health Date

- Direct report to PDUSH from 2012 - 2015 (10A)
- Direct report to DUSH-OE from 2015 - (10E)

ration



OFFICE OF HEALTH EQUITY STAFFING

10EB
HEALTH EQUITY
 1.0 Chief Officer (7306 SES EQV)*
 1.0 Program Analyst GS-14*
 1.0 MD (Title 38) or GS 14/15
 1.0 Nurse III or GS 13/14
 1.0 Nurse II-III or GS 12/13
 1.0 Program Support GS 9/11

6.0 FTEE

Office of Health Equity (OHE)

Total FTE: 8



1.0
 Chief Health Equity Officer
 T-38/7306

1.0
 Administrative Officer
 GS-341-14

1.0
 Secretary
 GS-318-7/8/9

1.0
 Program Management Officer
 GS-340-15

1.0
 Program Analyst
 GS-343-13/14



1.0
 Program Director
 T-38/GS-15

1.0
 Training Specialist
 GS-1712-12/13/14

1.0
 Program Analyst
 GS-343-13/14

-  Org Chart 2013 – 2015 (10A6)
-  Current Org Chart (10EB)
-  Functional Staffing Since 2015



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Poll Question 1



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POLL QUESTION 1

How many times have you previously attended an OHE Focus on Health Equity and Action Cyberseminar (FHEA) or reviewed archived FHEA sessions?

- 0
- 1 – 4
- 5 – 8
- 9 – 12
- 12 or more



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VA Health Equity Action Plan Activities



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LEADERSHIP - 1

- ❑ Presence on key VA and external advisory and governance bodies
 - National Leadership Council (2013 - 2017)
 - Research review and advisory committees
 - Federal Interagency Health Equity Team (2013 -)
 - Equity in All Policies
 - Data
 - Partnerships
 - National Academy of Medicine Roundtable on the Promotion of Health Equity (2015 -)
 - ...





LEADERSHIP

Goal

Strengthen and broaden leadership for addressing health disparities and position the VA as a leader in advancing health equity

Tactics

1. Establish presence on key VA and external advisory and governance bodies
2. Ensure equity in all policies
3. Develop tools and assets for monitoring health equity activities
4. Fund/support research and field-based efforts





❑ Ensure Equity in All Policies

➤ Formal review

- OHE direct report to Office of Principal Deputy Undersecretary of Health (2012-2015)

➤ Informal review

- OHE direct report to Organizational Excellence (2015-)
- General review of policies stemming from government audit starting in 2017
- Comments to 50+ policies and directives and negotiated modifications to advance health equity





LEADERSHIP - 3

☐ Monitor health equity activities

- Advocating for the clinical champions at VA facilities and in VISNs
 - Growing informal cadre of VA chief medical officers, network and medical center directors, and staff with demonstrated commitment to health equity
- Health equity leadership development and training
 - GWU Leaders for Health Equity
 - RWJF Clinical Scholars Program
- Co-organizer of VA's first-ever diversity and inclusion summit (2017)
 - Strengthen relationship with historically Black colleges universities and provide a venue to discuss obstacles for VA training opportunities





AWARENESS

Goal

Increase awareness of the significance of health disparities, their impact on the nation, and actions necessary to improve health outcomes

Tactics

1. Provide leadership and coordination for health equity efforts
2. Develop strong partnerships
3. Deliver presentations and coordinate/attend engagement meetings
4. Develop comprehensive communication plan





AWARENESS - 1

□ Partnerships and collaborations

- American Journal of Public Health
- Association of American Medical Colleges
- Bristol-Myers Squibb Foundation
- Congressional Black Caucus Foundation, Inc.
- Corporation for National and Community Service
- Defense Health Agency
- Department of Health and Human Services and agencies
- Robert Wood Johnson Foundation
- ...





□ American Journal of Public Health Veteran Health Equity Supplement (2014)

- Open-access
- Focus
 - Veteran health equity issues
 - Importance of partnerships
 - Best practices in Veteran health care access
- Most read/downloaded issue in 2014 (20,206 accesses)
- Second-most read/downloaded (October 2015)
- Veteran health equity resource page sponsored by AJP





AWARENESS - 3

❑ Communication tools for Veterans and stakeholders

➤ External website (2015)

– 25,325 unique visitors

➤ Listserv (2016)

– 34,131 individual subscribers

– 38 bulletins sent

– 601,137 recipients successfully received

Note: Metrics as of December 2017



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AWARENESS - 4

Visualize Health Equity - National Academy of Medicine (2017)

VISUALIZE HEALTH EQUITY
A Community Art Project

Previous Artist Next Artist



Uchenna Uchendu
Washington Dc, Washington, D.C.
Uchenna.Uchendu2@va.gov

Title

Applying An Equity Lens

This write-up and design were inspired by the Hepatitis C Virus treatment discussion at the VA. They informed appropriate allocation of resources and other actions necessary for addressing disparities among Veterans. While this work has Veterans at the center as the community of focus, the concept is applicable to other arenas.

