Lifetime Use of Psychedelics Amongst U.S. Veterans

Ashley Bowman, MPA, MSHI[1], Shiromani Gyawali, MS[2], Jingsheng Yan, PhD, MPH[2], Jennifer Hoenig, PhD, MPH[2], Samantha Brown, MPH[2], Sarah Leder, MSW[1], Ernest Moy, MD, MPH[1] and Kenneth Jones, PhD[1]

(1) Veterans Health Administration, Office of Health Equity, Washington, DC (2) Substance Abuse and Mental Health Services Administration, Rockville, MD

AcademyHealth ANNUAL RESEARCH MEETING

RESEARCH OBJECTIVE

Research on psychedelic drugs historically lacks inclusion or focus on racial and ethnic minorities. For this study, we analyzed data on lifetime psychedelic use among all Veterans using responses from the National Survey on Drug Use and Health (NSDUH), 2015-2019.

POPULATION

US Veterans

STUDY DESIGN

National Survey on Drug Use and Health (NSDUH):

- Annual nationwide survey
- Nationally representative estimates among the civilian, noninstitutionalized population aged 12 or older
- Responses collected during face-to-face interviews and with computer assistance

Psychedelic drugs:

- Previously studied for therapeutic potential
- "Classic psychedelic" includes psilocybin, dimethyltryptamine (DMT), alpha-methyltryptamine (AMT), 5-methoxy-N, N-diisopropyltryptamine (5-MeO-DIPT), lysergic acid diethylamide (LSD), peyote, or mescaline.
- Psilocybin and 3,4-methylenedioxymethamphetamine (MDMA, 'ecstasy,' or 'molly') are highlighted individually

Methods:

- Combined years to increase likelihood of reporting on all race and ethnicities
- SUDAAN 11.0 was used to account for NSDUH's complex design and sampling weights.

CONTACT INFORMATION

VHA corresponding author is Ashley Bowman, ashley.bowman3@va.gov.

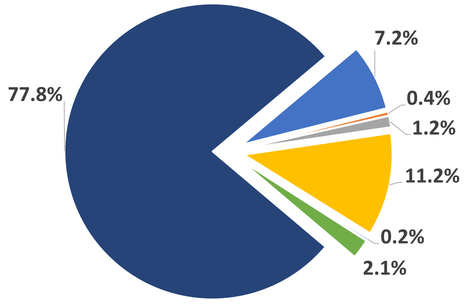
SAMHSA corresponding author is Samantha Brown, samantha.brown@samhsa.hhs.gov.

VA | U.S. Department of Veterans Affairs, Veterans Health Administration

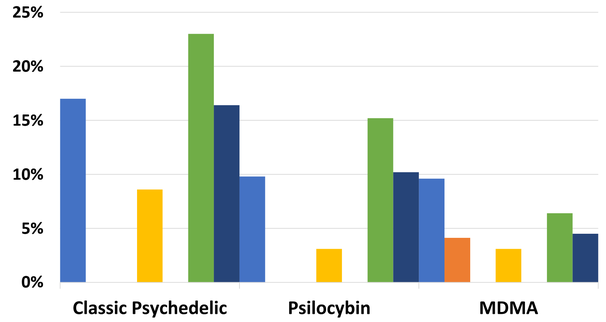
SAMHSA Substance Abuse and Mental Health Services Administration

PRINCIPAL FINDINGS

Weighted National Estimate of Veteran Demographics by Race and Ethnicity



Prevalence of Lifetime Psychedelics Use by Race and Ethnicity amongst US Veterans*



*Estimates for some groups were excluded due to low precision.

Classic Psychedelics:

Non-Hispanic (NH) multiracial, Hispanic, and NH White Veterans were more likely to have ever used a classic psychedelic compared to NH Black or African American Veterans (23.0%, 17.0% and 16.4% versus 8.6%).

Psilocybin:

NH multiracial, Hispanic and NH White Veterans had three times the lifetime prevalence of psilocybin use as NH Black Veterans (15.2%, 9.8% and 10.2% versus 3.1%).

MDMA:

Hispanic Veterans had three times the lifetime prevalence of MDMA use as NH Black Veterans (9.6% versus 3.1%). Lifetime MDMA use was higher among NH Multiracial (6.4%) and NH White (4.5%) Veterans than among Black Veterans. Approximately 4% of NH American Indian or Alaskan Native Veterans used MDMA in their lifetime.

REFERENCES

Center for Behavioral Health Statistics and Quality. (2021) 2019 National Survey on Drug Use and Health (NSDUH): Methodological Resource Book Rockville, MD: Substance Abuse and Mental Health Services Administration. Retrieved from https://www.samhsa.gov/data/

DISCLAIMER

The views expressed here are those of the authors and do not necessarily reflect the position or policy of the Department of Veteran Affairs, Substance Abuse and Mental Health Services Administration, or the United States Government.

