

VETERANS HEALTH ADMINISTRATION

Office of Health Equity

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U.S. Department
of Veterans Affairs

OFFICE OF HEALTH EQUITY

Created in 2012

Vision: To ensure that VHA provides appropriate individualized health care to each Veteran in a way that-

- Eliminates disparate health outcomes and
- Assures health equity



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OFFICE OF HEALTH EQUITY GOALS

1. **Leadership:** Strengthen VA leadership to address health inequalities and reduce health disparities.
2. **Awareness:** Increase awareness of health inequalities and disparities.
3. **Health Outcomes:** Improve outcomes for Veterans experiencing health disparities.
4. **Workforce Diversity:** Improve cultural and linguistic competency and diversity of the VHA workforce.
5. **Data, Research and Evaluation:** Improve data and diffusion of research to achieve health equity.



OFFICE OF HEALTH EQUITY POPULATIONS

Veterans who experience greater obstacles to health related to:

- Race or ethnicity
- Gender
- Age
- Geographic location
- Religion
- Socio-economic status
- Sexual orientation
- Mental health
- Military era
- Cognitive /sensory/ physical disability
- **Justice-Involvement**



OFFICE OF HEALTH EQUITY TEAM

<https://www.va.gov/healthequity>

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EQUALITY

EQUITY

Equality vs. Equity

Many incorrectly use equality and equity in their conversations by believing that these concepts have the same meaning. Do you know the difference?

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VHA Office of Health Equity

Equitable access to high-quality care for all Veterans is a major tenet of the VA

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POLL

Approximately what percentage of justice-involved Veterans have a diagnosable substance use or mental health disorder?

- A. 25%
- B. 50%
- C. 10%
- D. 80%



POLL

The answer is approximately **50%**.

In fact, these disorders place Veterans at serious risk for homelessness or difficulties obtaining employment when released into society.



OUR PRESENTERS



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Disparities in Access to Pharmacotherapy for Opioid Use Disorder Among Justice-Involved Veterans

April 10, 2019

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Poll Question #1

- What is your primary role in VA?
 - VJO or HCRV Specialist
 - Clinician
 - Researcher
 - Administrator, manager or policy-maker
 - Student, trainee, or fellow
 - Other

Poll Question #2

- Which best describes your experience working with justice-involved Veterans?
 - Regularly work with justice-involved Veterans
 - Occasionally work with justice-involved Veterans
 - Conduct research with justice-involved Veterans
 - Have not worked with justice-involved Veterans
 - Other

Overdose risk is elevated for justice-involved populations

- More than 42,000 people died from opioid overdose in 2016
- Overdose is the leading cause of death within 10 years of prison release, with opioids involved in 59% of these deaths
- Justice-involved veterans are at high risk for opioid overdose

(Binswanger et al., 2013; Seth et al., 2018; Wortzel et al., 2012)

Pharmacotherapy for Opioid Use Disorder: Methadone, Buprenorphine, Naltrexone

- Methadone (opioid agonist)
 - Long-acting medication that binds to the same receptor sites as other opioids
 - Reduces cravings and the effectiveness of other opioids
- Buprenorphine (partial opioid agonist)
 - Slow onset, long-acting medication that binds to opioid receptor sites
 - Maximal effects are less than that of full agonists
- Naltrexone (opioid antagonist)
 - Long-acting medication that blocks the pharmacologic effects of opioids
 - Neither tolerance nor dependence develops with naltrexone

Methadone, buprenorphine and naltrexone are effective

- Treating opioid use disorder symptoms
- Retaining patients in treatment
- Reducing alcohol and drug use
- Reducing HIV risk behaviors
- Reducing criminal activity

(Amato et al., 2005; Coviello et al., 2012; Gryczynski et al., 2012; Kelly et al., 2013; Kleber, 2008; Lee et al., 2015; Marsch, 1998, Mattick et al., 2009; Dolan et al., 2005)

Pharmacotherapy for opioid use disorder is mandated by VA

- VA/DoD Clinical Guidelines
 - Support for Medical Management in addition to pharmacotherapy for opioid use disorder
 - Insufficient or weak evidence for other psychosocial interventions
- VA treatment guidelines
 - Mandated to be considered for all indicated veterans

(Dept of VA, 2008;VA/DoD clinical guidelines, 2015)

Identified barriers for veteran and criminal justice involved populations

- Patient-level
 - Criminal justice history - delayed admission to methadone clinic
 - Fear of forced withdrawal of methadone when being incarcerated
 - Reliance on willpower, fear of dependency on medications, or waiting until they relapsed to opioid use
 - Lack of knowledge about medications
- Provider- or System-level
 - Provider stigma towards patients with opioid use disorder
 - Lack of available services or time/resources
 - Few jails, drug courts, or probation/parole agencies provide medications

(Finlay et al., 2018; Fox et al., 2015; Friedmann et al. 2012; Fu et al., 2013; Gordon et al., 2011; Gryczynski et al., 2011; Matusow et al., 2013; Oser et al., 2009)

VA's Veterans Justice Programs

- Veterans represent about 8% of the incarcerated population in the U.S.
- Health Care for Reentry Veterans (HCRV) program
 - Outreach to veterans exiting prison
- Veterans Justice Outreach (VJO) program
 - Outreach in jails, courts, and law enforcement
- Aim to link veterans to VA and community health care

(Blue-Howells et al., 2013; Bronson et al., 2015; Clark et al., 2010)

Research aim

Is justice involvement a barrier to receipt of pharmacotherapy among veterans diagnosed with opioid use disorder?

