



# VA Research

## Diversity, Equity, and Inclusion Initiatives

Mark Roltsch & Cendrine Robinson  
VA Office of Research and Development  
Diversity, Equity and Inclusion Working Group Co-Chairs

# Acknowledgments

## DEI CO-CHAIRS

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## DEIWG MEMBERSHIP

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# ORD DEI workgroup

- A DEI workgroup (WG) was established in July 2020 with broad representation among ORD staff and strong support from leadership
- The workgroup strives to:
  - promote DEI within ORD and among VA researchers
  - build a training pipeline for junior investigators from underrepresented populations, and
  - strengthen research on health equity in VA

# DEIWG OVERVIEW

## ORD DEI Working Group fulfills the mission through support from:

- ORD staff volunteer to join subcommittees
- \$2.5 million annual investment from ORD FY 22
- \$8 million budget from ORD FY23
- Partnerships with VA offices and Academic Institutions
- Stakeholder Engagement Board

Training  
Subcommittee

Workforce  
Resources and  
Opportunities  
Subcommittee

Minority Health and  
Health Disparities  
Subcommittee

Health Services  
Research &  
Development  
DEI Working Group



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# Major Accomplishments

- Established a Supplement to Promote Diversity to recruit and train junior scientists from underrepresented populations (awarded 11 out of 20 applicants in FY21)
- Organized seminars to help minority investigators to be successful in obtaining research funding
- Established a core recruitment site at Morehouse/Atlanta VAMC to support outreach effort to HBCUs
- Established Stakeholder Engagement Group to ensure that the DEIWG meets needs of communities that we serve
- Launched Summer Research Program

# Summer Research Program

- Summer Research Program (SRP): provides research experiences and related opportunities that can enrich the pool of individuals from diverse backgrounds
- 21 VAMCs awarded 3-year pilot to recruit undergraduate students to conduct research in the VA
  - Programs provide mentored experience in research and educational training to prepare students for career in health sciences
  - Students will be paid for up to two months in the SRP
- Goal is to develop a future program that can go nationwide

# New Initiatives

- Funding opportunity that promotes collaboration between VA PI and mid-career investigators at a Minority Serving Institutions
- Implicit bias in peer review
- Funding to support diverse recruitment of Veterans into VA research
- Health Equity Journal Special Collection of VA DEI Research Initiatives

# Lessons Learned

- Have funding to start the program\*\*\*\*
- Have Co-Chairs
- Allow team members to develop ideas then champion the idea
- Setting up sub-committees
- Co-Chairs supporting the sub-committees and actively involved in all aspects.
- Communication
- Complete support from the top\*



## For More Information:

- <https://www.research.va.gov/programs/dei/default.cfm>
- Cendrine.Robinson@va.gov, Mark.Roltsch@va.gov

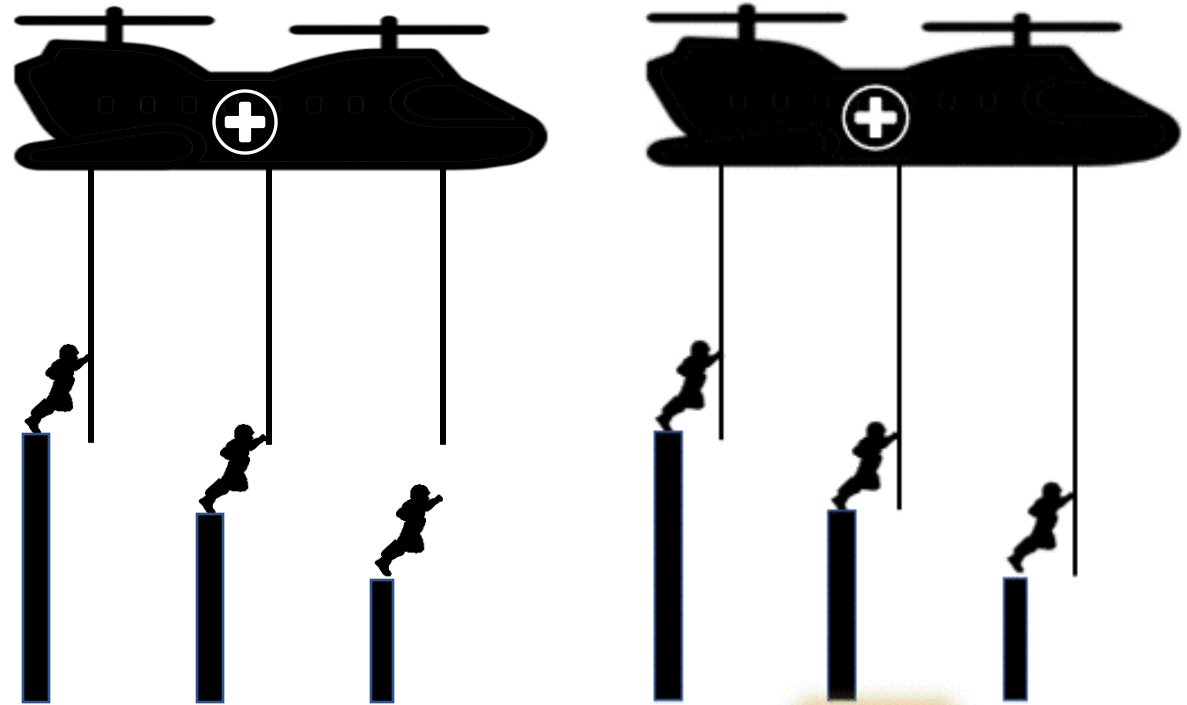
# Putting Equity to Work: Research Needs to Ensure Sustainability

Ernest Moy, VHA Office of Health Equity

Leslie Hausmann, Center for Health Equity Research and Promotion

Health Equity = All Veterans get support that helps them achieve their highest level of health

We're not all in the same place.  
**Equity** is reaching out to those in need, so no one is left behind.



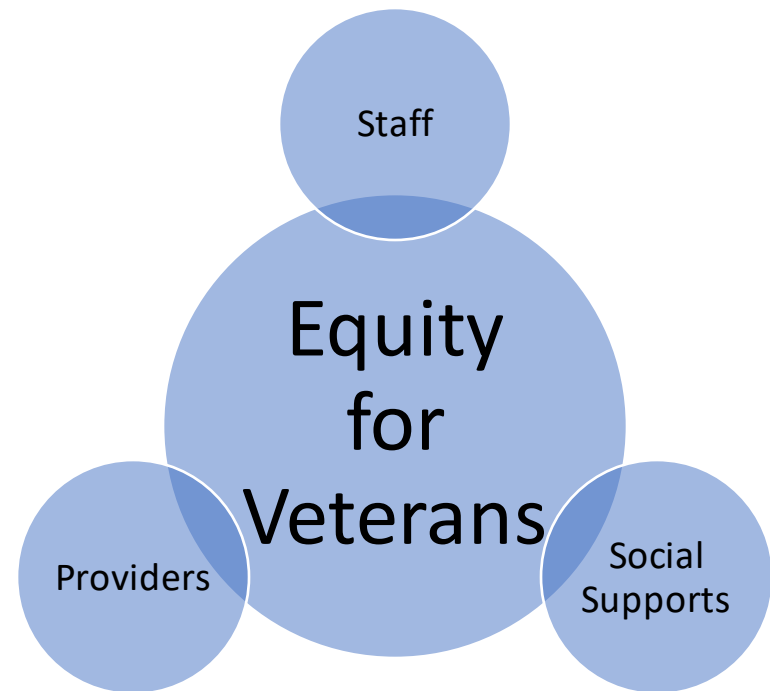
Equality

Equity

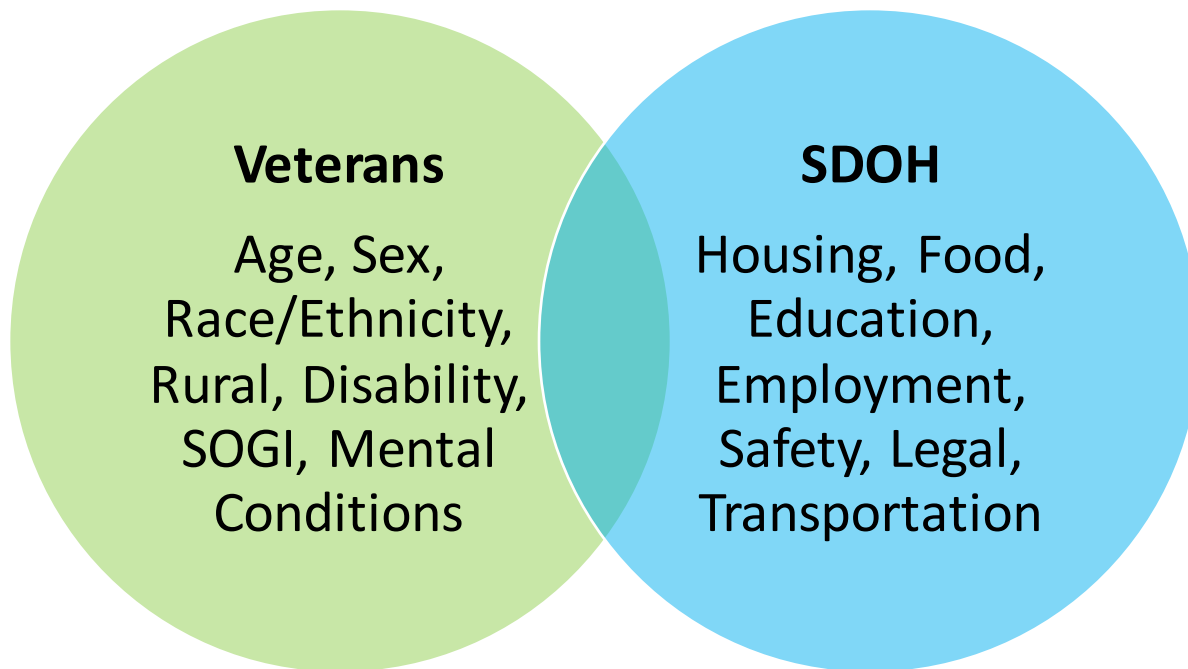
Leave No Veteran Behind

# What is VA doing to promote equity?

1. We work with **Staff** to ensure a diverse and inclusive environment.
2. We work with **Social Supports** to address social risks.
3. We work with **Providers** to reduce health inequities in health care.

