

VA



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Office of Women's Health

State of Reproductive Health Report, Vol II

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Introduction

Jodie G Katon, PhD, MS

Acknowledgements

State of Reproductive Health Workgroup, Women's Health Evaluation Initiative (WHEI); Women's Assessment Tool for Comprehensive Health (WATCH)

Our deepest gratitude goes to the women/gender-diverse Veterans who have served our country across the generations.

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Disclaimer

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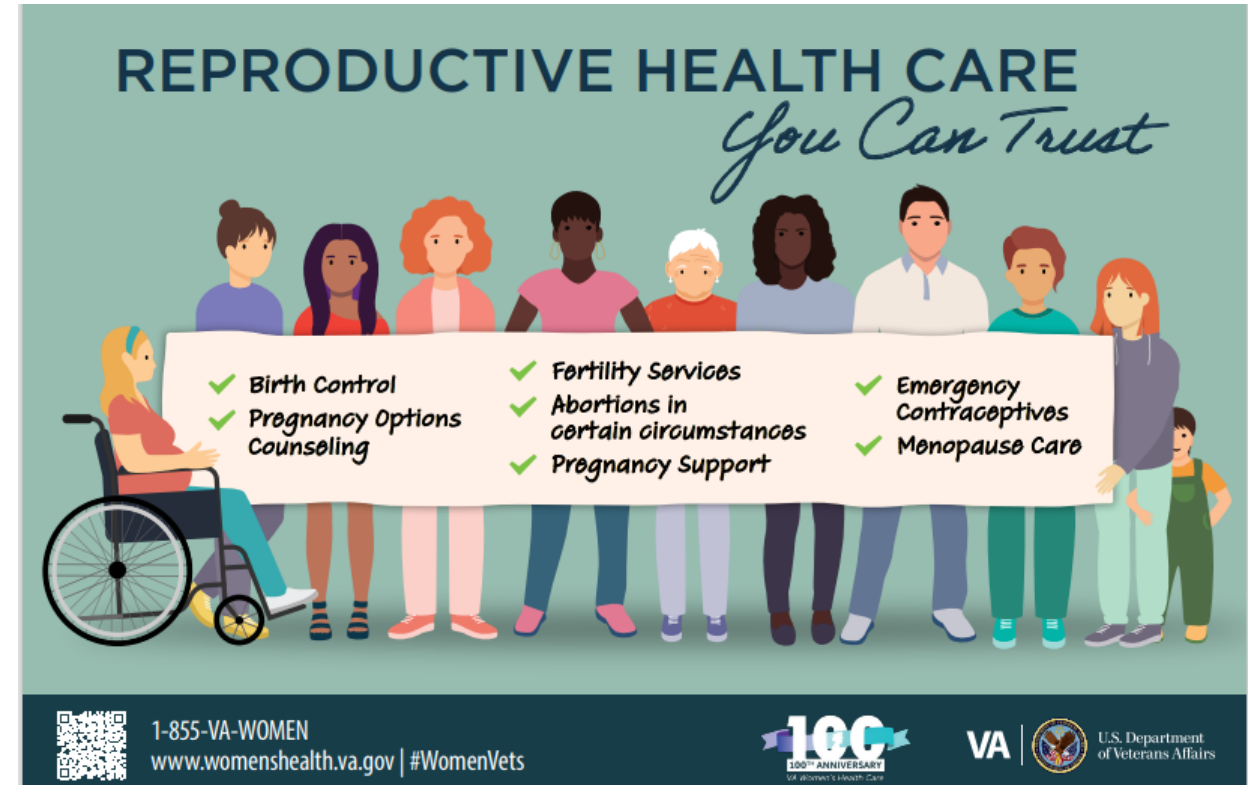
What is Reproductive and Sexual Health (RSH)?