SUMMARY OF FINDINGS

Overall, lifetime prevalence of psychedelic drug use varied by Veteran race and ethnicity.

Hispanic Veterans:

prevalence of lifetime MDMA use is higher compared to most racial and ethnic groups

NH American Indian or Alaskan Native Veterans:

4.1% have used MDMA in their lifetime

NH Black or African American Veterans:

less likely to have ever used classic psychedelics, psilocybin, and MDMA

NH multiracial Veterans:

lifetime prevalence classic psychedelic and psilocybin use is higher compared to most racial and ethnic groups

NH White Veterans:

have three times the lifetime prevalence of psilocybin use and twice the lifetime prevalence of classic psychedelic use compared to Black Veterans

NH Asian Veterans and Native Hawaiian or Pacific Islander Veterans:

information related to these racial groups were suppressed due to low precision

IMPLICATIONS FOR POLICY AND PRACTICE

The 2024 National Defense Authorization Act directs the study of the effects of psychedelic-assisted therapy on Veterans.

Targeted recruitment:

This study can inform the development of culturally tailored messaging to improve diverse representation and inclusion during psychedelic-assisted therapy clinical trials.

Culturally competent research:

Researchers should expect and plan for variation in subjects' knowledge related to psychedelic drugs.

Assessing Social Determinants of Health Among Transgender and Gender Diverse Veterans Who Utilize Veterans Health Administration Healthcare, 2016-2023

Presenter: Sarah M. Leder (sarah.leder@va.gov)
Authors: Sarah M. Leder, MSW[1], Shane Lamba, MPH[1], Chava Sonnier, MSOD[1], Alex McConnell, PhD[2], Jillian C. Shipherd, PhD[2], Michael R. Kauth, PhD[2] and Kenneth T. Jones, PhD[1]

[1]Office of Health Equity, Veterans Health Administration, [2]LGBTQ+ Health Program, Veterans Health Administration

U.S. Department of Veterans Affairs
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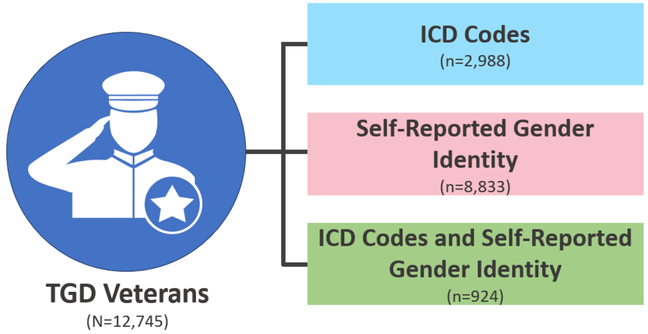
BACKGROUND

- Transgender and gender diverse (TGD) Veterans have historically been invisible in most VHA quality improvement efforts and research.
- Previous research has relied on diagnostic codes present in electronic health records (EHR) for identification purposes.
- There are differences in mental and physical health outcomes based on methods used to identify TGD Veterans (transgender-related diagnosis codes, self-reported gender identity data, or both).
- Social needs are downstream manifestations of social determinants of health (SDOH) and impact and shape health and health outcomes.

METHODS

- Cohort comprised of TGD veterans with at least one outpatient visit between October 1,2016 and September 30, 2023.
- Presence of social needs was determined by the presence of diagnosis codes (ICD-9 or ICD-10) or VHA clinical stop codes in Veterans' EHR.

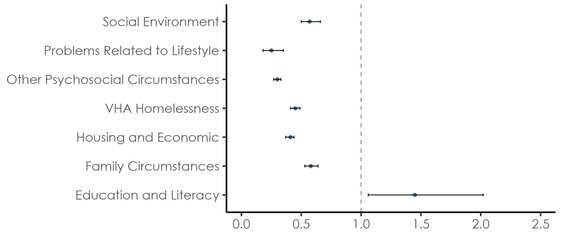


RESULTS*

	Overall (N=12,745)	ICD Codes (n = 2,988)	Self-Reported Gender Identity (n = 8,833)	ICD Codes + Self-Reported Gender Identity (n = 924)
Age (Standard Deviation)	50 (17.3)	60 (14.3)	56 (14.3)	46 (17.1)
Race and Ethnicity				
American Indian/Alaska Native	140	43	11	86
Asian	219	37	4*	178
Black or African American	1723	167	72	1484
Hispanic or Latino	981	148	50	783
More Than One Race	229	34	18	177
Native Hawaiian Pacific Islander	120	24	6*	90
White	8247	2362	712	5173
Unknown	1086	173	51	862
Rurality				
Urban	9439	2125	655	6659
Rural/Highly Rural	3185	845	265	2075
Unknown	121	18	4	99

