

Office of Health Equity

Veterans Health Administration

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U.S. Department
of Veterans Affairs

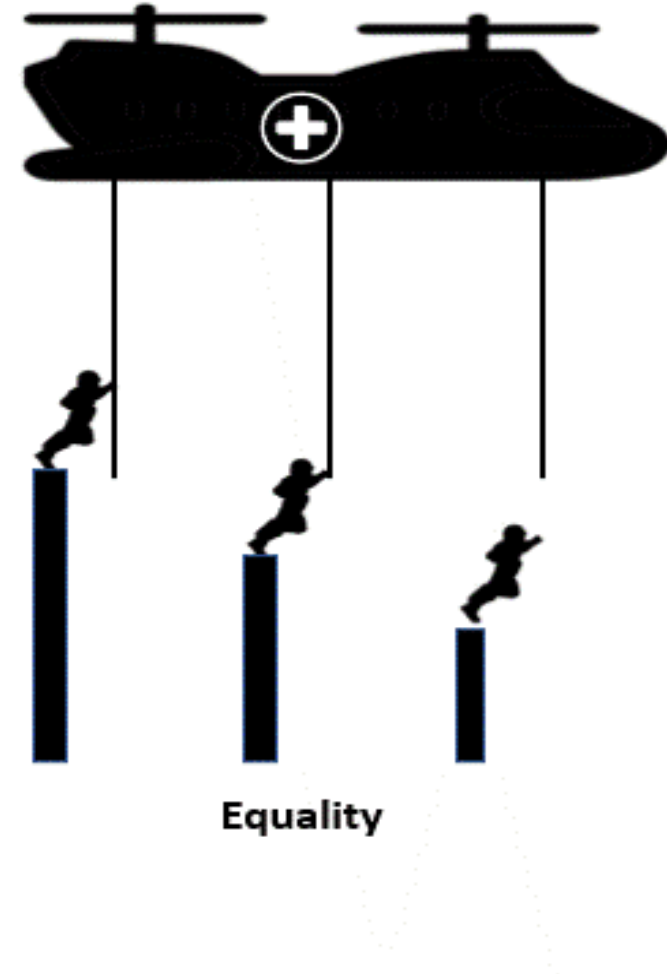
OHE Vision and Mission

Vision

- All Veterans will attain equitable health through high-quality health care and support for their social needs.

Mission

- OHE advances health equity and ensures social needs are met for all Veterans through leadership, data analysis, education, tool development, and quality improvement initiatives.



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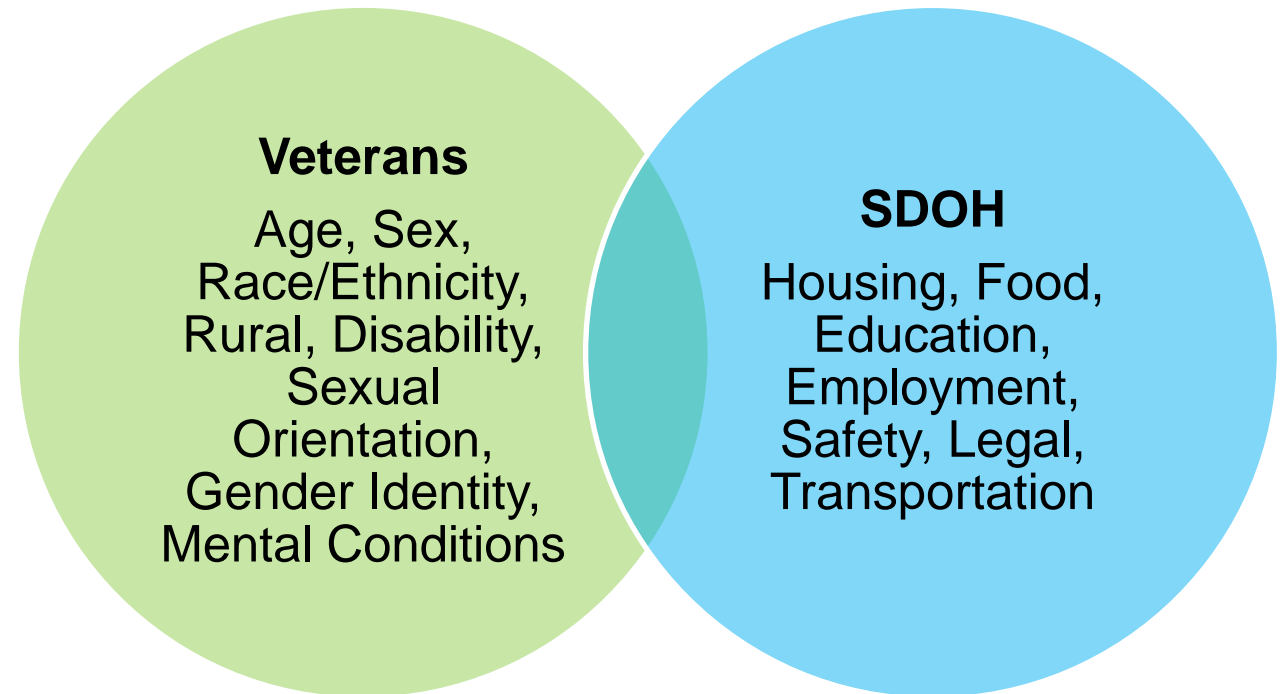
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Health Equity for Veterans

