



Spotlight on Women's Health Cyberseminar Series

Sponsored by the VA Women's Health Research Network

Unique Readjustment Concerns for Newly Separated Women Veterans



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National
Center for
PTSD
Posttraumatic
Stress Disorder

Plan for Presentation



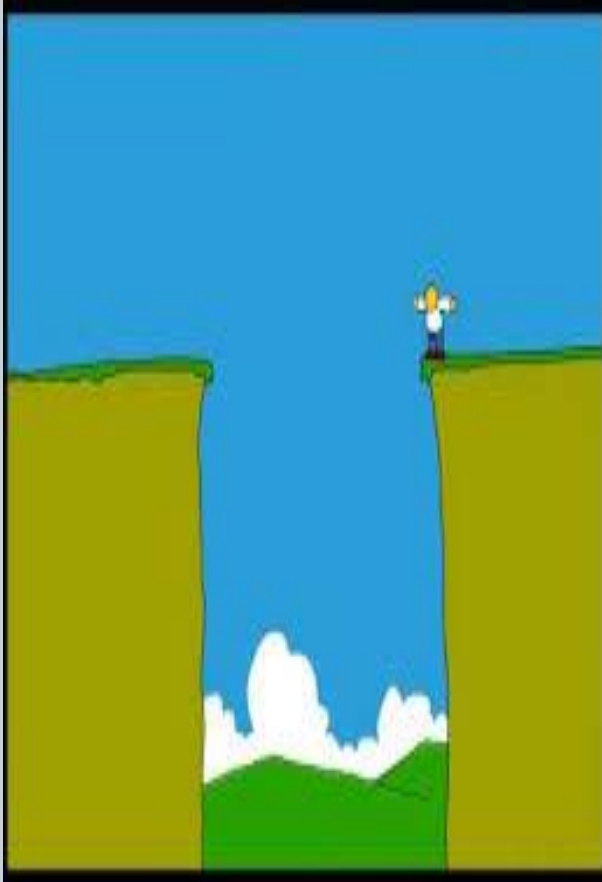
**Review Gaps
in Research
on Women
Veterans'
Readjustment**

**Introduce
TVMI
Transition
Study**

**Summarize
Findings on
Gender
Differences**

**Discuss
Conclusions,
Implications,
and Future
Directions**

Limitations of Prior Research

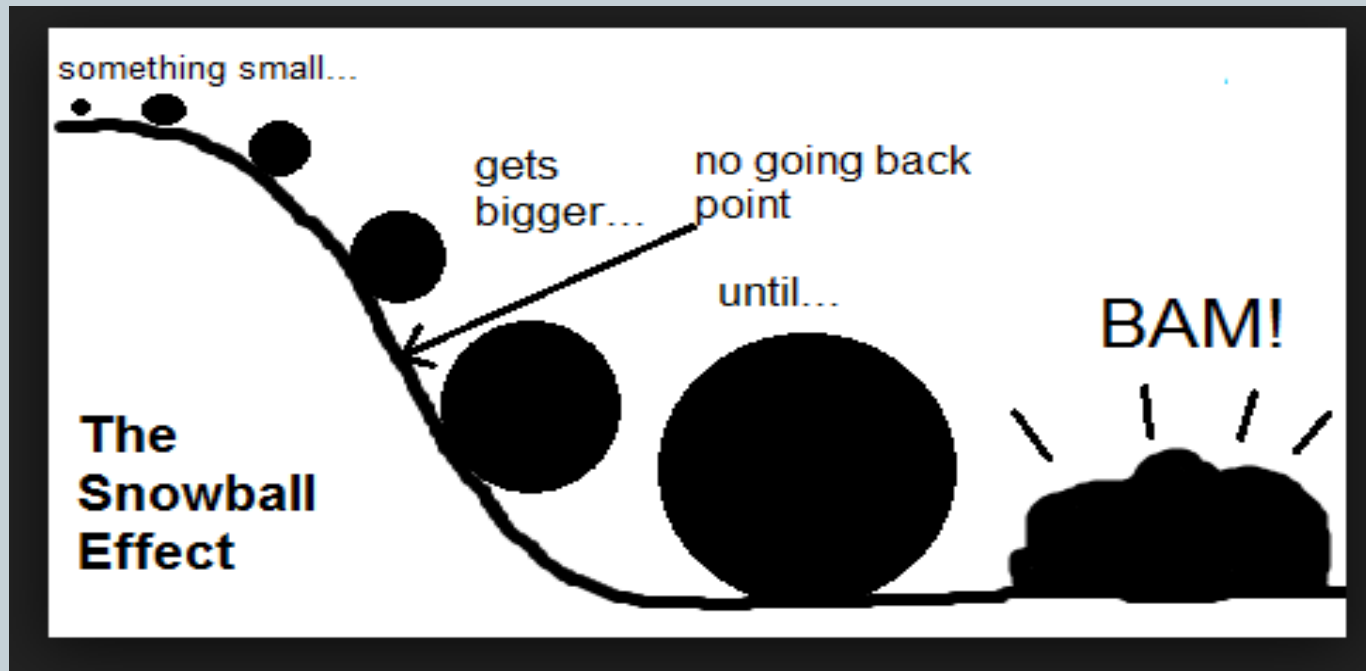


- Increased research on women veterans' health and well-being
- But little knowledge of how either women or men fare throughout military-to-civilian transition¹
- Important to attend to this timeframe because:
 - Transition may represent vulnerable period
 - Offers ideal opportunity for early intervention

Benefit of Studying Early Transition Outcomes



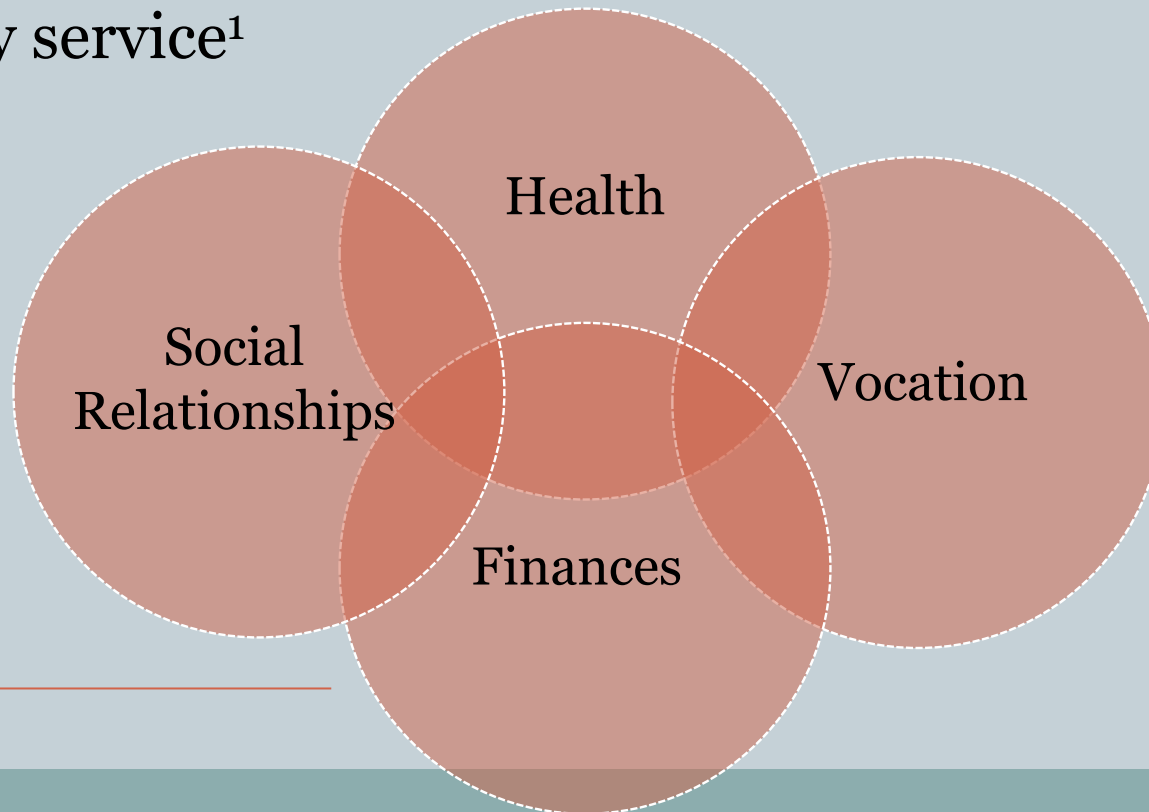
- Can identify veterans at risk for downward spirals