- It includes all matters relating to the reproductive system and its functions and processes
- Some RSH needs are age-specific while others are pertinent across the entire life course
- RSH is a core component of comprehensive health care
- RSH plays a critical role in enabling people to enjoy life, remain healthy, and contribute to their communities

World Health Organization

Reproductive and Sexual Health in VA

- Continued increase in Veterans listed as female using VA health care, 870,000 enrolled in Fiscal Year (FY) 2021
- VA continues to expand access to RSH services on-site and through community care
- Increased interest in RSH by legislators, advocates, and researchers
- Last report on RSH in VA (Vol I) used FY10 data



Frayne 2018

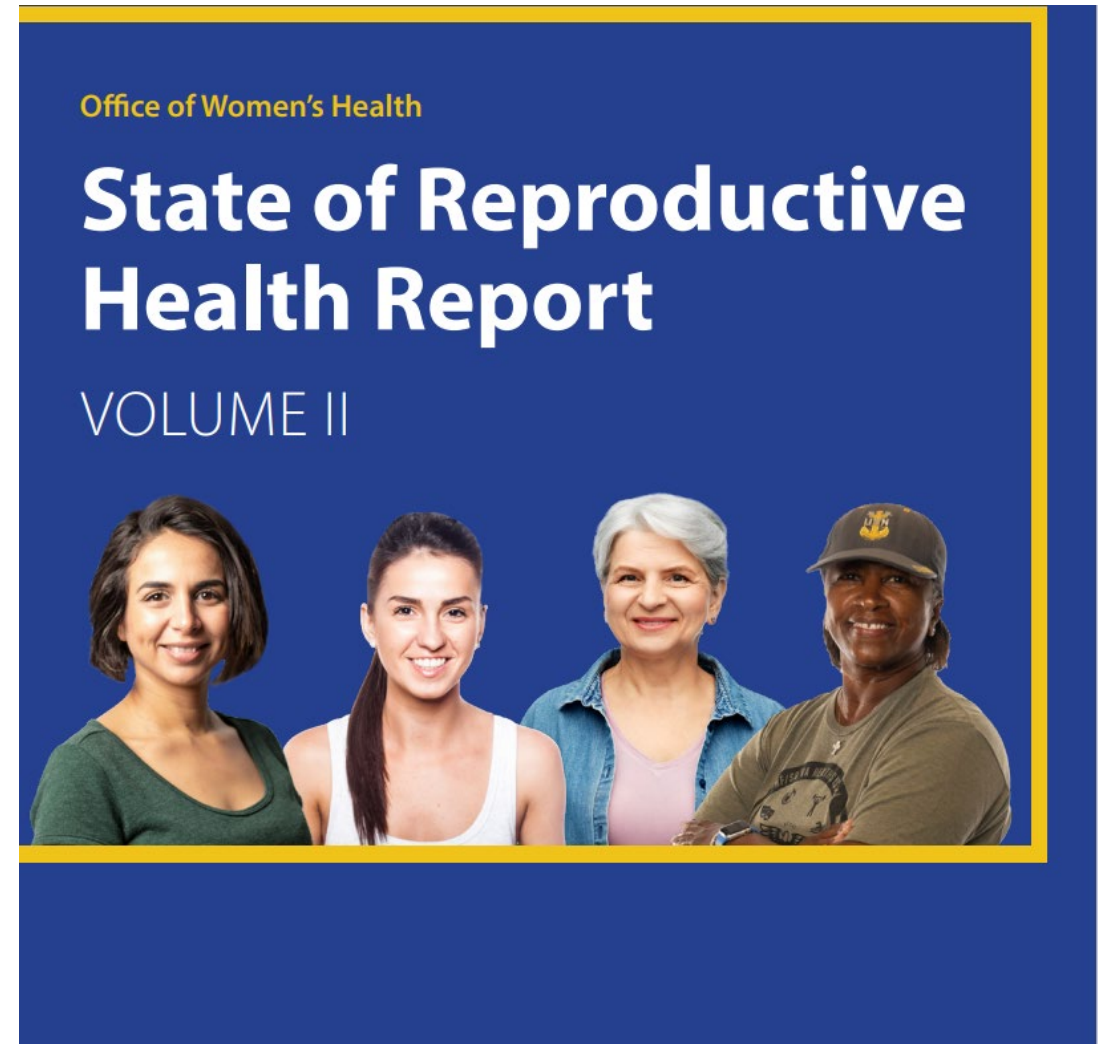
State of Reproductive Health Report (SRHR) Vol II