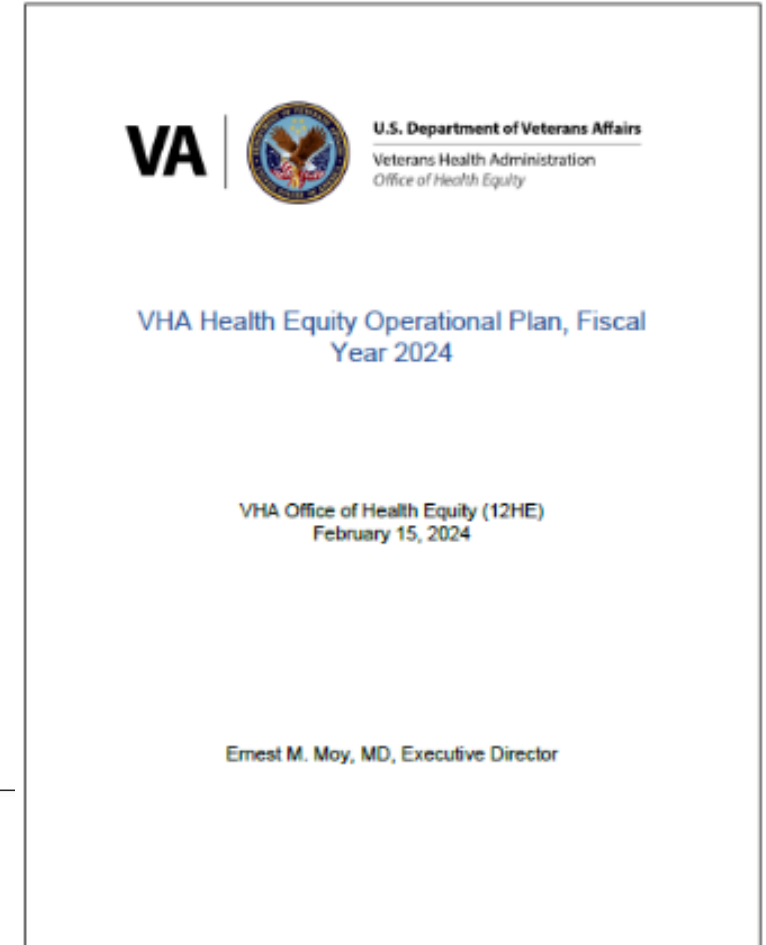
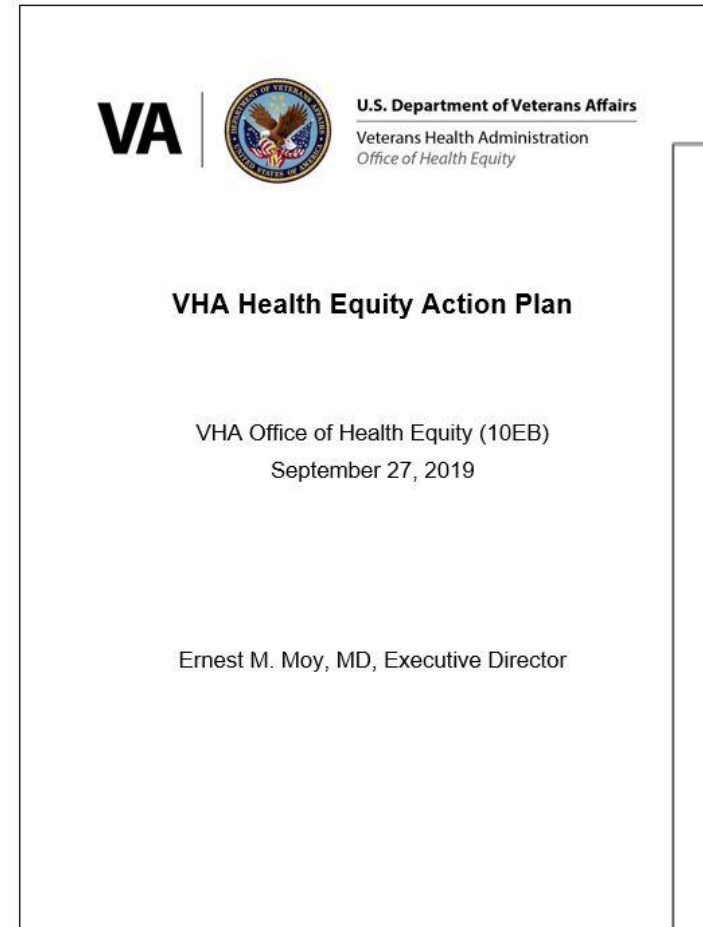
1. Every Veteran receives care that helps them achieve their highest level of health
2. Identification and removal of unfair barriers that impede a Veteran's ability to access care



