

VA



U.S. Department
of Veterans Affairs

Veteran Diversity, Equity, Demographics and Opportunities

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Veterans Health Administration
Office of Health Equity

Thursday June 29, 2017



WHAT YOU CAN EXPECT FROM THE PANEL

The Summit's Purpose:

- Strengthen VA's valued relationships with the HBCU community
- **Venue for HBCUs to explain the obstacles experienced by their schools while working with VA**
- VA health professions training mission
- **Identify partnership opportunities**
- **Identify the best approaches to ensuring appropriate and consistent outreach to all HBCU health professions schools**
- VA intends to listen and prioritize solutions to the concerns identified at the summit

This Panel's Assignment:

- **Health Equity @ the VA & the HBCUs**
- **Veteran Diversity & Why Minority Veterans Matter**
- **The Rural Georgia VA Education Experience**
- **Charles R. Drew University College of Medicine & the VA**
- **Discussion & Connecting the dots for opportunities to collaborate with synergy**



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Uchenna S. Uchendu, MD
Chief Officer, Office of Health Equity
US Department of Veterans Affairs



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WHY HEALTH EQUITY @ THE VA?



- VA offices championing efforts for advocacy/outreach for **equal** access to care and/or benefits for specific groups:

- VA
- ✓ Center for Minority Veterans*
 - ✓ Center for Women Veterans
 - ✓ Office of Diversity and Inclusion
 - ✓ Tribal and Government Relations
 - ✓ Faith-based & Neighborhood Partnerships

- VHA
- ✓ Health Services Research
 - ✓ Office of Rural Health
 - ✓ Homeless Program Office
 - ✓ Office of Mental Health
 - ✓ VHA Office of Patient Care Services
 - Women's Health Services
 - LGBT Program Coordinators

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

- These efforts have made significant progress for specific groups in certain areas but did not eliminate health and health care disparities among Veterans

VULNERABLE POPULATIONS

- Racial or Ethnic Group
- Gender
- Age
- Geographic Location
- Religion
- Socio-Economic Status
- Sexual Orientation
- Military Era/Period of Service
- Disability – Cognitive, Sensory, Physical
- Mental Health
- Other characteristics historically linked to discrimination or exclusion




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VA HEALTH EQUITY ACTION PLAN (HEAP)

- HEAP, developed by the VA Office of Health Equity along with key stakeholders, is **the agency's strategic roadmap to achieve health equity** and reduce disparate health and health care related outcomes.
- HEAP models the goals and strategies of the National Partnership for Action to End Health Disparities National Stakeholder Strategy for Achieving Health Equity sponsored by the U.S. Department of Health & Human Services.
- HEAP Goals (5)
 - **Awareness** – Crucial strategic partnerships within and outside VA
 - **Leadership** – Health equity impact assessed for all policies, executive decision memos, handbooks, procedures, directives, action plans and Leadership decisions
 - **Health System Life Experience** – Incorporate social determinants of health in personalized health plan
 - **Cultural and Linguistic Competency** – Education & training on health equity, cultural competency to include unconscious bias, micro inequities, diversity & inclusion
 - **Data, Research and Evaluation** – Develop common definitions and measures of disparities and inequities; Develop strategies for capturing data on race, ethnicity, language, and socioeconomic status and other variables needed to stratify the results for all quality measures and to address disparities; Incorporate health equity into Strategic Analytics for Improvement and Learning (SAIL)



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https://www.va.gov/HEALTHEQUITY/Health_Equity_Action_Plan.asp



VETERANS HEALTH EQUITY & THE HBCUs

- The VA Summit with HBCUs aligns in particular with the health equity concepts of cultural and linguistic competency of the workforce and health system and life experience of the Veterans served by the VA and the medical community
- The HBCUs partnership with VA has potential to:
 - ✓ Increase racial ethnic clinician - patient concordance for Veterans who want it
 - ✓ Bolster ongoing efforts to provide culturally appropriate personalized care and services at the VA
 - ✓ Illuminate areas of opportunities for addressing the needs of vulnerable Veterans
 - ✓ Meet the needs of the increasingly diverse Military Service Members , Veterans and their families
 - ✓ Position the VA as a leader in health equity and support national efforts to increase diversity in graduate medical education
 - ✓ Both the VA and the HBCUs can agree to take specific actions in order to diminish and where possible eliminate disparities among Veterans

A triad of unique capabilities



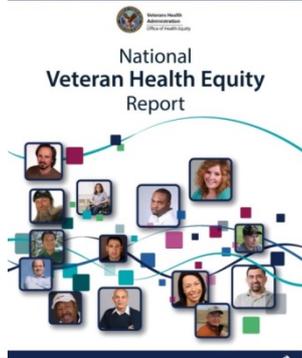
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OHE RESOURCES – NVHER & PUBLICATIONS

- VA Office of Health Equity. (2016). ***National Veteran Health Equity Report—FY2013***. US Department of Veterans Affairs, Washington, DC. Available online at <http://www.va.gov/healthequity/NVHER.asp>.