Unique to this design is the fact that everyone gets a boost irrespective of their starting place. However, those impacted by disparities get additional support in order to eliminate the gap. This approach represents an attempt to alleviate the barriers and

Scroll Down

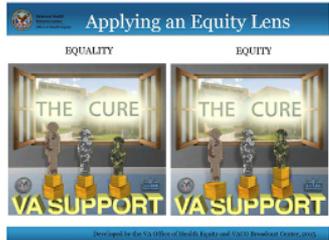
About the Project Artwork Communities Share Your Thoughts

Applying an Equity Lens

The Differences between Equality and Equity—Part 1

By Uchenna S. Uchendu, MD, Office of Health Equity Chief Officer

Many people incorrectly use equality and equity in their conversations by believing that these concepts have the same meaning. This confusion even makes its way into treatment approaches in medical establishments and decision making. The meanings of equality and equity are different. While subtle, these can determine which resources people receive in society and how these resources are allocated. For Veterans particularly, selecting an approach to improve Veteran's care from an equality standpoint versus an equity standpoint determines the level of care or support a Veteran receives, the Veteran's well-being, and whether the Veteran achieves optimal health.



A quick search of the internet can provide various definitions for equality and equity; the subtle and important differences in these concepts, and depictions to help the most novice person distinguish between equality and equity. For the last point, the Office of Health Equity developed the Applying an Equity Lens depiction based on similar renderings. Our goal is to be Veteran-centric in order to champion and raise awareness of health equity issues among Veterans, VHA staff, and stakeholders.



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AWARENESS - 5

Focus on Health Equity and Action Cyberseminars

Year	Session Title
2018	<ul style="list-style-type: none"> • Pursuing Health Equity for Veterans with a Dedicated National Program Office—Five Years in Review
2017	<ul style="list-style-type: none"> • Advancing Health Equity Through Partnered Evaluation and Action • Chronic Health Conditions Among Vulnerable Veterans: Current Research and Action • Incorporating Social Determinants of Health into VHA Patient Care and Electronic Medical Records • Military Service History and VA Benefit Utilization for Minority Veterans • New Vietnam Veteran Studies on Health and Mortality • Promoting Health Equity with the Virtual Medical Center • State of VHA Care for Vulnerable Veterans • Using Effective Communication of Healthcare Disparities and Vulnerabilities to Empower Professionals, Veterans and Stakeholders • Using Quality Improvement Projects to Demonstrate Health Equity in Action for Vulnerable Veterans • Using Veterans' Stories to Promote Health Equity and Reduce Disparities
2016	<ul style="list-style-type: none"> • Findings from the VISN 4 Hypertension Racial Disparities Quality Improvement Project • National Expert Panel Discussion on TBI & Chronic Traumatic Encephalopathy Morbidity & Mortality among Vulnerable Veterans • Race/Ethnicity Data Collection in the Veterans Health Administration • Release of the Inaugural VHA National Veteran Health Equity Report • Using Data to Characterize Vulnerable Veteran Populations • Treatment of HCV-ALD Among VHA Vulnerable Populations
2015	<ul style="list-style-type: none"> • Office of Health Equity Hepatitis C Virus-Advanced Liver Disease Disparities Dashboard



5680+
registrants
since launch



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HEALTH SYSTEM AND LIFE EXPERIENCE

❑ Goal

Improve health and health care outcomes for veterans

❑ Tactics

1. Identify measures and tools to assess access, quality, and satisfaction and explore and reduce/eliminate gaps
2. Increase understanding of differential experiences
3. Identify effective communication strategies
4. Promote an understanding of social determinants of health and incorporate these determinants into the electronic health record



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❑ Applying Veteran Demographics to Initiatives

❑ Veteran Access (2014)

- Examined Veterans on wait list as of June 2014
- Regional wait list disparities observed for Veterans by race and ethnicity, age, geography, disability status, and military era

❑ VBA Compensation & Pension (2014)

❑ Hepatitis C Virus (2015)

❑ Electronic Quality Measures (eQM; 2016)

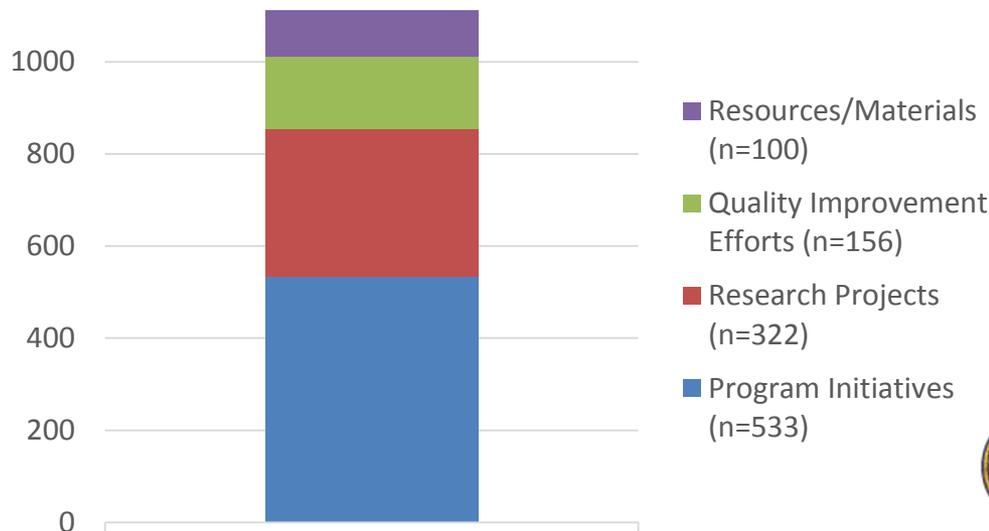
❑ Suicide Among Veterans (2017)