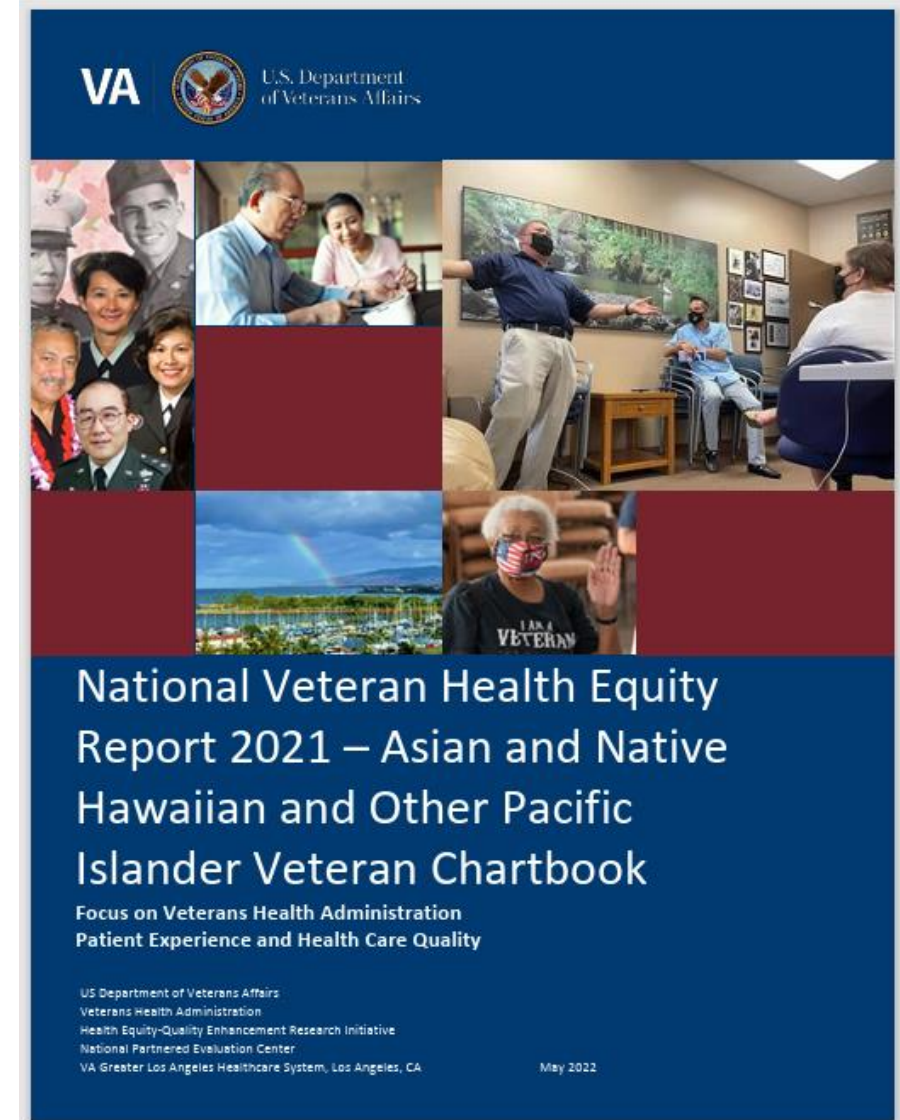
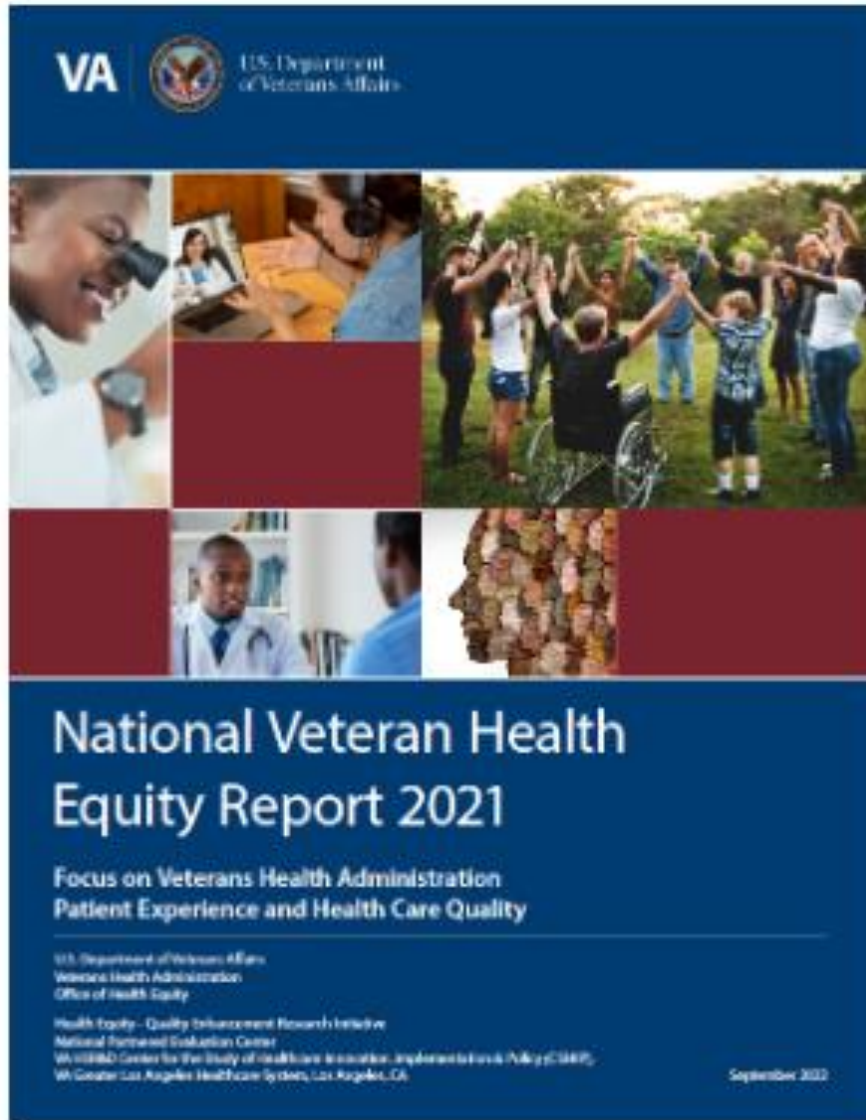
VHA Health Equity Action Plan