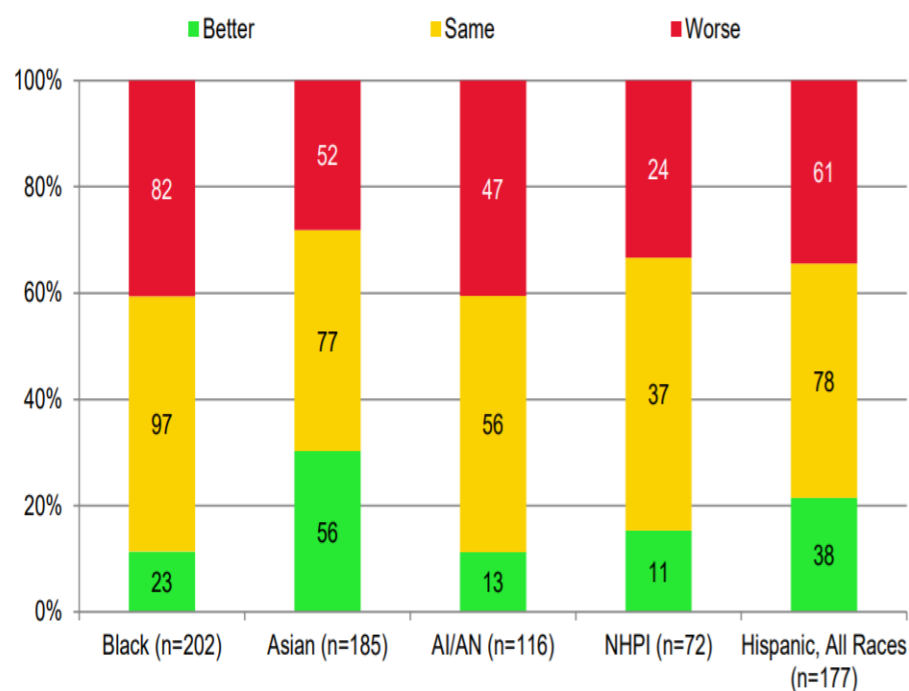
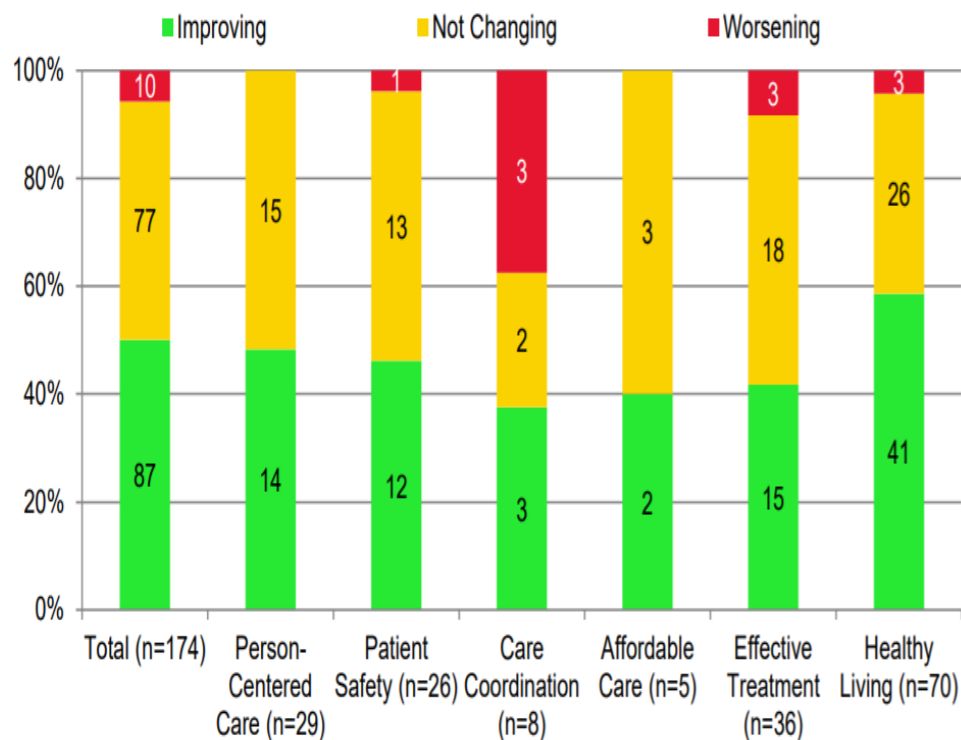


# Mission of the VHA Office of Health Equity (OHE)



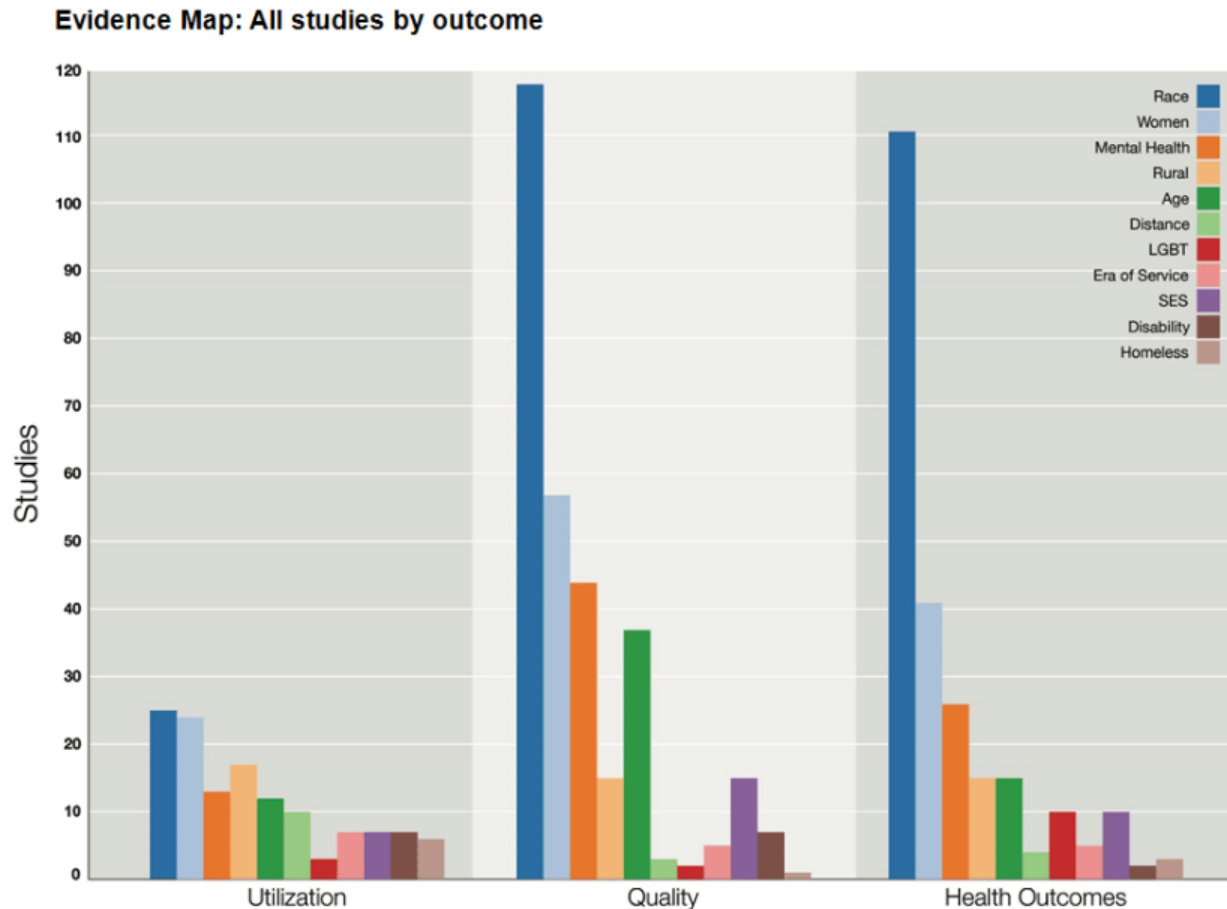
Health Equity = All Veterans get care that helps them achieve their highest level of health

## Annual AHRQ National Healthcare Quality and Disparities Reports track quality of care (shown here) and access to care for the Nation and States.



Many studies examining disparities in utilization, quality, and health outcomes among Veterans.

Kondo K, Low A, Everson T, et al  
Prevalence of and Interventions to Reduce Health Disparities in Vulnerable Veteran Populations: A Map of the Evidence. VA ESP Project #05-225; 2017.



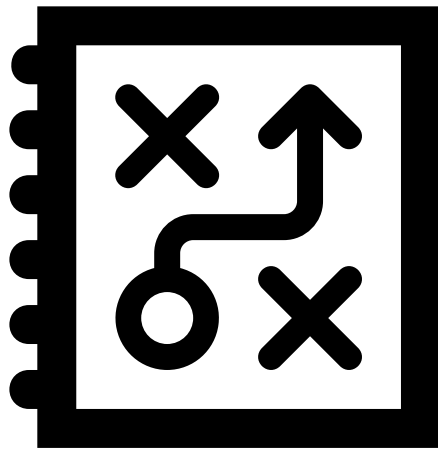
Many studies examining interventions designed to reduce disparities in VA.

Kondo K, Low A, Everson T, et al Prevalence of and Interventions to Reduce Health Disparities in Vulnerable Veteran Populations: A Map of the Evidence. VA ESP Project #05-225; 2017.

**Evidence Map: Studies examining interventions designed to reduce health disparities in VA by population and intervention type**