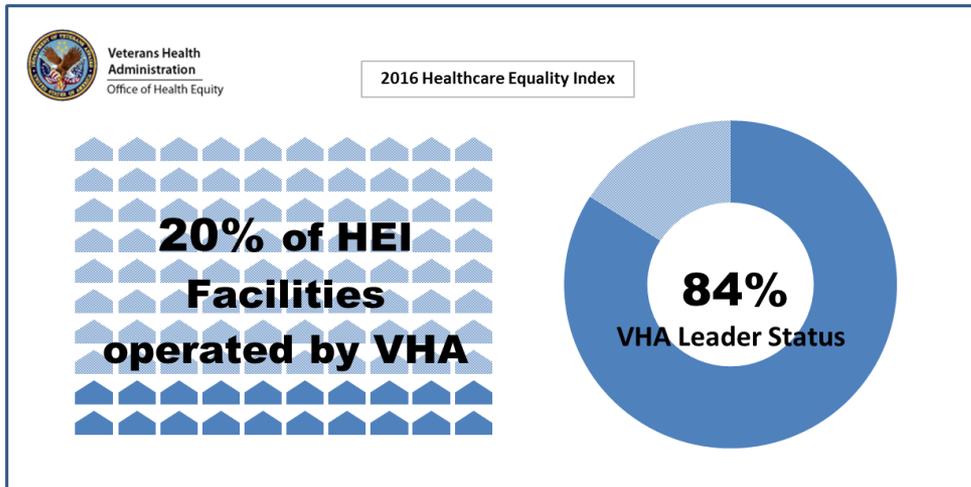
❑ VHA Health Equity Environmental Scan (2015)

- Identify existing initiatives, create synergy, disseminate adoptable best practices for improving Veteran health
- 118 VA facilities and 26 VHA central program offices
- 1111 projects identified





- Healthcare Equality Index (2013-2016)
 - Promotes equitable and inclusive care for LGBT patients, their families, and workforce
 - Sponsored by the Human Rights Campaign Foundation





CULTURAL AND LINGUISTIC COMPETENCY

❑ Goal

Improve cultural and linguistic competency and the diversity of the health-related workforce

❑ Tactics

1. Assure interactive and experiential learning in the areas of health equity, cultural competency including unconscious bias, micro inequities, diversity and inclusion
2. Support the implementation and compliance with national standards for culturally and linguistically appropriate services and standards set by The Joint Commission





- ❑ Clinical Look at Unconscious Bias (2013)
 - 4 short videos with VHA providers discussing unconscious bias
 - Pilot to explore system-wide implementation of cultural-competency training (2013-2014)
 - Targeted Patient Aligned Care Teams
 - Focused on raising awareness of impact of bias in health care setting





❑ Virtual Patient Cultural Competency Training Modules (2016)



Determinants of Health and Healthcare for All Employees

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 Veterans.



Casting the Health Equity Lens on Routine Check-up: Lucille F. 54

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





CULTURAL AND LINGUISTIC COMPETENCY - 3

❑ VA Virtual Medical Center Health Equity Learning Hub (2017)



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DATA, RESEARCH, AND EVALUATION

Goal

Improve the availability of actionable health equity data in addition to the coordination, utilization, and diffusion of research and evaluation of outcomes related to veteran health equity issues

Tactics

1. Conduct comprehensive reviews of existing evidence
2. Identify limitations and barriers to existing data collection and sharing efforts
3. Coordinate strategies to better understand the sources or causes of disparate care
4. Develop a process to monitor and track disparities and improvements
5. Participate on advisory bodies, steering committees, and research boards for research projects, research funding, and selections





□ Sponsored VA Evidence-Based Synthesis Reviews



- Health Disparities in Quality Indicators of Healthcare Among Adults with Mental Illness—2014
 - Illuminated gaps in the literature especially for Veterans with PTSD and LGBT veterans



- Evidence Brief: Update on Prevalence of and Interventions to Reduce Racial and Ethnic Disparities within the VA—2015
 - Update to earlier review (see Saha et al. 2008)

