



VHA Health Equity Action Plan

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Purpose of the VHA Health Equity Action Plan

In 2012, the Department of Veterans Affairs (VA) established the Office of Health Equity (OHE) within the Veterans Health Administration (VHA). The OHE mission is to champion advancement of health equity and reduction of health disparities for disadvantaged Veterans. A major deliverable for the achievement of OHE goals is the development and implementation of a Health Equity Action Plan (HEAP) in conjunction with the Health Equity Coalition. The Health Equity Coalition is a VA-wide steering committee brought together to ensure VHA provides appropriate individualized, proactive and patient-driven health care in a way that eliminates health disparities and assures health equity. While health equity¹ is the attainment of the highest level of health for all people, a health disparity is a particular type of health difference that is closely linked with social or economic disadvantage. Health disparities tend to adversely affect groups of people who have systematically experienced greater social and /or economic obstacles to health and/ or clean environments based on the following characteristics: racial or ethnic group, gender, age, geographic location, religion, socio-economic status, sexual orientation, mental health, disability (cognitive, sensory, physical) and other characteristics historically linked to discrimination or exclusion.

The HEAP intends to:

1. Catalyze, synergize, and coordinate VHA programs, projects, and initiatives to effectively identify, understand, seek and implement solutions to diminish and where possible eliminate health disparities;
2. Demonstrate alignment with other federal partners working to achieve health equity;
3. Bring focus to VHA efforts to provide a more equitable, individualized and patient-driven health care delivery system;
4. Improve overall quality of care through equity in all policies and the achievement of health equity for all;
5. Incorporate the innovative ideas and input of all users in order to encourage bottom up approach while maintaining a strong connection to the overarching goals of the VA;
6. Capitalize on existing network of advocates and programs in both administrative and clinical realms to weave health equity dialogue and cultural attunement into training and other activities within and outside the health care system; and Serve as a guide and/or starting place but would remain a living document open to modification and adaptation to continuously meet the needs of the Veterans entrusted to the VHA.

¹ Definition adopted from *Healthy People 2020*.



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The HEAP is developed to align with VHA Strategic Plan Objective 1(e)—*Quality & Equity: Veterans will receive timely, high quality, personalized, safe effective and equitable health care, irrespective of geography, gender, race, age, culture or sexual orientation*. The HEAP also relates to Objectives 1(b)—“Communication” and 1(g)—“Collaboration”. The implementation activities of the HEAP are modeled after the five goal framework of the National Partnership for Action’s National Stakeholder Strategy for Achieving Health Equity sponsored by the Department of Health and Human Services. These goals are reflected in the HEAP as the following focus areas:

1. Awareness
2. Leadership
3. Health system and life experience
4. Cultural and linguistic competency
5. Data, research, and evaluation

As very eloquently stated in the National Priorities Partnership Report to HHS on National Quality Strategy, “Eliminating healthcare disparities—whether a result of race, ethnicity, language, gender, age, education, or socioeconomic status—must remain a focus to improve health outcomes substantially... Achieving dramatic improvements in the healthcare delivery system and the health of the population will require wide-scale cooperation, ownership, and alignment of everyone and everything that influences health and healthcare.” We cannot therefore overemphasize the importance of having all hands on deck if VHA is going to successfully join the dialogue on reducing health disparities for vulnerable populations. The Office of Health Equity and the Health Equity Coalition present the HEAP as part of the early steps on this journey in pursuit of health equity for all in VHA. We acknowledge that this is a journey that will take time and effort, if we are to emerge successful with narrowing the gaps in health and health care between populations with best outcomes and those with the worst. We urge you to continue to ask and answer the following question as you reflect on this document: *What can I begin to do today in my area of influence to join this movement towards eliminating health and health care disparities?*

Organization of the VHA Health Equity Action Plan

The HEAP describes five implementation activities that the VHA with the leadership of OHE and partners will undertake to advance and achieve equitable health for all in the VHA and every Veteran. As a reminder, the implementation activities focus on five key areas: (1) awareness; (2) leadership; (3) health system and life experience; (4) cultural and linguistic competency; and (5) data, research, and evaluation. These areas align with VHA Strategic Initiatives including VHA Strategic Plan Objective 1(e)—*Quality & Equity: Veterans will receive timely, high quality, personalized, safe effective and equitable health care, irrespective of geography, gender, race, age, culture or sexual orientation*; and Objectives 1(b)—“Communication” and 1(g)—“Collaboration”.