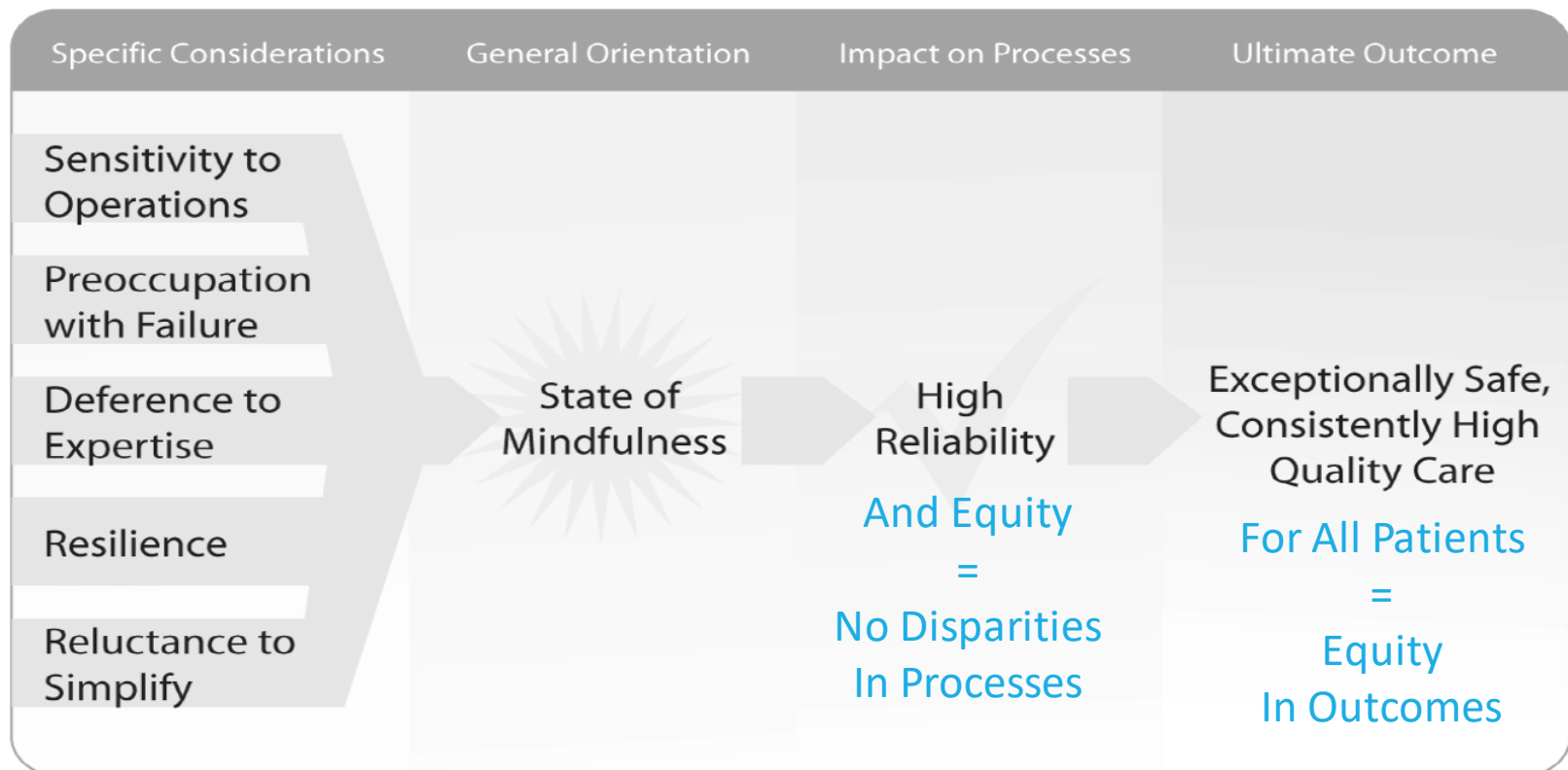


# Elements of the Equity Quality Improvement Playbook

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1. Goals:
  - Every VA patient and employee knows they are valued and respected.
  - They work together to keep every Veteran as healthy as possible.
2. Philosophy: High Equity Reliability Organization
3. Strategic Assessment Tool: Equity Guided Improvement Strategy
4. Operational Support Tool: Primary Care Equity Dashboard

# High Equity Reliability Organization Fundamentals



# Equity Guided Improvement Strategy (EGIS) leverages existing Quality Improvement Infrastructure

**Traditional Quality Improvement**



Redesigns processes to move a homogeneous population closer to target

**Equity-Guided Improvement Strategy**



Customizes processes to move an underperforming subset of a heterogeneous population closer to target

# VA Resources to Achieve Equity: Benchmarking Dashboard

- ✓ Data to examine disparities.
- ✓ Providers committed to delivering optimal care.
- ✓ Researchers who have identified successful interventions.
- ✓ Quality improvement infrastructure to guide change.
- ✓ Few financial barriers to care.
- ✓ Social supports to address social determinants of health.

Group VISN	Asian		Black		Hispanic		White	
	Population	Performance	Population	Performance	Population	Performance	Population	Performance
+ 1	1493	66.7%	73084	66.2%	29582	68.5%	867351	69.8%
+ 2	6184	66.9%	254513	67.3%	87960	69.1%	830888	74.7%
+ 4	2526	65.4%	262291	65.2%	33421	68.6%	1096909	75.0%
+ 5	6263	68.7%	314919	62.5%	16389	65.6%	637693	72.0%
+ 6	10418	67.7%	905147	68.6%	45300	69.2%	1135594	72.9%
+ 7	6846	69.4%	1335094	68.3%	41120	68.1%	1169305	73.6%
+ 8	14980	71.9%	591561	69.3%	520287	73.8%	1839857	75.6%
+ 9	2739	75.5%	370832	71.4%	21060	73.5%	1317558	76.7%
+ 10	2780	66.5%	490155	66.4%	44381	69.6%	2246960	74.0%
+ 12	4571	72.5%	268108	68.4%	46641	71.8%	953147	76.0%
+ 15	2743	71.0%	214168	69.0%	28088	71.5%	1137712	75.6%
+ 16	8122	73.3%	877568	70.2%	96233	70.6%	1417165	72.4%
+ 17	16133	75.3%	500866	71.0%	534071	72.8%	1110119	75.5%
+ 19	7100	74.4%	148130	70.6%	100082	71.7%	1130629	74.8%
+ 20	18892	68.9%	78138	62.2%	39645	63.4%	892237	66.1%
+ 21	121306	72.2%	203900	66.6%	146980	69.7%	772030	72.3%
+ 22	103706	72.7%	312534	66.2%	376185	67.4%	1068331	70.3%
+ 23	2694	74.1%	60792	68.0%	22804	70.8%	1339460	75.7%
<b>Total</b>	<b>339496</b>	<b>71.9%</b>	<b>7261800</b>	<b>68.3%</b>	<b>2230229</b>	<b>71.0%</b>	<b>20962945</b>	<b>73.8%</b>

Group VISN	Female			Male			Total		
	Numerator	Population	Performance	Numerator	Population	Performance	Numerator	Population	Performance
7	102938	239433	68.1%	103837	233392	71.0%	1021329	2373407	70.7%
8	140294	190603	73.6%	2082205	2812137	74.0%	2222498	3002740	74.0%
9	76364	102507	74.5%	1227568	1624859	75.5%	1303932	1727366	75.5%
10	99545	141412	70.4%	1938021	2666856	72.7%	2037566	2808268	72.6%
12	47030	64991	72.4%	907930	1222004	74.3%	954961	1286995	74.2%
15	53540	72879	73.5%	989126	1326322	74.6%	1042666	1399201	74.5%
16	119698	169841	70.5%	1617932	2259303	71.6%	1737631	2429144	71.5%
17	123734	169968	72.8%	1500347	2031067	73.9%	1624081	2201035	73.8%
19	64372	87348	73.7%	997575	1347801	74.0%	1061947	1435149	74.0%
20	41709	64874	64.3%	657174	999053	65.8%	698883	1063927	65.7%
21	50284	72031	69.8%	892120	1259796	70.8%	942404	1331827	70.8%
(V21) (358) Manila, PI HCS	413	532	77.7%	23554	35599	66.2%	23967	36131	66.3%
(V21) (459) Honolulu, HI HCS	3988	6455	61.8%	74582	115120	64.8%	78570	121575	64.6%
(V21) (570) Fresno, CA HCS	3964	5350	74.1%	81071	115008	70.5%	85035	120358	70.7%
(V21) (593) Las Vegas, NV HCS	16704	23579	70.8%	207971	290778	71.5%	224674	314357	71.5%
(V21) (612A4) N. California HCS	11832	16743	70.7%	218246	304396	71.7%	230078	321139	71.6%
(V21) (640) Palo Alto, CA HCS	6143	8803	69.8%	128256	180282	71.1%	134399	189085	71.1%
(V21) (654) Reno, NV HCS	3865	5233	73.9%	88840	118165	75.2%	92705	123398	75.1%
(V21) (662) San Francisco, CA HCS	3374	5336	63.2%	69602	100448	69.3%	72976	105784	69.0%
22	74201	108741	68.2%	1256175	1818202	69.1%	1330376	1926943	69.0%
23	47117	62961	74.8%	1049447	1395917	75.2%	1096564	1458878	75.2%
<b>Total</b>	<b>1401138</b>	<b>1979137</b>	<b>70.8%</b>	<b>21226735</b>	<b>29350552</b>	<b>72.3%</b>	<b>22627873</b>	<b>31329689</b>	<b>72.2%</b>

Diabetes: BP < 140/90	Diabetes: HbA1c < 8	Diabetes: Not Poor HbA1c Control	Diabetes: Statin Adherence	Diabetes: Statin Therapy	Heart Disease: Statin Adherence	Heart Disease: Statin Therapy	Hypertension: Good BP Control
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Find Disparities Ready for Intervention

\*Select VAMC below.

\*Not Met indicates # of Veterans who did not meet performance standard.

\*Pink indicates performance below national; blue above national; purple similar to national.

\*Cells in pink with larger #s of Veterans below standard may be ready for intervention.

- ☐ (V21) (654) Reno, NV HCS
- ☒ (V21) (662) San Francisco, CA HCS
- ☐ (V22) (501) New Mexico HCS
- ☐ (V22) (600) Long Beach, CA HCS
- ☐ (V22) (605) Loma Linda, CA HCS
- ☐ (V22) (644) Phoenix, AZ HCS
- ☐ (V22) (649) Northern Arizona HCS
- ☐ (V22) (664) San Diego, CA HCS
- ☐ (V22) (678) Southern Arizona HCS
- ☐ (V22) (691) Greater Los Angeles, CA HCS
- ☐ (V23) (437) Fargo, ND HCS
- ☐ (V23) (438) Sioux Falls, SD HCS
- ☐ (V23) (568) Black Hills, SD HCS
- ☐ (V23) (618) Minneapolis, MN HCS
- ☐ (V23) (636) Nebraska-W Iowa HCS
- ☐ (V23) (636A6) Central Iowa HCS
- ☐ (V23) (636A8) Iowa City, IA HCS
- ☐ (V23) (656) St. Cloud, MN HCS

Measure	Diabetes: BP < 140/90		Diabetes: HbA1c < 8		Diabetes: Not Poor HbA1c Control		Diabetes: Statin Adherence	
Contrast	Not Met	Performance	Not Met	Performance	Not Met	Performance	Not Met	Performance
▢ Race/Ethnicity								
Asian	361	74.8%	414	71.1%	289	79.8%	200	79.8%
Black	1536	58.3%	1425	61.3%	1021	72.3%	475	76.7%
Hispanic	448	61.2%	426	63.1%	298	74.2%	172	75.9%
White	2946	64.3%	2847	65.5%	1695	79.4%	859	83.4%
▢ Rurality								
Rural	1548	64.4%	1541	64.6%	797	81.7%	483	82.4%
Urban	3903	63.7%	3746	65.2%	2603	75.8%	1279	80.2%
▢ Sex								
Female	367	55.9%	286	65.6%	194	76.7%	67	83.8%
Male	5087	64.4%	5003	65.0%	3207	77.5%	1697	80.7%

Measure	Diabetes: Statin Therapy		Heart Disease: Statin Adherence		Heart Disease: Statin Therapy		Hypertension: Good BP Control	
Contrast	Not Met	Performance	Not Met	Performance	Not Met	Performance	Not Met	Performance
▢ Race/Ethnicity								
Asian	200	83.4%	22	84.9%	25	86.6%	726	70.7%
Black	963	68.3%	94	80.4%	60	89.0%	3244	57.3%
Hispanic	242	75.1%	11	90.1%	13	89.7%	805	62.4%
White	1696	75.6%	268	84.1%	239	87.7%	7841	61.3%
▢ Rurality								
Rural	944	74.6%	141	81.3%	138	84.7%	3877	61.3%
Urban	2321	74.0%	270	84.5%	214	89.2%	8988	61.4%
▢ Sex								
Female	321	56.6%					727	57.0%
Male	2945	75.3%	403	83.5%	349	87.7%	12156	61.6%

# Expands Equity QI Resources



## Primary Care Equity Dashboard

Before you Begin

Equity Data Visualizations



Performance Snapshot

Equity Deep Dive

Patient Outliers

Performance Trends

Education and Interventions



Equity QI, SDoH, and Cultural...