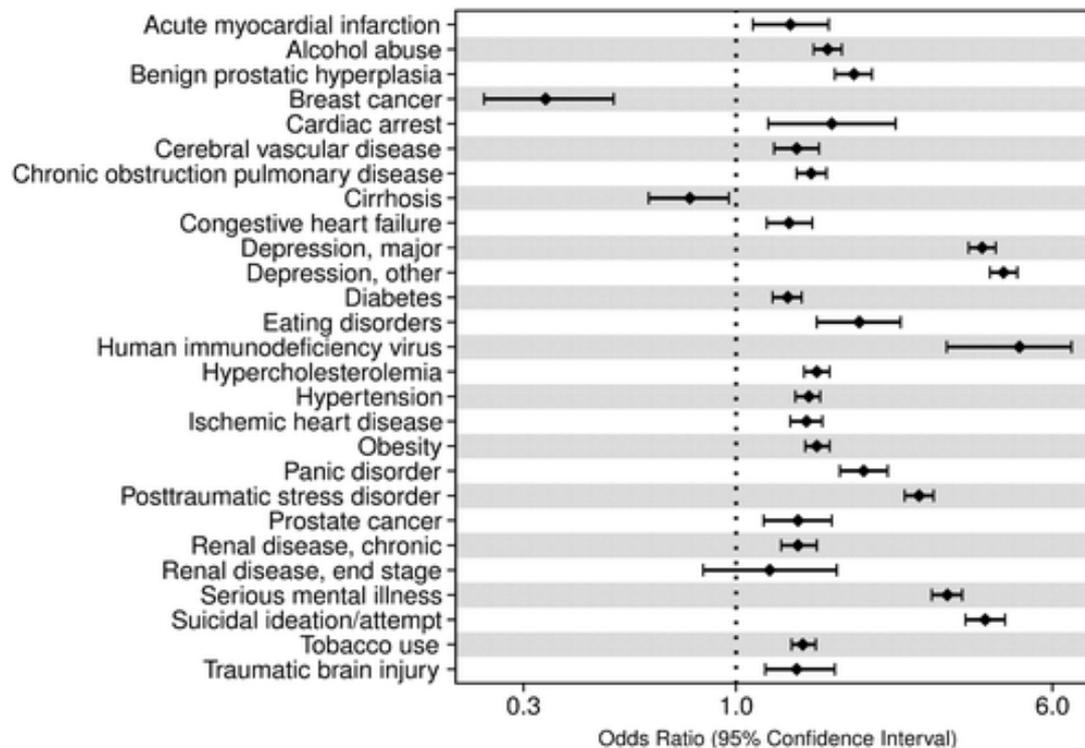




DATA, RESEARCH, AND EVALUATION - 2

❑ Transgender Veterans Research Protocol (2013)

- Examined medical and mental health outcomes for transgender Veterans and VHA care disparities
- Main paper found near universal disparities (Brown & Jones, 2014)



Main paper
among most
cited/downloaded
from
LGBT Health



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DATA, RESEARCH, AND EVALUATION - 3

❑ Hepatitis C Virus Data Dashboard (2015)

Hepatitis C Virus-Advanced Liver Disease Dashboard



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The purpose of the Dashboard is to promote equitable diagnosis and treatment of underserved Veterans with hepatitis C and advanced liver disease. The Dashboard utilizes a set of demographic filters (age, gender, geography, service era, need/ethnicity) to characterize Veterans groups with ALD due to hepatitis C who may require targeted intervention to improve their health. The Dashboard advances the voice for quality care and improved access to care as specified in the VA Blueprint for Excellence and VA's Health Equity Action Plan.

Data Source: On August 7, 2015, the VHA provided patient lists to VISNs of patients with ALD due to HCV. The Dashboard uses summarized data based on these lists. Visit <http://www.va.gov/VAHQIT/Data.asp> for more information on these publicly available data.

For more information about HCV-ALD Dashboard contact the Office of Health Equity at VHA.OHAActing@va.gov.

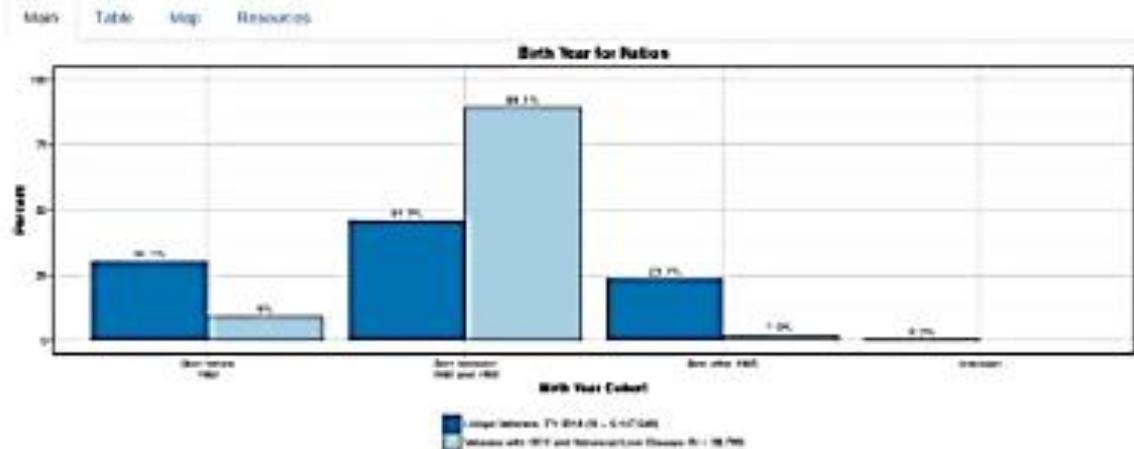
Select Observation Level

Nation ▼

Select Patient Group

Birth Year ▼

Season: FY Aug 16 17 46:10 2016



Both Year for Nation

Birth Year Cohort	Unique Veterans, Veterans with HCV and FY 2014 Advanced Liver Disease	
	(N = 8,147,849)	(N = 18,790)
Born before 1945	30.1	9.0
Born between 1945 and 1965	45.9	33.1
Born after 1965	23.7	1.9
Unknown	0.3	(E)