Foreword by Association of American Medical Colleges President & CEO Darrell G. Kirch, MD, states that the National Veteran Health Equity Report (NVHER) *“contributes to our understanding that while veterans as a group are at greater risk for certain negative health outcomes than are non-veterans, within the veteran population there are subgroups at even greater risk of morbidity and mortality. In addition, because the VA sponsors approximately 10 percent of graduate medical education trainee positions, this report will inform the way the next generation of physicians thinks about equity and care for vulnerable patients.”*



- ***Other OHE Publications :***

<https://www.va.gov/HEALTH EQUITY/Research.asp>



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OHE RESOURCES – VIRTUAL TRAINING MODULES

- OHE developed Virtual Trainings that focus on social determinants of health, health equity, and applying knowledge of these to delivery of health care including interactions with clinical staff in primary care as examples
- ✓ Built on a Virtual Simulation web Platform through partnerships with VA Employee Education System
- ✓ Highlighted in the MedEdPortal - a leading repository for medical education materials and resources that can be accessed free of charge

Determinants of Health and Healthcare

- For All Employees
- ~30 minutes



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

- Routine Check-Up
- ~60 minutes



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HEALTH EQUITY - DATA & ACTION

- OHE examples of making **data available at the facility-level** including racial/ethnic breakdowns with **data visualization tools**:
<https://www.va.gov/HEALTHEQUITY/Tools.asp>
 - **Diabetes Mellitus** (Electronic Quality Measure) – Top reported condition among Veterans according to the NVHER and business case to reduce related disparities {**According to American Diabetes Association (2013), “the total estimated cost of diagnosed diabetes in 2012 is \$245 billion, including \$176 billion in direct medical costs and \$69 billion in reduced productivity; The \$245 billion is a 41% increase from our previous estimate of \$174 billion in 2007 ...”*}
 - Mental health data for **PTSD and Suicide** for appropriate strategies.
 - Veteran’s Hepatitis C Virus & Advanced Liver Disease Visualization Tool
- Opportunity –
 - Need to consistently report, monitor, trend, and track key metrics along vulnerability lines to include gender/sex, race/ethnicity, rural/urban, military era/period of service, etc.
 - Doing so will allow transparent monitoring of the progress for the vulnerable groups, support the accountability agency priority and bolster trust
 - Graduate Medical Education Initiatives can include **innovative Health Equity Projects**





ACGME CLER PATHWAYS TO EXCELLENCE - HEALTHCARE QUALITY

- ACGME – Clinical Learning Environment Review (CLER)
<http://www.jgme.org/doi/full/10.4300/JGME-D-14-00348.1>
- CLER Pathways to Excellence: Expectations for an optimal clinical learning environment to achieve safe and high quality patient care includes:
 - ✓ **HQ Pathway 5:** Resident/fellow and faculty member education on reducing healthcare disparities
 - ✓ **HQ Pathway 6:** Resident/fellow engagement in clinical site initiatives to address healthcare disparities

*ACGME – Accreditation Council for Graduate Medical Education

**HQ - Health care Quality



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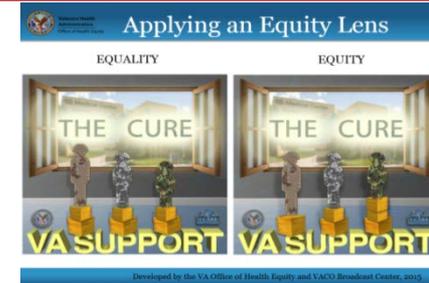
OFFICE OF HEALTH EQUITY

➤ 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 health care 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 health care
- Represent VA and serve as *liaison* to other governmental and non-governmental organizations working to achieve health equity
- **VA has health and benefits under one umbrella which permits VA to address both health care and social determinants of health that influence overall health and well-being**



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Veteran Diversity, Equity, Demographics and Opportunities

Barbara Ward, BSN, MPA

Director, VA Center for Minority Veterans

US Department of Veterans Affairs



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VETERAN DEMOGRAPHICS CURRENT AND FUTURE PROJECTIONS

2014 – Minority veterans comprise 23% of the total veteran population, approximately 5 million veterans

2040 – Minority veterans will comprise 37% of the total veteran population; Current 6% percentage of Hispanic veterans will increase to 12%