Limitations of Prior Research



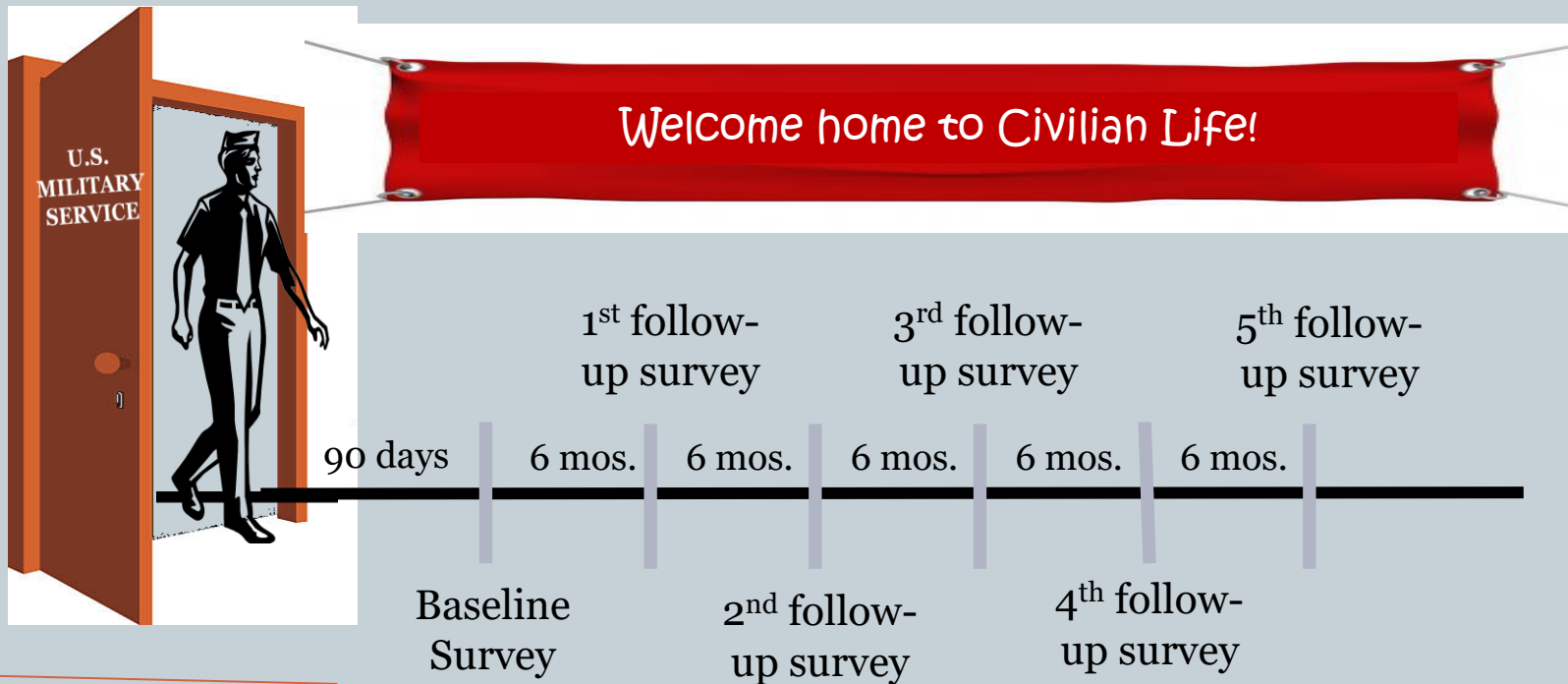
- A good amount of research on health outcomes of women veterans
- Fewer studies of women veterans' broader well-being after military service¹



¹Vogt et al., 2019

TVMI Study Design

- Longitudinal study of the military-to-civilian transition among approximately 10,000 newly separated U.S. women and men service members¹



¹ Vogt et al., 2018

Survey Methodology



Population-Based Sample

- Transitioning veterans identified through VA/Department of Defense (DoD) Identity Repository (VADIR)

Web-based data collection

- Six 45-minute surveys completed online

Non-response Weighting

- Nonresponse bias weights to adjust for response differences/enhance generalizability

Demographics of Completers

Gender

- 82% men (7,823)
- 18% women (1,743)

Race / Ethnicity

- 76% White
- 14% Hispanic
- 13% Black
- 5% Asian
- 4% Native American
- 3% Other

Rank

- 28% E1-E4
- 30% E5-E6
- 18% E7-E9
- 10% W1-W5 O1-O3
- 14% O4-O10

NGR Participation

- 13% recently deactivated from NGR active status
- 17% continue to serve in NGR

Branch of service

- 32% Army
- 20% Navy
- 25% Air Force
- 16% Marine Corps

Well-Being Measurement



Domains				
Dimensions	Health	Vocation	Finances	Social Relationships
Status	Mental/physical health status	Work and/or educational involvement	Financial status	Intimate relationship, parenting, and broader community involvement
Functioning	Health behaviors	Work and/or educational performance	Management of finances	Functioning in social relationships
Satisfaction	Satisfaction with health	Work and/or educational satisfaction	Satisfaction with finances	Satisfaction with social relationships

TVMI Study – Additional Information



Open access

Cohort profile

BMJ Open The Veterans Metrics Initiative study of US veterans' experiences during their transition from military service

Dawne Vogt,^{1,2} Daniel F Perkins,^{3,4,5} Laurel A Copeland,^{6,7,8} Erin P Finley,^{9,10}
Christopher S Jamieson,¹¹ Bradford Booth,¹² Suzanne Lederer,¹³
Cynthia L Gilman¹¹

Well-Being Measure – Additional Information



APPLIED PSYCHOLOGY: HEALTH AND WELL-BEING, 2019

doi:10.1111/aphw.12161

Development and Validation of a Tool to Assess Military Veterans' Status, Functioning, and Satisfaction with Key Aspects of their Lives

Results



- 1. Health and well-being of women and men veterans during the first year post-separation**
- 2. Change in health and well-being of women and men veterans over first three years post-separation**

Health and Well-Being in the First Year after Separation



ARTICLE IN PRESS

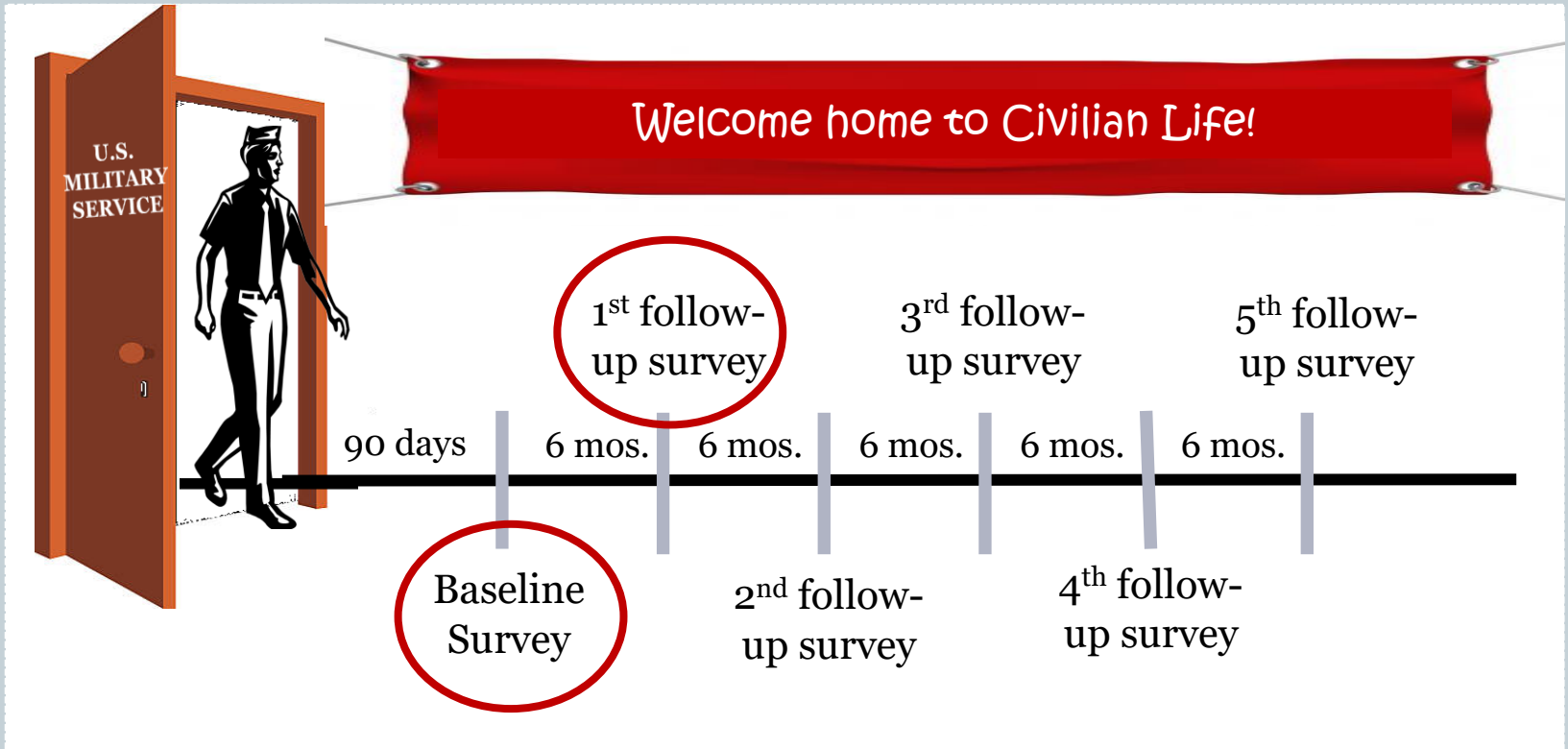
American Journal of
Preventive Medicine

RESEARCH ARTICLE

U.S. Military Veterans' Health and Well-Being in the First Year After Service

Dawne S. Vogt, PhD,^{1,2} Fanita A. Tyrell, PhD,¹ Emily A. Bramande, BA,¹ Yael I. Nillni, PhD,^{1,2} Emily C. Taverna, BA,³ Erin P. Finley, PhD,^{4,5} Daniel F. Perkins, PhD,^{6,7,8} Laurel A. Copeland, PhD^{9,10}

