



# Chapter 2

## Office of Health Equity: Background and Role in VHA Disparities Reduction

Uchenna S. Uchendu, MD

The U.S. Department of Veterans Affairs (VA) Office of Health Equity (OHE) is proud to present the first ever Veterans Health Administration (VHA) National Veteran Health Equity Report. The report stems from the VHA Health Equity Action Plan (HEAP), which is the Administration's strategic plan to achieve equitable health for all Veterans. It is the culmination of efforts of many who gave of their time and talent without reservation. It represents the fruit of a vision to create foundational knowledge around Veterans health disparities. This idea seemed bleak in July 2013 when we first explored it at the OHE two day think tank meeting focused on Veteran health disparities. Over time, this vision took form and when the right opportunity presented itself, we took action. A combination of subject matter experts on vulnerable populations, excellent data mining and analysis, as well as the diligence of the leads on multiple OHE projects, yielded this inaugural edition. The content adds to the foundational work that is necessary for setting the stage in order to tackle health and healthcare disparities among Veterans at the VA and beyond.

Even though the VHA by virtue of its set up is intended to provide equal access healthcare for all enrolled Veterans, disparities still exist among vulnerable Veteran groups. Achieving health equity is not an easy feat in a system that serves about nine million enrolled Veterans per year and operates over 1,700 sites of care comprised of medical centers, with in-patient and outpatient settings, as well as community living centers and health clinics.<sup>1</sup>

The VHA is one of three organizations under VA. The VHA is charged with healthcare; the Veterans Benefits Administration attends to financial, education and housing benefits; and the National Cemetery Administration tends to final burial rights and related issues. Together the three arms uphold America's promise to the Veterans embodied in the VA vision: *To care for (those) who shall have borne the battle, for their widows and orphans.*

Until now, a national health equity report detailing the sociodemographics, utilization and health conditions of diverse vulnerable Veteran groups in a focused format did not exist. The lack of a comprehensive national report specific to the VHA and for vulnerable Veterans hindered the identification, development, or establishment of outcome metrics consistent with those in Healthy People 2020 and the National Healthcare Quality & Disparities Reports published by the Department of Health and Human Services (HHS). Identification of sociodemographics, utilization and health conditions is a first step to systematic evaluation and action.

## Office of Health Equity

### Vision

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

### Mission

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

<sup>1</sup> VA Office of Health Equity. *Office of Health Equity*. [www.va.gov/healthequity](http://www.va.gov/healthequity), accessed September 21, 2016.

## VHA Health Equity Action Plan

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 healthcare, irrespective of geography, gender, race, age, culture, or sexual orientation. 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

Please visit [http://www.va.gov/HEALTHEQUITY/Health\\_Equity\\_Action\\_Plan.asp](http://www.va.gov/HEALTHEQUITY/Health_Equity_Action_Plan.asp) for more information on the VHA Health Equity Action Plan.

The VHA National Veteran Healthcare Equity Report is an attempt to eliminate this barrier and serves as a basis for establishing realistic and consistent goals to ensure that all Veterans attain the highest quality and level of health and healthcare from the VA. Essential to this goal is the use of this report as a tool to bolster partnerships and actions from Veterans themselves and stakeholders. This endeavor enables policymakers and clinicians to appropriately apply an equity lens to Veteran care. In doing so, it becomes clear that treating all Veterans equally is insufficient; whereas, it is necessary to recognize that some Veterans, namely vulnerable Veterans, will require varying levels of treatment, interventions, and other types of support thereby ensuring that all Veterans have the same opportunity for optimal health (see [Exhibit 2-1](#)).<sup>2</sup> In the context of health equity, vulnerable Veterans have membership in groups that have systematically experienced greater social and/or economic obstacles to health or a clean environment based on race/ethnicity; gender; age; geography; religion; socioeconomic status; sexual orientation; mental health; military era or period of service; or cognitive, sensory, or physical disability.

The report also serves as a tool, and rationale, for advancing health equity as a strategic priority for Veterans in line with recent legislative efforts that improved care for Americans. For example, the Patient Protection and Affordable Care Act ("Affordable Care Act")<sup>3</sup> included provisions to prioritize health equity. The law established offices of health equity or minority health in many federal agencies and aims to improve and ensure access to care and providers, increase workforce diversity and cultural competence, standardize data collection, and advance other preventive and population health and equity initiatives. Unfortunately, these provisions did not apply to the VA.

Recently, however, the pursuit of health equity for Veterans has gained support. The recent Veterans Access, Choice and Accountability Act of 2014 ("Choice Act")<sup>4</sup> established the Commission on Care to

2 VA Office of Health Equity. *Applying an Equity Lens: The Difference Between Equality and Equity--Part 1*. [www.va.gov/HEALTHEQUITY/Applying\\_an\\_Equity\\_Lens.asp](http://www.va.gov/HEALTHEQUITY/Applying_an_Equity_Lens.asp), accessed September 21, 2016.

