Cyberseminar Transcript

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Series: Focus on Health Equity and Action

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

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Moderator: Today we have Dr. Uchenna Uchendu, MD, Chief Officer of the Office of Health Equity at VA Central Office in Washington, D.C., and her associate, Dr. Kenneth Jones, PhD, who is a program analyst at the Office of Health Equity at the VA Central Office in Washington, D.C. They’ll be presenting on the Office of Health Equity’s five years of operation, and as it is just the top of the hour, Dr. Uchendu, can I turn things over to you?

Dr. Uchenna Uchendu: Yes, you can, and please confirm that you can see my monitor.

Moderator: We can and it looks wonderful.

Dr. Uchenna Uchendu: Great. Thank you, Rob. Greetings everyone! I am Dr. Uchenna Uchendu. I will be presenting today with Dr. Kenneth T. Jones from the Office of Health Equity. You’ll hear from him a little bit later. Welcome to another exciting session of the focus of health equity and action Cyberseminar series. I am also going to say Happy New Year since it is our first focus on health equity and action Cyberseminar session in 2018. The time is right for a five-year review, which is the topic of today, Pursuing Health Equity for Veterans with a Dedicated National Program Office – Five Years in Review.

Slide 2. This is the presenters’ disclosure and disclaimer statement. While both of us work for the United States Department of Veterans Affairs, the opinions expressed in this session are ours and should not be construed as the official position of the VA or the U.S. Government. Also, we are the current staff of the Office of Health Equity, which was created in 2012 to champion reduction of health and healthcare disparities and galvanize efforts, enhance synergy across the VA, and spur actions toward achieving health equity for all Veterans.

Slide number three is session outline. It matches the session objectives, which you got in the announcement. First, you’ll get some background on the development of the national program office to advance health equity to Veterans. We will share some of the activities we have engaged to implement the VA Health Equity Action Plan, which is also the document on which this series is based. The ‘looking forward’ section will offer recommendations and reflections necessary for achieving the highest possible level of health and well-being for Veterans. We will spare time for discussion. And I want to note here that the second core question will be an open-ended question. And you will anticipate that you can type in your responses and we will come back to them toward the end. And I will give instructions more clearly when we get to that, but I figured I’d give you a heads up. And just note, we did not put sources on many of the slides because we would end up repeating similar things. The resources are available on Office of Health Equity website at the link that you see here.

So with that, I’m going to move into development of the national program to advance health equity in this section.

Slide five. All of the timeline is not about Veterans and VA, but I need you to remember that Veterans are members of their communities wherever they are, and so the larger issues also do impact Veterans from that angle. I will do my best to connect the dots for the items that speak specifically to VA as well. Stepping back in time for a moment on this slide with the historical background of health equity, note that the background is not extensive. However, it puts in perspective the fact that [unintelligible 4:16] health equity has been a journey over time and we have not yet achieved it.

In 1985, the release of the Heckler Report on Black and Minority Health mobilized HHS efforts to eliminate health and healthcare disparities. The following year, Congress created the HHS Offices of Minority Health. I attended the HHS led 30th anniversary of the Heckler Report in D.C. over a year ago. The progress was noted that has been made in this area, but the conclusion was that the work was far from over.

In 1990, we had the Americans for Disabilities Act. In 1994, Congress created two centers in VA: Center for Women Veterans and Center for Minority Veterans, with a primary charge for advocacy and outreach for the respective groups. In 2001, VHA published Ethical Analyses of Disparities in Health Care. I’ll tell you a little bit more about it in a moment.

In 2013, the Institute of Medicine, now called the National Academy of Medicine, published the report Unequal Treatment. And in 2007, National Partnerships for Action to End Health Disparities started. VA has since joined that effort and is represented in the Federal Interagency Health Equity Team, which I believe comes up on another slide.

In 2010, Affordable Care Act expanded Office of Minority Health in HHS, but VA was not included in that legislation. However, VA staff formed the Healthcare Equality Workgroup charged by the then Principal Deputy Under Secretary for Health, Dr. Robert Jesse, now a blessed memory. The workgroup provided recommendations on how VA can provide a more equitable care to Veterans. As a result, Office of Health Equity was created in 2012. February 2013 marks my appointment as the first Chief Officer of the Office of Health Equity and brought the office to full staffing with eight full-time employees that VHA leadership had approved for the office. The Office of Health Equity charge: Mapping the path and leading VA's effort toward achieving health equity for Veterans with a wider scope that included race ethnicity, gender/sex, sexual orientation, geography, disability, and mental health, and some other characteristics, which I'll elaborate on another slide. We delivered the first ever National Veteran Health Equity report later that year to serve as VA’s document for Veteran Health Equity journey.

The Commission on Care report of 2016 dedicated number five of their 18 recommendations to health equity. Calling for support for Office of Health Equity and full implementation of the Health Equity Action Plan, the commission was charged by Congress to make recommendations for the future path for VA.

Slide six shows an excerpt from the VHA Ethical Analysis of Disparities in Health Care report that I mentioned on the timeline. The report noted VA’s ethical obligation to provide healthcare free of disparities and underscore the fact that the national scope of the VA, diverse patient Veteran population and proven VA record of leading change sets the stage for VA to be a leader, a model for the nation in eliminating health disparities.