Addressing Population-Spec...

← Go back

Filter by Disease

All

Resource Type

All

### Addressing Population-Specific Disparities

Disease	Demographic Group(s)	Resource Type	Brief Description	Link to Full Text
Diabetes	Race/Ethnicity	Tailored Education Materials	Tip sheet with 50 recommendations on weight loss, healthy eating, physical activity and other wellness areas for African Americans. (2016, CDC-NDEP, NIDDK)	<a href="https://www.niddk.nih.gov/health-information/diabetes/overview/preventing-type-2-diabetes/50-ways#:~:text=%20Choose%20More%20than%2050%20Ways%20to%20Prevent,take%20smaller%20bites%20and%20eat%20less.%20More%20">https://www.niddk.nih.gov/health-information/diabetes/overview/preventing-type-2-diabetes/50-ways#:~:text=%20Choose%20More%20than%2050%20Ways%20to%20Prevent,take%20smaller%20bites%20and%20eat%20less.%20More%20</a>
Heart Disease	Race/Ethnicity	Evidence-based Interventions	Lower rates of cardiac procedures for minority patients (particularly African Americans) even when covered by equivalent insurance. (2018, Health Equity)	<a href="https://www.liebertpub.com/doi/10.1089/heq.2018.0067">https://www.liebertpub.com/doi/10.1089/heq.2018.0067</a>
Heart Disease	Race/Ethnicity	Evidence-based Interventions	Tools developed as part of a primary care project aimed at reducing disparities in statin adherence for Black Veterans, including a sample script used for patient education visits and sample language used to document educational visits in the medical record.	<a href="https://dvagov.sharepoint.com/sites/VACOVHAOHE/SitePages/Statin.aspx">https://dvagov.sharepoint.com/sites/VACOVHAOHE/SitePages/Statin.aspx</a>
Heart Disease	Race/Ethnicity	Evidence-based Interventions	Young African Americans live with diseases more common in whites at older ages, with tips for what can be done to address this disparity. (2017, CDC)	<a href="https://www.cdc.gov/vitalsigns/pdf/2017-05-vitalsigns.pdf">https://www.cdc.gov/vitalsigns/pdf/2017-05-vitalsigns.pdf</a>
Heart Disease	Race/Ethnicity	Tailored Education Materials	A culturally tailored educational booklet for African Americans on heart healthy living. (2008, NHLBI)	<a href="https://www.nhlbi.nih.gov/health-topics/all-publications-and-resources/move-better-heart-health-african-americans-">https://www.nhlbi.nih.gov/health-topics/all-publications-and-resources/move-better-heart-health-african-americans-</a>
Heart Disease	Race/Ethnicity	Tailored Education Materials	Fact sheet for patients on risks and benefits of taking a statin. (2018, DHHS-Million Hearts)	<a href="https://millionhearts.hhs.gov/files/Scoop_on_Statin-508.pdf">https://millionhearts.hhs.gov/files/Scoop_on_Statin-508.pdf</a>
Heart Disease	Race/Ethnicity	Tailored Education Materials	Fact sheet targeted to Latinos/Latinas with 4 key steps to heart health and blood pressure control. (2016, DHHS-Million Hearts)	<a href="https://millionhearts.hhs.gov/files/4_Steps_Forward_English_PDF">https://millionhearts.hhs.gov/files/4_Steps_Forward_English_PDF</a>
Heart Disease	Race/Ethnicity	Tailored Education Materials	Fotonovela that depicts the story of a Latino family as they find ways to control fat and cholesterol to prevent heart disease. (2019, DHHS)	<a href="https://www.cdc.gov/cholesterol/docs/fotonovela_cholesterol.pdf">https://www.cdc.gov/cholesterol/docs/fotonovela_cholesterol.pdf</a>
Hypertension	Race/Ethnicity	Evidence-based Interventions	A multi-level hypertension control program tailored for Asian Americans. (2017, Trans Behav Med)	<a href="https://academic.oup.com/tbm/article/7/3/444/4644899">https://academic.oup.com/tbm/article/7/3/444/4644899</a>
Hypertension	Race/Ethnicity	Evidence-based Interventions	Addressing upstream determinants of cardiovascular health including income, education, employment, neighborhood factors and minority	<a href="https://pubmed.ncbi.nlm.nih.gov/31190099/">https://pubmed.ncbi.nlm.nih.gov/31190099/</a>

# Continues Run Charts



## Primary Care Equity Dashboard

Before you Begin

Equity Data Visualizations ^

Performance Snapshot

Equity Deep Dive

Patient Outliers

Performance Trends

Education and Interventions ^

Equity QI, SDoH, and Cultural...

Addressing Population-Speci...

Facility

(V17) (549) Dallas, TX HCS

Division

All (549) Dallas, TX HCS

Refresh Data

Measure

dmg13h\_ec: A1c lt 8

Measure Details

Description: HbA1c less than 8 in patients with diabetes  
Preferred Direction: Higher

### Charting Options

Show Trends Prior To:

April 2022

Show VISN/National Trends (optional):

<None>

Stratify Trends By:

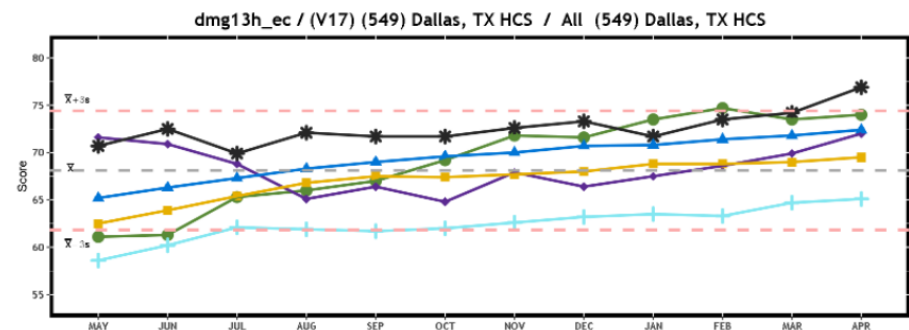
Race/Ethnicity

Sex/Gender

Neighborhood Poverty Level

Rurality

### Performance Over Time



	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR
Amer Ind/AK	61.1	61.3	65.3	66.0	67.0	69.2	71.8	71.6	73.5	74.7	73.5	74.0
Asian	71.6	70.9	68.8	65.1	66.4	64.8	67.9	66.4	67.5	68.6	69.9	72.0
Black	62.5	63.9	65.4	66.8	67.5	67.4	67.7	68.0	68.8	68.8	69.0	69.5
HI/Pac Island	70.7	72.5	69.9	72.1	71.7	71.7	72.6	73.3	71.7	73.5	74.2	76.9
Hispanic	58.6	60.2	62.1	61.9	61.7	62.0	62.6	63.2	63.5	63.3	64.7	65.1
White	65.2	66.3	67.3	68.3	69.0	69.6	70.0	70.7	70.8	71.4	71.8	72.4

[Report a bug or enhancement](#)



When VAs have focused on reducing disparities, equity is improved, and overall quality is improved.



Burkitt KH, Rodriguez KL, Mor MK, Fine MJ, Clark WJ, Macpherson DS, Mannozi CM, Muldoon MF, Long JA, Hausmann LRM. Evaluation of a collaborative VA network initiative to reduce racial disparities in blood pressure control among veterans with severe hypertension. Healthc (Amst). 2021 Jun;8 Suppl 1:100485.

# Summary

- Health equity means getting all Veterans the supports they need not the same supports
- VA advances health equity by
  - Creating a diverse and inclusive environment
  - Identifying and reducing health-related social risks
  - Identifying and reducing health care disparities
- Disparities are common in the general public and among Veterans; when VA has focused on reducing disparities, it has been successful.
- Lots of research examining disparities among Veterans and testing interventions to reduce disparities.
- More research is needed on how best to communicate and implement interventions to reduce disparities.



# VA Research Diagnosing Disparity

Louis J Dell'Italia, MD  
ACOS Research  
Birmingham VA Health Care System

# Diagnosing Disparity

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Table of Experts Series

## DIAGNOSING DISPARITY

**Addressing social  
determinants  
of health seen as key  
to improving health  
outcomes**



Choose **VA**



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# CDC and WHO Disparity Definition

- This concept carries an all-encompassing term called the exposome, which is the measure of how all the exposures of an individual in a lifetime relate to health.
- An individual's exposure begins before birth and includes insults from environmental and occupational sources.
- They are the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life.

# Disparity

- **Social conditions and circumstances that constrain an individual's life choices and impact their experience of health.**
- **Economic stability and healthcare quality are factors, as are one's support system, access to education, and physical environment.**
- **Education levels, income levels, insurance status and zip codes are among these factors.**

# Disparity

- **Lack of street lighting that creates unsafe environment could prevent people from walking and being active.**
- **Lack of green spaces impacts the opportunities for physical activities.**
- **Not having a job or a safe place to live impacts health by increasing levels of stress.**
- **Relationships, literacy, access to mental health care, unemployment, adequate housing and lifestyle behaviors all connect to health issues.**

# Disparity

- Health starts in our homes, schools and communities.
- Living in disadvantaged neighborhoods present barriers that keep people from being able to make healthy choices.
- Lack of access to appropriate nutrition, health care, transportation, employment and housing may limit an individual's options when making healthy decisions or seeking preventive care
- Lack of access to healthy food impacts health and leads to chronic diseases such as diabetes, obesity and hypertension.



# Disparity in Hypertension

- The European Project on Genes in Hypertension demonstrates that phenotype-genotype relations depend on host factors, such as sex and age, race, as well as lifestyle, especially, salt intake reflected by 24-hour urinary sodium excretion.
- Hypertension US African American adults in has one of the highest prevalence rates in the world.
- African Americans have a greater propensity to salt sensitivity and a predisposition to sodium retention and oxidative stress.

