

# Center for Health Equity Research and Promotion

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The Center for Health Equity Research and Promotion is a national VA Health Services Research and Development Center of Innovation, focused on improving the quality and equity of health and health care across a broad array of vulnerable populations who are at risk for disparities in health and health care.



Federal Practitioner's 30th anniversary celebration continues with the spotlight this month on the accomplishments of the Center for Health Equity Research and Promotion.

Disparities in health and health care are pervasive and negatively affect individuals, health care systems, communities, and society at large. They affect a broad array of socially, economically, and environmentally disadvantaged groups, and their origins are complex and multifactorial, most often the product of longstanding and tangled social factors that exert their effects long before people become patients.

Significant gaps in health among racial and ethnic minorities were first brought to national attention by the landmark Heckler Report, released in 1985 by the Department of Health and Human Services

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Task Force on Black and Minority Health. This report was the impetus for longitudinal national initiatives to understand and address these gaps, and reducing disparities in health and health care has been a national health goal since 1990. In 1999, Congress commissioned the national Institute of Medicine (IOM) to assess the extent of racial and ethnic differences in health care not attributable to known factors (eg, access, insurance coverage); evaluate potential sources of disparities at the individual, institutional, and health system levels; and recommend interventions to eliminate disparities. The resultant report, *Crossing the Quality Chasm*, published by the IOM in 2001, revealed that (1) racial and ethnic health care disparities exist and are associated with worse health outcomes; (2) they occur in the context of broader historic and contemporary social and economic inequality and discrimination; and (3) patients, providers, and health systems all contribute to disparities.

Since 1999, definitions of population health disparities have evolved to include a broad range of vulnerable groups. The current widely accepted definition of a health dis-

parity is “a health difference that is closely linked with social, economic, or environmental disadvantage” that adversely affects groups who have systematically experienced greater obstacles to health based on race and ethnicity, religion, socioeconomic status, gender, age, mental health, disability, sexual orientation or gender identity, geographic location, or other characteristics historically linked to discrimination or exclusion. Although pathways to better health often involve personal behaviors, social and community influences, and structural factors such as housing, work conditions, and access to essential services, health care systems can help address disparities in health and health care by providing equitable care and by supporting the social resources of their stakeholders.

Understanding and addressing disparities in health and health care among patients served by the Veterans Health Administration (VHA) is important for several reasons. First, VHA represents a health care safety net for a racially and ethnically diverse population, many of whom are economically disadvantaged. Second, despite a commitment to ensuring veteran access to high-quality, pa-

tient-centered health care, there is variation in VA health service utilization and outcomes across a broad range of patient populations and clinical conditions. Finally, the proportion of veterans at risk for disparities in health and health care (eg, female, minority, and rural) is projected to increase over the next 2 decades.

The VHA has led multiple initiatives to promote quality and equity of veteran health and health care since the early 1990s. In addition to publicly reporting data on patient experiences stratified by race and gender, VA has also adopted the Patient Aligned Care Team model of primary care, which uses strategies shown to be effective in reducing disparities (eg, care coordination). The VA also supports a number of dedicated offices to ensure that all veterans receive equitable health care and services, such as the Center for Minority Veterans, Center for Women Veterans, Office of Rural Health, Office of Diversity and Inclusion, Office of Patient Centered Care and Cultural Transformation, and the newly established Office of Health Equity. The VA designates health disparities as a research priority and supports a robust health disparities research portfolio (78 awards totaling \$31 million from 2002-2011) and 2 national Health Services Research and De-

velopment (HSR&D) Centers of Excellence (recently designated as Centers of Innovation [COIN]), which focus on health equity research.

Over the past decade, the Center for Health Equity Research and Promotion (CHERP) investigators conducted innovative, high-impact health services research, advanced the conceptual underpinnings of health equity research to facilitate the work of others, partnered with operations and policy leaders on research and quality improvement initiatives, promoted the implementation and dissemination of findings to improve the clinical care and health outcomes of veterans, and supported the development of junior investigators who have become leaders in this field. In addition to being a highly productive center, CHERP has been a national resource for investigators and VA operations leaders and policy makers at the local, regional, and national levels.

As a national VA HSR&D COIN focused on health equity, CHERP will build on its successful track record of innovative, multidisciplinary research and scientific discovery and engage clinical and operations partners to increase the impact of health equity research on veteran health and health care. CHERP's

mission to advance the quality and equity of health and health care for veterans will be achieved through rigorous health services research, collaborations and partnerships with VA stakeholders, research training and mentoring, and service. The primary focus of CHERP research is to advance understanding of the determinants of the quality and equity of health and health care, and design, test, implement, and evaluate interventions to improve the quality and equity of health and health care for vulnerable populations. ●

#### *Author disclosures*

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