Veteran Health and Well-Being in First Year Post-Separation



Health Status



Health Status	Time Point	Percent of Women	Percent of Men	OR
≥ 1 Physical Health Condition	T1	51.1	53.6	1.10
	T2	54.0	54.7	1.02
≥ 1 Mental Health Condition	T1	40.5	31.3	.67
	T2	46.1	32.7	.57*

Health Conditions



Health Condition/ Illness/Disability	Time Point	Percent of Women	Percent of Men	<i>OR</i>
Chronic Pain	T1	39.2	40.7	1.06
	T2	41.2	41.6	1.02
Anxiety	T1	31.1	20.8	.58
	T2	34.1	22.0	.55*
Depression	T1	29.0	18.1	.54*
	T2	31.8	20.2	.54*
Sleep Problems	T1	28.8	31.7	1.15
	T2	28.8	32.1	1.16
PTSD	T1	12.4	12.3	.99
	T2	16.8	13.1	.75

*reflect at least a small effect

Health Conditions



Health Condition/ Illness/Disability	Time Point	Percent of Women	Percent of Men	<i>OR</i>
Arthritis	T1	11.4	14.6	1.32
	T2	13.4	15.3	1.17
Hearing Condition	T1	6.2	15.2	2.70*
	T2	5.5	15.3	3.12*
High Blood Pressure	T1	5.8	12.8	2.41*
	T2	7.6	13.0	1.83*
High Cholesterol	T1	3.5	7.3	2.19*
	T2	4.9	8.0	1.68*

*reflect at least a small effect

Health Functioning and Satisfaction



Health	Time Point	Percent of Women	Percent of Men	OR
Good Health Functioning	T1	73.3	67.8	.77
	T2	72.0	66.9	.78
Satisfied with Health	T1	44.1	48.4	1.19
	T2	46.3	47.1	1.03

Work Status, Functioning, and Satisfaction



Vocation	Time Point	Percent of Women	Percent of Men	OR
Working	T1	45.3	59.6	1.78*
	T2	55.8	70.3	1.87*
Functioning Well at Work	T1	92.0	93.0	1.16
	T2	85.8	86.9	1.10
Satisfied with Work	T1	67.4	68.5	1.05
	T2	64.9	64.5	.98

*reflect at least a small effect

Financial Status, Functioning, and Satisfaction



Vocation	Time Point	Percent of Women	Percent of Men	OR
Secure Financial Status	T1	35.7	35.8	1.01
	T2	41.7	41.3	.98
Good Financial Functioning	T1	56.1	55.4	.97
	T2	56.3	56.8	1.02
Satisfied with Finances	T1	44.1	43.9	.99
	T2	48.7	46.3	.91

*reflect at least a small effect

Intimate Relationship Status, Functioning, & Satisfaction



Intimate Relationship	Time Point	Percent of Women	Percent of Men	OR
In Intimate relationship	T1	76.1	81.9	1.42
	T2	76.6	81.6	1.35
Functioning Well in Relationship	T1	69.5	62.4	.73
	T2	68.6	61.6	.73
Satisfied with Relationship	T1	70.6	69.1	.93
	T2	69.7	67.8	.92

Broader Social Status, Functioning, & Satisfaction



Broader Social/ Community	Time Point	Percent of Women	Percent of Men	<i>OR</i>
Higher Community Involvement	T1	61.8	59.9	.92
	T2	61.5	59.7	.93
Functioning Well in Community	T1	70.6	66.6	.83
	T2	68.3	61.2	.73
Satisfied with Community	T1	64.2	66.2	1.09
	T2	64.1	64.6	1.02

*reflect at least a small effect

Take-Home



- Many similarities in initial post-transition outcomes for women and men
- Some notable risks for women veterans

Slightly lower likelihood of working

- More likely to have caregiving responsibilities?
- More workplace stigma?

Poorer initial mental health

- Consistent with broader civilian population
- Greater stress burden, trauma histories?

Change in Health and Well-Being over Three Year Period



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Contents lists available at [ScienceDirect](#)

Social Science & Medicine

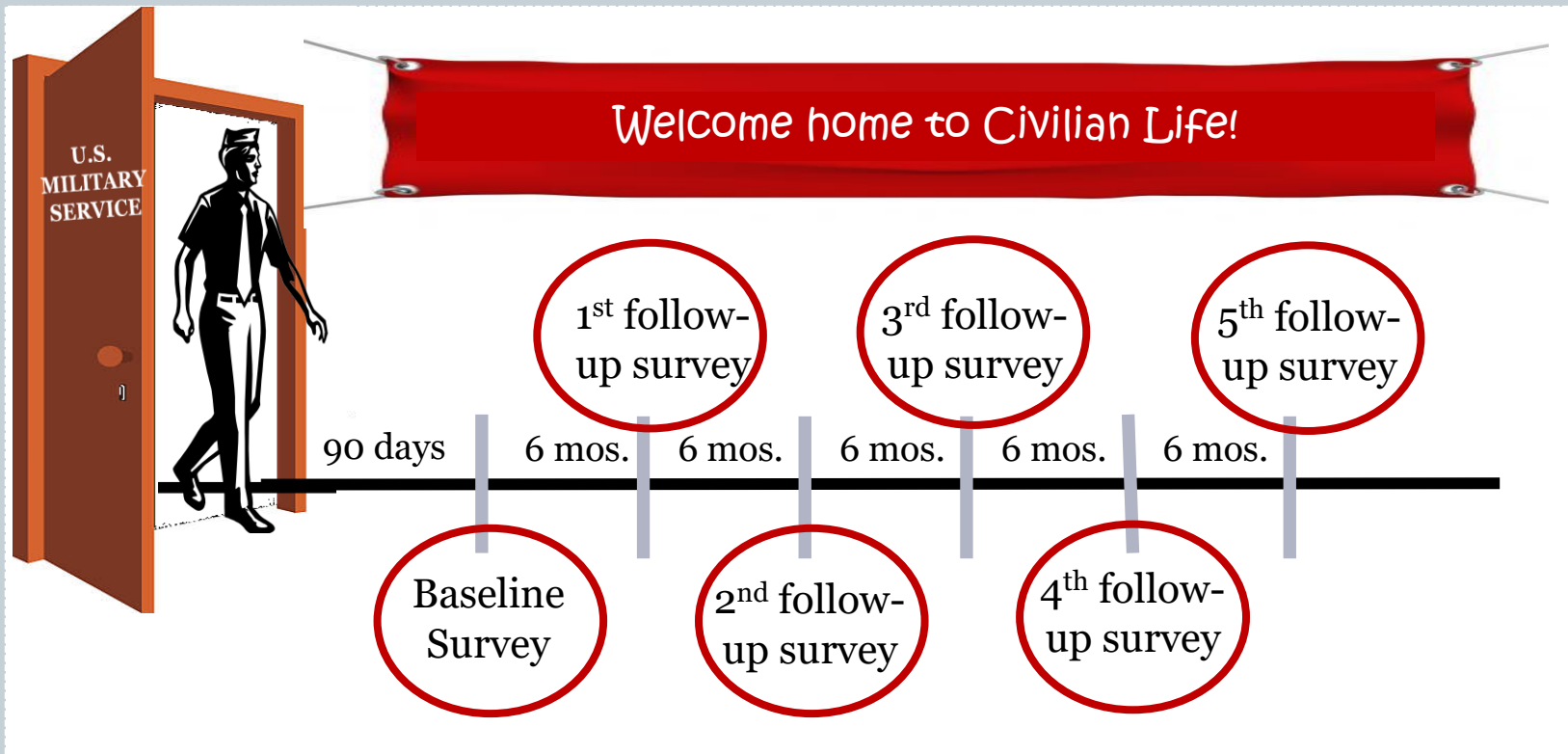
journal homepage: www.elsevier.com/locate/socscimed



Changes in the health and broader well-being of U.S. veterans in the first three years after leaving military service: Overall trends and group differences

Dawne Vogt^{a,b,*}, Shelby C. Borowski^a, Lauren R. Godier-McBard^c, Matt J. Fossey^c,
Laurel A. Copeland^{d,e}, Daniel F. Perkins^{f,g,h}, Erin P. Finley^{i,j}

