



RESEARCH

Defining quality of care for all

As her extramural funding increases, exemplified by a new Veterans Administration DEI Research Supplement award, vascular surgeon and burgeoning investigator Olamide Alabi continues her objective of identifying quality care through a health equity framework. “My overarching goals are to better interpret patient-reported outcomes and their measurements so we can improve factors that matter to veterans, not just what matters to physicians who care for veterans,” she says.

Among the nearly 12 million Americans with peripheral artery disease (PAD), overlapping populations of veterans, African Americans, and residents of underserved and disadvantaged communities commonly experience worse outcomes.

“Veterans and socially underprivileged individuals often have a higher rate of several risk factors associated with PAD, such as smoking, diabetes, and high blood pressure,” she says. “Plus, Black patients with PAD are three to five times more likely to experience major amputation than white patients and major amputation rates are higher in the Southern United States, making it no surprise that Black veterans in the South with PAD are more likely than other groups to have major lower extremity amputation.”

With the VA DEI award, Alabi aims to examine access to care among veterans with PAD, investigate care variations that lead to potentially preventable lower extremity amputation, and begin devising innovative solutions to improve these veterans’ quality of care.

“Societal and environmental determinants of health often affect who gets quality treatment and who does not,” Alabi says. “Prior studies, including my own, have found that the absence of care plans with appropriate

risk factor and lifestyle modification, lack of accessibility to specialty care, and delays in referral and diagnosis are probably contributing to poorer outcomes for veterans with PAD in the South. There are potential social/sociocultural conditions as well, such as access to nutritious food or adequate transportation and patient-provider discordance, particularly in the form of trust issues.”

Early medical and procedural interventions involving PAD are vital to prevent lower-limb amputations. Numerous studies have delineated ethnoracial disparities in various stages of care for the PAD patient. Alabi believes that race is likely a surrogate for place and access, and that evaluating social and geographic determinants can yield important information and targets for designing novel strategies to alleviate disparities in the timely diagnosis and treatment of PAD.

Luke Brewster, chief of vascular surgery at the Atlanta VA Healthcare System, is the lead mentor on the project. His investigations of promising new therapies for veterans with PAD will lend a valuable perspective to the study. Other team members include Emory medical sociologist Molly Perkins and cardiovascular disease epidemiologist and health equity researcher Kelly Hunt, from the Medical University of South Carolina and the Charleston VA Health Equity and Rural Outreach Innovation Center.

The VA’s Office of Research and Development applies DEI Supplement awards to funding mentored research experiences for early-career scientists from underrepresented backgrounds. Alabi’s award is among the first wave of the program’s funding cycle, which pairs junior researchers with established VA scientists for prospective career guidance. ■

Olamide Alabi in clinic with vascular surgery resident Richard Meena, one of several residents she is currently mentoring. “It is a privilege to train learners to become leaders in discovery and surgery,” she says. “It is an exchange where I learn from them and they learn from me.”

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—OLAMIDE ALABI