Objectives

- Summarize the RSH needs of women/gender-diverse Veterans and describe how these needs have changed over time, including variation by age, race/ethnicity, and urban vs rural residence
- Summarize the change in availability and organization of RSH care services in VHA over time

New Features of SRHR Vol II

- Changes over time
- Addition of organizational survey data
- Larger body of peer-reviewed research to contextualize results
- Special Topics sections addressing current issues of concern for Veterans, clinicians, and policy makers
- Intentional use of inclusive language



Inclusive Language



- Historically VHA has collected only sex NOT gender data
- The sex field includes only options for male or female sex at birth, not intersex
- Prior to addition of a gender field, the sex field was sometimes changed to reflect a veteran’s gender identity
- No way to distinguish birth sex versus gender identity in historic data
- Thus, we use the term “women/gender diverse” veterans

Part 1. Demographics and Reproductive Health Diagnoses

Jodie G Katon, PhD, MS

Methods

- Used data compiled from CDW from the Women's Health Evaluation Initiative (WHEI) at VA Palo Alto (PI: Frayne)
- International Classification of Disease Codes version 10 (ICD-10) used to identify reproductive health conditions
- Details on cohort construction and ICD-10 codes and diagnosis groupings available on request from VHA10WWomensHealthAction@va.gov

Citation or reference text – 10pt Calibri Italic

Women/Gender Diverse Veterans Using VA Healthcare FY18 (N=510,179)