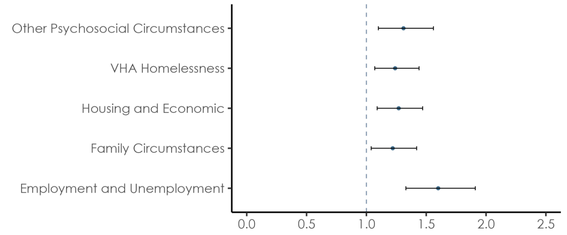
Both TGD Veterans identified using gender identity data and TGD Veterans identified using ICD codes and gender identity data were younger and more racially and ethnically diverse than compared to those in the ICD group.

Unadjusted Odds Ratio for TGD Veterans Identified Using Gender Identity Data



If there was no association between TGD identification method and reporting needs in social risk domains everything would be at 1 – where our referent group (TGD Veterans identified using ICD codes) is represented.

Unadjusted Odds Ratio for TGD Veterans Identified Using ICD Codes and Gender Identity Data



* Unadjusted odds ratios and 95% confidence intervals presented. Only statistically significant results presented ($p < 0.05$)

CONCLUSIONS

- TGD Veterans identified using gender identity data had lower odds of reporting needs in 6 of the 11 domains.
- TGD Veterans identified using gender identity data had higher odds of reporting needs related to education and literacy than those identified solely through ICD codes.
- TGD Veterans with ICD Codes and gender identity data had higher odds of reporting needs in 5 of 11 domains.

POLICY IMPLICATIONS

- Continue to prioritize self-identified gender identity information as it may assist healthcare systems in addressing the unique social needs of their patients while improving health outcomes as a whole and addressing health disparities.

LIMITATIONS

- Identification of social needs relied on their presence in Veterans' EHR. The cohort relied on a transgender-related diagnosis code(s) or self-reported gender identity information in the EHR. It is likely that this sample is missing TGD veterans who utilize VHA care.
- VHA does not routinely collect information on educational attainment among Veterans, which may limit our findings.

ACKNLOWLEDGEMENTS

Thank you to Kathleen Mitchell, MPH for their assistance in the development of this poster. Thank you to the Office of Health Equity and LGBTQ+ Health Program Office staff for their support throughout this project.

Assessing Social Determinants of Health of LGBQ+ Veterans Using Primary Care Services at the Veterans Health Administration

Shane Lamba, MPH, Sarah M. Leder, MSW, Lauren E. Russell, MPH, MPP, Kelly Nestman, MA, and Kenneth T. Jones, PhD
(1)Veterans Health Administration, Office of Health Equity, Washington DC

U.S. Department of Veterans Affairs
Veterans Health Administration
Office of Health Equity

BACKGROUND

- Lesbian, gay, bisexual, queer/questioning (LGBQ+) people experience elevated needs related to **social determinants of health** (SDOH).
- LGBQ+ people experience problems related to affordability of housing, food insecurity, neighborhood safety, lack of social support, education or employment.
- Studies report an association with Veteran status and higher prevalence of SDOH
- Few studies report SDOH needs of LGBQ+ Veteran populations, more data is needed to understand the prevalence of these issues.