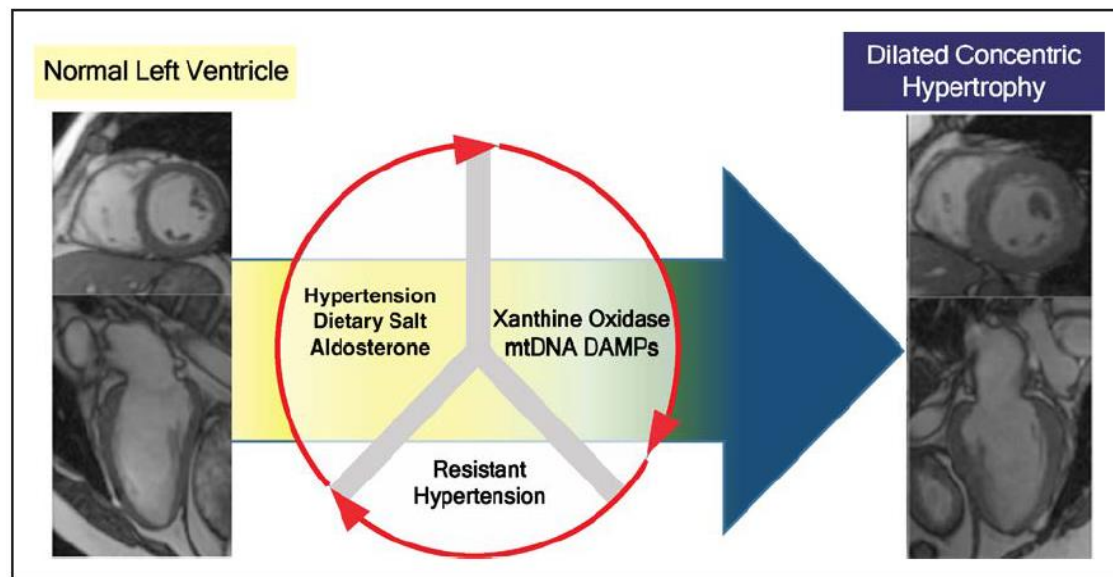
# Dietary Salt & Resistant Hypertension

**ORIGINAL ARTICLE**

***Hypertension 2022;79:775–784.***

## Racial Differences in XO (Xanthine Oxidase) and Mitochondrial DNA Damage-Associated Molecular Patterns in Resistant Hypertension

Brittany Butts<sup>ID</sup>\*, Jamelle A. Brown<sup>ID</sup>\*, Thomas S. Denney, Jr.<sup>ID</sup>, Scott Ballinger, Steven G. Lloyd<sup>ID</sup>, Suzanne Oparil<sup>ID</sup>, Paul Sanders<sup>ID</sup>, Tony R. Merriman<sup>ID</sup>, Angelo Gaffo<sup>ID</sup>, Jasvinder Singh<sup>ID</sup>, Eric E. Kelley, David A. Calhoun, Louis J. Dell'Italia<sup>ID</sup>



Choose **VA**

**VA**



U.S. Department  
of Veterans Affairs

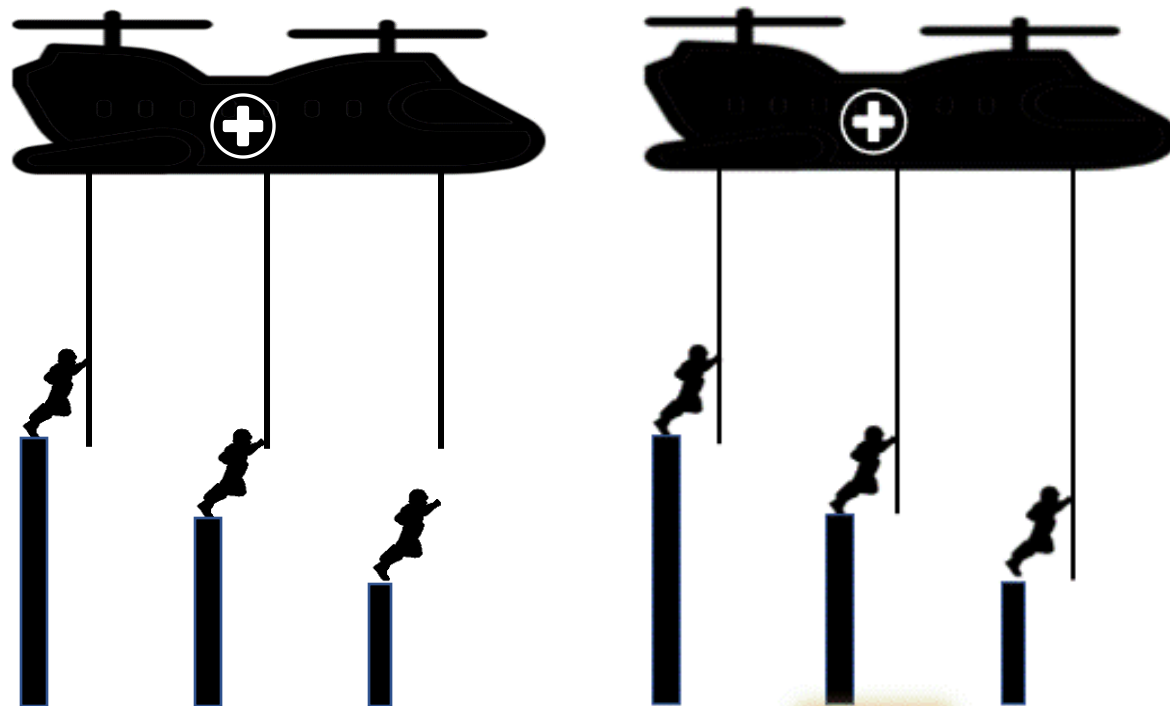
# Putting Equity to Work: Research Needs to Ensure Sustainability

Ernest Moy, VHA Office of Health Equity

Leslie Hausmann, Center for Health Equity Research and Promotion

Health Equity = All Veterans get support that helps them achieve their highest level of health

We're not all in the same place.  
**Equity** is reaching out to those in need, so no one is left behind.



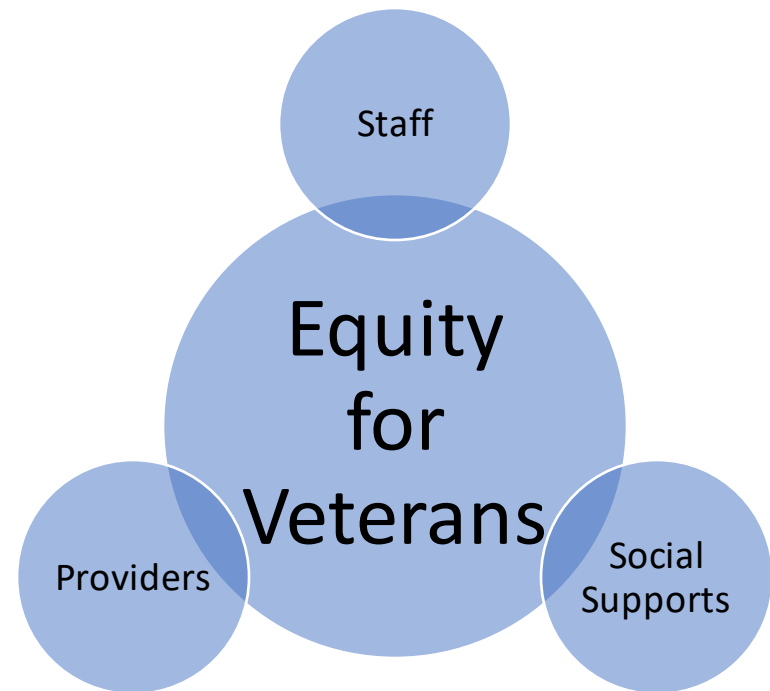
Equality

Equity

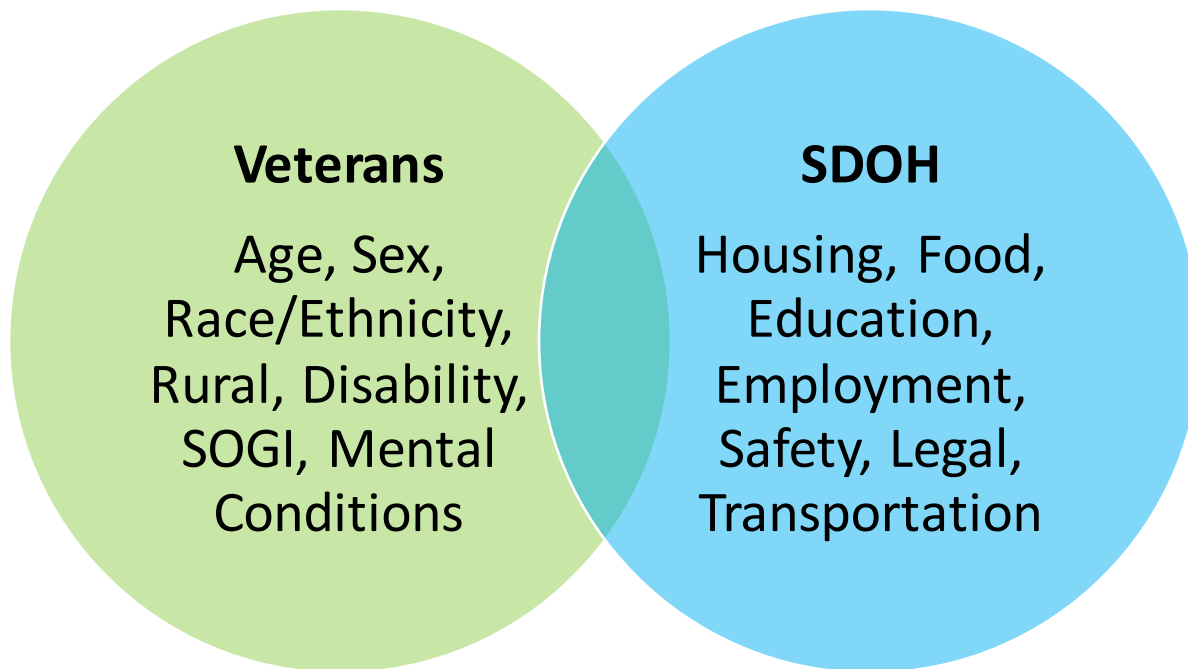
Leave No Veteran Behind

# What is VA doing to promote equity?

1. We work with **Staff** to ensure a diverse and inclusive environment.
2. We work with **Social Supports** to address social risks.
3. We work with **Providers** to reduce health inequities in health care.