Slide number seven is, If you notice, you remember in the timeline I did mention that OHE was charged with a wider scope beyond race and ethnicity, and that's what is represented here. The populations who have systematically or historically have serious health and healthcare disparities are the result of their membership in any of the groups that I’ve shown on this slide. These are similar to the healthy people 2020 list and definition, except with the addition of military era, which VA Office of Health Equity tabled and gained VA leadership approval to include. The rationale was that in addition to unique experience of military service, there are disparities associated with military eras and periods of service. So the slide represents the scope for the charge of Office of Health Equity. The insert on it is from the VHA Strategic Plan objective that specifically speaks to health equity as well. Again, it mentions the population, so I will not read that back to you.

Slide number eight gives you some examples of research that underscore the existence of health and healthcare disparities among Veterans. And we have references coming up on later slides. And if you already have the slides, then you do have them already, so you can access them for more details on other publications and these publications noted here from literature.

Slide number nine, Health Equity at the VA. I want to note that health equity research predates Office of Health Equity at the VA. The VA research, there is VA researchers and centers have documented disparate care and needs. The Health Equity and Rural Outreach Initiative COIN, known as the HEROIC, works to improve access and equity in healthcare by increasing understanding of geographic, race/ethnicity, and gender-related disparities among Veterans. The Center for Health Equity Research and Promotion, known as CHERP, has advanced health equity research by conducting rigorous studies and training and mentoring investigators to study and better understand sources of disparate care. There are additional centers that have also focused on patient groups relevant to health equity, like women, homelessness, aging, mental health, and other needs. However, translating research into action and strategically coalescing efforts around key priority areas requires coordination through a national program office. Hence, the Office of Health Equity is charged to map the path for VA health equity pursuit, [unintelligible 10:43] reduction of health disparities for Veterans, to organize efforts, enhance synergy across the organization and beyond in order to spur action toward achieving health equity for Veterans.

Slide 10 is a snapshot of the VA Health Equity Action Plan, which you may have seen before. It’s intended to map the path for VA achieving health equity. We will delve into the areas of the Health Equity Action Plan, which we often call the HEAP for short. So I will not go over the slide in detail. However, I want to note that the Health Equity Action Plan was developed by OHE in conjunction with the Health Equity Coalition, which was convened in 2013 and I chaired as Chief Officer of Office of Health Equity. Also the areas of this Health Equity Action Plan align with the key areas in the National Partnership for Action.

Slide 11 is organizational level of authority. Initial placement of Office of Health Equity is denoted in orange, with Office of Health Equity's Chief Officer as a direct report to the Principal Deputy Under Secretary for Health. The current placement starting from about 2016 is denoted in blue with Office of Health Equity reorganized into Organizational Excellence within VHA as shown.

On slide number 12, the orange box denotes the initial organizational chart when Office of Health Equity was established and fully staffed in 2013 with eight full-time employees. The bold black box denotes the newer organizational chart finding December 2016, with six full-time employee positions. The two pictures and corresponding positions denoted within the blue boxes represent the functional staffing of the Office of Health Equity since 2016, Uchenna Uchendu, myself, yours truly, as Chief Officer, and Kenneth T. Jones as Program Analyst. We are perfecting the act of practicing lean principles as we are intricately engaged in all things health equity for Veterans at the VA and beyond.

With that, I will come to the first audience participation with a poll question. I will read the poll and Rob will set up the polling so that you can participate. How many times have you previously attended an Office of Health Equity Focus on Health Equity and Action Cyberseminar or reviewed archived Focus on Health Equity and Action seminar sessions? Zero is one option. One to four is an option. Five to eight is an option. Nine to 12 is an option. Or 12 or more times will be the last option. So I’ll pause there for a moment for Rob to assist us with gathering your responses.

Moderator: We have about 60% answers, so we’ll let that go a little bit longer. And things have leveled off, so I’ll go ahead and close the poll, share the results. And Dr. Uchendu, 51% answered zero, 34% answered one through four, 5% answered five through eight, nobody answered nine through 12, and 10% answered 12 or more. So we’re back on your slides.

Dr. Uchenna Uchendu: Thank you so much, Rob, and thank you to all of you for participating. That kind of helps us to kind of gauge our audience as well. For those who have not participated, I think your counts will go up to one after today, and for those who are in the 12 or more, we appreciate your dedication and following us through all our Cyberseminars. I think we’ve had about 18 including today, if I’m remembering correctly.

So next we move into the section where we try to share some of the activities we have undertaken within the five key areas of the Health Equity Action Plan. I will cover leadership activities. Dr. Kenneth Jones will take you through awareness and health system life experience, and then we will tag team for research data and evaluation.

Leadership. The goal of this particular section in the Health Equity Action Plan is to strengthen and broaden leadership for addressing health disparities and position the VA as a leader in advancing health equity. And some of the tactics are shown, which includes a presentation on governance bodies, ensuring equity in all policies, developing tools that can monitor health equity activities, and then funding and supporting research and field-based efforts.

I’m on slide number 17 at this point, and this is addressing the first tactic that I just named on the previous slide, presence on key VA and external advisory and governance bodies. I was participating at the National Leadership Council between 2013 up to 2017 as Chief Officer for Health Equity. I’ve also participated in research reviews and advisory committees, and some of the members of the office have also done that. We represent VA on the Federal Interagency Health Equity Team, and members of Office of Health Equity have participated in the Equity in All Policies working group, the Data working group, the Partnerships working group. So we are pretty active. And as an agency, we have hosted the Federal Interagency Health Equity Team along with Center for Minority Veterans in our building a few times within this period. And also I serve on the National Academy of Medicine Roundtable on the Promotion of Health Equity starting 2015. This is not exhaustive. This is just to give you a snapshot of some activities around this area.