Change in Veterans' Health and Well-Being During First Three Years



Change in Health



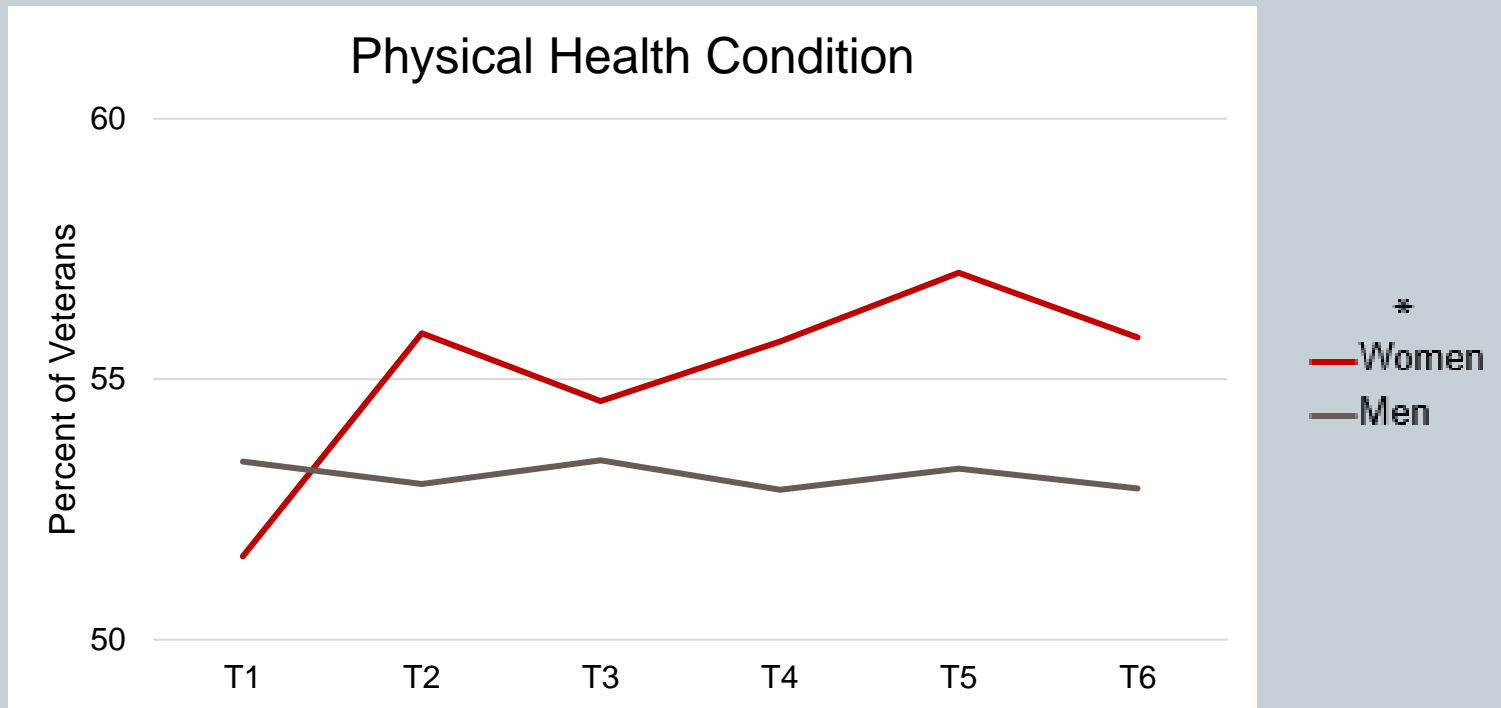
HEALTH STATUS

HEALTH FUNCTIONING

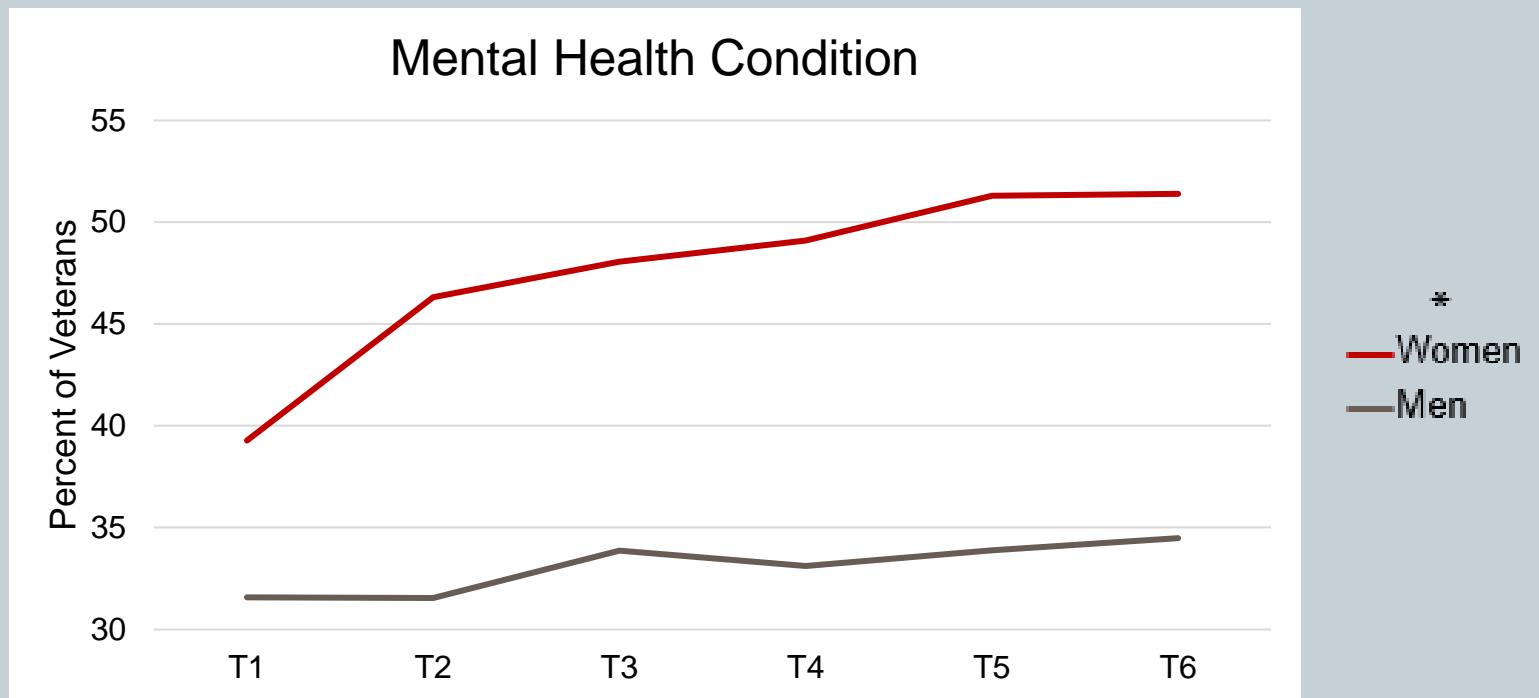
HEALTH SATISFACTION



Change in Physical Health Conditions



Change in Mental Health Conditions

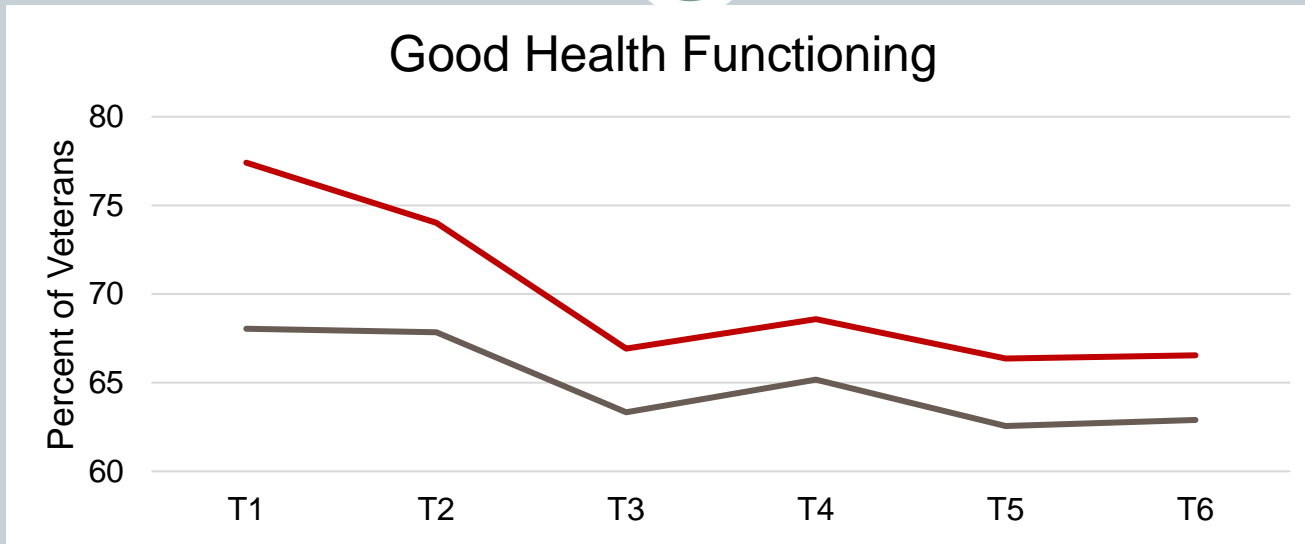


Change in Health Conditions

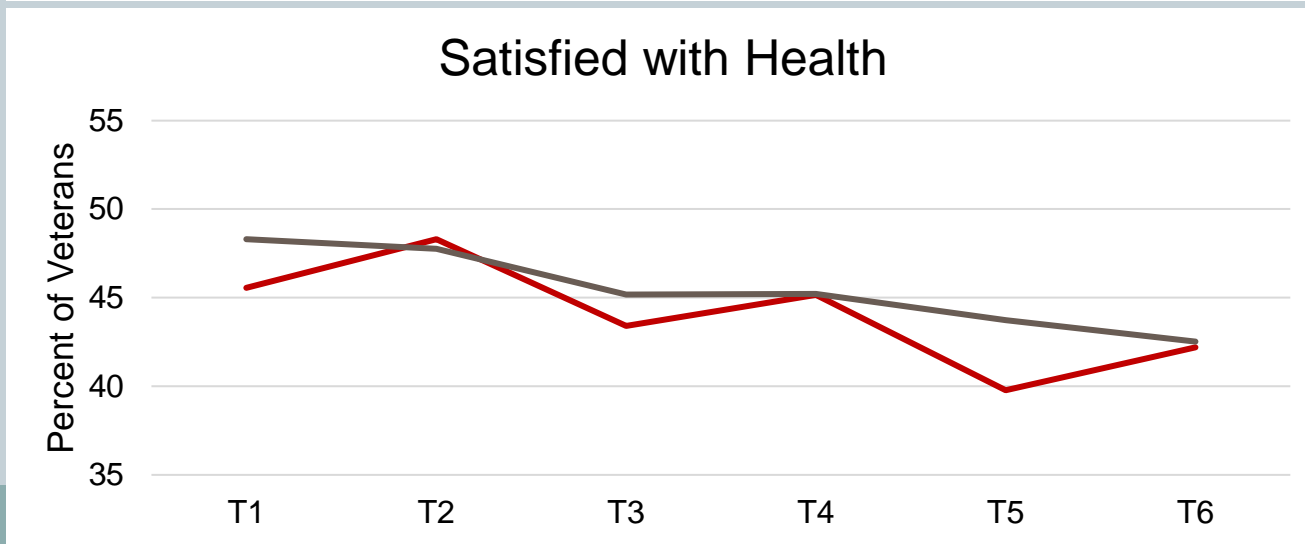


- Significant increase in *depression* and *anxiety* for women over time, greater than for men

Change in Health Functioning and Satisfaction



*
— Women
— Men



— Women
— Men

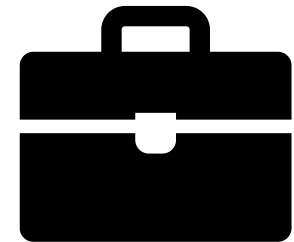
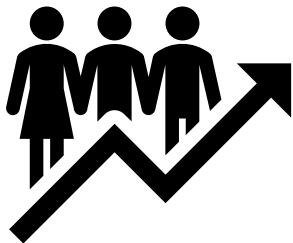
Changes in Vocational Well-Being