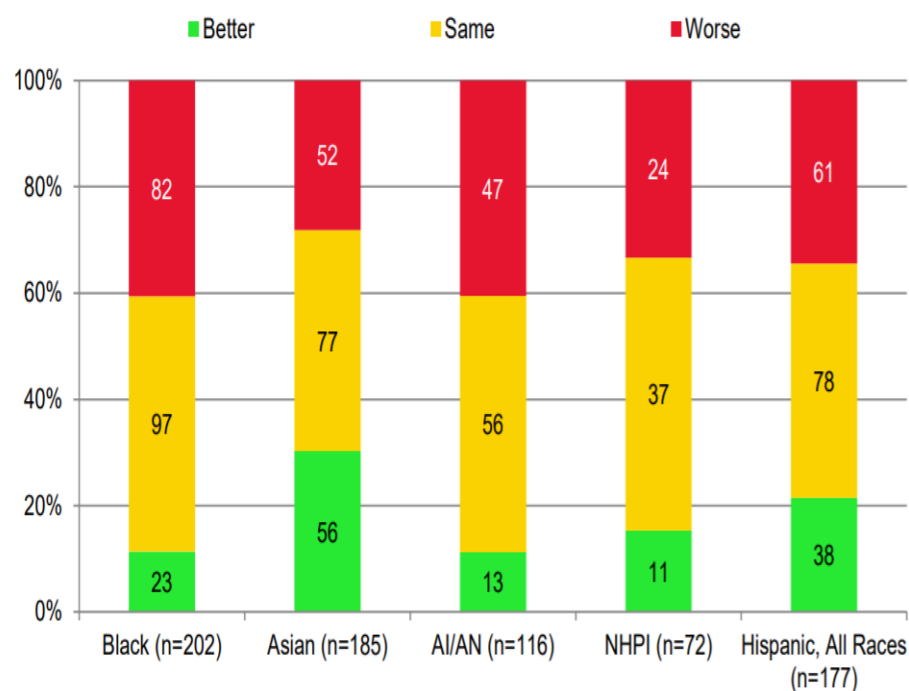
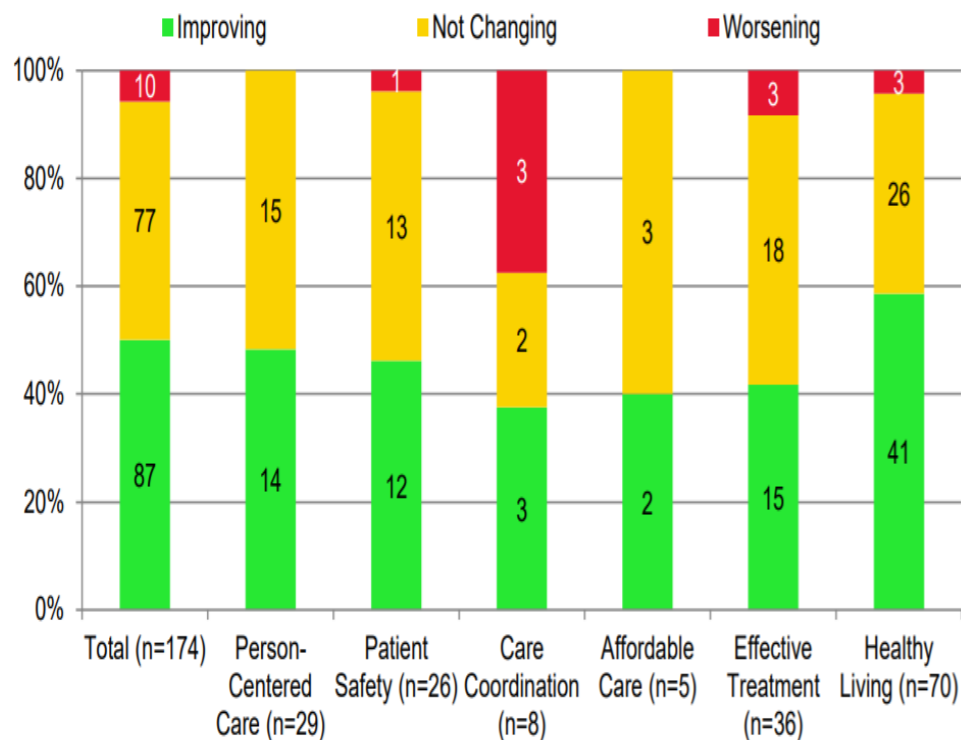


# Mission of the VHA Office of Health Equity (OHE)



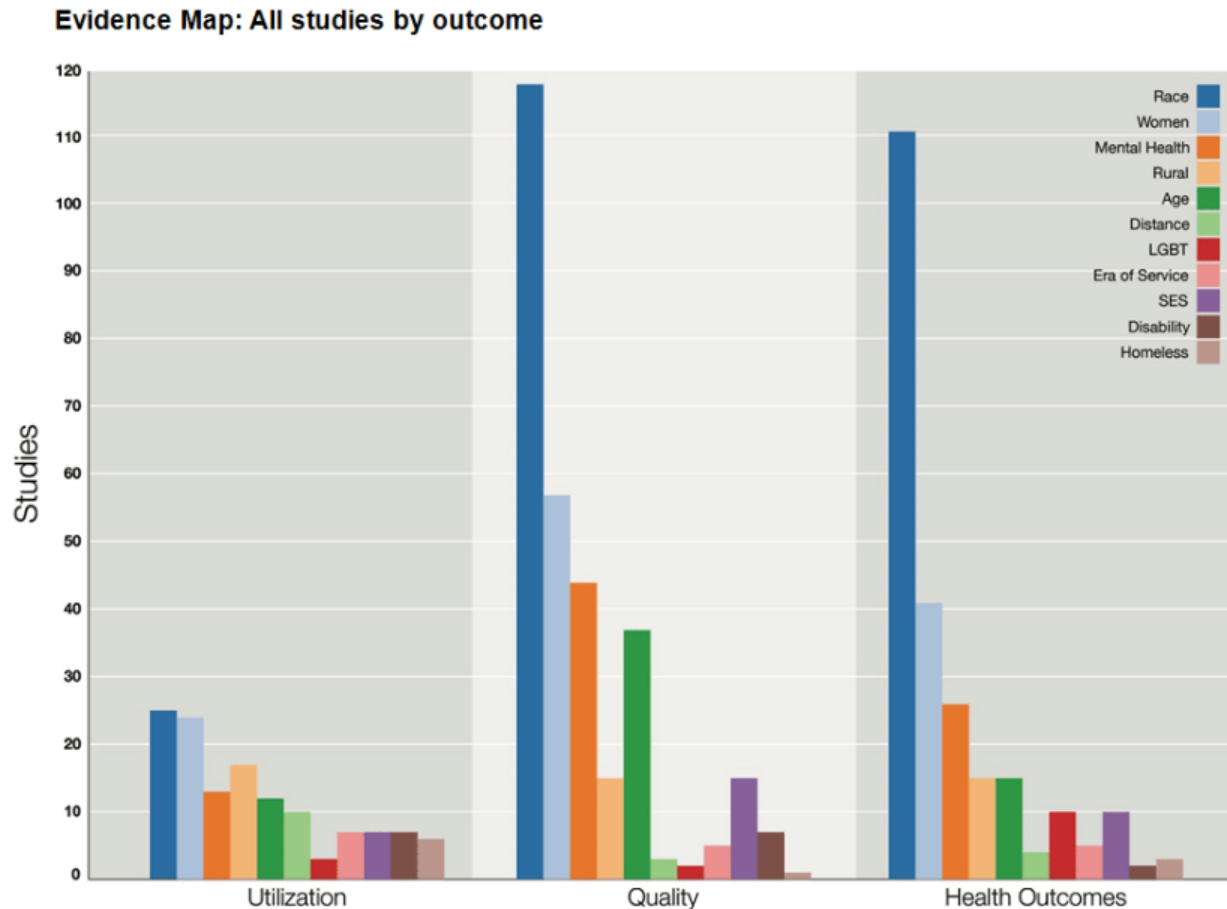
Health Equity = All Veterans get care that helps them achieve their highest level of health

## Annual AHRQ National Healthcare Quality and Disparities Reports track quality of care (shown here) and access to care for the Nation and States.



Many studies examining disparities in utilization, quality, and health outcomes among Veterans.

Kondo K, Low A, Everson T, et al  
Prevalence of and Interventions to Reduce Health Disparities in Vulnerable Veteran Populations: A Map of the Evidence. VA ESP Project #05-225; 2017.

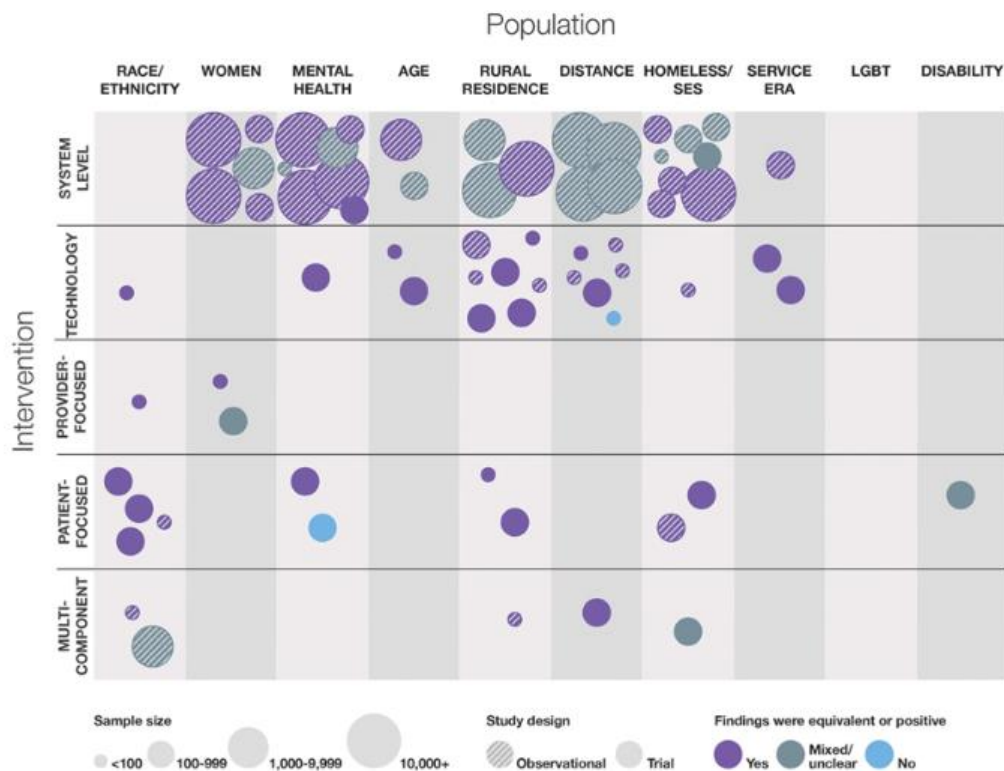


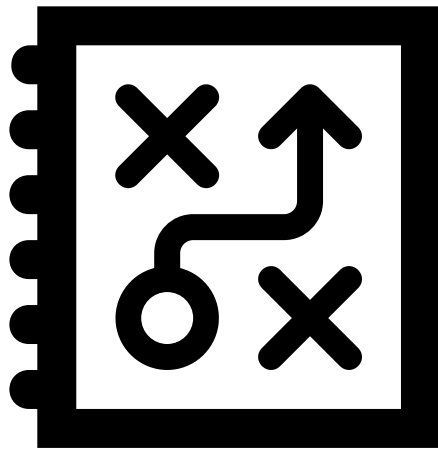


Many studies examining interventions designed to reduce disparities in VA.