Study design

- Observational study of veterans with an opioid use disorder diagnosis in fiscal year 2012
- National VA outpatient clinical/admin. records
- 2012 VA Drug and Alcohol Program Survey
- Outcome: Pharmacotherapy for Opioid Use Disorder
 - Methadone clinic stop code (523)
 - Buprenorphine prescription fill
 - Oral or injectable naltrexone prescription fill

(Finlay et al., 2016)

Measures & analysis plan

Patient factors

- Justice status
- Gender
- Age
- Race/ethnicity
- Marital status
- Service-connected disability rating
- Co-occurring mental health disorder
- Co-occurring substance use disorder
- Deyo comorbidity index

Facility factors

- Availability of SUD programming
- Total # of patients with OUD at facility
- # evidence-based practices available
- Ratio of SUD clinic staff to 100 patients with SUD
- Presence of methadone clinic
- Rural vs urban

Mixed-effects logistic regression model with a random effect for facility (n=129), adjusted for patient and facility factors

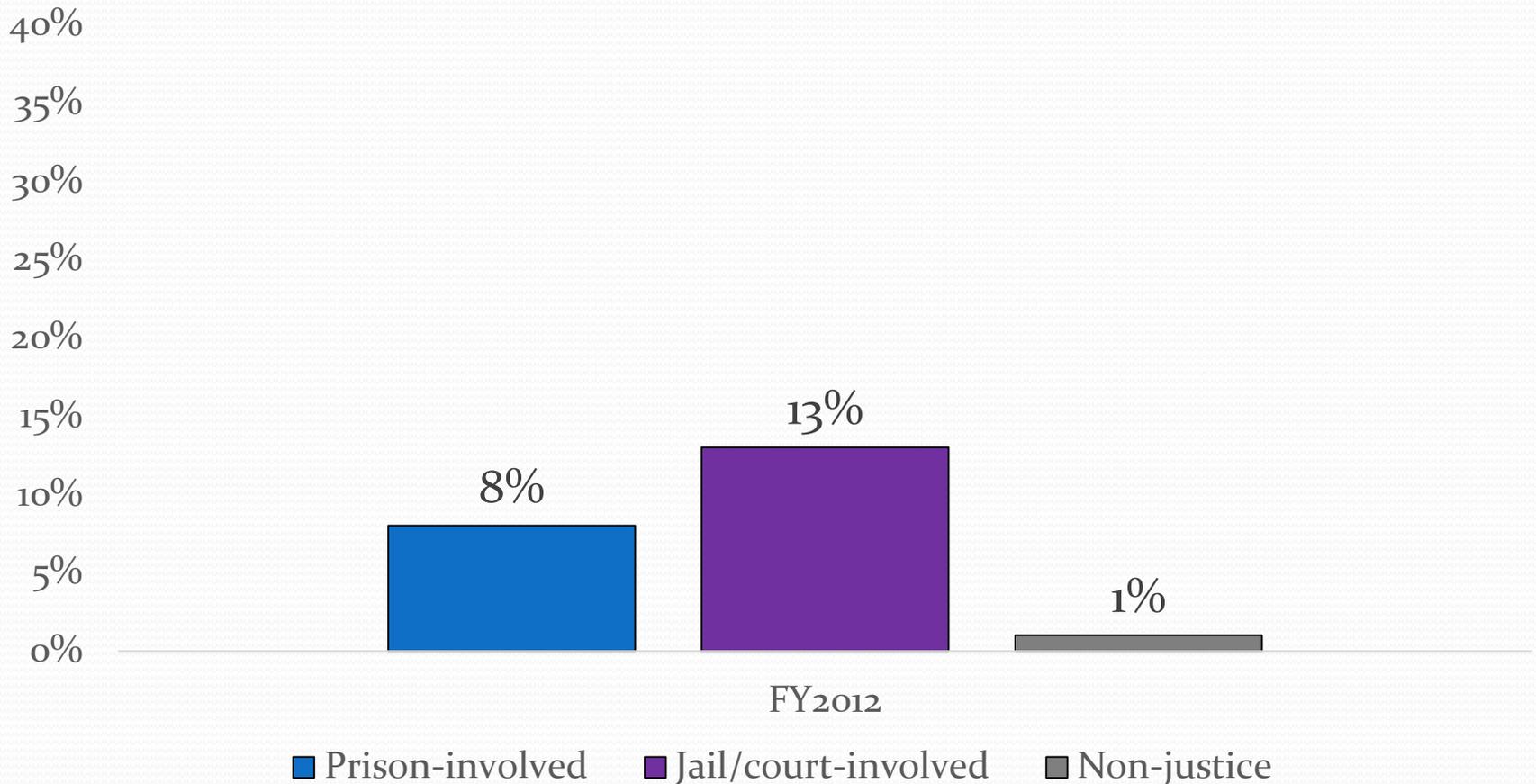
Sample

Prison-involved (HCRV) Veterans = 1,105

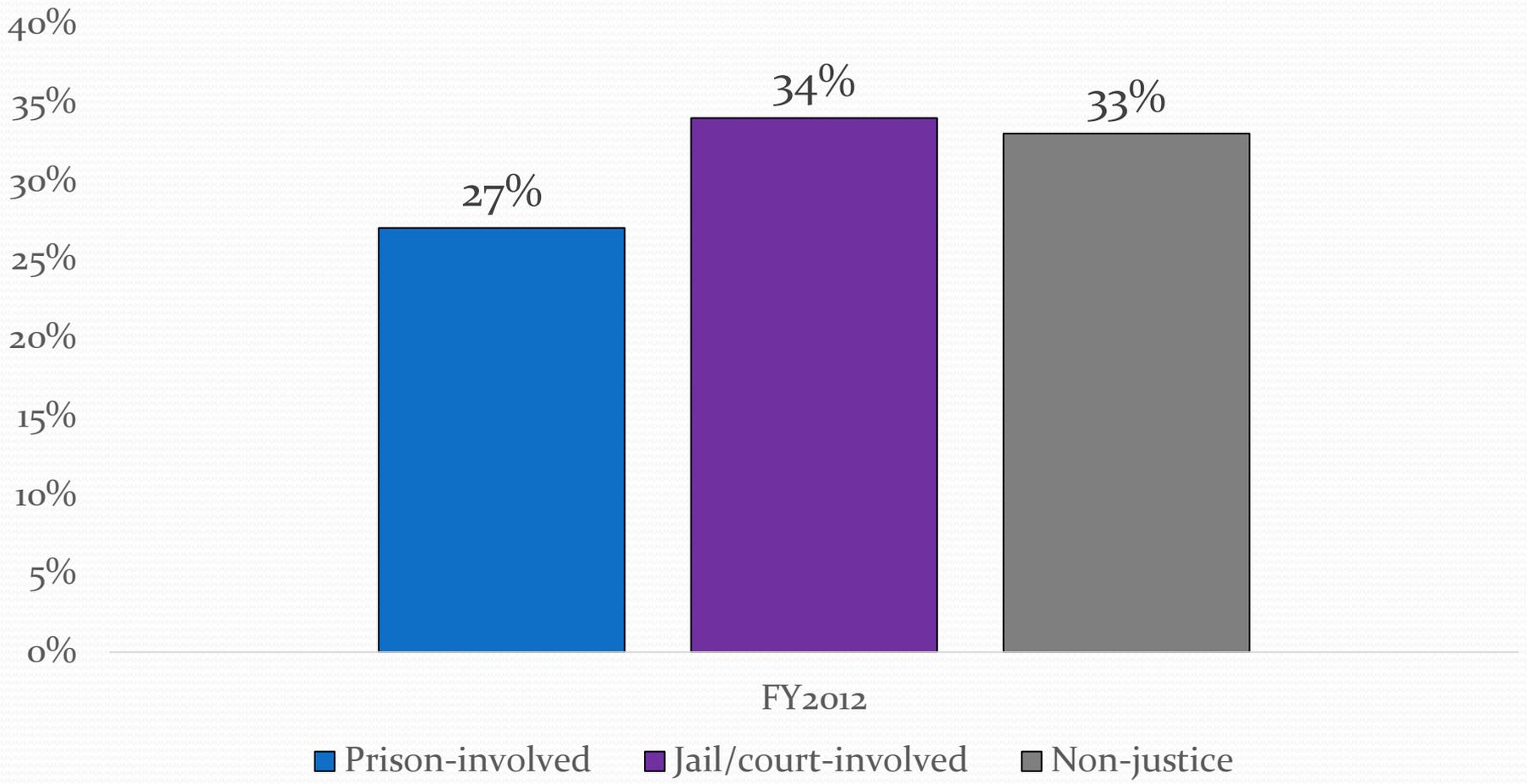
Jail/Court-involved (VJO) Veterans = 4,333

Non-justice-involved Veterans = 43,251

Percentage of veterans at VA facilities diagnosed with opioid use disorder



25% lower odds of receiving pharmacotherapy among prison-involved veterans than non-justice-involved veterans



Associated patient & facility factors

Lower odds

- Justice-involved
- Women
- Over 35
- Black
- Homeless
- 50%+ disability rating
- Comorbid mental health or medical conditions
- Rural

Higher odds

- Hispanic
- Other substance use disorder
- Presence of methadone clinic

Conclusions

- Opioid use disorder is elevated among justice-involved veterans compared to non-justice-involved veterans
- Veterans exiting prison struggle to access medications for opioid use disorder
- Additional quality improvement needed for:
 - Women veterans
 - Black veterans
 - Homeless veterans
 - Veterans in rural areas

Questions?