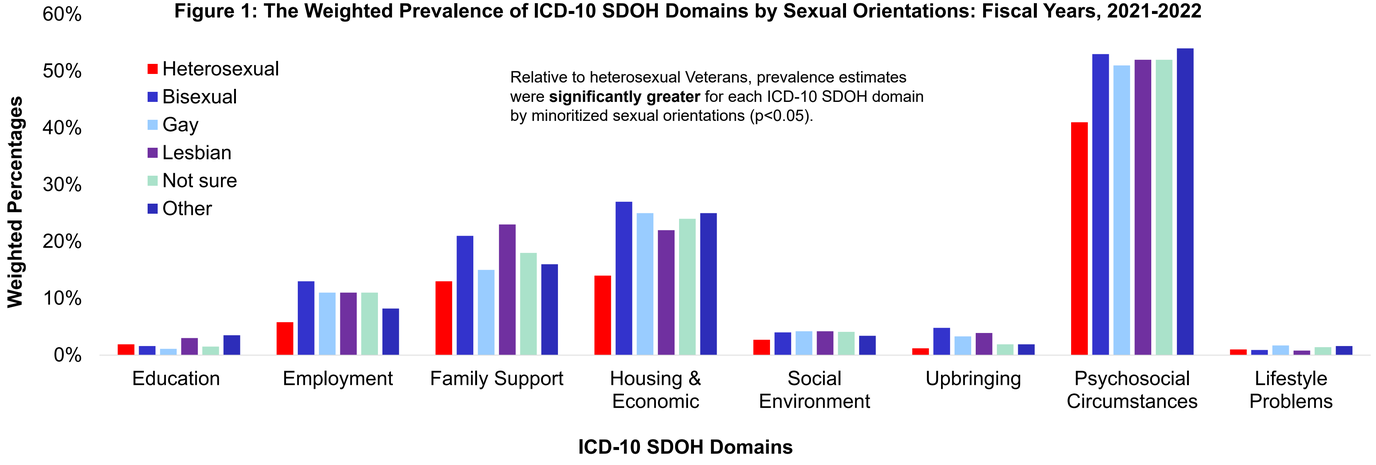
METHODS

- The Survey of Healthcare Experiences of Patients (SHEP) data from fiscal years 2021-2022 were compiled from the VHA Corporate Date Warehouse (CDW).
- Veterans using VHA primary care services during the fiscal years 2021-2022 who were 18+ years old and completed the sexual orientation question on the SHEP survey. The study sample included n=455,165 veterans, of which 3.1% (n=14,065) identified as LGBQ+.
- We dichotomized nine SDOH International Classification of Disease (ICD)-10 z-codes from the VHA CDW stratified by sexual orientations.
- Weighted descriptive statistics were performed on variables. Weighted logistic regression models were represented as odds ratios (ORs). The statistical significance was set at $p \leq 0.05$. The reference group were Heterosexual Veterans.

KEY FINDINGS

	Heterosexual n=441,100	Bisexual n=2,379	Gay n=2,677	Lesbian n=1,744	Not sure n=2,530	Other n=4,705
Age (yrs.) (SD)	64 (15)	49 (17)	57 (15)	49 (14)	60 (18)	63 (17)
Race and Ethnicity						
White	69.0%	67.0%	68.0%	61.0%	61.0%	54.0%
American Indian/Alaska Native	0.8%	2.0%	1.1%	1.2%	1.8%	1.2%
Asian	1.9%	2.4%	2.4%	2.1%	3.7%	5.7%
Black or African American	18.0%	15.0%	17.0%	20.0%	20.0%	24.0%
Hispanic or Latino	9.3%	12.0%	11.0%	14.0%	11.0%	12.0%
More than one	0.1%	0.2%	0.1%	0.1%	0.1%	0.1%
Native Hawaiian Pacific Islander	0.6%	0.9%	0.3%	1.2%	1.2%	2.0%
Unknown	0.5%	0.3%	0.2%	0.4%	1.1%	1.4%
Birth Sex						
Male	90.0%	54.0%	93.0%	5.9%	82.0%	80.0%
Female	10.0%	46.0%	7.0%	94.0%	18.0%	20.0%
Rurality						
Urban	65.0%	76.0%	79.0%	74.0%	68.0%	68.0%
Rural/Highly Rural	34.1%	23.9%	20.8%	26.3%	31.5%	32.0%
Unknown	0.1%	0.2%	0.1%	0.1%	0.1%	0.1%

Figure 1: The Weighted Prevalence of ICD-10 SDOH Domains by Sexual Orientations: Fiscal Years, 2021-2022



CONCLUSIONS

Compared to heterosexual Veterans, lesbian, gay bisexual, and queer Veterans were **younger, racially/ethnically diverse**, **lived in urban areas**, & more likely to be **female.**

Compared to heterosexual Veterans, lesbian, gay, bisexual, and queer Veterans **had up to 2.25X higher odds of documented SDOH in the employment, housing/economic, and psychosocial circumstances domains.**

POLICY IMPLICATIONS

These findings can **inform VA policymakers and clinical care team members about the social needs** impacting distinct sexual minority populations.

Ongoing **identification of social needs among LGBQ+ veterans is critical to promote equity** and develop targeted interventions.

CONTACT INFORMATION

Shane Lamba, MPH
Health System Specialist
VHA Office of Health Equity
VA Email: shane.lamba@va.gov

Evaluating Physical Health Characteristics of Self-Identified Transgender Veterans Using VA Health Care, 2016-2023

Shane Lamba, MPH[1], Alex McConnell, PhD[2], Sarah M. Leder, MSW[1],Chava Sonnier, MSOD[1], Jillian C. Shipherd, PhD[2], Michael R. Kauth, PhD[2], and Kenneth T. Jones, PhD[1]

(1)Veterans Health Administration, Office of Health Equity, Washington DC
(2)Veterans Health Administration, LGBTQ+ Health Program, Washington DC

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BACKGROUND

- Transgender and gender diverse (TGD) Veterans have historically been invisible in most VHA quality improvement efforts and research.
- Previous research has relied on diagnostic codes present in electronic health records (EHR) for identification purposes.
- There are differences in mental and physical health outcomes based on methods used to identify TGD Veterans (transgender-related diagnosis codes, self-reported gender identity data, or both).
- Identifying TGD Veterans through a robust system is necessary to advance health equity and understand disenfranchised populations.