Strategic Aims

1. Leadership
2. Education and Cultural Competency and Diversity
3. Health Care Outcomes
4. Social Needs
5. Data Analytics



OHE Notable Publications



Office of Health Equity's Website

VA » Health Care » Office of Health Equity

Office of Health Equity

- ▼ Health Equity
 - ▼ Office of Health Equity Home
 - Office of Health Equity Home
 - About
 - OHE Leadership
 - Health Equity Coalition
 - Health Equity Action Plan
 - Focus on Health Equity and Action Cyberseminars
 - Podcast
 - Veteran Health Equity Art Gallery
 - ▶ Publications and Research
 - Data
 - ▶ Populations
 - Social Determinants of Health
 - COVID-19 Resources



U.S. Department of Veterans Affairs



▶ ▶

[NVHER 2021](#) [Black Veteran Chartbook](#) [COVID-19 Equity Report](#)

New Equity Report

The National Veteran Health Equity Report (NVHER) 2021 provides data on patient experiences and healthcare quality for Veterans who receive VHA care.

[Learn more »](#)

VHA Office of Health Equity

Equitable access to high-quality care for all Veterans is a major tenet of the VA healthcare mission. The Office of Health Equity (OHE) champions the elimination of health disparities and achieving health equity for all Veterans. OHE supports the VHA's vision to provide appropriate individualized health care to each Veteran in a way that eliminates disparate health outcomes and assures health equity