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Veterans Justice Programs

Health Care for Reentry Veterans:

<http://www.va.gov/HOMELESS/Reentry.asp>

Veterans Justice Outreach: <http://www.va.gov/HOMELESS/VJO.asp>

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Employment Disparities and Difficulties in Justice Involved Veterans

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Goals

- ▶ Understand the population of Veterans leaving prison and problems faced after release
- ▶ Identify the employment barriers encountered by Veterans leaving prison
- ▶ Identify needs both locally and at a broader level to improve the employment outlook for Veterans leaving prison

Veterans in Prison

- ▶ Bureau of Justice Statistics
- ▶ 180,000 Veterans in prison
 - ▶ About 8% of total population
- ▶ 25% have combat experience
- ▶ Higher percentage of violent sexual crimes (11% vs 5%)
- ▶ Higher percentage told they have mental illness (47% vs 36%)
- ▶ Told by MH provider
 - ▶ 27% Depression dx
 - ▶ 22% PTSD
- ▶ Estimates of 50% have diagnosable substance use disorder

Estimates of Veterans Leaving

- ▶ Approximately 50,000 Veterans Released each year
 - ▶ Based on percentages and release data
- ▶ Majority of Veterans are likely eligible services
 - ▶ 76% of national sample
 - ▶ 81% of those incarcerated in Texas

Medical Problems Encountered (non-employment)

- ▶ 1000 Veterans with released from Texas Department of Criminal Justice receiving services at VA North Texas Health Care System after release
- ▶ Matched for age, gender, and race with general veteran patients
- ▶ Higher rates of:

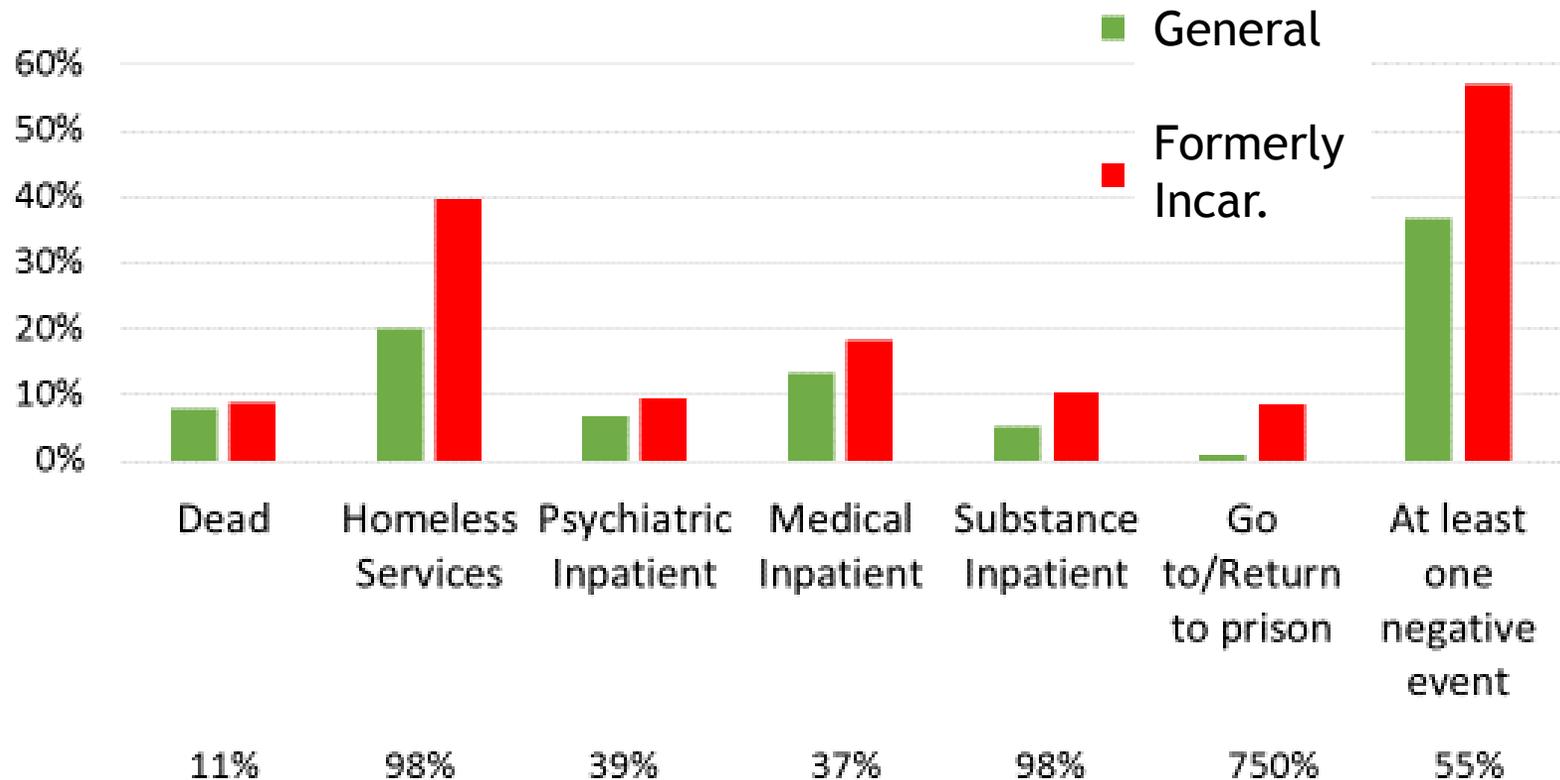
Cong. Heart Fail	Alcohol	Psychotic Dx	Depression
Liver disease/Hep	Amphetamine	Cyclical Mood Dis.	Marijuana
Depression	Marijuana	Smoking	Cocaine