Still on leadership, ensuring equity in all policies. We have engaged in formal and informal reviews when we were reporting directly to the Principal Deputy Under Secretary for Health. We had visibility of a lot of items that came through that office, which is right beneath the Under Secretary for Health, and we provided input and support for Congressional inquiries and a whole lot of other activities. The informal reviews dealt with things that we have done through review of policies stemming from the office of government audits starting in 2017. We have also provided comments for over 50 policies and directives, and for some of them we negotiated modifications to advance health equity. We call it bringing the equity lens to the directive.

I'm on slide number 19, still on leadership, monitoring health equity activities. Office of Health Equity has advocated for clinical champions at VA facilities and VISNs, while in the meantime growing an informal cadre of VA chief medical officers, networks and medical center directors, as well as staff with demonstrated commitment to health equity, taking on projects and consulting with our office. And we are providing support to the extent that we are able. And then health equity leadership development and training, we have encouraged and arranged for VA staff to gain insight into some of the leadership training that can produce a cadre of people who can carry the torch forward. Some of them are listed here, the GWU Leaders for Health Equity and the Robert Wood Johnson Foundation Clinical Scholars Program. We were advocating and hoping that people would submit projects that will be Veteran focused and will bring VA into that arena. And we were also co-organizers for the first-ever diversity and inclusion summit with VA health in 2017 in Nashville to strengthen relationships with historical Black colleges and universities and provide avenues to discuss obstacles for VA training opportunities.

And with that, I will be turning you over to Dr. Kenneth Jones to take you through awareness as well as health system and life experience. You ready?

Dr. Kenneth T. Jones: I am. Thank you, Dr. Uchendu. Just confirm, give me a nod if you can see my screen.

Moderator: As soon as you change the display, it’s perfect. There you go.

Dr. Kenneth T. Jones: There we go. Okay, great. Thank you so much, Dr. Uchendu. So I’m going to talk about the next area, the HEAP, and that area is awareness. The goal of this area is to increase awareness of the significance of health disparities, their impact on the nation, and some of the actions necessary to improve health outcomes. You’ll see some of the tactics listed here. I’ll go through some activities that align with them, but in short, some of these tactics include providing leadership and coordination, developing crucial strategic partnerships both within and outside the VA, delivering presentations as well as developing a comprehensive communication plan.

So the first activity under awareness, slide number 21, is partnerships and collaborations. Here you will see a brief list of some of the partnerships and collaborations that we’ve established or engaged in over the last five years. Now this list you’ll see includes both academic resources, such as the Association of American Medical Colleges. You see government agencies as well as foundations that include both Bristol-Myers Squibb as well as the Robert Wood Johnson Foundation. You’ll see this ellipse, or these three dots, at the end of several of our slides because there’s not enough time in the presentation to go through all of them, but I would like to say that OHE expresses our sincere gratitude for our internal and external partners as well as collaborators and their work to advance health equity.

Slide 22 covers some of the work that we did with the American Journal of Public Health. OHE sponsored a supplement, and you’ll see an image over to the right, in 2014. And the goal of this supplement was to highlight health equity issues for Veterans, the importance of partnerships, and best practices for healthcare access. Now although this supplement was released in September 2014, it’s really inspiring that is was actually the most read and downloaded issue for American Journal of Public Health in 2014. And that’s over 20,000 accessors. As of 2015, this supplement was the second most downloaded issue since its release, which speaks to how important this topic is. And I would encourage you all to check out the supplement if you haven’t already. And also the Office of Health Equity collaborated with the publishers of the Journal to put together a Veteran collection site. And so that information is available on our website.

The third area for awareness, on slide 23, are some of the communication tools for Veterans and stakeholders. In 2015 and 2016, we respectively launched two communications tools, the first being our external website and the second being our Listserv. The external website, the URL was mentioned at the beginning of the session, but I’ll just say it really quickly www.va.gov/healthequity was launched in 2015 and our health equity Listserv was launched in 2016. As of December 2107, I’ve listed some of the metrics related to access and subscribers. So we’ve had, since 2015 to December 2017, over 25,000 visitors to our website. There have also been over 34,000 individual subscribers to our Listserv. We’ve sent 38 bulletins and that successfully reached over 600,000 participants.

The fourth slide under awareness, on slide 24 actually, is the Visualize Health Equity, an activity sponsored by the National Academy of Medicine. So in addition to raising awareness of disparate healthcare, we continue to clarify a very crucial difference between equality and equity. In 2016, you’ll see an image towards the right-hand of the screen, the Office of Health Equity developed a Veteran depiction of what equality looks like compared to what equity looks like. And this, again, was important to advance health equity for our vulnerable Veteran population and to inform the care that they receive at the VA. The depiction, along with a blog entry by Dr. Uchendu, was chosen last year for the National Academy of Medicine Visualize Health Equity permanent online gallery. So this is another way that we can ensure that Veterans' concerns are a part of ongoing equity discussions for national initiative.