METHODOLOGY

Study Design/Population:

- Participants in this study were identified using the VA Corporate Data Warehouse (CDW). Veterans with at least one outpatient healthcare visit between fiscal years 2016-2023 were included.
- Transgender and gender diverse (TGD) veterans were identified from the VA CDW using International Classification of Disease (ICD) codes and gender identity field in the CDW. We classified participants into three sub-groups: 1) those with **transgender-related ICD codes only (ICD), 2) those with documented TGD identity (Self-Reported Gender Identity), and 3) those with both**.

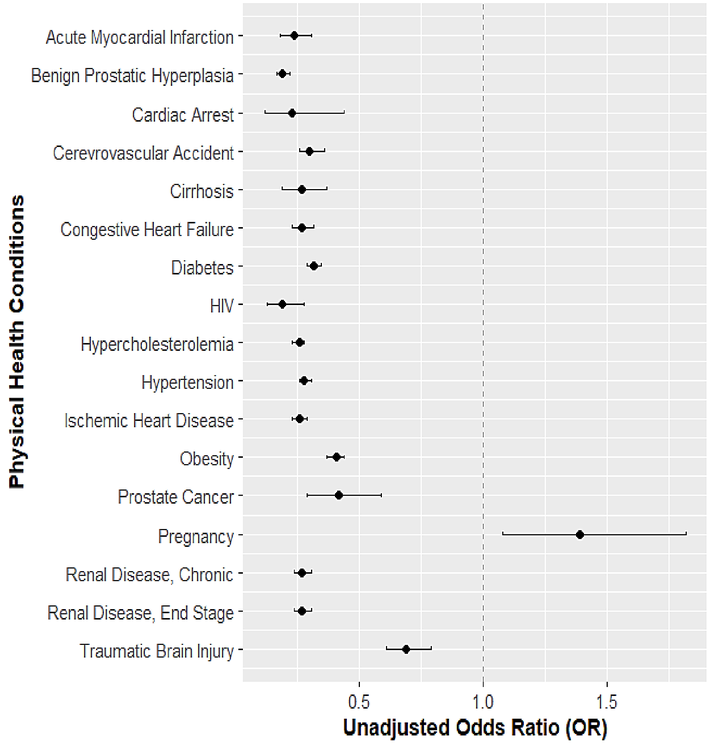
Data Analyses:

- We ran descriptive statistics for all measures of interest. Group differences were calculated using Kruskal-Wallis, Pearson's Chi-square, and Fisher's exact tests.
- To determine the association of physical health characteristics with TGD identity we utilized multiple logistic regression. Regression coefficients are represented as odds ratios (ORs) with 95% confidence intervals (CI).

RESULTS

	Overall (n=12,745)	ICD Codes (n=2,988)	Both (n=924)	Self-Reported Gender Identity (n=8,883)
	%	%	%	%
Mean Age (yrs.) (SD)	50 (17.3)	60 (14.3)	56 (14.3)	46 (17.1)
Birth Sex				
Female	46.2	48.4	35	46.6
Male	53.8	51.6	65	53.4
Race and Ethnicity				
American Indian or Alaska Native	1.1	1.4	1.2	1
Asian	1.7	1.2	0.4	2
Black or African American	13.5	5.6	7.8	16.8
Hispanic or Latino	7.7	5	5.4	8.9
More than one race	1.8	1.1	1.9	2
Native Hawaiian Pacific Islander	0.9	0.8	0.6	1
White	64.7	79	77.1	58.6
Unknown	8.5	5.8	5.5	9.8
Married/Partnered Status				
Married	31.2	22.8	24.1	34.7
Separated/Divorced	31.1	41.8	40.7	26.4
Single	31.2	30.4	30.2	31.5
Widowed	2.7	3.4	2.9	2.4
Unknown	3.9	1.6	2.1	4.9
Rurality				
Urban	74.1	71.1	70.9	75.4
Rural/Highly Rural	25	28.3	28.7	23.5
Unknown	0.9	0.6	0.4	1.1

Figure 1: Unadjusted Odds Ratio for TGD Veterans Identified Using Self-Reported Gender Identity Data



Unadjusted odds ratios presented. Referent is TGD Veterans identified via ICD codes. Only **statistically significant results** presented ($p < 0.05$)

CONCLUSIONS

TGD Veterans identified using Self-Reported Gender Identity data had between **30-81% lower odds of having a physical health condition,** compared to TGD Veterans identified using ICD codes.