3 US Centers for Medicare & Medicaid Services. *Patient Protection and Affordable Care Act*. [www.healthcare.gov/glossary/patient-protection-and-affordable-care-act](http://www.healthcare.gov/glossary/patient-protection-and-affordable-care-act), accessed September 21, 2016.

4 US Department of Veterans Affairs. *Summary: Veterans Access, Choice and Accountability Act of 2014 ("Choice Act")*. [www.va.gov/opa/](http://www.va.gov/opa/)

make recommendations to improve care Veterans receive in VA facilities. The Commission made specific recommendations relevant to health equity in their final report delivered to the President through the Secretary of the VA.<sup>5</sup> The Commission's fifth recommendation (shown directly below) is relevant to the goals of the report. It is clear that the Commission's intent is to ensure that all Veterans receive high quality and equitable medical care consistently at all VA facilities. The availability of information and data to illuminate the state of affairs for vulnerable Veterans is a necessity for reaching this goal.

## Who are Vulnerable Veterans?

In the context of health equity, vulnerable Veterans have membership in groups that have systematically experienced greater social and/or economic obstacles to health or a clean environment based on

- Race/ethnicity;
- Gender;
- Age;
- Geography;
- Religion;
- Socioeconomic status;
- Sexual orientation;
- Mental health;
- Military era or period of service; or
- Cognitive, sensory, or physical disability.

---

[choiceact/documents/choice-act-summary.pdf](#), accessed September 21, 2016.

5 Commission on Care. *Commission on Care: Final Report*. 2016; [https://commissiononcare.sites.usa.gov/files/2016/07/Commission-on-Care\\_Final-Report\\_063016\\_FOR-WEB.pdf](https://commissiononcare.sites.usa.gov/files/2016/07/Commission-on-Care_Final-Report_063016_FOR-WEB.pdf). Accessed September 21, 2016.

## VA Commision On Care

**Recommendation #5:** Eliminate healthcare 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 (HEAP) is fully implemented.” According to the Commission, despite unique assets that secure VA’s position as an industry leader in today’s healthcare market, the challenges it faces in ensuring timely access to high quality, equitable healthcare for all Veterans remain real and in need of more action. The Commission made additional sub recommendation to address such challenges:

VHA work to eliminate health disparities by establishing healthcare equity as a strategic priority;

- VHA provide the Office of Health Equity (OHE) 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 HEAP is fully implemented with adequate staffing, resources, and support; and
- 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.

**Source:** VA Commission on Care Report 2016

The current VHA National Veteran Health Equity Report covers vulnerable Veterans utilization and health conditions based on race/ethnicity, gender, age, geography, and mental health status. Each chapter explores the background, pertinent health concerns, and relevant literature; sociodemographics, healthcare utilization at the VHA; health conditions; and concluding remarks. Each section summarizes implications of the findings. Currently, the report does not reflect all of the vulnerable Veteran populations. For example, VHA does not yet collect sexual orientation and gender identity data. However, efforts are underway to include appropriate fields in the electronic health record to monitor the care of these Veterans. Finally, the report includes a technical appendix that outlines data sources used, methods for creating the cohorts reviewed in each chapter, and data and programming algorithms that will allow local medical centers to develop their own cohorts in order to assess and monitor their metrics compared to the national data included in this report. This is keeping in line with the OHE vision and mission, and strategies of the HEAP, to reduce disparities locally and nationally among Veterans at the VA and elsewhere.