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For each implementation activity is a description of that activity, implementation activities, criteria for measuring success, required resources, and identified stakeholders. These were identified when the HEAP was initially drafted in 2013 and ultimately adopted on February 21, 2014. Remember, the HEAP is a living document that is open to modifications and adaptations to continuously meet the needs of the Veterans entrusted to the VHA.



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Implementation Activities

Activity 1: Awareness

Description

Increase awareness of the significance of health disparities, their impact on the nation, and the actions necessary to improve health outcomes for racial, ethnic, and underserved populations (NPA NSS Strategy: 2 and 4)

Activities

1. The Office of Health Equity provides leadership and coordination for the Health Equity Coalition in advancing the HEAP in support of VA Strategic Plan, Goal 1.e.
2. Pursue *strong* strategic partnerships for implementing the HEAP with internal and external organizations including, but not limited to, the following:
 - VA Offices
 - VISNs
 - Veterans service organizations
 - State agencies
 - Professional organizations (e.g. AAMC)
 - Academic organizations
 - Community and faith-based organizations
 - Governmental and non-governmental organizations (e.g. NIMHD, SAMHSA)
 - Private organizations
 - Develop concise talking point/presentation on achieving health equity for Veterans.
3. Presentations to include data on disparities and steps taken or planned towards achieving equity goals.
4. Develop comprehensive communication plan for target audience and stakeholders that include VA staff, Veterans, and strategic partners listed above.
 - Individual awareness (staff).
 - Utilize research/communication vehicles and academic publications. Strategic communication to Veterans using varied modalities.
 - Utilize social media.
 - Develop proactive messages for Congress and other elected officials.
 - Develop national campaigns.

Success Criteria

- A minimum of 10 contacts initiated in FY2014; a minimum of 5 partnerships in FY2015; and a minimum of 2 projects in FY2016.
- Approved and distributed talking points.



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- Variable criteria based on sub-bullets.
- Establishment complete; HEAP completed; approved budget; and alignment with VHA strategic plan.

Resources Needed

- Money
- Additional staffing resources
- Dedicated time by each health equity coalition member or designee (20+ hours quarterly)
- Designated communication specialist in Office of Communications

Lead Office(s) and Stakeholders

- Office of Health Equity
- Health Equity Coalition
- Office of Communications
- PDUSH



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Activity 2: Leadership

Description

Strengthen and broaden leadership for addressing health disparities at all levels (NPA NSS Strategy: 5 and 6)

Activities

1. Establish Health Equity Coalition presence on the NLC or Leadership Governance Board via addition of Chair Health Equity Coalition/Executive Director OHE.
2. Establish an approach for assuring that health equity impact is assessed in all policies, executive decision memos, handbooks, procedures, directives, action plans and NLC decisions.
3. Create a culture that promotes healthy dialogue and open discussion of bias and disparities in a non-punitive psychologically safe environment as we pursue health wellness and health care equity:
 - Leadership Statement (USH, PDUSH, DUSHOM, DUSHPS)
 - Presentation, learning & dialogue at NLC
 - Interactive experiential learning that promotes cultural transformation and open dialogue
 - NLC & Committee Structure
 - Leadership Development Programs
 - Middle Management
 - Leading EDGE Trans-governmental Executive Training
4. VHA Leadership, Program Offices, OHE Coalition and VISNs commit resources (financial, human, information, etc.) to implement HEAP.
5. Provide a revenue stream for OHE/Health Equity Coalition to fund health equity projects with outcome evaluation strategies.

Success Criteria

- Decision to establish Health Equity Coalition presence on the NLC and/or pertinent reporting committee in FY2014.
- Decision to establish an approach for assuring that health equity impact is assessed in FY2014.
- Development of process tools for monitoring in FY2014.
- Developed learning/training and evaluation plan, training calendar/rollout plan FY2014.
- Completed initial training in FY2015.
- Completed evaluation and report on results in FY2016.
- Identify direct & indirect funding mechanisms for health equity projects in FY2014 and ongoing.