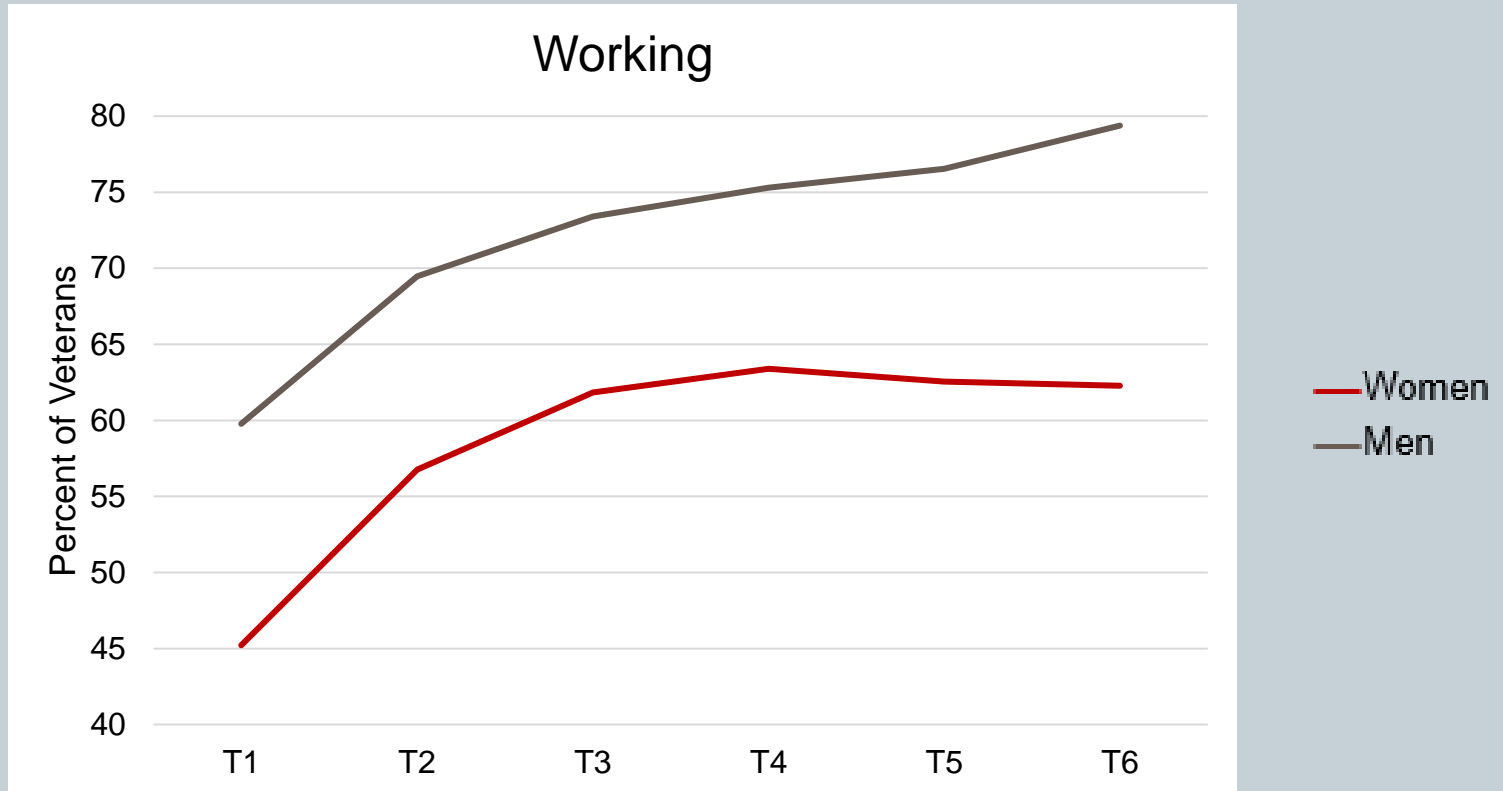
WORKING

WORK FUNCTIONING

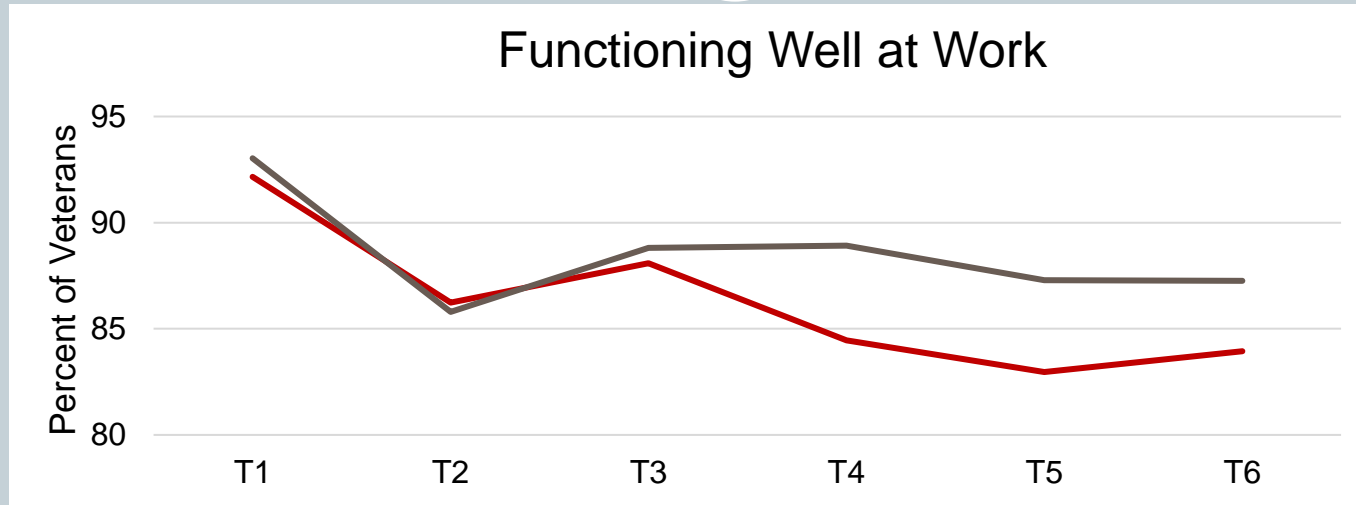
WORK SATISFACTION



Change in Work Status



Change in Work Functioning & Satisfaction



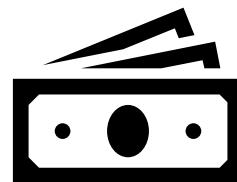
Changes in Financial Well-Being