Problems Encountered (non-employment)

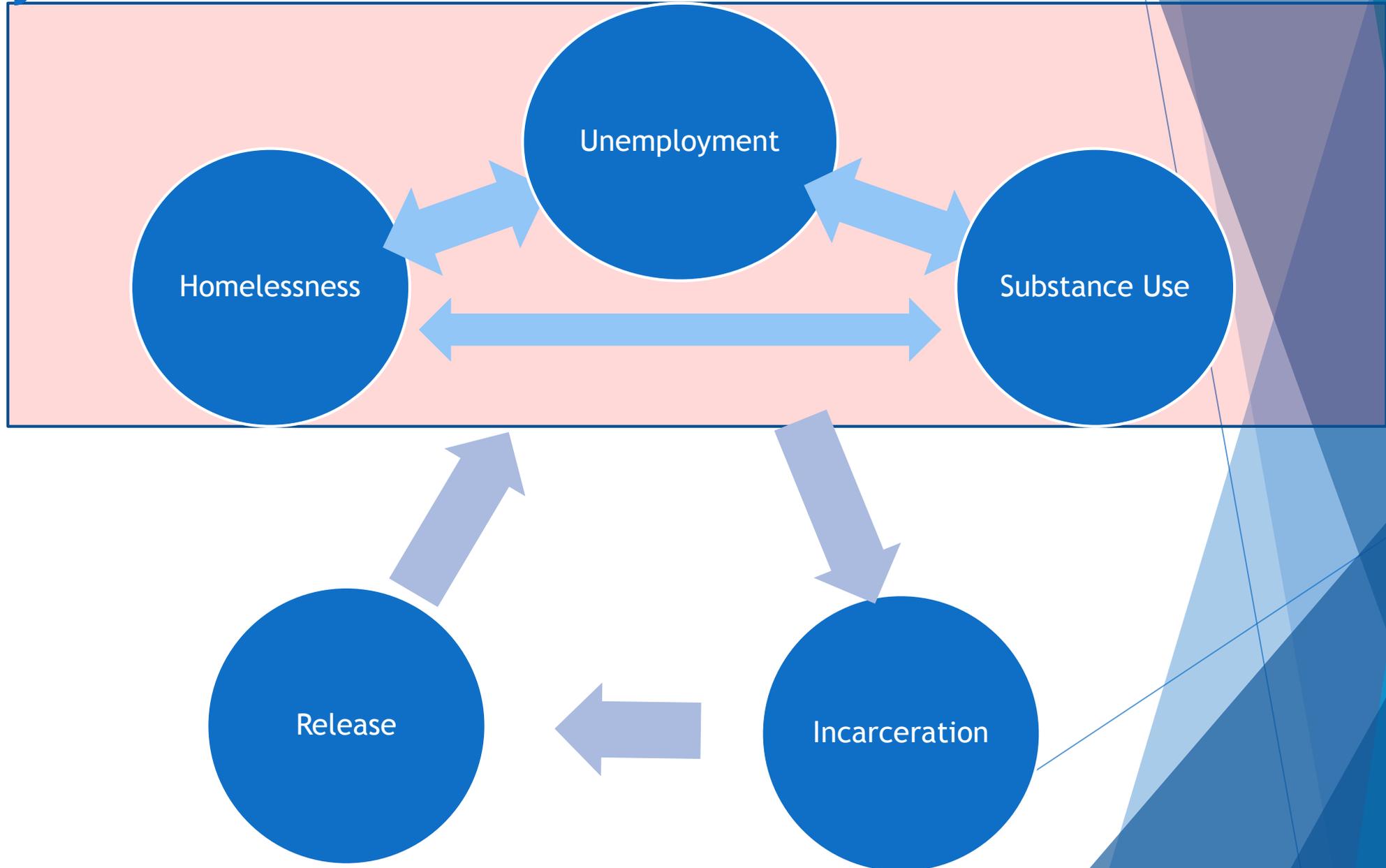
- ▶ Released and General Veterans
- ▶ Matched on age, race, gender, Mental Illness (binary), Substance Use Disorder (binary), medical disease burden
- ▶ 998 Veterans in each group matched

Rates of Negative Events: 5 Year Follow-up.