Note: (E) - Percentages for cell sizes < 15 are categorized as shown



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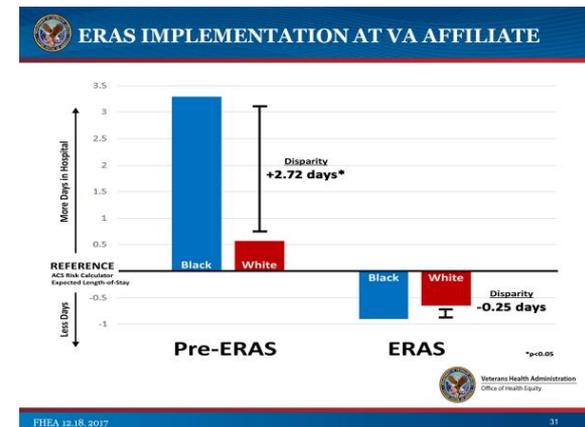


DATA, RESEARCH, AND EVALUATION - 4

VA Health Equity Themed Quality Improvement Projects Initiative (2014 -)

➤ Support VISN and field-based implementation of improvement efforts

Year	Project Title (Location)
2018	<ul style="list-style-type: none"> Project selections in progress – more to follow
2017	<ul style="list-style-type: none"> Evaluating Racial/Ethnic Disparities in Receipt of Minimally Invasive Hysterectomy for Benign Gynecologic Conditions (Puget Sound, WA) Incorporating an Enhanced Recovery After Surgery (ERAS) Program to Reduce Disparities in Surgical Outcomes for African American Veterans (Birmingham, AL) VISN 17 MOVE! Program (Amarillo, TX; Dallas, TX; Big Springs, TX; San Antonio, TX)
2014	<ul style="list-style-type: none"> Diabetes Case Management (Charleston, SC) Healthy Women are Active (Alexandria, VA) Implantable Cardioverter Defibrillators Decision Aid (Portland, OR) Maternity Case Manager (Jackson, MS) Novel Technologies to Reduce Gender Disparities in Cardiovascular Disease (Miami, FL) Project Battlefield Acupuncture for PTSD/Pain (Little Rock, AR) Project Tobacco Cessation (Baltimore, MD) Reducing Excess Heart Failure Readmissions for Blacks (Washington, DC)



FHEA 02.18.2017

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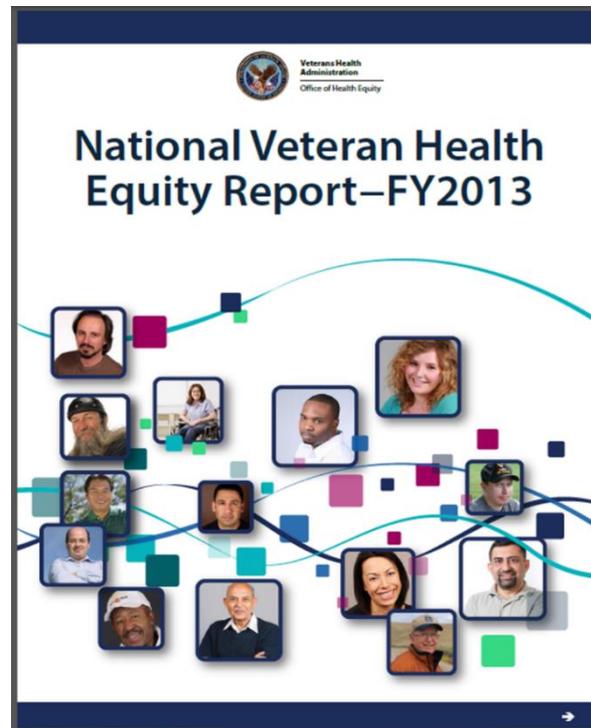
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DATA, RESEARCH, AND EVALUATION - 5

❑ National Veteran Health Equity Report—FY13 (2016)

- First-ever health disparities report for VA
- Populations covered: Race/ethnicity, gender, geography, age, mental health status
- Demonstrated ability to decrease missing race/ethnicity data to 3%



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ISBN 978-0-16-094170-2



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❑ OHE-Quality Enhancement Research Initiative Partnered Evaluation Center (2015)

- Purpose: Assist OHE efforts in current knowledge regarding disparities and gaps in quality across key conditions associated with increased morbidity and mortality
- Donna L. Washington, MD, MPH (PI)
- Currently disseminating products from data examinations
 - Mortality disparities in racial/ethnic minorities
 - Diagnosed conditions in vulnerable Veterans
 - Survey of Healthcare Experiences of Patients and External Peer Review Program
 - New models of care