## Conclusion

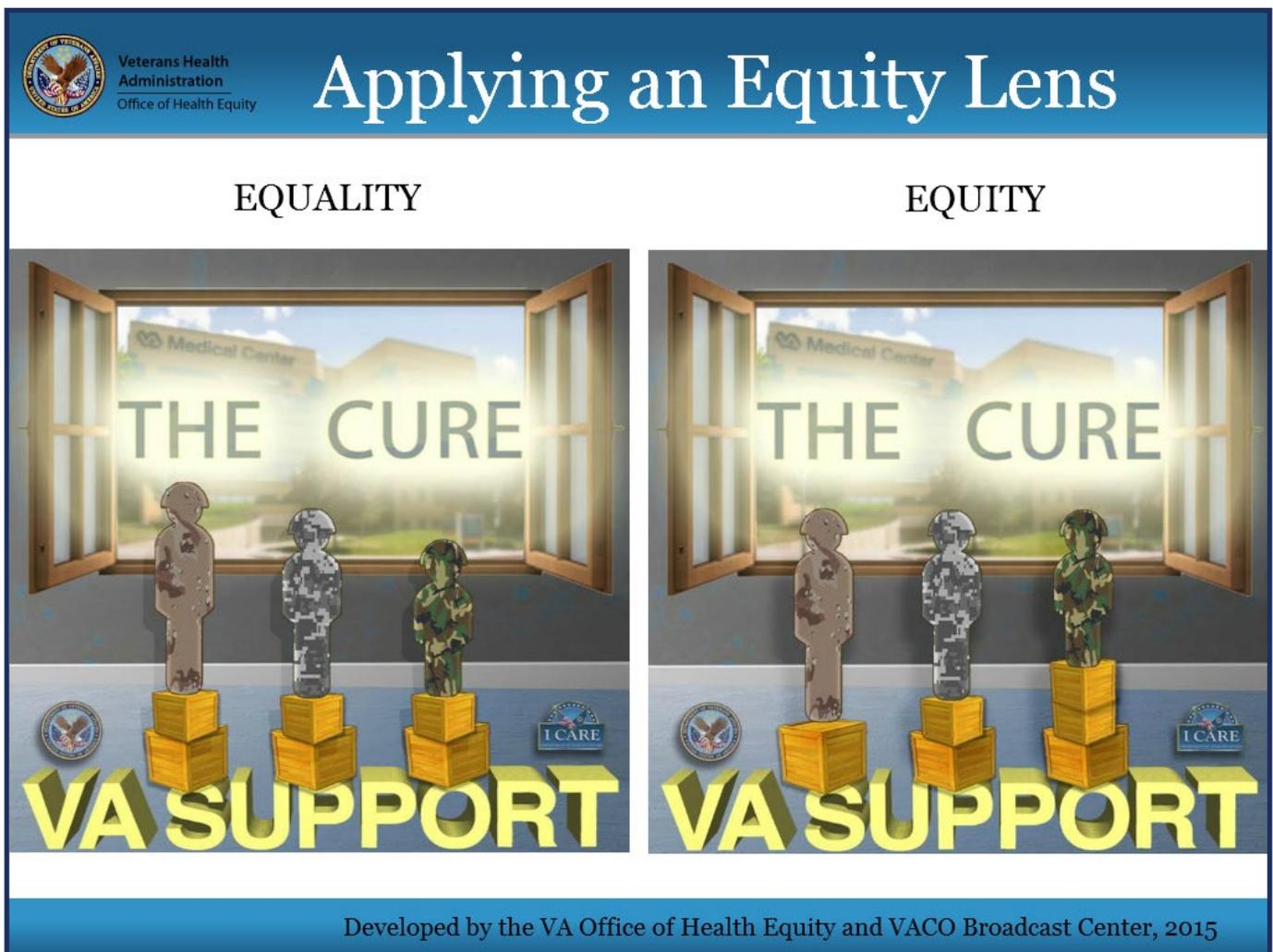
The VHA National Veteran Health Equity Report aligns with the HEAP and momentum across the federal sector by increasing awareness of Veteran health equity issues. The report embodies a comprehensive review of existing evidence of disparities among Veterans including relevant literature, VHA administrative data, and descriptive analyses by subject-matter experts. Each chapter identified limitations of existing data, barriers and other issues that affect VA’s ability to describe and understand disparities.

The report furthers OHE efforts to develop common definitions and measures of disparities and inequities. Future iterations of this report will continue to evolve in order to meet the needs of the Veterans entrusted to the VA. There is no doubt that it takes all hands on deck to address, diminish and where possible eliminate health disparities, the OHE calls on everyone to own their piece of the puzzle and collaborate with synergy to advance the cause for Veterans and all others with disparate healthcare and health outcomes.

The OHE anticipates wide dissemination of this report to reach Veterans, VHA staff and other practitioners, educators, trainees, policymakers, and others concerned about improving the care of all Veterans whose membership in these subgroups may increase their risk of disparate care or outcomes. The overall goal of this and future reports is to improve the lives and healthcare of the Veterans. The report is intended to raise awareness and bolster action of all sectors of society that touch the lives of Veterans. Ultimately, we believe that the report will be helpful in designing and generating tools and interventions (e.g., network-wide or market area maps that display health disparities to enable interactive analyses and educational tools for understanding Veteran disparities key to access, services, outcomes, and other variables). The OHE is grateful to everyone who contributed to this report and all those who will use it appropriately in order to address and where possible eliminate health and healthcare disparities among Veterans.

This chapter will not be complete without what has become the signature charge from the VA’s chief health equity officer. The pursuit of health equity should be everyone’s business; it is a journey that takes time and sustained effort ([Exhibit 2-1](#)). What can you do today within your area of influence to advance health equity?<sup>6</sup>

## EXHIBIT 2-1 APPLYING AN EQUITY LENS



6 Uchendu, U. S. (2014). [Institutional Journey in Pursuit of Health Equity: Veterans Health Administration’s Office of Health Equity](#). *American Journal of Public Health*, 104(S4): S511-S513.