Controlling for age, gender, race, education, mental illness, substance use disorder, and medical burden



Basic Cycle



Employment (Veterans and non-Veterans)

- ▶ After incarceration, in any given week, 40% of those with a felony history and 55% of African-American males with a felony history are unemployed.
- ▶ The chances of getting hired are approximately 40% lower for those with a felony history.
- ▶ Those with felony histories are often forced to take low-paying unskilled positions resulting in lifetime earnings of 10 - 30% less than those without a felony conviction.

Impact on total labor force

- ▶ High rate of unemployment translates into an impact on overall national unemployment
- ▶ Between 15% and 20% of the national unemployment rate can be attributed to incarceration*
 - ▶ Based on a conservative 12% lower level of overall employment

Barriers 5Ss + 1

- ▶ Stigma
- ▶ Skills (work)
- ▶ Statutes
- ▶ Social Skills
- ▶ Social Networks
- ▶ Employment Saturation

Stigma

- ▶ Other stigma vs self-stigma
- ▶ Anticipated stigma from others is creates barriers
 - ▶ Searching for employment
 - ▶ Disclosing history
 - ▶ Working with social network

Skills - Work Skills and Social Skills

- ▶ Work skills
 - ▶ New technology
 - ▶ Abilities atrophy without practice
- ▶ Social skills
 - ▶ Functional social interactions in prisons
 - ▶ Projecting Violence
 - ▶ Distrust
 - ▶ Not showing emotion

Statutes

- ▶ State laws prohibit employment in a number of areas
 - ▶ Child care
 - ▶ Security
 - ▶ Health care
 - ▶ Teaching
 - ▶ Oil and Gas
- ▶ State dependent

Social Networks

- ▶ Family rejections
- ▶ Non-justice involved friends fade away
- ▶ Frequently high rate of association with other justice involved individuals