The next slide, 25, it lists the Focus on Health Equity and Action Cyberseminars. So if you’re a part of the 50% and this is your first time, you can feel free and we encourage you to check out our archived sessions. This, today, as Dr. Uchendu mentioned earlier, marks our 18th Focus on Health Equity and Action Cyberseminar. We’re excited that over 5,680 people had registered for our different sessions since 2015. And we’re also excited that back in 2016 we had our largest registration to date with our National Expert Panel to discuss TBI and CTE. And this session actually featured Dr. Bennet Omalu, who first discovered and published findings on CTE and was portrayed by actor Will Smith in the movie Concussion. I want to sincerely, again, express my thanks and gratitude on behalf of the Office of HSR&D and CIDER for the use of this platform to host the Focus on Health Equity and Action Cyberseminars.

The next area in the Health Equity Action Plan, the third area, is health system and life experience. And now we’re on slide 26. The goal under this area is to improve health and healthcare outcomes for Veterans. And you’ll see some of the tactics listed there, identifying measures and tools, increasing understanding of differential experiences, identifying effective communication strategies, as well as promoting an understanding of social determinants of health, as well as incorporating determinants into the electronic health record.

On slide 27, I wanted to just show some highlights for applying Veteran demographics to our initiatives. So one approach that we’ve taken as an office is to conduct descriptive analysis to determine which, if any, vulnerable Veteran groups are impacted so that we can better understand their care needs, identify gaps, and develop and offer appropriate strategies. Here is just a select list of those activities that we’ve worked on: Veteran access, compensation and pension data that was given to us by the Veterans Benefit Administration. We’ve worked on Hepatitis C virus. We’ve examined electronic quality measures as well as suicide. And some of these will be discussed later on in the presentation.

On slide 28, an early activity that we conducted, the VHA Health Equity Environmental Scan, and you’ll see that we conducted that in 2015. And that was to get a better sense of the efforts underway at the VA to advance health equity. And so we received participation from nearly all of the VHA medical centers and program offices. The Health Equity Environmental Scan identified over 1,100 projects and other efforts that align with the HEAP. And you’ll see some of those listed here. I’ll just state briefly that nearly half of these submissions that we received from the field and program offices included program initiatives. About 29% were research projects. About 14% were quality improvement efforts, and 9% were resources or other materials. VA employees can actually search the results of this environmental scan on the OHE SharePoint site. One other thing I wanted to point out is that the office, we’ve encouraged or supported the office that did participate in the scan to submit their projects, the ongoing VA initiatives that identified and supported this fusion of best practices.

The next slide, slide 29, discusses our role in the Healthcare Equality Index. Now VA, the Office of Health Equity actually served as the agency-wide coordinator for VA participation in the Healthcare Equality Index from 2013 to 2016. Very briefly, this Healthcare Equality Index was sponsored by the Human Rights Campaign Foundation, and the purpose of the initiative is to ensure an equitable and inclusive environment for LGBT Veterans, their families, as well as VA staff. In 2016, the last year in which we organized this effort on behalf of the VA, we had 114 facilities participating, and 96, which is about 84%, achieved leader status. And what leader status means is that some facilities met performance standards for patient non-discrimination, equal visitation, employment non-discrimination, as well as training in LGBT patient-centered care.

Now VA participation was really important in this effort as it expanded the reach of the Healthcare Equality Index to a space where VA facilities were the only facilities. And this resulted in them being able to demonstrate LGBT inclusivity in all 50 states. OHE, you see that this activity only lasted for 2016, or at least OHE’s role, so we no longer coordinate VA participation due to organizational staffing changes. However, each medical facility has now been assigned an LGBT Veteran clinical coordinator through VHA’s LGBT program office. And a portion of their role as coordinators is to assist their facilities’ participation in the HEI.

So now I’m going to turn this back over to Dr. Uchendu.

Dr. Uchenna Uchendu: Thank you, Kenneth. And Rob, please confirm that my screen is showing. I believe I have the LGBT slide up. So I’ll move over to the very next one, which is\_

Moderator: \_Confirmed.

Dr. Uchenna Uchendu: Good. Cultural and linguistic competency. The goal in this is to improve cultural and linguistic competency and diversity of the health-related workforce. And the tactics are shown: Using interactive and experiential learning in areas of health equity, cultural competence, unconscious bias, micro inequities, diversity and inclusion. And this also aligns with The Joint Commission’s standards set along these lines on the [unintelligible 30:09] culturally and linguistically appropriate services.

The next slide is slide number 31. It highlights the Clinical Look at Unconscious Bias project, which consisted of 4 short videos with VHA providers discussing unconscious bias. Office of Health Equity worked with the Employee Education Services to produce those, and then they were used in a pilot in which Office of Health Equity partnered with the Center for Health Equity Research and Promotion to examine how using these videos in an educational setting and discussion, with the target being Patient Aligned Care Teams. And the whole idea was focused on raising awareness of impact of biases, especially unconscious biases, in the healthcare setting.

The picture you see there is Dr. Robert Jesse. He was one of the providers on the videos. And the videos are available also on Office of Health Equity website, so you don’t have to be a part of the study I mentioned to be able to access them there on our webpage.

The next highlight I would like to do with regard to cultural and linguistic competence is the Virtual Patient Cultural Competency Training Module. It’s a project one year long in the process of making, but we are grateful for partnerships and collaborations because we produce this under the contract that our Employee Education Service has for its simulation platform. I served as the subject matter expert and produced and provided a lot of the content. But the key thing I wanted to take home here is that the contents was born out of real Veteran stories and real stories of people being exposed to issues around biases, around how the social determinants in their life impact their healthcare. The Determinants of Health and Healthcare for All Employees is intended for any educational level. So you don’t have to be a clinician to be able to go through with that. The Casting the Health Equity Lens on a Routine Check-up is intended for clinicians, but I have received feedback the non-clinicians who went over it, especially from Veterans, found that it empowered them to have certain discussions with their healthcare provider. So I encourage you to check them out. Like I said, we use a simulation platform. We use real stories, interactive experiential learning, and they are available also publicly on our website and on VHA Train. And we are accepting invitations for workshops that could be facilitated using these materials. And when you’ve gone through them, you will see why.