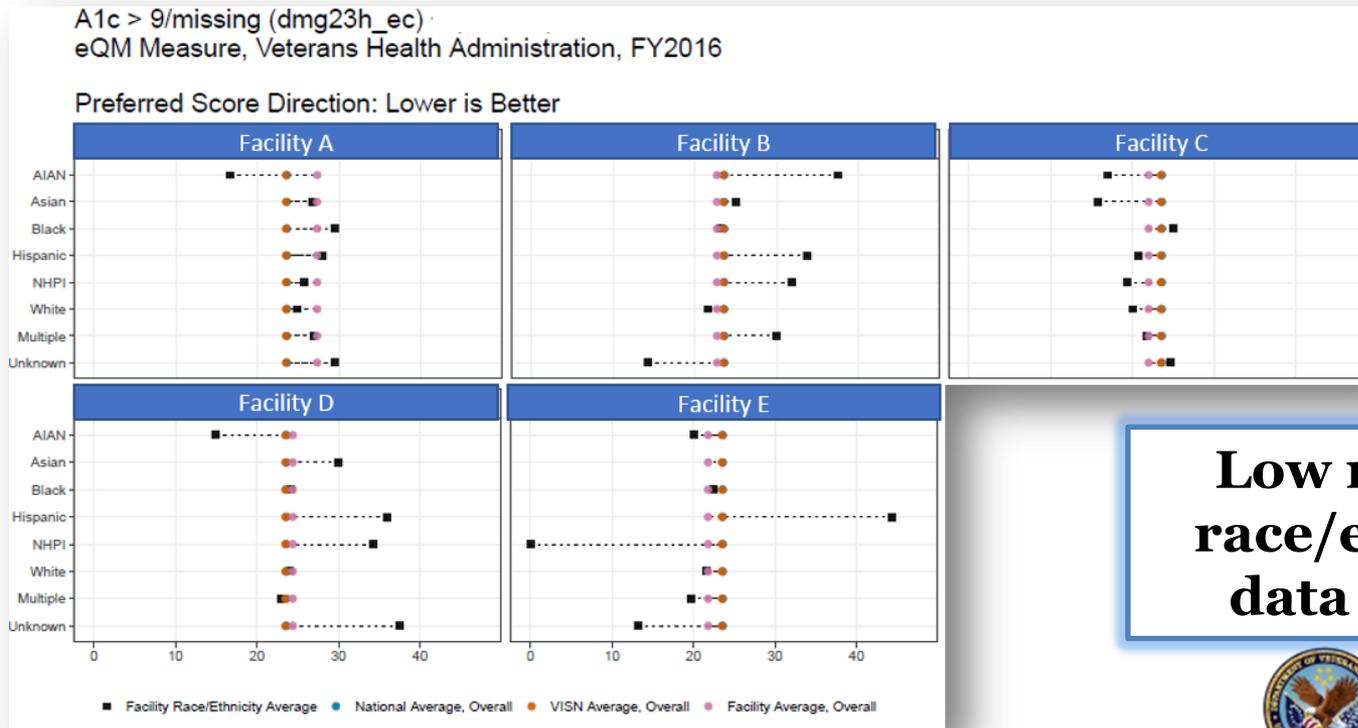




DATA, RESEARCH, AND EVALUATION - 7

❑ Examination of 2016 Electronic Quality Measures

- Based on a Congressional inquiry
- Produced dot-plot comparisons to explore potential disparities and opportunities by race/ethnicity



**Low missing
race/ethnicity
data (3-4%)**



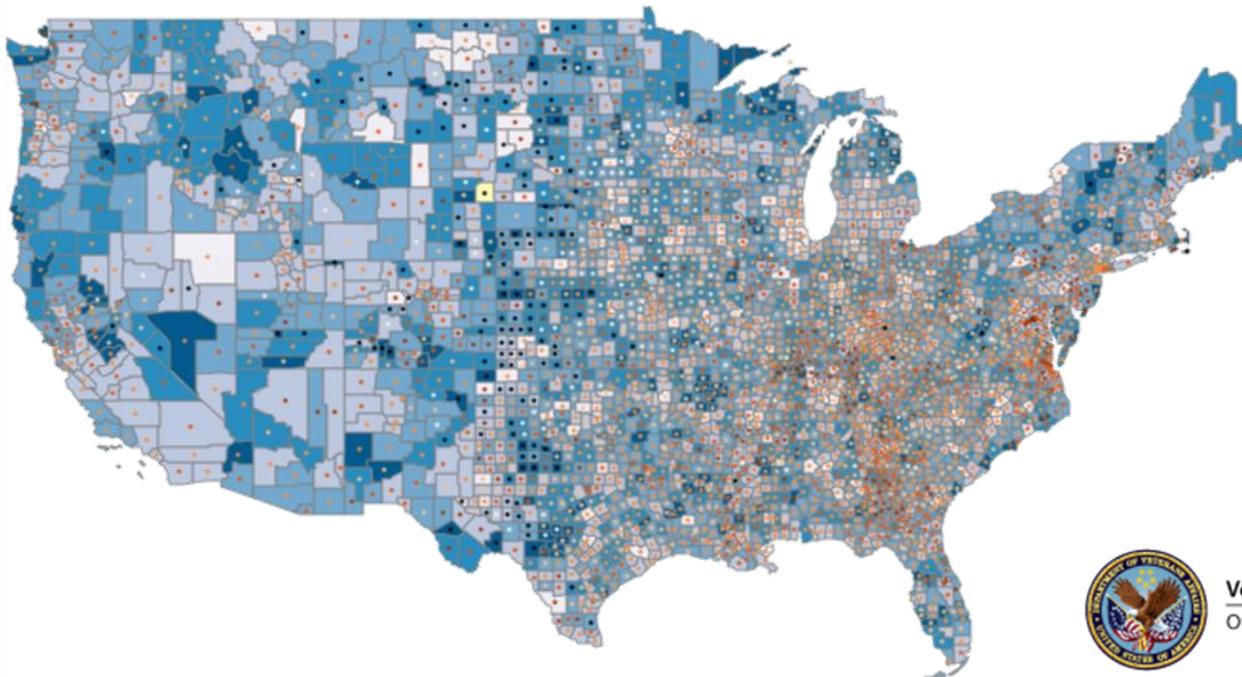
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DATA, RESEARCH, AND EVALUATION - 8