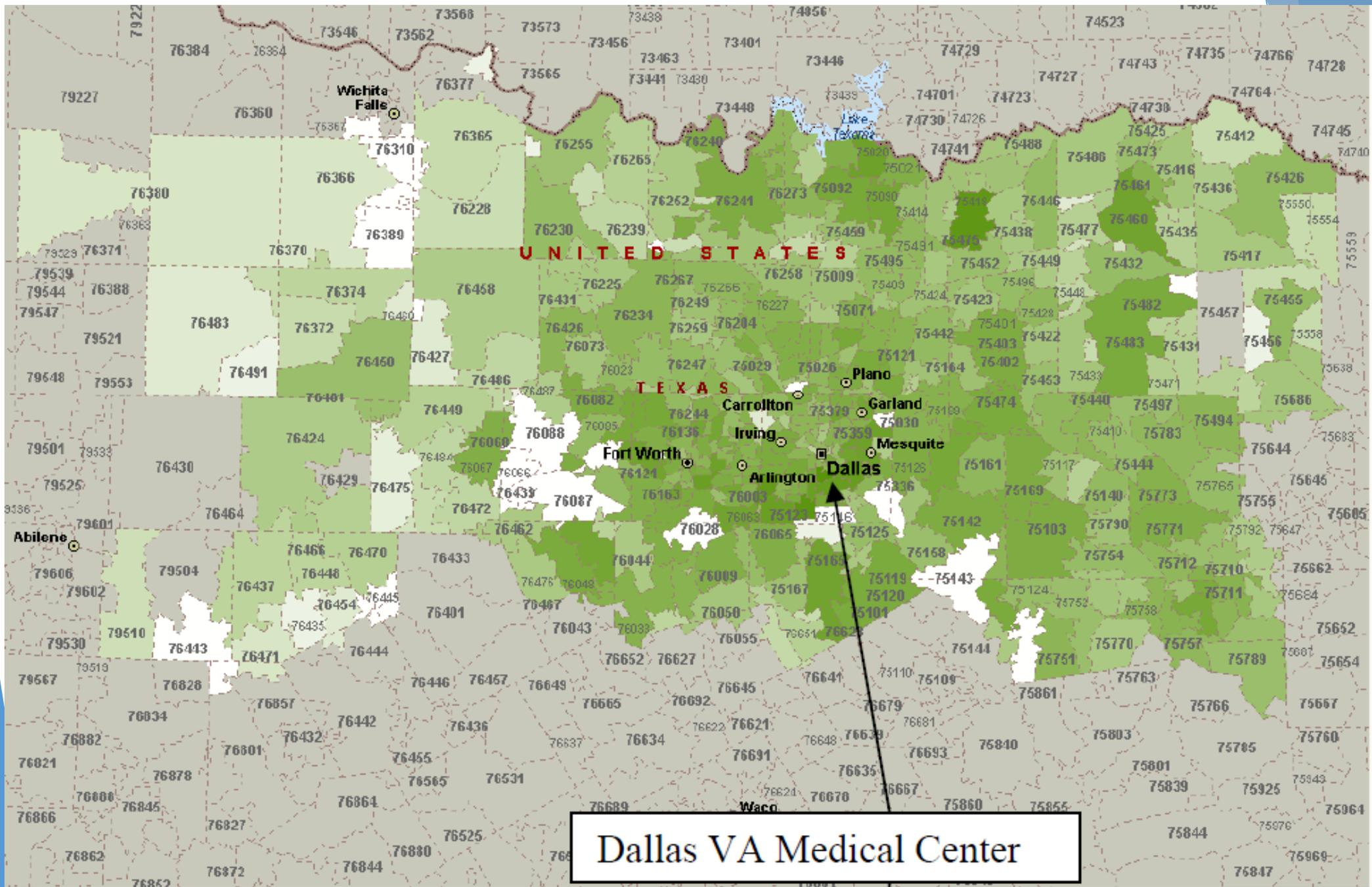
Employment Saturation

- ▶ Clustering of those released from prison into the same geographic regions
 - ▶ Lower housing costs
 - ▶ Higher rates of renting to those with felony histories
 - ▶ Higher rates of short-term leases
- ▶ Creates areas of higher competition for lower paying jobs
 - ▶ Causes wages to be suppressed in this area

Barriers to Obtaining Vocational Services

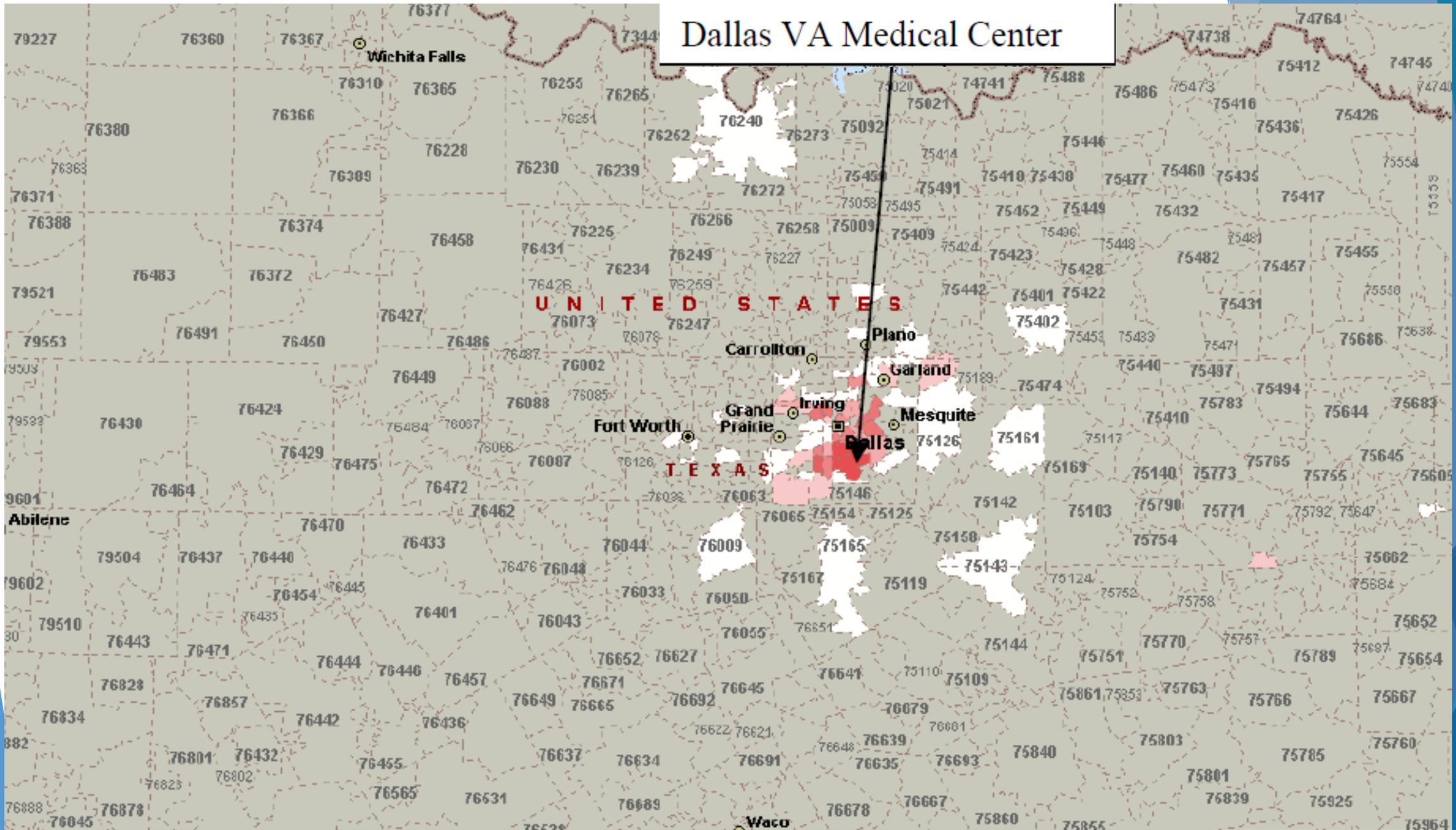
- ▶ High rates of homelessness
- ▶ Transportation difficulties
- ▶ Poor paying jobs lead to inability to take off work
- ▶ Services available to Rural Veterans
- ▶ Service concentration
 - ▶ 439 enrolled in various employment research studies conducted at an the Dallas VA
 - ▶ 46.5% enrolled lived in either the VA's Zip Code or surrounding 7 zip codes