CONNECT WITH VHA

 Facebook  Twitter
 YouTube  Blog

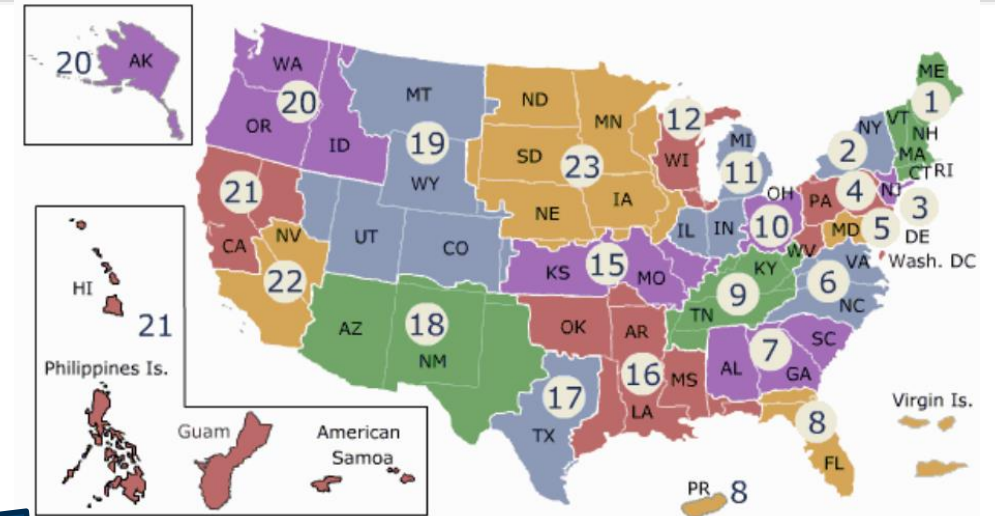
Subscribe to Receive Email Updates

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

VA Pacific Islands Health Care

2021 Statistics

- There are over 1,586,000 NH/PIs, made up of 35 distinct subgroups
- Part of VHA Sierra Pacific Network (VISN 21)
- +120,000 Veteran Population
- 55,600 Enrollees
- 371,198 Outpatient Visits
- 12 Sites of Care
 - Hawai'i
 - Honolulu (Oahu)
 - Hilo (Hawai'i)
 - Kailua-Kona (Hawai'i)
 - Lanai City (Lanai)
 - Ewa Beach (Oahu)
 - Lihue (Kauai)
 - Kahului (Maui)
 - Kaunakakai (Moloka'i)
 - Kaneohe (Oahu)
 - American Samoa
 - Guam
 - Northern Mariana Islands: Saipan



Tailoring Evidence Based Addiction Management to Veterans in the Homeless Program





Kathryn Ryder, MD, MS (she | her)

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Tailoring Evidence Based Addiction Management for Veterans in the Homeless Program

Pilot sponsored by VHA Office of Health Equity

K Ryder, MD, MS

HCHV Outreach : Misty Kiyuna, LCSW, Nina Sacks, LCSW, Steven Williams, Peer Support Specialist

HUD VASH : William Kealoha, OT, MPH; David Tanji, R.N., Aimee-Jane Molina, R.N.

GPD : Carrie Shklov, LCSW

STAR: Todd Motomoya, L.C.S.W., Deborah Kissinger, M.D., Ph.D.

VAPIHCS-Tripler Army Medical Center Chief Resident Quality and Patient Safety: Javier Barranco-Trabi, M.D.

Paradise



Paradise



Trouble in Paradise

“It’s getting worse fast”

“Kauai authorities sound the alarm after 5 OD deaths in a single month”

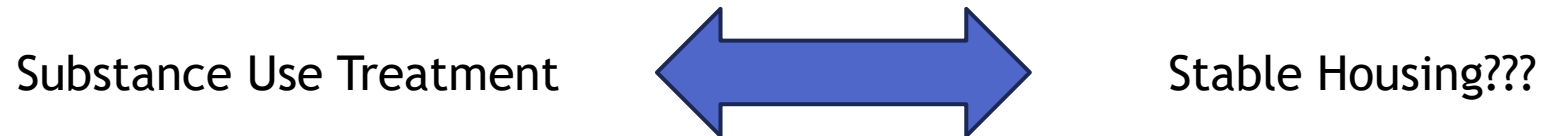
“Drug Overdoses Are On The Rise On Kauai. Meth Is Still The Main Reason”

“2 men have died of suspected OD at Thomas Square in one weekend”

“According to CDC, there is a person in HI who dies of an OD every 28 hours.”