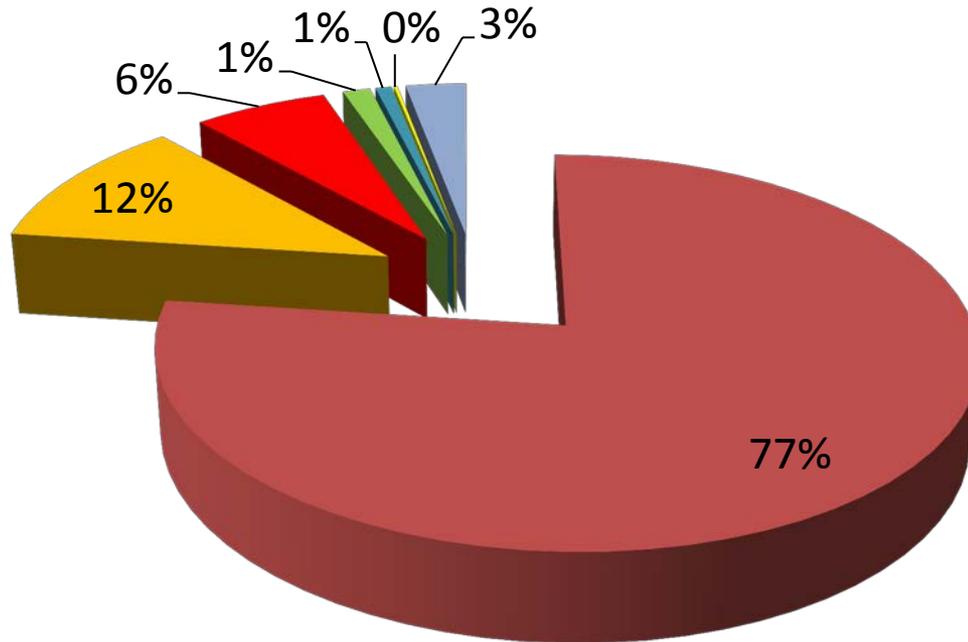


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VETERANS DEMOGRAPHICS 2014

White Black Hispanic Asian AIAN NHPI Other



Note: Categories are mutually exclusive. 'Black' and 'All other races' are not Hispanic.

'All other races' includes American Indian/Alaskan Native, Asian, Pacific Islander, and Other (Some other Race and Two or more Races).

Source: Office of the Actuary, Veteran Population Projections Model (VetPop2014), Table 3L