*This does not imply that vocational program such as CWT do not exist in other areas but accentuates the difficulties reaching Veterans at further distances from the VA



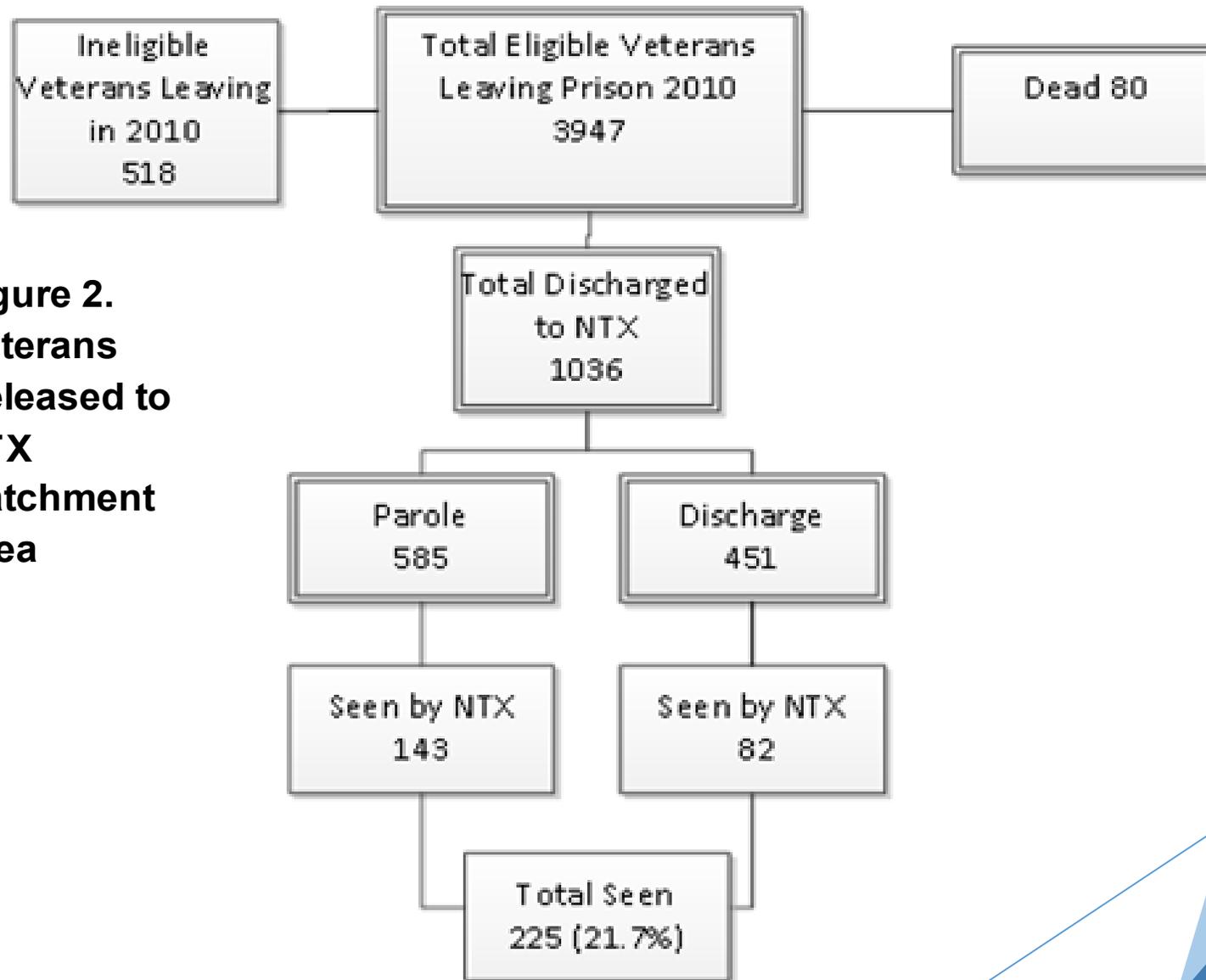
Dallas VA Medical Center

Dallas VA Medical Center



Limited use of VA services of those coming out of prison in Texas

Figure 2. Veterans Released to NTX Catchment Area



Needs

- ▶ Education
 - ▶ Improve the knowledge of services available to those leaving prison
- ▶ Access
 - ▶ Expand the use of technology to improve the VA's reach
- ▶ Engagement
 - ▶ Engage more eligible Veterans and engage them more quickly after release to reduce homelessness and decrease substance use
- ▶ Legal
 - ▶ Advocate for reduced barriers
 - ▶ Ban-the-Box legislation