- 40.8% 18-44 years old
- 45.9% 45-64 years old
- 13.2% 65+ years old

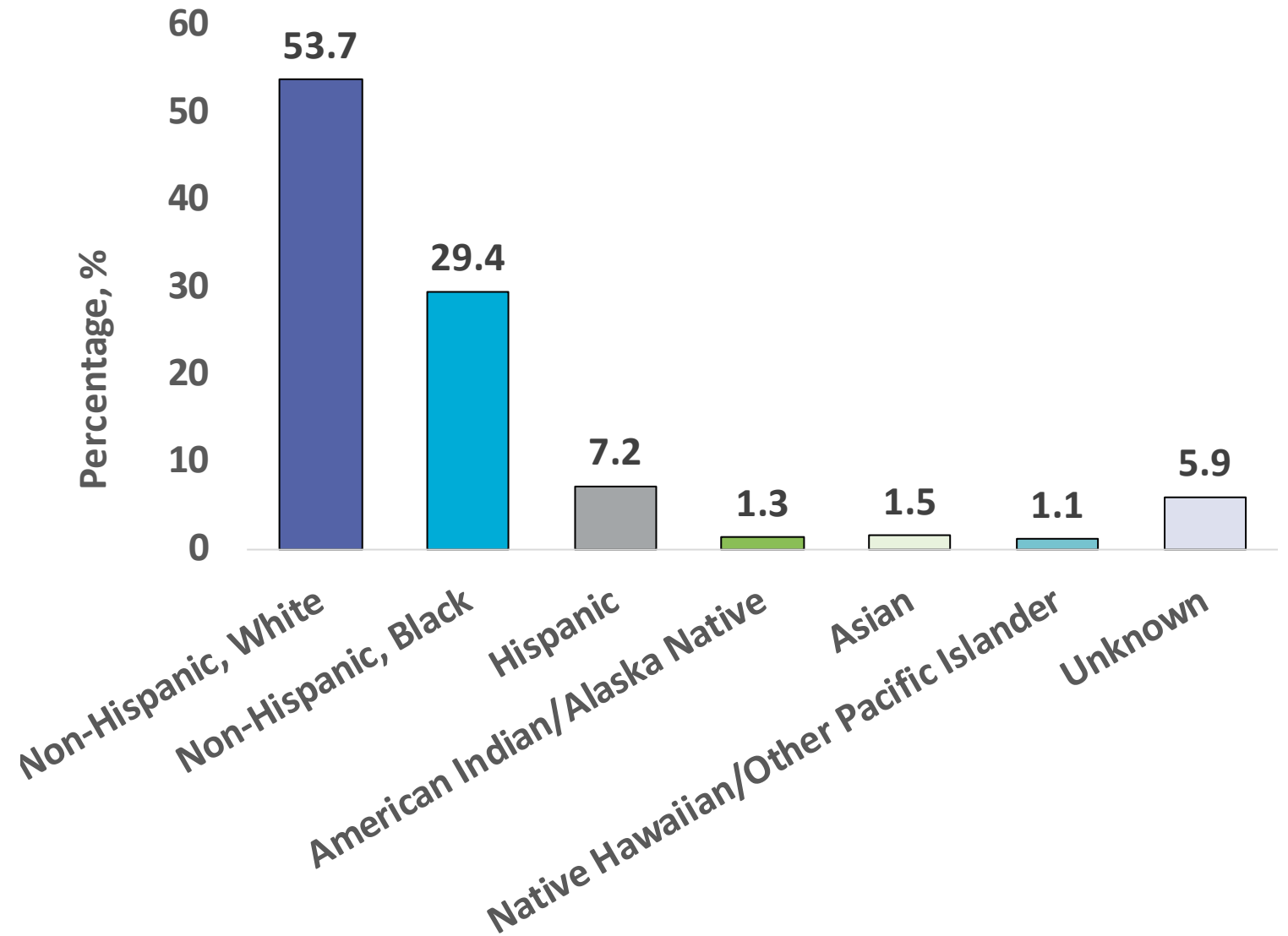


- 73.3% urban residence
- 25.6% rural residence
- 0.8% highly rural residence
- 0.1% insular island residence



- 52.0% had ≥ 1 mental health diagnosis
- 42.2% had ≥ 1 reproductive health diagnosis

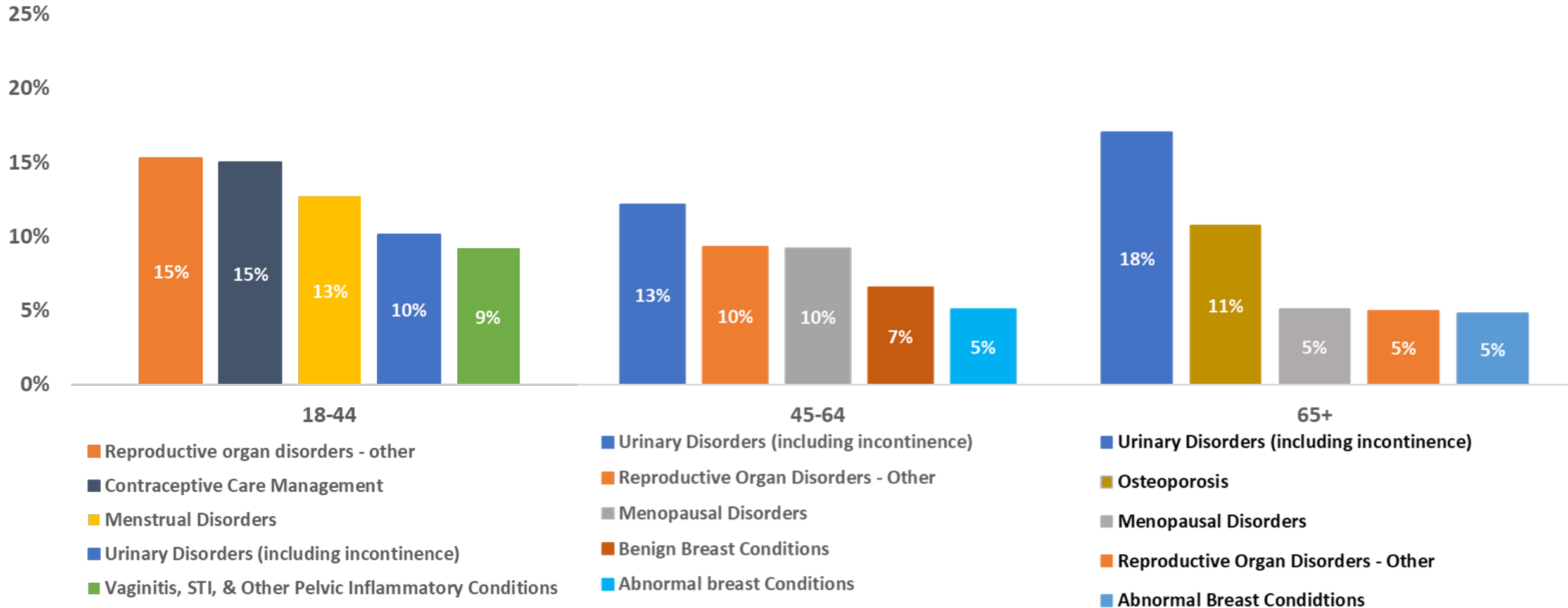
Racial/Ethnic Makeup of Women/Gender Diverse Veterans Using VA Healthcare in FY18 (N=510,179)