□ Social Determinants of Health (2017)

- Link VA clinical data to community and economic measures that impact health and well-being (e.g., HbA1C & Food Insecurity)
- Spatial mapping and other visualizations tools to improve Veteran care and planning



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□ Translation of Research into Action (2017)

➤ Journeys with High Blood Pressure Videos

Source: Bokhour et al., 2016.

- Implementing videos in clinical waiting areas across the VA
- Videos available publicly online



Patient Education and Counseling

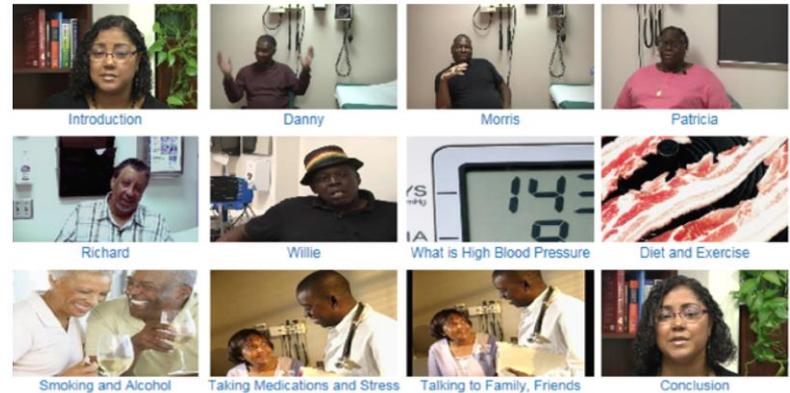
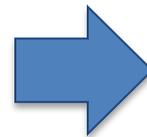
Volume 99, Issue 9, September 2016, Pages 1482-1488



Can stories influence African-American patients' intentions to change hypertension management behaviors? A randomized control trial

Barbara G. Bokhour ^{a, b, c, d, e}, Gemmae M. Fix ^{a, b, c, d}, Howard S. Gordon ^{c, d, e}, Judith A. Long ^{a, f, g}, Kathryn DeLaughter ^{a, c, d}, Michelle B. Orner ^{a, c, d}, Charlene Pope ^{a, b, c, d}, Thomas K. Houston ^{a, f, g}

Show more



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Poll Question 2



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POLL QUESTION 2

What are some of the ways that you will engage the Office of Health Equity and/or address health and health care disparities for Veterans?

Use “Chat Box”



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Looking Forward – Achieving Equity in Veteran Health and Well-Being



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COMMISSION ON CARE RECOMMENDATION #5

□ Health Care Equity Recommendation (2016)

Health Care Equity

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 is fully implemented.



Problem

The Office of Health Equity (OHE), tasked with eliminating health disparities by building cultural and military competence within VHA, has not been given the resources or level of authority needed to be successful. Until VHA leadership establishes the elimination of health care disparities as a critical strategic priority and commits the resources required to address this problem, health care disparities will continue to persist among veteran patients.

The Commission Recommends That . . .

- VHA work to eliminate health disparities by establishing health care equity as a strategic priority.
- VHA provide the Office of Health Equity 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 Health Equity Action Plan is fully implemented with adequate staffing, resources, and support.
- 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.⁹⁸

Commission on Care Final Report (Page 47)



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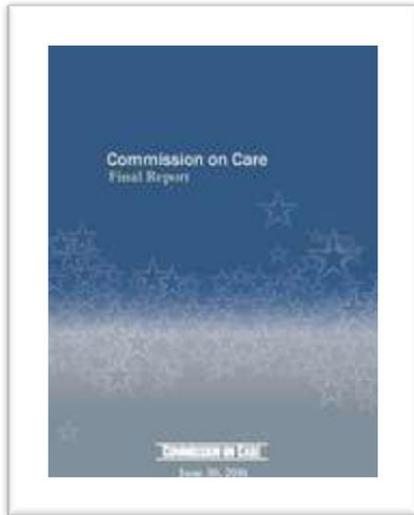