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Resources Needed

- Financial, Human, Information Technology Resources
- EES and SME support in the development of experiential learning models

Lead Office(s) and Stakeholders

- USH
- OHE
- WMC
- Finance
- VISN
- Program Offices



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Activity 3: Health System and Life Experience

Description

Improve health and healthcare outcomes for racial, ethnic, and underserved populations (NPA NSS Strategy: 8 and 11)

Activities

1. Identify multiple health system measures of access domains/tools including connected care.
2. Identify gaps in health system access and differential health system experiences as it relates to health equity.
3. Develop strategies for identified gaps in health system access and experiences.
4. Better understand Veterans' differential experience with VA and develop strategies to reintroduce them to the VA.
5. Better understand Veterans' life experiences that impact their interaction with the VA health system.
6. Identify effective communication strategies to facilitate shared decision making and identification of Veterans' values and preferences.
7. Promote understanding of social determinants of health and their impact on health status of individual Veteran by expanding the History and Physical (H&P) in the Computerized Patient Record (CPRS) to assess social determinants of health and incorporate treatment of social problems in the Personalized Health Plan.

Success Criteria

- Completed inventory of access domains based on literature and program office data call.
- Findings of inventory of access and differential experience disseminated.
- Understand access gaps and how they affect key groups, and examine and report on access and gaps in access.
- Existing program office data and current research related to Veterans' experience/life experience compiled.
- Focus groups with community Veterans advisory boards to identify preference in access and experience completed.
- Disseminate recommended policy, program, and practice changes.
- H&P and Personalized Health Plan templates developed in FY2014, implement templates in FY2015, and modify H&P in CPRS Measurement in FY2016.

Resources Needed

- Strong collaboration with the following Offices: PCS, PCC&CT, Ethics, HSR&D, OPH, ORH, OI&A
- Personnel to compile information, conduct focus groups



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Lead Office(s) and Stakeholders

- PCS
- PCCCT
- Ethics
- HSR&D
- OPH
- ORH



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Activity 4: Cultural and Linguistic Competency

Description

Improve cultural and linguistic competency and the diversity of the health-related workforce (NPA NSS Strategy: 14, 15, and 16)

Activities

1. Assure interactive experiential learning in the area of health equity, cultural competency including unconscious bias, micro inequities, diversity & inclusion.
 - Promote awareness of health equity by weaving in to any other programs within VA -new and established- for example the PACT trainings; PCC&T trainings; REACH (Respect, Education, Awareness, Collaboration, & Honesty) campaign and others.
 - Partner and collaborate with appropriate program offices such as PCC&T, OAA, EES, Workforce Management to incorporate cultural competency into education activities at various levels of the organization.
 - Support rollout and encourage completion of TMS Cultural Competency Module.
 - Incorporate Health Equity curriculum in Cultural Competency Training for supervisors and managers.
 - Complete CLUB (Clinical Look at Unconscious Bias) training pilot currently underway by OHE and CHERP. Determine next steps based on evaluation and results.
 - Explore other established training options on Clinical Cultural Competency outside VHA that can be customized and /or modified to meet VHA needs.
2. Support implementation and compliance with CLAS and TJC standards on written and oral communication with patients in the healthcare setting.

Success Criteria

- Partnerships, contractual arrangements and successful collaborations that yield inclusion of cultural competency into various trainings and activities.
- Comprehensive Evaluation protocol Kirkpatrick Steps I-IV. The four steps of evaluation consist of:
 1. Reaction - How well did the learners like the learning process?
 2. Learning - What did they learn? (The extent to which the learners gain knowledge and skills.)
 3. Behavior - What changes in job performance resulted from the learning process? (Capability to perform the newly learned skills while on the job.)
 4. Results - What are the tangible results of the learning process in terms of reduced cost, improved quality, increased production, efficiency, etc.?
- Compliance with TJC Standards



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- All Employee Survey and Survey of Enrollees reflect a culturally competent/diverse workforce.
- Patient Satisfaction Survey results.