The next slide is 33. The Virtual Medical Center Health Equity Learning Hub is again another one that we had a good session back in November of 2017 with demonstrations which we will not be availing you with today. What's new is that as of that time the health equity hub was under development, and it still is, but as you can see we’ve made some progress. And if you stay tuned, we will let you know when it’s ready for prime time.

The data, research, and evaluation section is what I’m transitioning into at this point. I will key it up and then hand it over to Kenneth to discuss some of the activities in this area. The goal of this area of the HEAP is improve the availability of actionable health equity data in addition to coordination, utilization, and diffusion of research and evaluation of outcomes related to Veteran health equity issues. I will go through all of the tactics, but from some of the examples you will see, you can see that we have made some progress in some areas and there are areas where we still have work to do, not just for the Office of Health Equity, but for the organization as an agency. So Kenneth, you are up for this.

Dr. Kenneth T. Jones: Great. Thank you, Dr. Uchendu. So I’m going to go through the next three slides in this section. On this current screen, slide 35, you’ll see some of the sponsored VA evidence-based synthesis reviews. The Office of Health Equity has nominated two reviews that you see here. In 2014, reviews focused on health disparities among Veterans with mental illnesses and highlighted research gaps in the disparities literature, so Veterans with PTSD as well as LGBT Veterans. Below that you see the 2015 review that focused on racial and ethnic disparities in Veterans and was an update to an earlier review on the topics. The Office of Health Equity did nominate another topic that was approved in 2016. However, due to a shift in agency priorities, that actual topic is product as change in scope of the nominated and accepted review and resulted in an evidence map. So that’s not shown here.

Next slide, Dr. Uchendu. Great. Slide 36. The Transgender Veterans Research Protocol. In 2013, the Office of Health Equity received IRB approval for our participance in protocol to examine medical and mental health outcomes and potential disparities. Dr. George Brown was the PI and I served as the Co-PI on that protocol. What we saw, what we did actually, we used a mass cohort case controlled study that included 5,135 transgender Veterans who were identified using VA administrative data. And then we matched those transgender Veterans to two non-transgender Veterans. We identified transgender Veterans using ICD-9 codes as well as used chart reviews. And this was necessary because at the time VA did not include a gender identity field in their administrative data. What this paper found, and a lot of papers and products coming out of this, is that transgender Veterans experience a [unintelligible 36:12] amount of disparities. Our main paper actually found near universal disparities. You’ll see on this particular slide that one of the figures underscores that point. I also want to point out that this paper, our main paper, continues to be one of the most cited and downloaded papers from LGBT Health.

Next slide, Dr. Uchendu. Slide 37 goes over the Hepatitis C virus data dashboard that we did in 2015. And you’ll see a screenshot there on the slide. One of my responsibilities in the office involves data reporting as well as visualization, so this is something that’s really exciting to me. And what we did, we developed a group of concepts based on extracts provided to the VISN containing Veterans at risk. So our goal in this project was to break down the data for the vulnerable Veteran group and show potential risks as well as disparities. So the dashboard uses a set of demographics: age, gender, geography, military era, as well as race and ethnicity to distinguish Veterans who are identified in the list that were provided to the VISN who may be at highest risk for advanced liver disease due to Hepatitis C. Now this dashboard is available publicly on our website as well as the summarized data that went into the dashboard is also publicly available on data.gov. And we released this data as a part of the presidential initiative on open data. For more information on the Hepatitis C Virus Data Dashboard, I’ll refer you back to the archived sessions of the Focus of Health Equity Action Cyberseminars located either on our website or the CIDER website. Now I’m going to turn it back over to Dr. Uchendu.

Dr. Uchenna Uchendu: Thank you, Kenneth. I figured you’re best to talk about those things. For those of you who don’t know Kenneth, he comes alive whenever you bring up data. So thank you.

VA Health Equity Themed Quality Improvement Projects is what you’re seeing currently on slide number, I believe that’s 38. The idea of using health equity themed quality improvement projects was introduced and implemented by the Office of Health Equity in 2014 when we [unintelligible 38:30] and funded some quality improvement projects with a health equity theme. Other population, you get this, the populations on the slide that we shared earlier. Concept was to address health disparity in an area of challenge so that doing the project would add value to the Veterans and the participating VA facility. Most of the projects are shown on the slide here, which includes an insert from one of the projects we highlighted at a Cyberseminar on the 18th of December of 2017, and which was dedicated to our QI efforts. And so I will not go into them again in detail. In the interest of time, I will refer you to the archives of that Cyberseminar. And no, CIDER is not paying Office of Health Equity to get you to their archives, but I think you’ll find it useful to review that information. We have projects for 2018 that are in selection and moving forward, so more to come on those at a future date.