Kondo K, Low A, Everson T, et al Prevalence of and Interventions to Reduce Health Disparities in Vulnerable Veteran Populations: A Map of the Evidence. VA ESP Project #05-225; 2017.

**Evidence Map: Studies examining interventions designed to reduce health disparities in VA by population and intervention type**



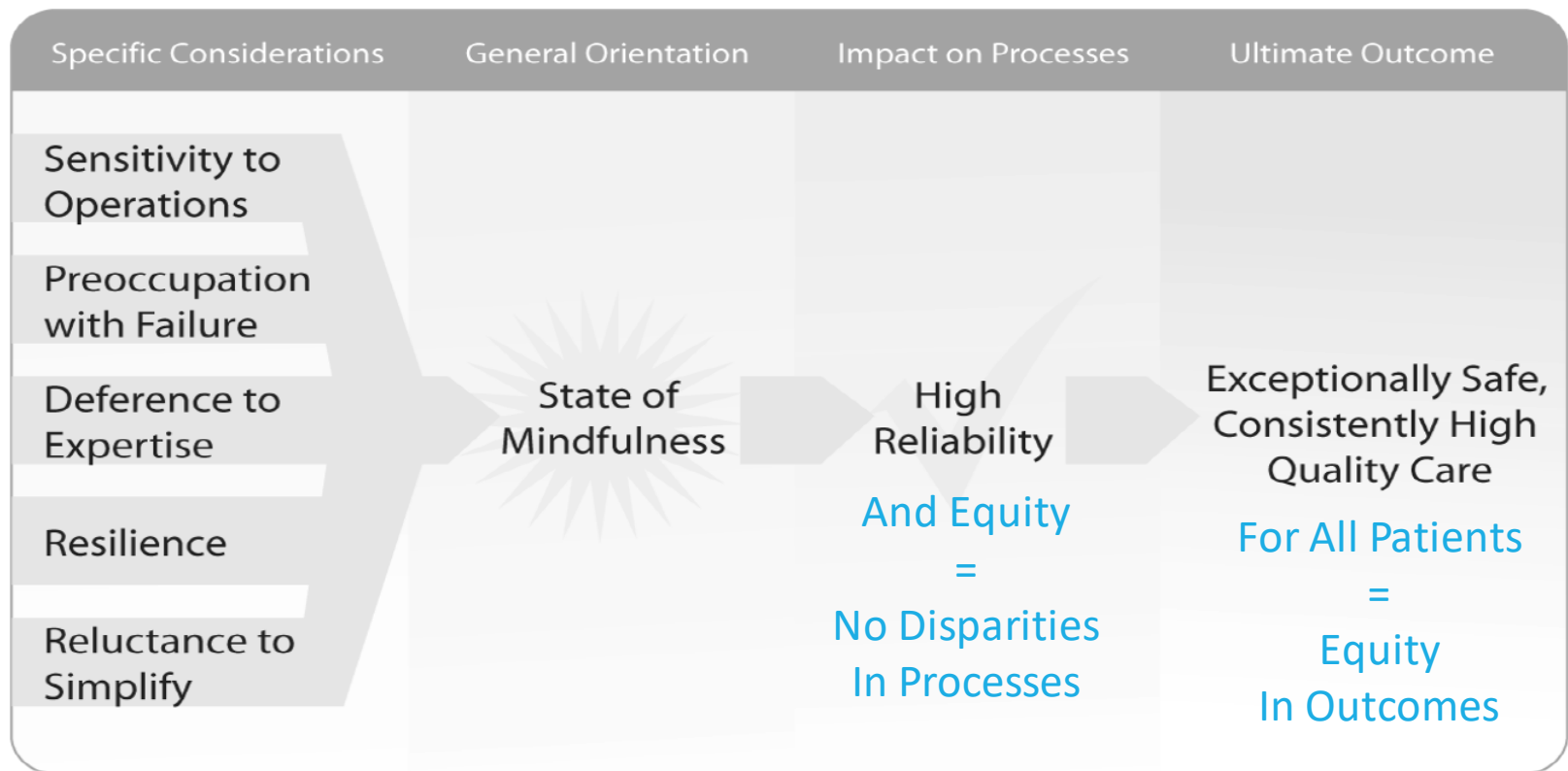


# Elements of the Equity Quality Improvement Playbook

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1. Goals:
  - Every VA patient and employee knows they are valued and respected.
  - They work together to keep every Veteran as healthy as possible.
2. Philosophy: High Equity Reliability Organization
3. Strategic Assessment Tool: Equity Guided Improvement Strategy
4. Operational Support Tool: Primary Care Equity Dashboard

# High Equity Reliability Organization Fundamentals



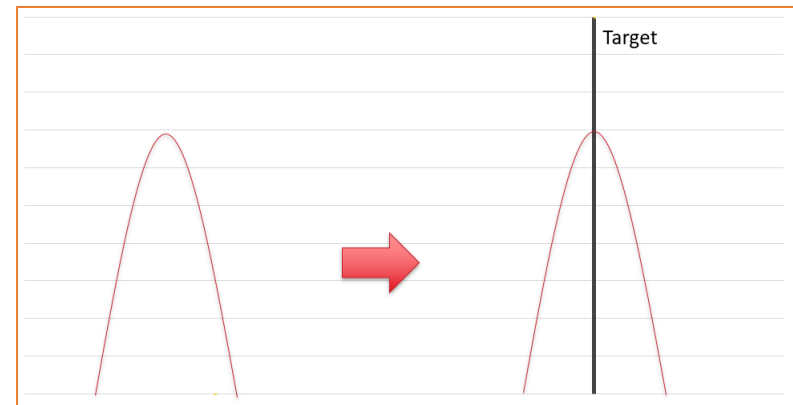
# Equity Guided Improvement Strategy (EGIS) leverages existing Quality Improvement Infrastructure

**Traditional Quality Improvement**



Redesigns processes to move a homogeneous population closer to target

**Equity-Guided Improvement Strategy**



Customizes processes to move an underperforming subset of a heterogeneous population closer to target

# VA Resources to Achieve Equity: Benchmarking Dashboard

- ✓ Data to examine disparities.
- ✓ Providers committed to delivering optimal care.
- ✓ Researchers who have identified successful interventions.
- ✓ Quality improvement infrastructure to guide change.
- ✓ Few financial barriers to care.
- ✓ Social supports to address social determinants of health.

Group VISN	Asian		Black		Hispanic		White	
	Population	Performance	Population	Performance	Population	Performance	Population	Performance
+ 1	1493	66.7%	73084	66.2%	29582	68.5%	867351	69.8%
+ 2	6184	66.9%	254513	67.3%	87960	69.1%	830888	74.7%
+ 4	2526	65.4%	262291	65.2%	33421	68.6%	1096909	75.0%
+ 5	6263	68.7%	314919	62.5%	16389	65.6%	637693	72.0%
+ 6	10418	67.7%	905147	68.6%	45300	69.2%	1135594	72.9%
+ 7	6846	69.4%	1335094	68.3%	41120	68.1%	1169305	73.6%
+ 8	14980	71.9%	591561	69.3%	520287	73.8%	1839857	75.6%
+ 9	2739	75.5%	370832	71.4%	21060	73.5%	1317558	76.7%
+ 10	2780	66.5%	490155	66.4%	44381	69.6%	2246960	74.0%
+ 12	4571	72.5%	268108	68.4%	46641	71.8%	953147	76.0%
+ 15	2743	71.0%	214168	69.0%	28088	71.5%	1137712	75.6%
+ 16	8122	73.3%	877568	70.2%	96233	70.6%	1417165	72.4%
+ 17	16133	75.3%	500866	71.0%	534071	72.8%	1110119	75.5%
+ 19	7100	74.4%	148130	70.6%	100082	71.7%	1130629	74.8%
+ 20	18892	68.9%	78138	62.2%	39645	63.4%	892237	66.1%
+ 21	121306	72.2%	203900	66.6%	146980	69.7%	772030	72.3%
+ 22	103706	72.7%	312534	66.2%	376185	67.4%	1068331	70.3%
+ 23	2694	74.1%	60792	68.0%	22804	70.8%	1339460	75.7%
<b>Total</b>	<b>339496</b>	<b>71.9%</b>	<b>7261800</b>	<b>68.3%</b>	<b>2230229</b>	<b>71.0%</b>	<b>20962945</b>	<b>73.8%</b>

Group VISN	Female			Male			Total		
	Numerator	Population	Performance	Numerator	Population	Performance	Numerator	Population	Performance
7	102938	239433	68.1%	103837	233392	71.0%	1021329	2373407	70.7%
8	140294	190603	73.6%	2082205	2812137	74.0%	2222498	3002740	74.0%
9	76364	102507	74.5%	1227568	1624859	75.5%	1303932	1727366	75.5%
10	99545	141412	70.4%	1938021	2666856	72.7%	2037566	2808268	72.6%
12	47030	64991	72.4%	907930	1222004	74.3%	954961	1286995	74.2%
15	53540	72879	73.5%	989126	1326322	74.6%	1042666	1399201	74.5%
16	119698	169841	70.5%	1617932	2259303	71.6%	1737631	2429144	71.5%
17	123734	169968	72.8%	1500347	2031067	73.9%	1624081	2201035	73.8%
19	64372	87348	73.7%	997575	1347801	74.0%	1061947	1435149	74.0%
20	41709	64874	64.3%	657174	999053	65.8%	698883	1063927	65.7%
21	50284	72031	69.8%	892120	1259796	70.8%	942404	1331827	70.8%
(V21) (358) Manila, PI HCS	413	532	77.7%	23554	35599	66.2%	23967	36131	66.3%
(V21) (459) Honolulu, HI HCS	3988	6455	61.8%	74582	115120	64.8%	78570	121575	64.6%
(V21) (570) Fresno, CA HCS	3964	5350	74.1%	81071	115008	70.5%	85035	120358	70.7%
(V21) (593) Las Vegas, NV HCS	16704	23579	70.8%	207971	290778	71.5%	224674	314357	71.5%
(V21) (612A4) N. California HCS	11832	16743	70.7%	218246	304396	71.7%	230078	321139	71.6%
(V21) (640) Palo Alto, CA HCS	6143	8803	69.8%	128256	180282	71.1%	134399	189085	71.1%
(V21) (654) Reno, NV HCS	3865	5233	73.9%	88840	118165	75.2%	92705	123398	75.1%
(V21) (662) San Francisco, CA HCS	3374	5336	63.2%	69602	100448	69.3%	72976	105784	69.0%
22	74201	108741	68.2%	1256175	1818202	69.1%	1330376	1926943	69.0%
23	47117	62961	74.8%	1049447	1395917	75.2%	1096564	1458878	75.2%
Total	1401138	1979137	70.8%	21226735	29350552	72.3%	22627873	31329689	72.2%

Diabetes: BP < 140/90	Diabetes: HbA1c < 8	Diabetes: Not Poor HbA1c Control	Diabetes: Statin Adherence	Diabetes: Statin Therapy	Heart Disease: Statin Adherence	Heart Disease: Statin Therapy	Hypertension: Good BP Control
-----------------------	---------------------	----------------------------------	----------------------------	--------------------------	---------------------------------	-------------------------------	-------------------------------

Find Disparities Ready for Intervention

\*Select VAMC below.