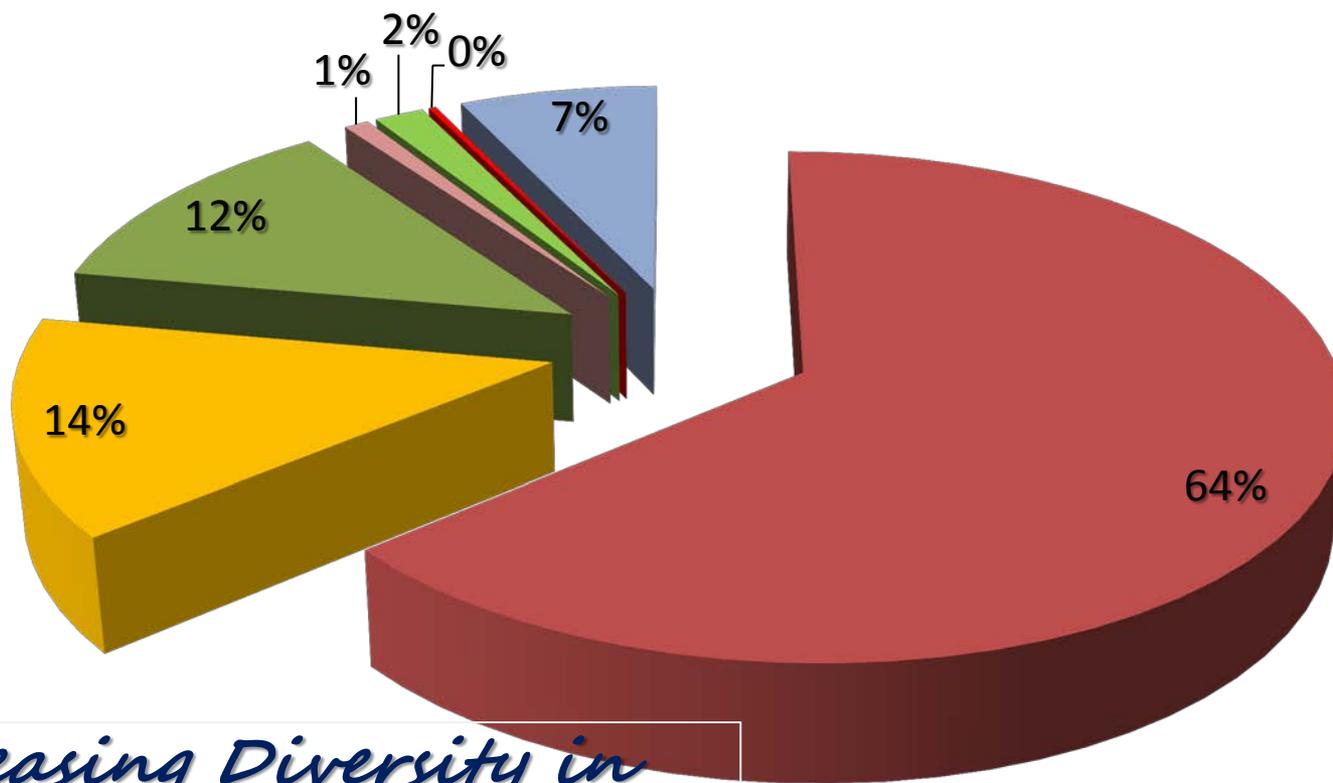


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PROJECTED VETERAN POPULATION 2043

■ White ■ Black ■ Hispanic ■ AIAN ■ Asian ■ NHPI ■ Other



*Increasing Diversity in
Veterans Population*

Note: Categories are mutually exclusive. 'Black' and 'All other races' are not Hispanic.
'All other races' includes American Indian/Alaskan Native, Asian, Pacific Islander, and Other (Some other Race and Two or more Races).

Source: Office of the Actuary, Veteran Population Projections Model (VetPop2014), Table 3L



CHALLENGES FACED BY MINORITY VETERANS

- Too few minority VA physicians and other health care providers
- Cultural Differences and Lack of Sensitivity
- Communication – language and communication barriers
- Trust Issues/ Customer Satisfaction
- Chronic Conditions/Equitable treatment
- Utilization of research findings to reduce health disparities



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FUTURE VISION

- More minority health care providers
- Win/win – minority veterans



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Veteran Diversity, Equity, Demographics and Opportunities *in Rural Georgia*

A Designated Education Official Practical Approach

Adrian Tigaiaru, MD

Chief of Radiology and Nuclear Medicine

ACOS/E-DEO for Carl Vinson VA Medical Center



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CARL VINSON VAMC IN DUBLIN, GEORGIA



- Provides services to 47,280 enrolled Veterans in middle and south Georgia counties
- Construction began in October 1943; originally a US Navy hospital, became a VA hospital on Jan. 22, 1948
- 6.2% growth over the last 2 years (13% growth for women veterans) receiving care
- 76% age 50 and over (44% age 65 and older), 8% women, about 30% black minority
- Main services: Primary Care, Mental Health, Geriatric and Extended Care



THE WHY

- Develop next generation of diverse healthcare providers best suited to serve all segments of veteran population and address the veteran health disparities
- Address current gaps in care and worsening shortage of providers in rural underserved Georgia
- Foster a culture of interprofessional training and multidisciplinary team-based value-added and outcomes oriented care





THE WHAT AND HOW

- Align resources towards veteran-centric care evidence-based best practice and trainee-centric multidisciplinary effective team learning
- Facilitate and sustain a culture of continuous learning, improvement and development
- Assume the transformational role of transitioning from a learning to a teaching organization by promoting the “virtuous teaching cycle” and stewardship of “teachable points” to create knowledge and skills





THE VISION

- People first - the most important asset
- Embrace diversity and inclusion - to address the shortage of minority providers and develop a strong performing workforce representative of all segments of society
- Innovation and creativity - in working with rural health population by embracing telehealth and distance learning technology, immersive simulation training, multidisciplinary educational team approach, veteran-centric preventive population health, home-based primary care and integrative medicine



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THE GOAL

Living, evolving, high-reliability VA organization harboring a diverse and performing workforce with strong connection to the local community and effective positive impact on the quality of life and well-being of our diverse veteran population



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Sandra Gonzalez, PhD

Charles R. Drew University
College of Medicine and Science



Veterans Health Administration
Office of Health Equity

Charles R Drew University College of Medicine



Graduate Medical Education in Diverse Underserved Communities of South Los Angeles

Sandra Gonzalez, PhD
Director, Graduate Medical Education
Designated Institutional Official

Our Mission



Charles R. Drew University of Medicine and Science (CDU) is a private, non-profit, student-centered university committed to cultivating diverse health professional leaders who are dedicated to social justice and health equity for underserved populations through outstanding:

- **Education,**
- **Research,**
- **Clinical service, and**
- **Community engagement.**

Charles R. Drew University of Medicine and Science TODAY

College of Medicine (COM)



Deborah B. Prothrow-Stith, MD
Dean

- Medical Education Program (MD)
- Post-Baccalaureate Program in Pre-Medicine

College of Science and Health (COSH)



Hector Balcazar, PhD, MS
Dean

- Physician Assistant Program (MPA)
- Biomedical Sciences (BS)
- Radiologic Technology (AS)
- Graduate Certificate in Public Health Concepts
- Urban Public Health Program
(MPH in Urban Health Disparities)

Mervyn M. Dymally School of Nursing (SON)



Margaret Avila, PhD, MSN,
MSHCM, PHN, APRN
Dean

- MSN-FNP
- MSN-PMC
- MSN-ELM
- MSN-ANE

Los Angeles County SPA 6

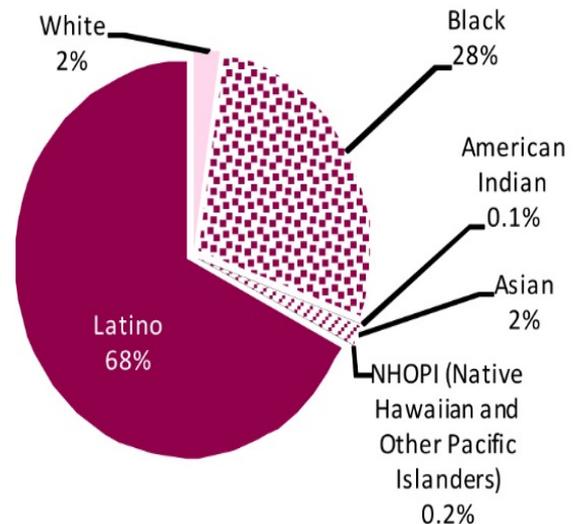
Service Planning Area 6: SOUTH

Demographics

Demographics	Los Angeles County	SPA 6
Total population ¹	10,019,362	1,030,078
% male/female ¹	49%/51%	49%/51%
% of population ages 0-17 ¹	23%	30%
% of population ages 65+ ¹	12%	8%
% of adults who report having a disability ²	19%	17%
% of adults who primarily speak English at home ²	61%	47%

Population by Race/Ethnicity¹

Total SPA 6 Population: 1,030,078



New Residencies for SPA 6

- In 2016, CDU COM received ACGME accreditation as a Sponsoring Institution
- In early 2017, the Psychiatry Residency (16 residents/four year program) was accredited. The only residency training in South L.A.
- Family Medicine to follow soon with 24 residents in a three year LA County-based program.
- Internal Medicine Primary Care is planned

Residency Training at CDU COM

- As the Sponsoring Institution, CDU COM ensures educational excellence through its faculty, research enterprise, biomedical library, simulation center, and established community-engaged outreach activities.
- CDU COM guides compliance with ACGME accreditation requirements for the residents' educational and work environments, well-being, scholarly activity and faculty development.

CDU COM Partnership with the VA

- The diversity and inclusion agendas of the two organizations are closely aligned
- CDU COM seeks teaching hospitals and clinical sites to develop resident skills in caring for culturally, racially, and socio-economically diverse patients.
- VA sites in downtown Los Angeles and Long Beach would be valuable training sites for Psychiatry and Family Medicine residents
- The Long Beach VA would be an excellent primary participating site for an IM residency.

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Veteran Diversity, Equity, Demographics and Opportunities:

Questions, Discussions & Actions

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APPENDIX – MOVING FORWARD WITH ACTION

- What is the biggest challenge minority Veterans face when utilizing VA services and interacting with Academic Affiliates?
- What is the greatest perceived obstacle or challenge for a HBCU in working with local or regional VA?
- How do VA clinical sites collaborate with more than one Sponsoring Institution for residency rotations?
- How can the VA and HBCUs partner to create professional career paths specific to future VA providers?
- What can the VA do better to attract students and graduates from HBCU's?
- How does HBCU engagement impact Health Equity for Veterans and their families?
- How can HBCUs partner with the Office of Health Equity for mutual benefit of all stakeholders?
- Could a Sponsoring Institution (without its own hospital) sponsor a residency based at a VA medical center?
- Over the past five years, has there been an increase in minority Veterans utilizing VA health care and services? If so, how can the HBCUs assist the VA in meeting this demand?
- How will the proposed Health Care Reform Bill impact minority Veterans accessing VA health care and how can the HBCUs help?

THANK YOU!



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