Slide number 39. Again, it’s another one where there’s not too much more that I can tell you because we’ve, one, had sessions on it. We have also engaged in dissemination efforts, which is what you see here. It was our first ever National Veteran Health Equity Report. And the populations covered: race/ethnicity, gender, geography, age, mental health status. You heard Kenneth mention earlier that certain data were not available for the project [unintelligible 40:06] that he was engaged with Dr. Brown. But we have since, as an office, been part of the efforts to have sexual orientation/gender identity fields in VA records so that it will lend itself to future activities for collecting and monitoring and tracking. So all the populations on our slide are not represented on this report. We worked within the confines of what fields were available in VA as of fiscal year 2013, which is the fiscal year that the data was based upon even though the report came to a head in 2016. We demonstrated also in that report the ability to decrease missing race/ethnicity data to 3% thanks to our partnership with other researchers who are very comfortable in this arena.

And the other items you see are just telling you many ways that you can access the National Veteran Health Equity Report, from your phone. I won’t name them all, but we’ve made it so accessible. And we are hoping to track the impact eventually because we’re getting a lot of good feedback. And with that we will work toward clinical impact in the future.

The next slide is slide number 40. Here I highlighted the Office of Health Equity Quality Enhancement Research Initiative Partnered Evaluation Center. The purpose was to assist the Office of Health Equity in current knowledge regarding disparities and gaps in quality across key conditions associated with increased morbidity and mortality. The Principal Investigator for that project is Dr. Donna Washington from GLA and also part of the CSHIIP COIN. Currently we have products that are on the way. A lot of work has gone into the data, the analysis, and all of that. One of the papers that is already published is in the insert you see from Health Affairs: Racial and Ethnic Disparities Persist at Veterans Health Administration with the Patient-Centered Medical Homes. In our own case, Patient Aligned Care Team is the VA acronym for Patient-Centered Medical Homes. And I wanted to point out there because of the connection of making a little bit is also that the diseases or diagnosis or focus there we included, hypertension and diabetes. And I’ll connect the dots for that in the future in some of the other activities we have engaged in trying to breach this gap. Currently [unintelligible 42:30] be exploring mortality disparities in racial/ethnic minorities, diagnosed conditions in the various groups on our radar, and then surveys, Health Experience of Patients and External Peer Review Program as well as new models of care. So stay tuned.

Still on data, research, evaluation. Examination of 2016 Electronic Quality Measures is on slide 41. In response to Congressional inquiry about care quality, disparities at the facility level in VHA Office of Health Equity undertook examining electronic quality measures by race/ethnicity. In order to ensure actionable data, Office of Health Equity produces dot plots, which allows comparison between facilities, between racial/ethnic groups, and comparison to the national average and the VISN average and facility average for this time so that this project could support decision making on projects that people might choose to undertake in order to address the disparities. The dots to follow in this particular depiction is the black square dot, which represents the corresponding racial/ethnic group to the left of the dot. The other dots are noted in the key on the bottom and they give you the national average, the VISN average, and the facility overall average. But what the dot plot does is makes it using a snapshot to see who is moving in which direction. In this particular slide, lower is better because we’re talking about hemoglobin A1C being greater than nine or missing. And so being able to get data that’s actionable and present it in a way that people can relate to, the intent here was to inform and to engender for the action. And I also would like to note that in this particular project, the Office of Health Equity was able to demonstrate that we can get beyond missing race and ethnicity data. The missing race and ethnicity data in this particular project was 3 to 4%.

And I believe we’re getting to the end of data, research, and evaluation. Office of Health Equity continues to explore ways to incorporate social determinants of health into the healthcare arena. This particular project linked VA clinical data to community and economic measures that impact health and well-being. In this case, we specifically focused on hemoglobin A1C, which is related to diabetes, and that’s why I mentioned on the health assess paper that diabetes and hypertension. And so here it’s time to take further steps. How do we deal with these issues? And the social determinants that were linked within this particular case for the purposes of the exercise was food insecurity. We looked at hemoglobin A1C, which is used to track how well patients who have diabetes are controlled. And then connecting it with a factor in nutrition, food insecurity, diet has a lot to do with how well people do with their diabetes as well, in addition to medical treatment. And so that’s why we chose food insecurity.

And doing the mapping and using a visualization tool, again, to target being actionable data that allows people to make comparisons with our targets. So I’m not going to get into the details of the dot plot. The spatial display is intended to just give you an idea. Hopefully there will be more coming on this. But I just want to shout out here to Dr. Kenneth T. Jones, my co-presenter and staff in the Office of Health Equity, who used this project and the building of it as part of his initiative that he was required to do at the George Washington University Leaders for Health Equity Scholarship, which requires a participant to make contributions to their agency with the work they’re doing as part of the fellowship. I think it goes without saying that Kenneth did achieve that aim.

And finally on research, Office of Health Equity worked with a team of investigators, researchers, to turn intervention materials from their randomized controlled trial into tools that Veterans and others can use to improve their health, specific to high blood pressure, hypertension. The research paper is cited here, and there are more details and the citation is also on our reference slide. The videos are playing in several VA medical centers across the country. If your location does not have it yet, contact Office of Health Equity and we’ll make that happen. Also they are available publicly through the Office of Health Equity website posted on the platform from Employee Education Service, who partners very much with our office as we deploy several of these tools. So again, one more point on that, we had a dialogue that involved some of the investigators in that particular study in, I believe it was February of 2017 Cyberseminar. So feel free to check that out in the archives as well.

