The US Department of Veterans Affairs Office of Health Equity (OHE) was created in 2012 in order to promote equity in healthcare and health outcomes for all Veterans by targeting the achievement of the highest level of health for all Veterans. The mission of OHE is operationalized by identifying, understanding the cause, and bringing to clinical practice, interventions targeted at reducing disparity drivers within the VA as well as partnering and interacting with other VA Offices, Federal government Offices and non-government institutions whose mission impacts health equity. These drivers typically fall into one of more of the following categories including: race/ethnicity, gender, age, geographic location, religion, socio-economic status, sexual orientation, military era, disability-cognitive, sensory or physical, and other characteristics historically linked to discrimination or exclusion.

In order to create the VHA Health Equity Action Plan (HEAP), the OHE worked with stakeholders from field and central VA offices in 2013 to identify 5 strategic areas:

I. Awareness—Increase information dissemination regarding the existence of disparities in health care and outcomes and actions which may help to reduce these disparities within and outside the VA via strategic partnerships.

II. Leadership—Dialogue with VA leadership and others regarding the manner in which known disparities and actions to reduce disparities can be incorporated into VA policies and directives.

III. Health System and Life Experience—Incorporate social determinants of health drivers as fields in VA electronic medical records as well as into personalized health care plans for Veterans.

IV. Cultural and Linguistic Competency—Create and disseminate educational materials in order to reduce unconscious bias and micro-inequalities.

V. Data, Research and Evaluation—Develop common definitions and measures of disparities and inequities. Incorporate health equity measures into other VA performance indicators. Support research to identify, understand causes and intervention development to reduce disparities as well as monitor progress on disparity reduction.

These strategic activities are consistent with the VA Core Values of integrity, commitment, advocacy, respect and Excellence, the My VA transformation, the VA Blueprint for Excellence which consists of the triple aim of better health, better care and better value, as well as the Institute of Medicine six domains of health care quality of safety, effectiveness, patient-centered, timely, efficient and equitable.

OHE has had significant accomplishments since its recent birth with actions and projects cutting across these categories.

1. The OHE has sponsored several educational videos which include VA leaders as well as VA providers and have disseminated information regarding disparities and possible actions which
may reduce disparities resulting from unconscious bias, and how it may be applied to clinical practice.

2. The OHE has participated in the preparation of manuscripts and supported the coordination and publication of a special issue of the American Journal of Public Health highlighting disparities and potential solutions in Veteran care and outcomes including vulnerable populations such as Veterans at risk for suicide.

3. The OHE has developed a hands-on dashboard tool which will allow stakeholders including providers and policymakers to rapidly view disparities among Veterans diagnosed with Hepatitis C and Advanced Liver Disease, currently a clinical condition on the radar of Veterans, providers, VA leadership and Congress. This tool is in the process of being advanced to include additional information on disparities in treatment, utilization and cost.

4. The OHE has supported and participated in Quality Improvement Projects involving reducing excess heart failure readmissions for Black Veterans; tobacco cessation in Veterans with serious mental illness; diabetes care management in veterans with out of control diabetes; novel technologies to reduce gender disparities in cardiovascular disease; activity in rural, urban, minority and lower socioeconomic status women Veterans; acupuncture for Veterans with PTSD and pain; maternity management in rural and highly rural Women Veterans; decision aid management in elderly heart failure patients with cognitive impairment etc.

5. OHE is currently cataloguing over 1100 actions identified through the first ever VHA Health Equity Environmental scan, which VA Medical Centers and Community Based Outpatient Clinics and program offices identified to improve equity and reduce disparities.

6. OHE is participating in the National Partnership for Action to advance health equity along with other Federal agencies such as the Centers for Disease Control, Department of Defense, Centers for Medicare and Medicaid Services, US Department of Transportation, Housing and Urban Development, etc.

7. OHE has presented several HSR&D cyber seminars:
   a. Partnership in Pursuit of Health Equity: Focus on Minority Veterans
   b. Office of Health Equity-What is it all about?
   c. Affordable Care Act-Health Equity/Disparities Connection
   d. Disparities in Healthcare Quality Indicators Among Adults with Mental Illness: A Systematic Review
   e. The Hepatitis C cyber seminar, which started a series - Focus on Equity and Action.

8. OHE was the catalyst for VA medical centers being recognized as a “Leader in LGBT Healthcare Equality” in the Healthcare Equality Index 2013, 2014 and 2015, an annual survey conducted by the Human Rights Campaign Foundation.

9. OHE hosted a “Think Tank” which included researchers, data analysts and other stakeholders to further the research and policymaking agency in health equity and disparity research and policy.

10. OHE supported the work and dissemination of important reports like the novel OHE Transgender Protocol; Disparities in Healthcare Quality Indicators Among Adults with Mental Illness: A Systematic Review and Evidence Brief: Update on Prevalence of and Interventions to Reduce Racial and Ethnic Disparities within the VA.
11. The Hepatitis C Virus (HCV) - Advanced Liver Disease (ALD) Dashboard was presented at recent cyber seminar and the data set has been published on the data.gov website for the public. This action supports the presidential initiative for open data. The 38,797 Veteran with Advanced Liver Disease as a result of HCV as of August, 2015 included 50% white, 34% Black, 7% Hispanic /Latino, 1% AI/AN and AAPI and less than 1% Asian. This means over-representation among Veterans with HCV and ALD for Black Veterans who typically make up 15% of the Veteran population treated at the VA. Other areas with disparate impact (compared to usual VA demographic) included urban dwellers, Vietnam Era Veterans and those born between 1945 and 1965.

12. OHE’s Executive Director, Uchenna S. Uchendu, MD, presents and attends numerous meetings with VA and non-VA leadership and stakeholders in order to bring an equity lens to all health and healthcare issues and further the mission of the OHE. She serves on the Institute of Medicine Roundtable for the Promotion of Health Equity and the Elimination of Health Disparities.

This abridged briefing is current as of November 2015. More details and other activities are available upon request.