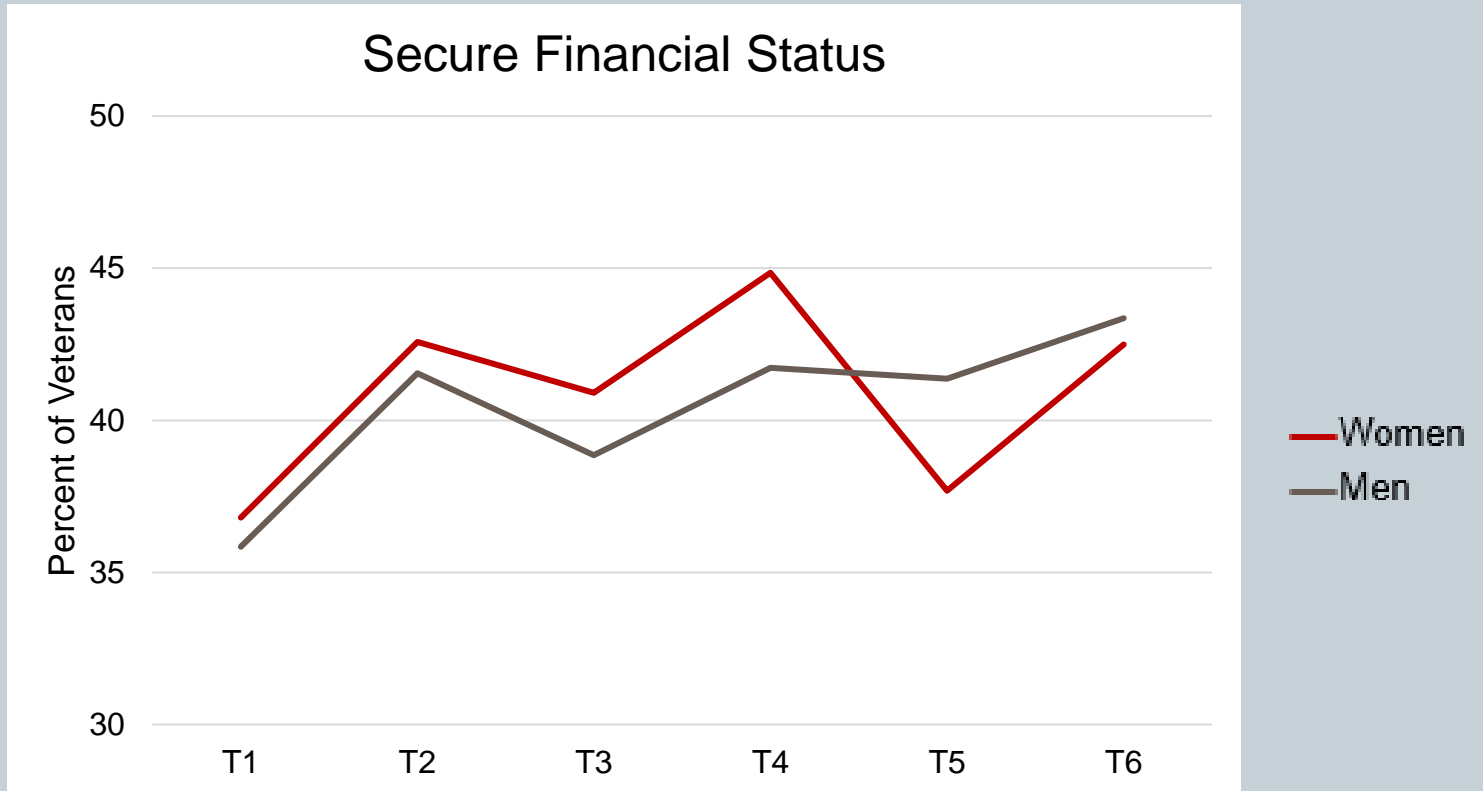
FINANCIAL STATUS

FINANCIAL FUNCTIONING

FINANCIAL SATISFACTION



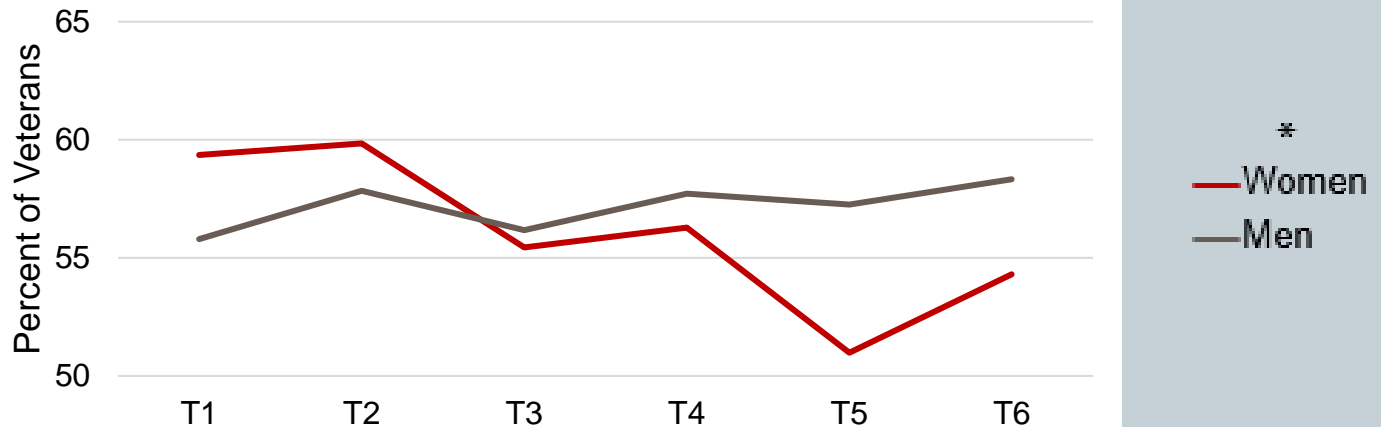
Change in Financial Status



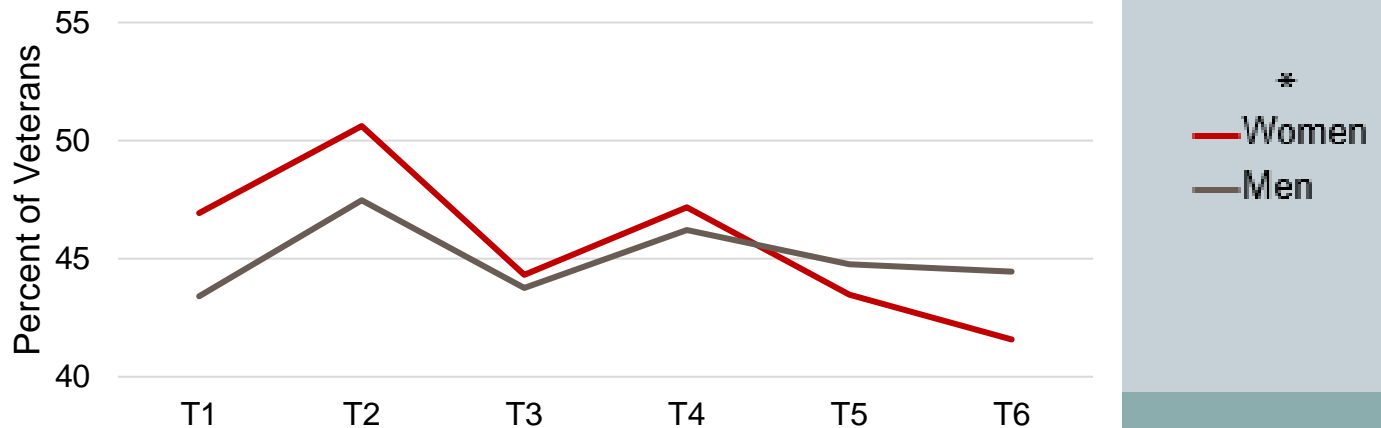
Change in Financial Functioning and Satisfaction