And with that, I get to the second audience participation item. This one I warned you from the beginning that we will lead you to write in the chat box, so we won’t wait to gather your responses right away or read the question. We will keep answering and then we will come back to this and Kenneth will take us through your responses. What are some of the ways that you will engage the Office of Health Equity and/or address health and healthcare disparities for Veterans? And if you have the slides, please feel free to read the question again there if you need it a second time. I will keep going.

And so in this section, Looking Forward – Achieving Health Equity in Veteran Health and Well-Being. We did mention briefly the Commission on Care Report in the timeline slide. This excerpt that you’re looking at happens to be from page 47 of the Commission on Care Final Report, and by some coincidence, providence, or whatever else you might attach it to, it is on slide 47 on this presentation. I just noticed that as I was running off my preparation for today. So it’s a nice coincidence. However, the Commission on Care Report identified the problem as noted here, that Office of Health Equity is tasked with eliminating health disparities but has not been given the resources and level of authority needed to be successful. They concluded that until VHA leadership establishes eliminating health disparities as a critical strategic priority and makes clear commitment including resources to fully implement the Health Equity Action Plan, health disparities will persist among Veterans, hence the recommendations that they made. I won’t read them all to you. And like I said, the report is publicly available. It is amazing, however, that we have been able to keep pushing forward in ways that is within our area of influence.

The next slide is another excerpt from the Commission on Care Report, this time from page 54, showing the required VA administrative changes in order to accomplish the recommendation number five, which was on health equity. They specifically mentioned making health equity a strategic priority, which is staffing and level of authority, monitoring VA’s success in implementing the Health Equity Action Plan.

I’m now on slide 49, Requirements for Success. And this is some of our thoughts as we move forward. We echo that health equity should be made a specific priority. We echo the full implementation and monitoring of the Health Equity Action Plan. We echo national program office with appropriate level of authority, expertise, and charge. Tactic must be executed in consultation with VA program offices, networks, medical center directors, with each doing their part to meet the tactic. It’s part of the Health Equity Action Plan that we didn't explore so much today is the fact that we believe that people should own their pieces of the puzzle and collectively we make up the big splash that pushes us forward. Office of Health Equity, the participation in convening meetings, working groups, and other discussions, dedicated staffing and full-time employees as well as appropriate funding.

If you’ve listened to our sessions before, you have probably seen this slide. It’s new and improved. However, it still underscores the Secretary of VA priorities as it relates to Veteran and our crosswalk on it. Just connect the dots with Veteran health equity. So you’ll see greater choice, timeliness, suicide prevention, accountability, modernization. Again, if you wish, you can spend a little more time on it, but our whole idea of this is bringing the equity lens to these priorities to ensure that the populations of interest who have been historically or systematically left behind do not continue to go through the same cycle.

Slide number 51, VHA Operational Planning Fiscal Years 2018 to 2019. These are proposed tactics in support of VHA strategies coming out of the Office of Health Equity. We note examining impact, collect and track relevant data along the lines of our vulnerable populations, recommend culturally appropriate care to serve the needs of these groups of Veterans, ensure equity in all policies, develop common definitions and measures of disparities and inequities so that tracking is easier. We provide consultations, subject matter expertise on health equity issues. For instance, we have done so on extensive level with regards to the electronic health record and incorporating social determinants of health. Leveraging technology to better understand sources of disparate care and synergy across the organization, and this is something I’ve been [unintelligible 52:51] researchers who have joined our calls that we need to develop economic case for health equity. I hope someone will take us up on it. And then boost the external partnerships and outreach. Ensure cultural and military competency.

This is an excerpt from Institute of Healthcare Improvement publication on key guidance process for achieving health equity for health care organizations. Again, making health equity a strategic priority comes up there in partnerships and in addressing biases in social determinants.

Looking to the Future – Beyond VA. This is taken from, I believe, part of my presentation to the Commission on Care about what we need from other agencies and other key players to advance health equity prevention. Improving data availability and use is definitely an area. Standardizing collection and reporting so that there’s consistency. Task all federal agencies and community partners collecting and reporting and analyzing Veteran and military status information. Displaying data in actionable formats visualization tools that make health equity more palatable for people to engage. Increase understanding and use of social determinants of health [unintelligible 54:05] in electronic health record and personalized plans. Linking education, housing, finance benefits records across VA, DoD, and community partners. I pause here for a moment because VA is uniquely positioned because we have the benefit side of the house, which [unintelligible 54:20] education, housing, which are social determinants of health. So there’s great opportunity there. And then incorporate the military and clinical cultural competency. Uniting efforts across agencies and private sector, the roles of culture and bias in clinical care. And then linking this to outcome, so just taking the education and checking the box is not enough. It's what difference has been made in practice to improve the outcomes of the population, and then demonstrating that knowledge and application to improve overall health outcomes.

And these are some of the references. We did our best to make sure we didn’t leave any out that we touched in some shape or fashion during our presentation. So it’s included here for you to access at your leisure and for completeness. And with that, I come back to that question which we posed earlier, and hopefully some of you have put your responses in the question box. I said chat here, but I stand corrected. Rob says I have to, it needs to be the question box. So please put it in the right box if you didn’t. And we will stop for a moment here. Kenneth, do you have anything to share?

Dr. Kenneth T. Jones: Sure. We do have some that are coming in and I would encourage people to continue to put in their responses to the question “what are some of the ways that you engaged OHE and/or addressed health and healthcare disparities for Veterans?” For some of the responses that I see, we have several that are saying to check out the archived Cyberseminars. One other one I see is cooperation with, or I don’t know if it’s an agreement, with women’s health researchers.