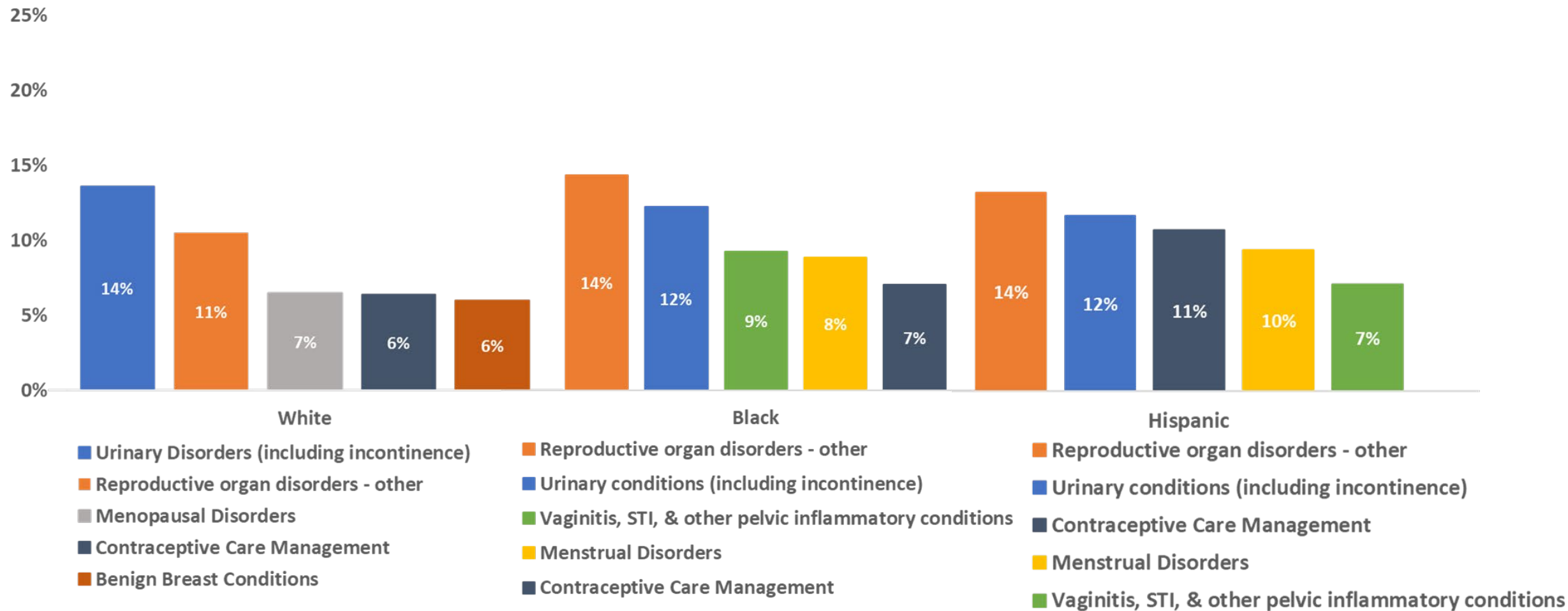
Age, Race/Ethnicity, and Urban Residence Among Women/Gender Diverse Veterans FY18

	18-44 yrs old	45-64 yrs old	65+ yrs old
Black	29.2%	33.3%	6.7%
Hispanic	11.3%	4.7%	1.4%
White	47.3%	52.9%	76.4%
Urban residence	76.7%	71.9%	67.7%