Good Financial Functioning



Satisfied with Finances



Changes in Social Well-Being



**INTIMATE RELATIONSHIP
STATUS**

**BROADER COMMUNITY
INVOLVEMENT**

**INTIMATE RELATIONSHIP
FUNCTIONING**

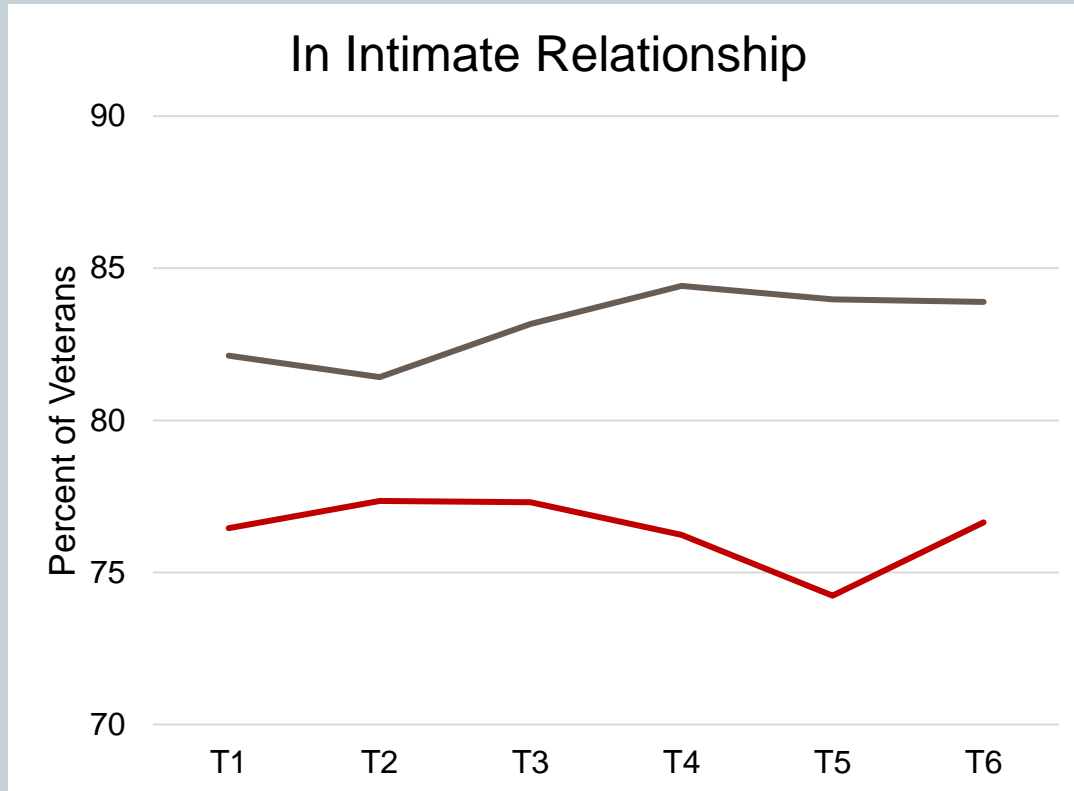
**BROADER SOCIAL
FUNCTIONING**

**INTIMATE RELATIONSHIP
SATISFACTION**

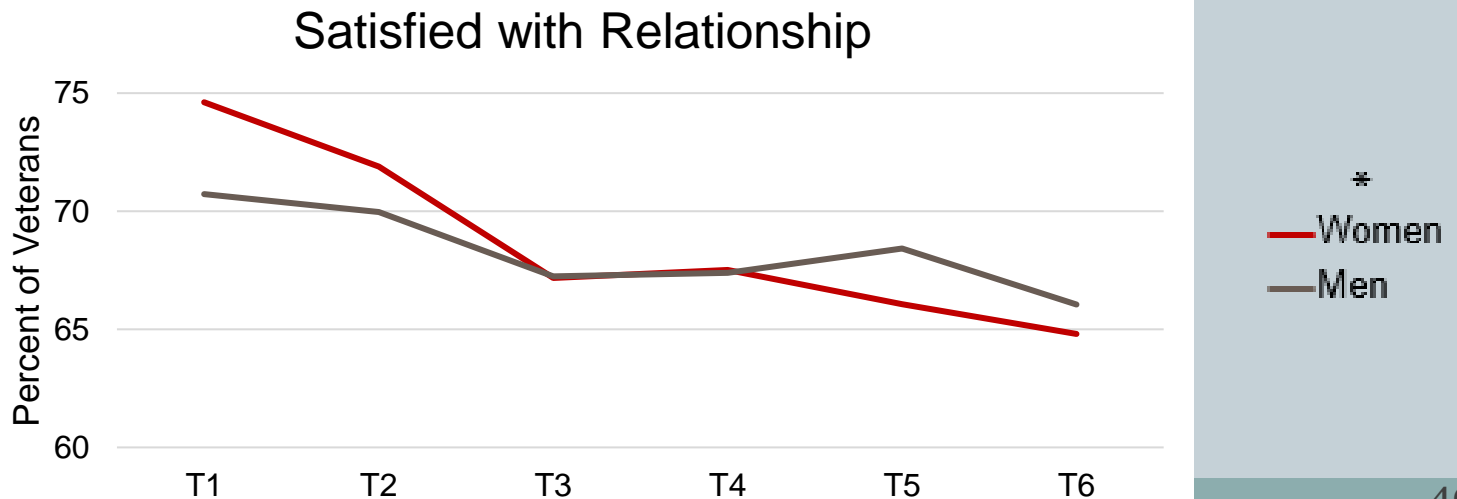
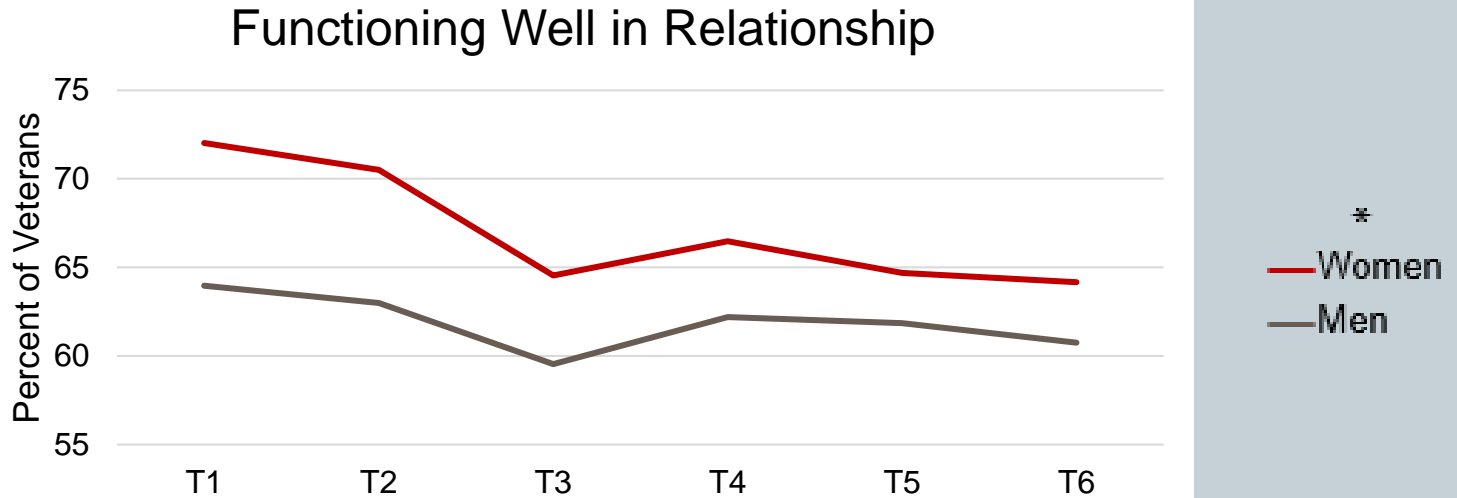
**BROADER SOCIAL
SATISFACTION**