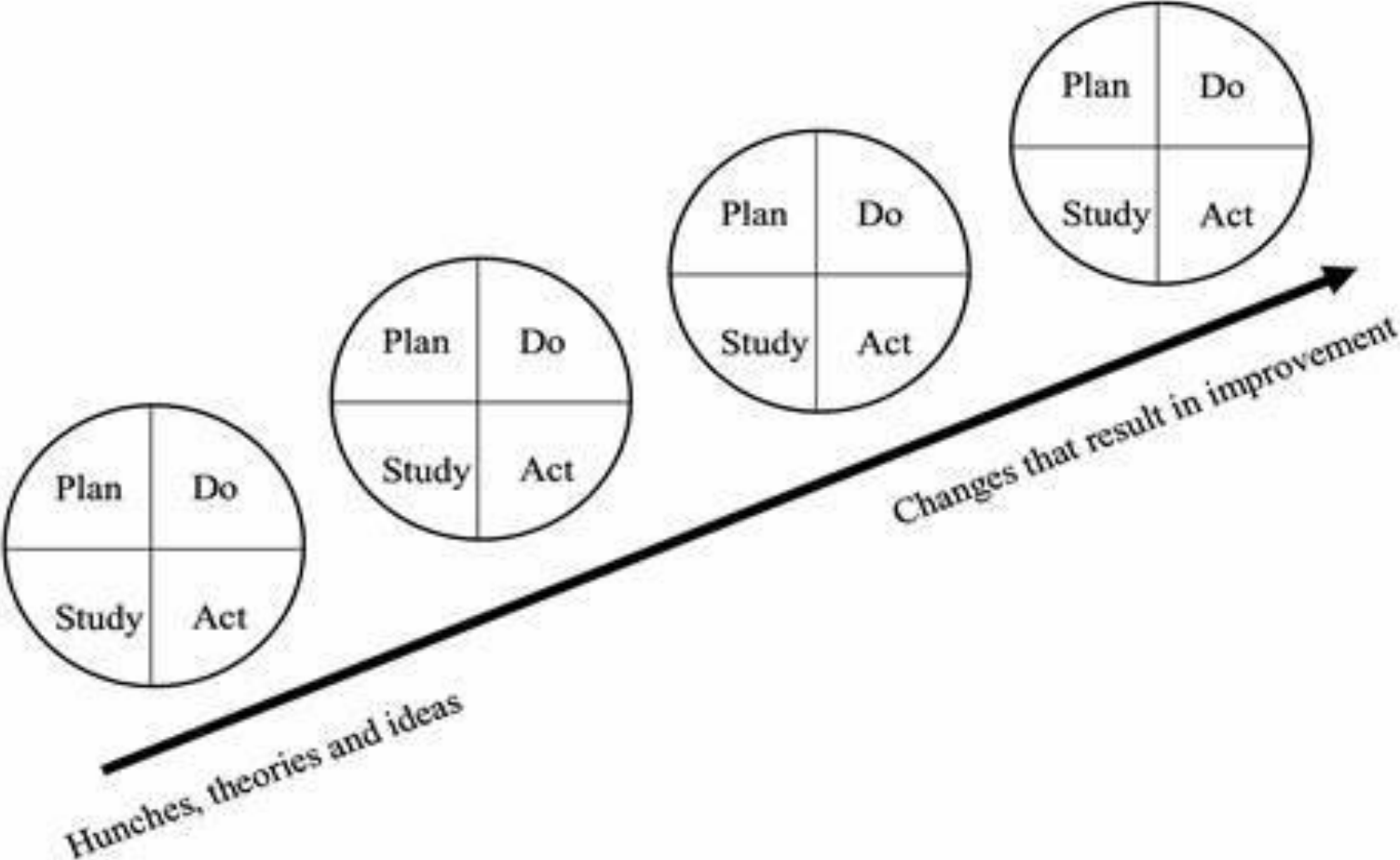
Bottom Line Up Front

- Homelessness is a health equity issue
 - Early mortality: TRIMORBIDITY
 - Greater than expected racial and ethnic minorities
 - Exacerbates known inequities in cardiovascular, cancer and substance use care
- Methamphetamine use may be a barrier to housing
 - Very difficult to treat
 - Increases risk psychosis, cardiac and cerebrovascular disease



- Story of paradoxes
 - Can't get to clinic if live on the street
 - To get housing, you may need to give up methamphetamine
 - To give up methamphetamine, you need to get to clinic

Is there an intervention for methamphetamine use disorder for Veterans experiencing homelessness?



“Everyone that is homeless uses Meth”

- Hawaii is the state with the second largest rate of homelessness: 45/10,000
- On Big Island, 69% of unsheltered people report current methamphetamine use



VHA and Homelessness

- There are 1200 Veterans in the VAPIHCS Homeless program
- Homeless Program and Housing First
 - HUD VASH-HUD voucher plus case management
 - GPD-temporary and emergency housing
 - HCHV-outreach for unsheltered
- Narcan Dashboard
- Substance use treatment Programming through STAR:
 - Evidence based Contingency Management offered
 - VAPIHCS has a robust program that is a 2-time Sustainability Awardee

Transportation

VA



Security Gates



Narcan: You need an address, a place to keep it, and a rescuer



Narcan is not getting to the hands of high-risk stimulant using people

- In May of 2023, There were over 100 Veterans in the Homeless Program overdue for Narcan
- This is a gross underestimate



Drug Treatment-how are we doing for Veterans in the Homeless program?