COMMISSION ON CARE RECOMMENDATION #5

□ Health Care Equity Recommendation (2016)

VA Administrative Changes

- Make health equity a strategic priority by directing the implementation of the VHA HEAP nationwide and designating a leader and health equity clinical champion within each VISN and VAMC for whom part of their respective FTE position descriptions includes focusing on health equity issues.
- Reestablish OHE staffing based on the 2011 VHA Health Care Equality Workgroup recommendations to enable OHE to fulfill VHA's vision to provide appropriate individualized health care to each veteran in a method that eliminates disparate health outcomes and assures health equity. Action required includes, but is not limited to, funding FTE staffing levels commensurate with the scope and size of other federal offices of health equity.
- Reinstate OHE within the office of the CVCS to underscore health equity as a priority and to position the office to champion successfully the advancement of health equity for all veterans.
- Monitor and evaluate the department's success in implementing HEAP.



Commission on Care Final Report (Page 54)



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HEALTH EQUITY REQUIREMENTS

□ Requirements for Success

- Health equity must be made a strategic priority across VA
- Full implementation and monitoring of the HEAP
- National program office with appropriate level of authority, expertise, and charge
- Tactic must be executed in consultation with VA program offices, networks, and medical centers with each doing their part to meet the tactic
- OHE participation in convening meetings, working groups, and other discussions
- Dedicated staffing/FTEE
- Funding





SEC VA PRIORITIES & HEALTH EQUITY



Greater Choice

- Consider any disparate impact on vulnerable Veteran populations
- Empower Veterans through transparency of information



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 in the FHEA 07.17.2017 Archive



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 equity



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VHA OPERATIONAL PLANNING FY2018-2019

□ Proposed tactics in support of VHA strategies

- Examine impact, collect and track relevant data (e.g., race/ethnicity, SES, sexual orientation, military era...), and recommend culturally appropriate care to serve the needs of vulnerable Veteran groups
- Ensure equity in all policies
- Develop common definitions and measures of disparities and inequities
- Provide consultation and subject matter expertise on health equity issues (e.g., incorporation of SDOH in EHR)
- Leverage technology to better understand sources of disparate care
- Create synergy with VISNs and facilities for health equity champions
- Develop economic case for health equity
- Bolster external strategic partnerships and outreach
- Ensure cultural and military competency



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□ Achieving Health Equity: A Guide for Health Care Organizations

- Make health equity a strategic priority
- Develop mechanisms to support health equity advancement
- Deploy strategies that the health system can undertake and affect multiple determinants
- Decreasing biases that impede health equity
- Develop partnerships



See Wyatt et al., 2016





LOOKING TO THE FUTURE – BEYOND VA

- ❑ Achieving Veteran health equity also depends on factors outside of VA
 - Improve Data Availability and Use
 - Standardize collection and reporting consistently for all vulnerable populations to understand disparities.
 - Task all federal agencies and community partners to collect, report, and analyze veteran and military status.
 - Display data in an actionable format including the development of disparities dashboards that are consumer friendly.
 - Increase Understanding and Use of Social Determinants of Health
 - Incorporate and act on non-traditional and social determinants of health in electronic health record and personalized health plans.
 - Link housing, education and financial benefits to health data and records across VA, DOD, and community partners.
 - Incorporate Military and Clinical Cultural Competency
 - Unite efforts across agencies & private sector to better understand roles of culture and biases in clinical care.
 - Link directly to health outcomes.
 - Demonstrate knowledge and application to improve health outcomes.





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POLL QUESTION 2 RESPONSE DISCUSSION

What are some of the ways that you will engage the Office of Health Equity and/or address health and health care disparities for Veterans?

Use “Chat Box”





HEALTH EQUITY DATA – TAKE ACTION



Uchenna S. Uchendu, MD
Chief Officer
Office of Health Equity

"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?"



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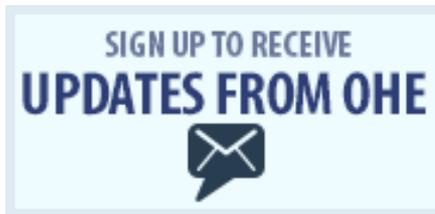


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OHE Listserv sign up link
<https://www.va.gov/HEALTHEQUITY/Updates.asp>



THANK YOU!



Updates from the VA Office of Health Equity
VHA Office of Health Equity sent this bulletin at 11/15/2017 11:40 AM EST



VA Office of Health Equity Continues to Salute our Nation's Heroes and Families for National Veterans and Military Families Month

November is [National Veterans and Military Families Month](#) as you already know. The [VA Office of Health Equity](#) continues to promote how we honor Veterans and their families by joining forces to advance health equity. This announcement highlights upcoming activities that we are proud to share and engage with you.



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FORTHCOMING

FORTHCOMING

Uchendu, U. S. and K. T. Jones.
(Forthcoming). ***Pursuit of
Health Equity for America's
Heroes.***



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