\*Not Met indicates # of Veterans who did not meet performance standard.

\*Pink indicates performance below national; blue above national; purple similar to national.

\*Cells in pink with larger #s of Veterans below standard may be ready for intervention.

- ☐ (V21) (654) Reno, NV HCS
- ☒ (V21) (662) San Francisco, CA HCS
- ☐ (V22) (501) New Mexico HCS
- ☐ (V22) (600) Long Beach, CA HCS
- ☐ (V22) (605) Loma Linda, CA HCS
- ☐ (V22) (644) Phoenix, AZ HCS
- ☐ (V22) (649) Northern Arizona HCS
- ☐ (V22) (664) San Diego, CA HCS
- ☐ (V22) (678) Southern Arizona HCS
- ☐ (V22) (691) Greater Los Angeles, CA HCS
- ☐ (V23) (437) Fargo, ND HCS
- ☐ (V23) (438) Sioux Falls, SD HCS
- ☐ (V23) (568) Black Hills, SD HCS
- ☐ (V23) (618) Minneapolis, MN HCS
- ☐ (V23) (636) Nebraska-W Iowa HCS
- ☐ (V23) (636A6) Central Iowa HCS
- ☐ (V23) (636A8) Iowa City, IA HCS
- ☐ (V23) (656) St. Cloud, MN HCS

Measure	Diabetes: BP < 140/90		Diabetes: HbA1c < 8		Diabetes: Not Poor HbA1c Control		Diabetes: Statin Adherence	
Contrast	Not Met	Performance	Not Met	Performance	Not Met	Performance	Not Met	Performance
▢ Race/Ethnicity								
Asian	361	74.8%	414	71.1%	289	79.8%	200	79.8%
Black	1536	58.3%	1425	61.3%	1021	72.3%	475	76.7%
Hispanic	448	61.2%	426	63.1%	298	74.2%	172	75.9%
White	2946	64.3%	2847	65.5%	1695	79.4%	859	83.4%
▢ Rurality								
Rural	1548	64.4%	1541	64.6%	797	81.7%	483	82.4%
Urban	3903	63.7%	3746	65.2%	2603	75.8%	1279	80.2%
▢ Sex								
Female	367	55.9%	286	65.6%	194	76.7%	67	83.8%
Male	5087	64.4%	5003	65.0%	3207	77.5%	1697	80.7%

Measure	Diabetes: Statin Therapy		Heart Disease: Statin Adherence		Heart Disease: Statin Therapy		Hypertension: Good BP Control	
Contrast	Not Met	Performance	Not Met	Performance	Not Met	Performance	Not Met	Performance
▢ Race/Ethnicity								
Asian	200	83.4%	22	84.9%	25	86.6%	726	70.7%
Black	963	68.3%	94	80.4%	60	89.0%	3244	57.3%
Hispanic	242	75.1%	11	90.1%	13	89.7%	805	62.4%
White	1696	75.6%	268	84.1%	239	87.7%	7841	61.3%
▢ Rurality								
Rural	944	74.6%	141	81.3%	138	84.7%	3877	61.3%
Urban	2321	74.0%	270	84.5%	214	89.2%	8988	61.4%
▢ Sex								
Female	321	56.6%					727	57.0%
Male	2945	75.3%	403	83.5%	349	87.7%	12156	61.6%

# Expands Equity QI Resources



## Primary Care Equity Dashboard

Before you Begin

Equity Data Visualizations



Performance Snapshot

Equity Deep Dive

Patient Outliers

Performance Trends

Education and Interventions



Equity QI, SDoH, and Cultural...

Addressing Population-Spec...

← Go back

Filter by Disease

All

Resource Type

All

### Addressing Population-Specific Disparities

Disease	Demographic Group(s)	Resource Type	Brief Description	Link to Full Text
Diabetes	Race/Ethnicity	Tailored Education Materials	Tip sheet with 50 recommendations on weight loss, healthy eating, physical activity and other wellness areas for African Americans. (2016, CDC-NDEP, NIDDK)	<a href="https://www.niddk.nih.gov/health-information/diabetes/overview/preventing-type-2-diabetes/50-ways#:~:text=%20Choose%20More%20than%2050%20Ways%20to%20Prevent,take%20smaller%20bites%20and%20eat%20less.%20More%20">https://www.niddk.nih.gov/health-information/diabetes/overview/preventing-type-2-diabetes/50-ways#:~:text=%20Choose%20More%20than%2050%20Ways%20to%20Prevent,take%20smaller%20bites%20and%20eat%20less.%20More%20</a>
Heart Disease	Race/Ethnicity	Evidence-based Interventions	Lower rates of cardiac procedures for minority patients (particularly African Americans) even when covered by equivalent insurance. (2018, Health Equity)	<a href="https://www.liebertpub.com/doi/10.1089/heq.2018.0067">https://www.liebertpub.com/doi/10.1089/heq.2018.0067</a>
Heart Disease	Race/Ethnicity	Evidence-based Interventions	Tools developed as part of a primary care project aimed at reducing disparities in statin adherence for Black Veterans, including a sample script used for patient education visits and sample language used to document educational visits in the medical record.	<a href="https://dvagov.sharepoint.com/sites/VACOVHAOHE/SitePages/Statin.aspx">https://dvagov.sharepoint.com/sites/VACOVHAOHE/SitePages/Statin.aspx</a>
Heart Disease	Race/Ethnicity	Evidence-based Interventions	Young African Americans live with diseases more common in whites at older ages, with tips for what can be done to address this disparity. (2017, CDC)	<a href="https://www.cdc.gov/vitalsigns/pdf/2017-05-vitalsigns.pdf">https://www.cdc.gov/vitalsigns/pdf/2017-05-vitalsigns.pdf</a>
Heart Disease	Race/Ethnicity	Tailored Education Materials	A culturally tailored educational booklet for African Americans on heart healthy living. (2008, NHLBI)	<a href="https://www.nhlbi.nih.gov/health-topics/all-publications-and-resources/move-better-heart-health-african-americans-">https://www.nhlbi.nih.gov/health-topics/all-publications-and-resources/move-better-heart-health-african-americans-</a>
Heart Disease	Race/Ethnicity	Tailored Education Materials	Fact sheet for patients on risks and benefits of taking a statin. (2018, DHHS-Million Hearts)	<a href="https://millionhearts.hhs.gov/files/Scoop_on_Statin-508.pdf">https://millionhearts.hhs.gov/files/Scoop_on_Statin-508.pdf</a>
Heart Disease	Race/Ethnicity	Tailored Education Materials	Fact sheet targeted to Latinos/Latinas with 4 key steps to heart health and blood pressure control. (2016, DHHS-Million Hearts)	<a href="https://millionhearts.hhs.gov/files/4_Steps_Forward_English_PDF">https://millionhearts.hhs.gov/files/4_Steps_Forward_English_PDF</a>
Heart Disease	Race/Ethnicity	Tailored Education Materials	Fotonovela that depicts the story of a Latino family as they find ways to control fat and cholesterol to prevent heart disease. (2019, DHHS)	<a href="https://www.cdc.gov/cholesterol/docs/fotonovela_cholesterol.pdf">https://www.cdc.gov/cholesterol/docs/fotonovela_cholesterol.pdf</a>
Hypertension	Race/Ethnicity	Evidence-based Interventions	A multi-level hypertension control program tailored for Asian Americans. (2017, Trans Behav Med)	<a href="https://academic.oup.com/tbm/article/7/3/444/4644899">https://academic.oup.com/tbm/article/7/3/444/4644899</a>
Hypertension	Race/Ethnicity	Evidence-based Interventions	Addressing upstream determinants of cardiovascular health including income, education, employment, neighborhood factors and minority	<a href="https://pubmed.ncbi.nlm.nih.gov/31190099/">https://pubmed.ncbi.nlm.nih.gov/31190099/</a>



# Continues Run Charts



## Primary Care Equity Dashboard

Before you Begin

Equity Data Visualizations ^

Performance Snapshot

Equity Deep Dive

Patient Outliers

Performance Trends

Education and Interventions ^

Equity QI, SDoH, and Cultural...

Addressing Population-Speci...

Facility

(V17) (549) Dallas, TX HCS

Division

All (549) Dallas, TX HCS

Refresh Data

Measure

dmg13h\_ec: A1c lt 8

Measure Details

Description: HbA1c less than 8 in patients with diabetes  
Preferred Direction: Higher

### Charting Options

Show Trends Prior To:

April 2022

Show VISN/National Trends (optional):

<None>

Stratify Trends By:

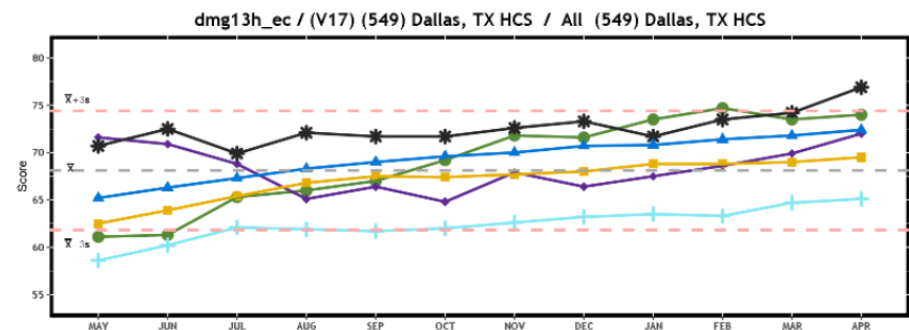
Race/Ethnicity

Sex/Gender

Neighborhood Poverty Level

Rurality

### Performance Over Time



	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR
Amer Ind/AK	61.1	61.3	65.3	66.0	67.0	69.2	71.8	71.6	73.5	74.7	73.5	74.0
Asian	71.6	70.9	68.8	65.1	66.4	64.8	67.9	66.4	67.5	68.6	69.9	72.0
Black	62.5	63.9	65.4	66.8	67.5	67.4	67.7	68.0	68.8	68.8	69.0	69.5
HI/Pac Island	70.7	72.5	69.9	72.1	71.7	71.7	72.6	73.3	71.7	73.5	74.2	76.9
Hispanic	58.6	60.2	62.1	61.9	61.7	62.0	62.6	63.2	63.5	63.3	64.7	65.1
White	65.2	66.3	67.3	68.3	69.0	69.6	70.0	70.7	70.8	71.4	71.8	72.4

[Report a bug or enhancement](#)