TGD Veterans identified using Self-Reported Gender Identity were on **average healthier & younger.**

POLICY IMPLICATIONS

Existing research on transgender Veterans has relied upon **identifying cohorts based on ICD codes**, which **assumes that all TGD Veterans experience gender dysphoria**. Our study reveals that this **may be only part of the picture** when understanding TGD Veteran populations.

- Increase the usage of the **gender identity field** in the VA medical record
- Promote **culturally competent care** to adapt the needs of the population being served
- Enhance and **support transgender-related healthcare services** across VA enterprise

CONTACT INFORMATION

Shane Lamba, MPH
Health System Specialist
VHA Office of Health Equity
VA Email: shane.lamba@va.gov

Veteran Health Disparities in Hispanic Cultures

Jaime Boris, MHA, MS, CES[1], Mark Andrews[2], Ashley Bowman, MPA, MSHI[1], Shane Lamba, MPH[1], Evan Albert, MPA[2], and Kenneth T. Jones, PhD[1]

(1)Veterans Health Administration, Office of Health Equity, Washington, DC (2)Department of Veterans Affairs, Veterans Experience Office, Enterprise Measurement and Design Directorate, Washington, DC

AcademyHealth ANNUAL RESEARCH MEETING

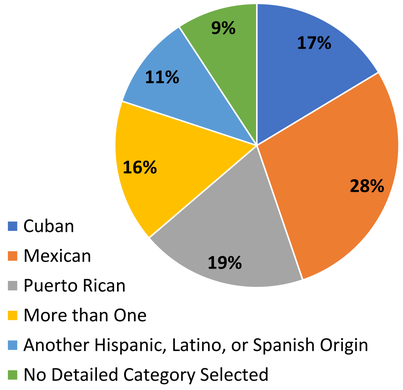
RESEARCH OBJECTIVE

Our goal was to examine physical health disparities across Hispanic or Latino ethnic subgroups of Veterans.

POPULATION STUDIED

- The study sample included 146,735 Veterans who responded to demographic questions on VA Wide Trust Survey (VSignals) and were matched with Electronic Health Record (EHR) data.
- Of these, 12,979 identified Hispanic as their ethnicity.