- In 2023, about half of Veterans entering Contingency Management at VAPIHCS were in the Homeless Program
- None completed the Program
- National numbers for all Veterans
 - 92.44% samples abstinent
 - We do not know these numbers by housing status

AND

- Veterans experiencing homelessness have a low rate of receipt for medication assisted treatment for addiction

Housing=health

- Substance use may interfere with housing efforts
- Substance use may lead to loss housing



Five Key Facts about Veteran Homelessness 2020 at [Endhomelessness.org](https://endhomelessness.org)
Effects of Housing First approaches on health and well-being of adults who are homeless or at risk of homelessness: systematic review and meta-analysis of randomised controlled trials | Journal of Epidemiology & Community Health (bmj.com)

Sprint 1: Harm reduction



OEND	May-23
Overdue	103
PIHCS Score	28.6%
VISN Score	40%
VHA Score	45%



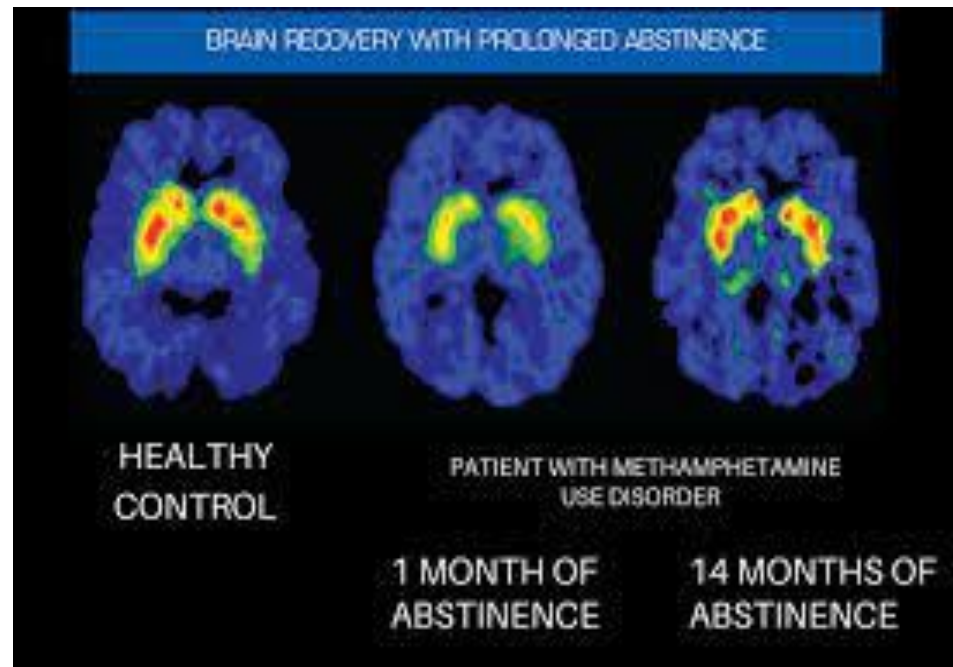
Sprint 1: Harm reduction

OEND	May-23	Oct-23	Dec-23
Overdue	103	62	50
Naloxone prescribed			
PIHCS Score	28.6%		58%
VISN Score	40%		49.5%
VHA Score	45%		54.3%

Yes/correct response	Sheltered n=22	Unsheltered n=7
Has NAL	86%	43%
Used NAL	5%	0%
Purpose	91%	86%
How to use	91%	86%
Prime	64%	86%
Use a 2nd	59%	43%
Wear off	55%	71%
Signs OD	82%	86%
Actions to take	86%	86%
Total correct	75%	78%

Sprint 2: Access to substance use care

“Contingency management (CM) currently is the most effective option available for treating stimulant use disorder, which currently has no FDA-approved medications. Finding ways for CM to make a meaningful impact on stimulant use is critical to lowering stimulant-related overdoses.”



Contingency Management

- Visit 1. Drug screen POSITIVE for target substance. MI, no draw
- Visit 2. Drug screen NEGATIVE for target substance. Draw once
- Visit 3. Drug screen NEGATIVE for target substance. Draw twice
- Visit 4. Drug screen POSITIVE for target substance. MI, no draw



Is CM for people experiencing homelessness feasible? Does it work?

- CM has been trialed successfully in people experiencing homelessness
 - Smoking abstinence at initially 3x higher, no difference at 12 months
 - Alcohol abstinence- slight difference by self-report

HOWEVER

- CM is rarely available in SUD treatment facilities and other settings in US
- CMS does not fund CM at community clinics

VA is the most developed implementation since 2011

Hypotheses:

- Lower barrier therapy for Methamphetamine use is achievable
- Veterans will enroll
- Veterans will complete 24 visits
- Veterans will have fewer positive screens for methamphetamine
- Staff time will not make program onerous

Voice of the Veteran



[Perspectives and sentiments on contingency management from people who use methamphetamine - PubMed \(nih.gov\)](#); [Perspectives on contingency management for alcohol use and alcohol-associated conditions among people in care with HIV - PubMed \(nih.gov\)](#)

Methods of Pilot: Series of PDSA Cycles

- Participants: Goal of 10 veterans in VAPIHCS Homeless Program, Oahu
- Exclusion: no phone If no predictable place/ schedule
- Setting: Staff efficiency vs Veteran Convenience
 - Horticulture Clinic
 - Outreach
- Testing: Saliva sample
- Frequency and duration: 2x/week for 12 weeks
- After misses 4 sessions, end programming
- Referral made at every visit to STAR