Dr. Uchenna Uchendu: Okay.

Dr. Kenneth T. Jones: Someone is asking where can I get information on leadership programs for health equity?

Dr. Uchenna Uchendu: Okay. If you contact our office, we will give you the ones we have. And if you’re not on our Listserv, if you sign up, we usually share information as they become available. I think it’s still open season for the Robert Wood Johnson Foundation one. We did hold\_

Dr. Kenneth T. Jones: [Unintelligible 56:31].

Dr. Uchenna Uchendu: \_VA interest group called on us, and the organizers were gracious to join a call with VA participants only to discuss the uniqueness of VA and how people could engage. So reach out to us directly and we will share the information. Kenneth, do you have any more?

Dr. Kenneth T. Jones: Someone is interested in, well, some of the information I was presenting on the slides, two different products, the dot plot as well as data, and I can answer that. Tell people that they can go to our website, that va.gov/healthequity, and you can even look for the tools tab or the data tab and you’ll see what resources that we do have available. And that is all that has come in so far, Dr. Uchendu.

Dr. Uchenna Uchendu: Sounds good. Thank you.

Dr. Kenneth T. Jones: Oh! There’s another one coming, I’m sorry.

Dr. Uchenna Uchendu: Okay. Go ahead.

Dr. Kenneth T. Jones: We have someone. They’re coming in now. This is regarding LGBT Veterans receiving VA healthcare access and framing. And so I can’t give out respondent’s question, but if they follow up afterward we can respond back.

Dr. Uchenna Uchendu: Okay.

Dr. Kenneth T. Jones: Back over to you, Dr. Uchendu.

Dr. Uchenna Uchendu: Okay. Robert, on your end, did you get any questions beyond the people responding to this? I just want to make sure we catch whatever people might have put forth.

Moderator: Yeah, I actually did just see one. Somebody is asking how they can learn more about the social determinants of health.

Dr. Uchenna Uchendu: On our website, we have the virtual patient training module that I mentioned. And actually I, not tooting my own horn, but I think it does a good job of taking you through the aspects of social determinants of health. And it also has links for more information and other resources. And please, I’m about to put up a slide that shows our information, so you can feel free to reach out to us directly as well.

Dr. Kenneth T. Jones: Dr. Uchendu, if we have a couple more minutes, I just wanted to go back. And there’s someone that I couldn’t get the first time. One of the attendees wants information on access to VA’s trainings on LGBT healthcare. And that information is available on our website under the tools section. So that should be accessible. If there’s any issue, you can contact the office. Just a couple more. Another attendee says they plan to use the recent report on disparities published by OAG as preliminary data for research projects for health disparities in VA and the HSR&D. Again, to respond back to the question about how to access data to research issues dealing with health equity, there is a research tab on our website as well as links to some of our partners who also conducting research. Over to you, Dr. Uchendu.

Dr. Uchenna Uchendu: Yes, and also the National Veteran Health Equity report has a very robust technical appendix as well in there that you might find useful. Okay. My parting words whenever I have the opportunity to engage in health equity dialogue is what you see on this slide. The pursuit of health equity should be everyone’s business. It is a journey that takes time and effort. And I keep asking what can you do today in your area of influence to improve health equity? You don’t have to wait for other people. You can begin to do those things that you control and you are able to move forward.

And I promised that we will have our information, so there it is. My information. Kenneth T. Jones. And I keep saying the T. I’m sure you’re wondering why. It’s because Kenneth, as you can see from his email, is number eight. So if you don’t get the right Kenneth Jones in VA, your email will be going somewhere else. Mine is number two. There’s not two of me, but I moved location, and so I went from myself to number two. And then the Office of Health Equity Listserv is shown. If you have not signed up yet, I encourage you to do so. So one is to keep up with us; two, you see what all the buzz is about from our over 37,000 unique subscribers.

And the inserts you see in here I didn’t want to end without making comments on that. It’s from our announcement in November of 2017. It was our salute to Veterans marking Veterans Day and Veterans month. And the Office of Health Equity appreciates the sacrifices of our brave men and women as well as their families, and not only during Veterans Day and month, but all year long and always. So thank you. And I thank all of you, too, for joining us for this session. I know we’re at the top of the hour, so we were just going to let you know that this slide which you received is just saying that we intend also to hopefully have some additional materials and prints in the future. So I’ll leave our information up in case anyone needs to put those down. And, Rob, if you have anything else?

Moderator: Thank you, Dr. Uchendu and Dr. Kenneth T. Jones, for your work today, but more to the point, for your work in the Office of Health Equity. For the audience members, please, when I close the session, do stick around and answer the survey questions that come up. It only takes a few minutes and we really count on you to continue to bring high-quality Cyberseminars, not just ones for the Office of Health Equity. Thank you once again, Drs. Uchendu and Kenneth T. Jones. Have a good day, everybody.

Dr. Uchenna Uchendu: Thank you, Rob. We do appreciate you supporting us through the process. And I kind of mentioned the Cyberseminar platform that we have enjoyed through the series. So thank you.

Moderator: Right. I’m looking forward to the Pursuit of Health Equity for America’s Heroes.

Dr. Uchenna Uchendu: We will let you know when it is prime time.

Moderator: Thank you.

Dr. Uchenna Uchendu: Thank you.

Moderator: Have a good day, everybody.

Dr. Kenneth T. Jones: Bye.

[ END OF AUDIO ]