Prevalence of Hispanic Origin Groups Within Hispanic Ethnicity Selection

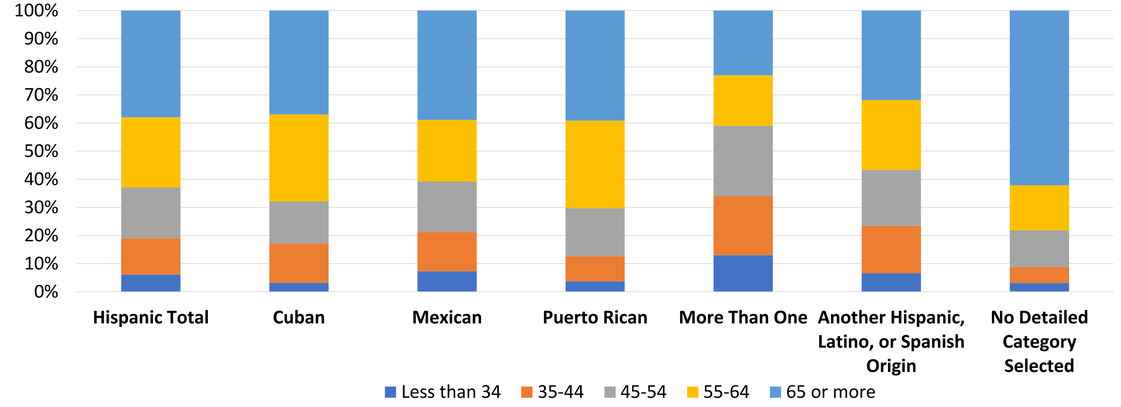


ACKNOWLEDGEMENTS

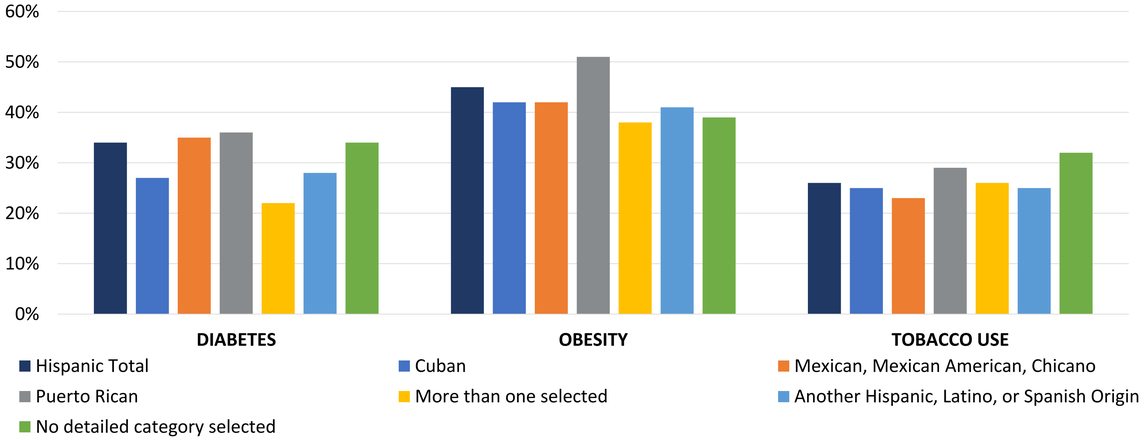
Thank you to Office of Health Equity and the Veterans Experience Office for all the support throughout this project.

PRINCIPAL FINDINGS

Distribution of Age Across Hispanic Origin Groups



Prevalence of Health Conditions Among Hispanic Origin Groups



RESULTS

The lower average age of Veterans who selected "more than one" compared to those who selected a single origin correlates with national projections about the increasing number of people who identify as multiple races, ethnicities, or countries of origin. There were also significant differences in the prevalence of health conditions among Hispanic origin groups, such as higher prevalence of diabetes in Puerto Rican and Mexican Veterans. Puerto Rican Veterans were also more likely to have obesity. Veterans who did not select a detailed category had the highest tobacco use.

IMPLICATIONS FOR POLICY AND PRACTICE

In 2022, the White House directed the OMB to revise the current race and ethnicity collection guidelines for federal agencies by Summer 2024. The updates were published on March 28, 2024. The revisions are attempting to reflect increasing racial and ethnic diversity, the growing number of people who identify as more than one race or ethnicity, and changing immigration patterns. The new guidelines emphasize that agencies should collect any granular information that is best to meet program and stakeholder needs. At VA, collecting Hispanic country of origin can be used to support equity initiatives and reveal disparities that would not be visible in aggregated racial and ethnic groups.

CONCLUSION

Understanding the differences in the demographic distribution of Veterans across the Hispanic origin groups is critical for future research, as it uncovers several areas for improvement with respect to preventative health messaging for specific subpopulations of Veterans using VA healthcare.

CONTACT INFORMATION

Jaime Boris – jaime.boris2@va.gov

VA | U.S. Department of Veterans Affairs
Veterans Health Administration
Office of Health Equity

Using the Middle Eastern North African Racial Group to Explore Veteran Healthcare Disparities

Jaime Boris, MHA, MS, CES[1], Mark Andrews[2], Ashley Bowman, MPA, MSHI[1], Shane Lamba, MPH[1], Evan Albert, MPA[2], and Kenneth T. Jones, PhD[1]

(1)Veterans Health Administration, Office of Health Equity, Washington, DC (2)Department of Veterans Affairs, Veterans Experience Office, Enterprise Measurement and Design Directorate, Washington, DC

AcademyHealth ANNUAL RESEARCH MEETING

RESEARCH OBJECTIVE

Identify potential disparities in demographic factors and trust scores between Middle Eastern North African (MENA) Veterans and non-Hispanic White Veterans.