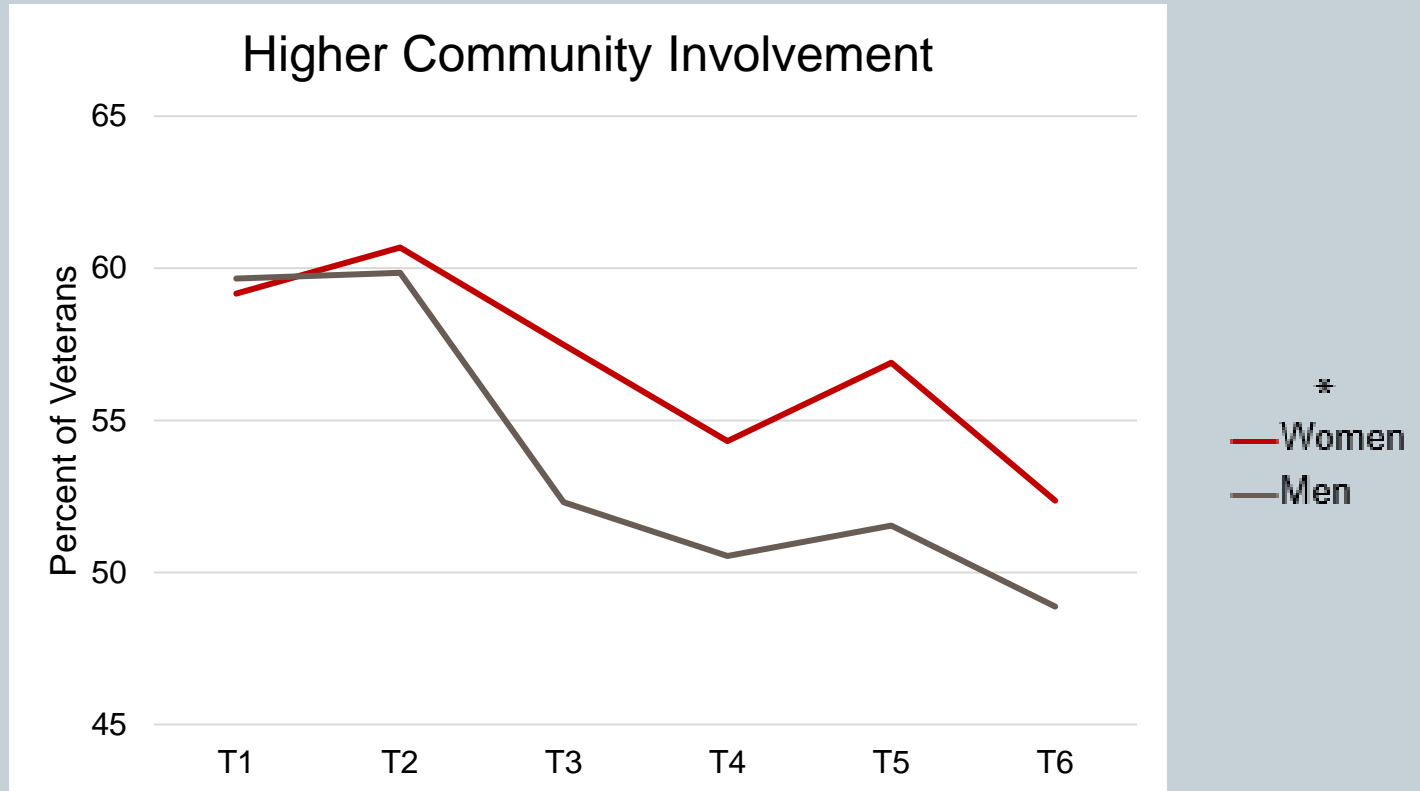
Change in Intimate Relationship Status



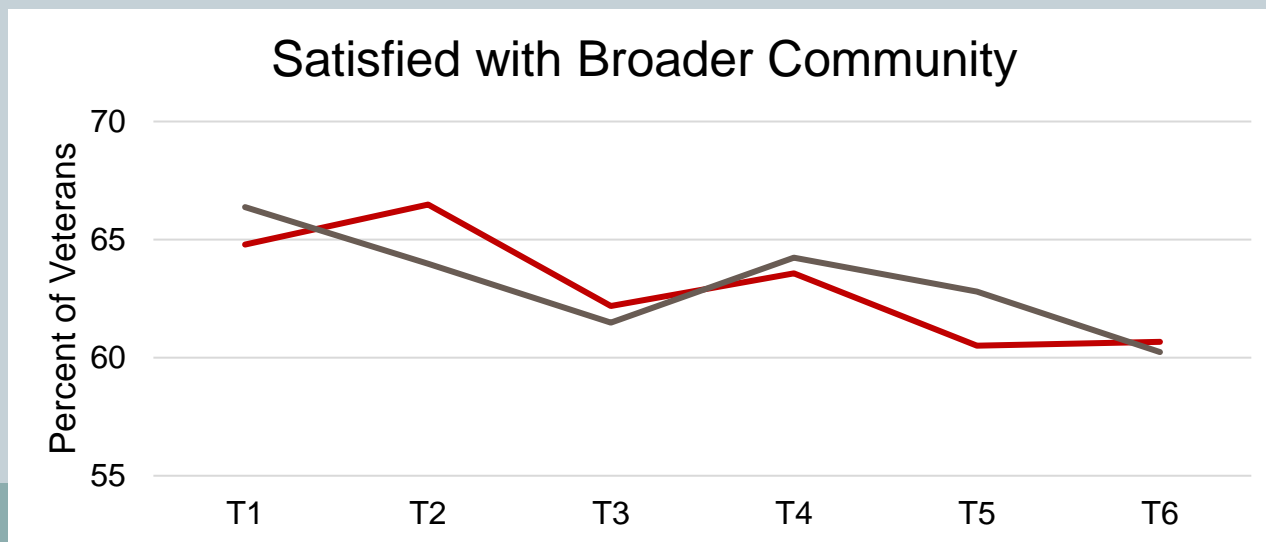
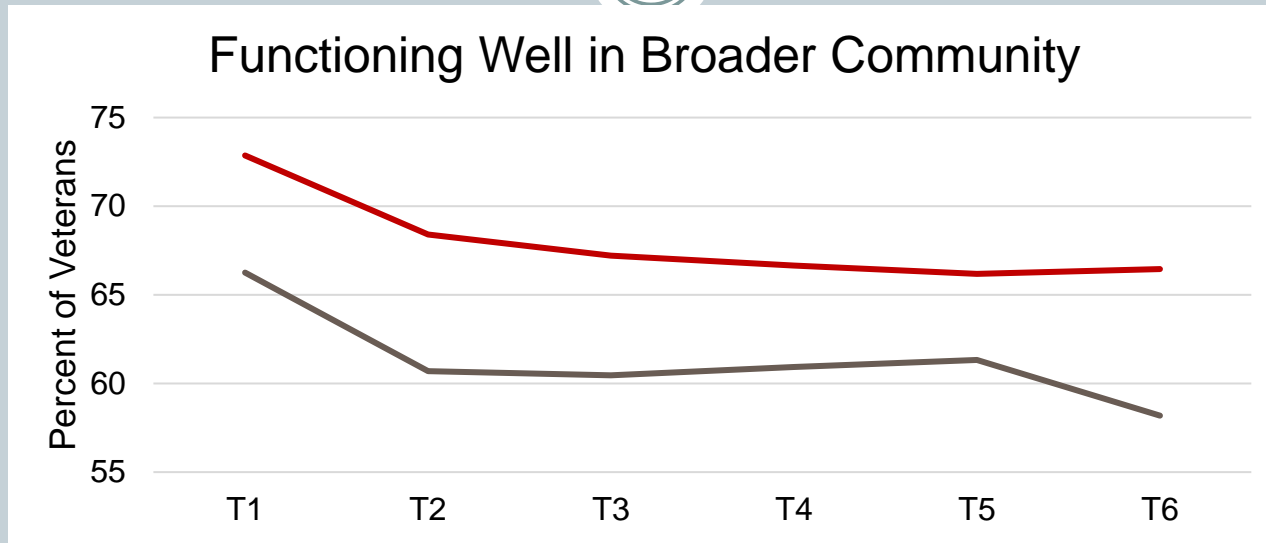
Change in Intimate Relationship Functioning and Satisfaction



Change in Broader Community Involvement



Change in Broader Community Functioning and Satisfaction



Discussion



**KEY TAKEAWAY,
IMPLICATIONS, AND
FUTURE DIRECTIONS**

Decline in Women's Well-Being over Time



Greater Decline for Women

Health

Mental Health
(Depression, Anxiety)

Health Functioning

Vocation

Work Satisfaction

Finances

Financial functioning

Financial satisfaction

Social

Intimate Relationship Functioning

Intimate Relationship Satisfaction

Why Greater Declines for Women?



Greater toll of mental health conditions?



More post-military stress?



Less social support?



Need for additional research!

Clinical, Research & Public Health Implications



Prioritize mental health care

- More emphasis on mental health treatment for women veterans

Tailored support for women veterans

- Enhance support for women veterans
- Reduce barriers to women's program use

Identify factor that account for declines

- Additional research on why decline greater for women veterans

Acknowledgements



TVMI Study Team

- John Boyle (ICF International)
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- Dawne Vogt (VA)



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- Shelby Borowski
- Emily Bramande
- Matt Fossey
- Lauren Goldier-McBard
- Yael Nillni
- Emily Taverna
- Fanita Tyrell



TVMI Study Sponsors



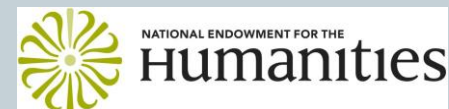
May and Stanley Smith
Charitable Trust



Marge and Phil Odeen



THE HEINZ ENDOWMENTS
HOWARD HEINZ ENDOWMENT • VIRA I. HEINZ ENDOWMENT



References



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Questions?



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- ✓ **Contact** Adriana Rodriguez, Ph.D., WHRN Consortium Program Manager for more information about our network and services (Adriana.Rodriguez3@va.gov)