Resources Needed

- EES and SME support in the development of experiential learning models
- EEO/AE and Accountability Integrity & Compliance oversight of CLAS & TJC linguistic standards

Lead Office(s) and Stakeholders

- VHA D&I Subcommittee
- VA ODI
- OHE
- CHERP
- Accountability Integrity & Compliance
- VHA EEO/AE
- PCC&CT



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Activity 5: Data, Research, and Evaluation

Description

Improve data availability; and coordination, utilization, and diffusion of research and evaluation outcomes (NPA NSS Strategy: 17, 19, and 20)

Activities

1. Comprehensive review of existing evidence of disparities among Veterans from literature, existing program office data, and subject-matter experts.
2. Identify limitations of existing data, barriers to access to data, and data collection methodologies that affect VA's ability to describe disparities.
3. Develop common definitions and measures of disparities and inequities.
4. Identify mechanisms for disparities related data sharing across program offices.
5. Develop and/or implement products and strategies to reduce disparities or increase equity.
6. Develop coordination strategy for disparities-related research and program evaluation activities across VA.
7. Develop strategy for addressing information gaps on disparities.
8. Develop strategy for prioritizing identified disparities.
9. Establish a workgroup consisting of OHE Think Tank members to develop a disparities summary document.
10. Expand and enhance transfer of knowledge generated by research and program evaluation for decision making about policies, programs, and funding decision related to health disparities and health equity.
11. Develop process for ongoing monitoring and tracking of prioritized disparities.
12. Incorporate Health Equity measures into SAIL, Balance Score Card, and others.
13. IT development processes that will improve current and future access to data to better understand health disparities.
14. Identify 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.

Success Criteria

- Compiled summary data matrix from program offices, field data, research literature, and stakeholders
- Developed standards for collecting data used to understand disparities
- Developed standards for analyzing data used to understand disparities
- Improved on –going data sharing between programs
- Data sharing/collaboration efforts and/or data repositories that are accessible to those who need the data



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- Developed and evaluated tools (e.g., dashboards, scorecards, quality improvement projects, population interventions, systems redesign) to address disparities
- Participate in planning for future IT Developments

Resources Needed

- OHE Think Tank member's time and travel expenses
- Summary matrix resources (time, money, travel, production, etc.)
- Leadership support
- Dashboard and tools (time, money, travel, production, etc.)
- MOU for content experts
- Contract/ funding mechanism
- Program office and network leadership collaboration

Lead Office(s) and Stakeholders

- Health Equity Coalition members including respective offices, VISNs, facility directors
- ORD
- HSR&D
- CHERP



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Glossary

AAMC	Association of American Medical Colleges
CHERP	Center for Health Equity Research and Promotion
CLAS	Culturally and Linguistically Appropriate Services
CLUB	Clinical Look at Unconscious Bias
CPRS	Computerized Patient Record System
D&I	Diversity & Inclusion
DUSHOM	Deputy Under Secretary for Health for Operations and Management
DUSHPS	Deputy Under Secretary for Health for Policy and Services
EEO/AE	Equal Employment Opportunity/Affirmative Employment
EES	Employee Education System
FY	Fiscal Year
H&P	History and Physical
HEAP	Health Equity Action Plan
HHS	Department of Health and Human Services
HSR&D	Health Services Research & Development
IT	Information technology
MOU	Memorandum of understanding
NIMHD	National Institute of Minority Health and Health Disparities
NLC	National Leadership Council
NPA	National Partnership for Action
NSS	National Stakeholder Strategy
OAA	Office of Academic Affiliations
ODI	Office of Diversity and Inclusion
OHE	Office of Health Equity
OI&A	Office of Informatics and Analytics
OPH	Office of Public Health
ORD	Office of Research & Development
ORH	Office of Rural Health
PACT	Patient Aligned Care Teams
PCC&CT	Patient Centered Care and Cultural Transformation
PCS	Patient Care Services
PDUSH	Principal Deputy Under Secretary for Health
QTR	Quarter
REACH	Respect, Education, Awareness, Collaboration, & Honesty
SAIL	Strategic Analytics for Improvement and Learning
SME	Subject Matter Expert



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TJC	The Joint Commission
TMS	Talent Management System
USH	Under Secretary for Health
VA	Veterans Administration
VHA	Veterans Health Administration
VISN	Veterans Integrated Service Network
WMC	Office of Workforce Management and Consulting



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Revision History

02/21/2014 – Incorporation of December 2013 comments from Health Equity Coalition and 10A Concurrence

03/04/2016 – Improved accessibility of electronic document.