POPULATION STUDIED

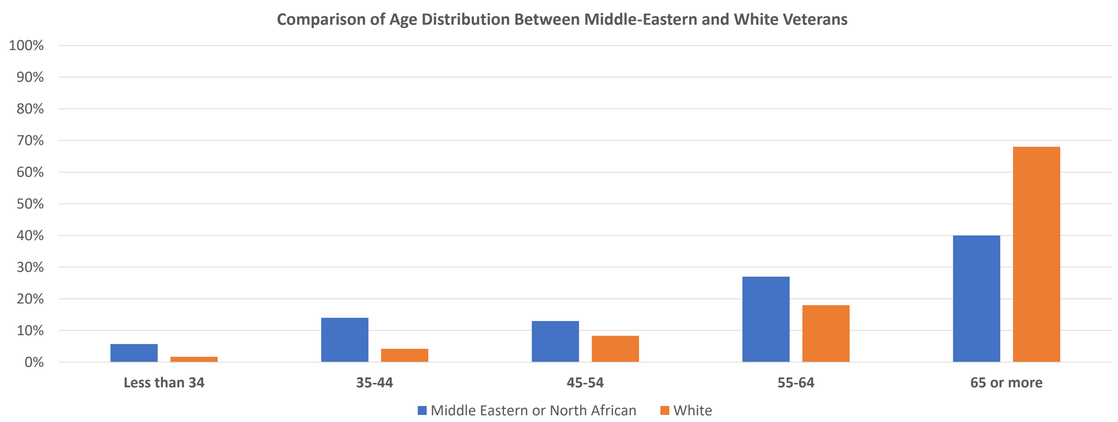
- The study sample included 146,735 Veterans who responded to demographic questions on VA Wide Trust survey (VSignals) and were matched with Electronic Health Record (EHR) data.
- 194 Veterans self-identified as non-Hispanic MENA only, 105 self-identified as Hispanic MENA only, and 241 self-identified as MENA and another race.
- 105,167 Veterans self-identified as non-Hispanic White only.

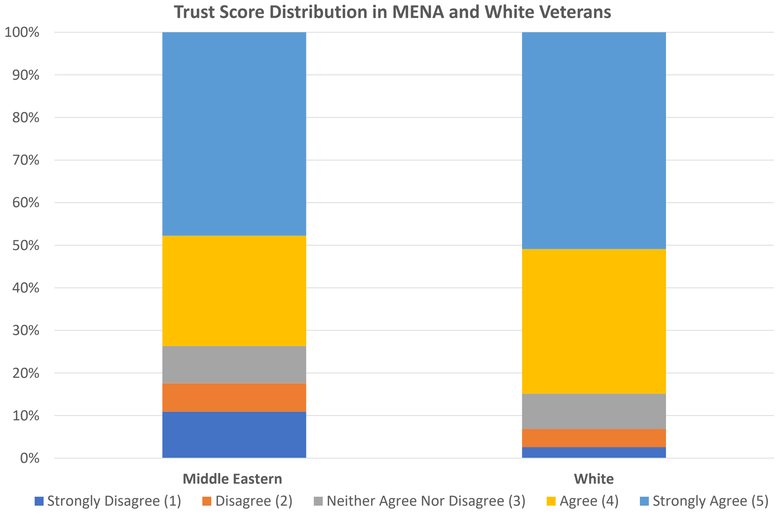
Characteristics	MENA	White
Gender Identity		
Male	88.0%	91.0%
Female	11.0%	8.8%
Transgender or Gender Minority	0.5%	0.3%
More than one selected	0.0%	0.2%
Sexual Orientation		
Heterosexual or Straight	94.0%	97.0%
LGBQ+	4.0%	2.7%
More than one selected	2.0%	0.3%

ACKNOWLEDGEMENTS

Thank you to Office of Health Equity and the Veterans Experience Office for all the support throughout this project.

PRINCIPAL FINDINGS





VSignals Survey uses the Likert scale for Veterans to rate their agreement with the statement "I trust VA to fulfill our country's commitment to Veterans."

On this scale Strongly Agree (5) is the highest trust in the VA and Strongly Disagree (1) is the least trust in the VA.

*all data in the graphs utilizes the 194 Veterans who identified as non-Hispanic MENA only and the 105,167 Veterans who identified as non-Hispanic White.

RESULTS

- MENA Veterans were on average younger than White Veterans (61 vs 71 years old)
- Fewer MENA Veterans identified as male than White Veterans
- A higher percentage of MENA Veterans identified as LGBQ+
- Comparing the Trust scores between non-Hispanic MENA Veterans and non-Hispanic white Veterans showed that:
  - Fewer MENA respondents rated their trust in the VA in the highest two categories (74% vs 85%)
  - More MENA respondents rated their trust in the VA in the lowest two categories (18% vs 7%)
  - In a generalized linear model, a significant association was found between MENA race and lower trust scores, even when accounting for the differences in age (β =.02, 95% CI [.02-.02], p<0.001).

IMPLICATIONS FOR POLICY AND PRACTICE

In 2022, the White House directed the OMB to revise the current race and ethnicity collection guidelines for federal agencies. The updates were published on March 28, 2024. The updates approved the addition of a MENA race selection to the standard race and ethnicity question. These revisions are attempting to reflect increasing racial and ethnic diversity, the growing number of people who identify as more than one race or ethnicity, and changing immigration patterns. At VA, collecting MENA race can be used to support equity initiatives and reveal disparities that would not be visible in aggregated racial and ethnic groups.

CONTACT INFORMATION

Jaime Boris – jaime.boris2@va.gov

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