Results

- Enrolled: 8
- Completed 1 visit: 7
- Negative $10/39=25.6\%$
- Attended: $35/50=70\%$



Voice of the Veteran

- Sweeps
- Fatigue from use
- Too much to do
- Discouragement
- Setting
- Boredom
- “Doc, I promise I will test/go to hospital/
enter housing tomorrow”

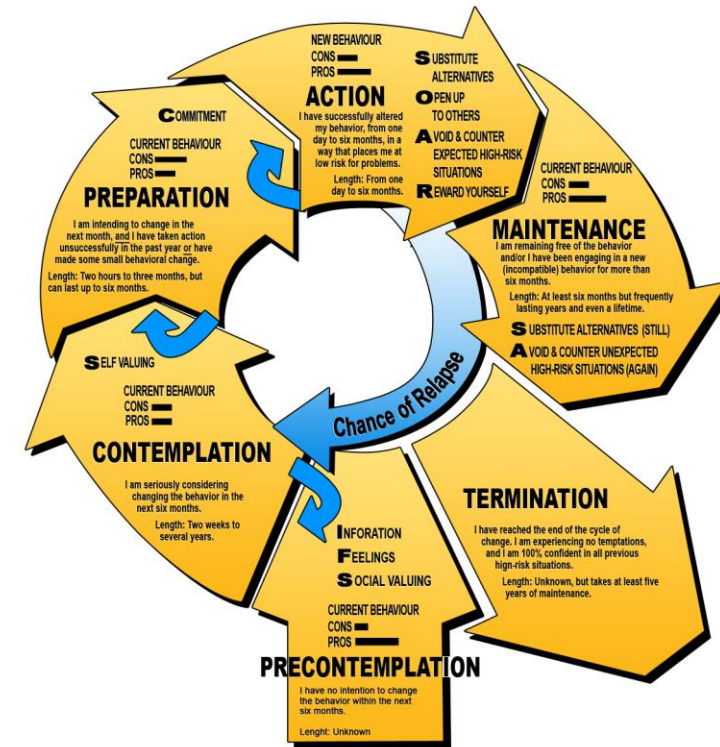


How to improve Contingency Management

- **1. Rethinking Reward Systems** Contingency management should focus on keeping patients engaged in treatment and finding ways to incentivize gradual reductions in substance use.
- **2. Adopting More Flexible Guidelines** Usually, contingency management programs have strict rules about how long they last and when someone can join again if they drop out. However, these protocols might not work well for everyone with stimulant use disorder.
- **3. Using Virtual Contingency Management to Reach More People** New technology can make these programs more available to everyone, including people who live far away or cannot make it to a clinic in person.
- **4. Encouraging Doctors and Health Systems** It is important to motivate doctors and health systems to use contingency management more widely.
- **5. Improving Drug Testing at the Doctor's Clinic**
- **6. Using Direct-to-Consumer Marketing**
- **7. Tailoring Contingency Management for Community Needs** Adapting the protocols to align with the target population's cultural, social, and economic context promotes greater acceptance and efficacy, leading to lasting improvements.

Back to the drawing board

- Increase prize value
- Increase chances of winning
- Measure engagement
- Measure eventual enrollment into IOP or residential
- Decrease frequency? Increase frequency?
- Measure Harm Reduction
- Re-visit goals
 - Abstinence versus decreased frequency
 - Safer use



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Should contingency management protocols and dissemination practices be modified to accommodate rising stimulant use and harm reduction frameworks? (wiley.com); 7 Ways to Improve Treatment for Stimulant Use Disorder - Penn LDI (upenn.edu); Prochaska, James O.; Norcross, John C. (2014) [1979]. Systems of psychotherapy: a transtheoretical analysis (8th ed.). Australia; Stamford, CT: Cengage Learning; Medication treatment for alcohol use disorder in special populations - Malhotra - 2023 - The American Journal on Addictions - Wiley Online Library

Engage and nudge-always harm reduction





VA

Embed in PC clinic here

Sum

- Homelessness is a health equity issue
 - Early mortality
 - Greater than expected racial and ethnic minorities
 - Exacerbates known inequities in cardiovascular, cancer and substance use care
- Meth use
 - Very difficult to treat
 - Likely worsen chance of stable housing
 - Definitely increases risk psychosis, cardiac and cerebrovascular disease
- Place based CM is acceptable to Veterans experiencing homelessness
- Larger studies needed
 - Frequency
 - Prize value
 - Impact on housing stability

Gratitude

Dial 1-877-4AID-VET
(1-877-424-3838)

Access VA's services for
homeless and at-risk
Veterans, available 24/7.

- ▶ The Veterans
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- ▶ VHA Office of Health Equity

Questions?

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