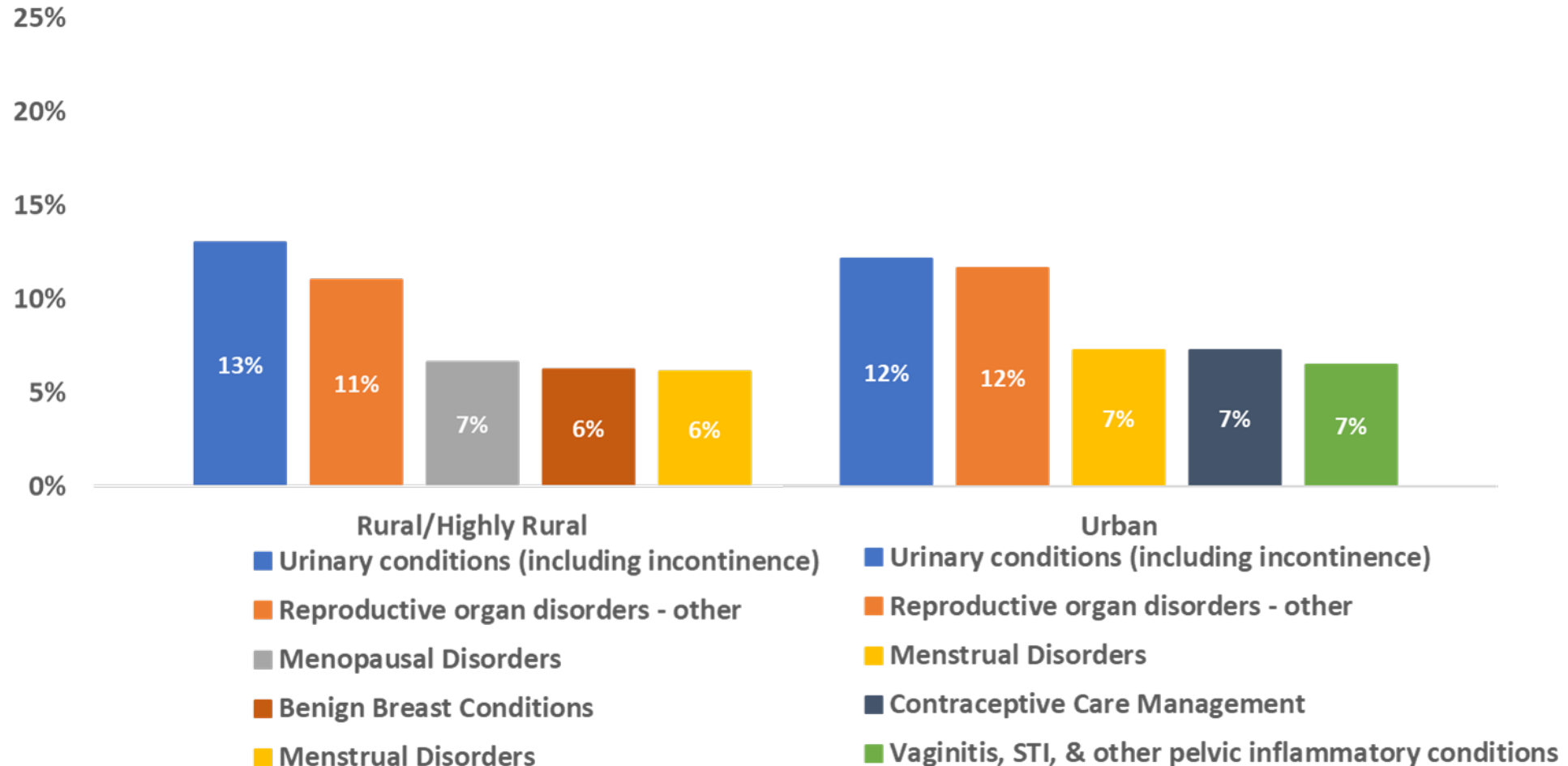
Top 5 RSH Diagnoses in Among Women/Gender Diverse Veterans (FY18) by Age Group



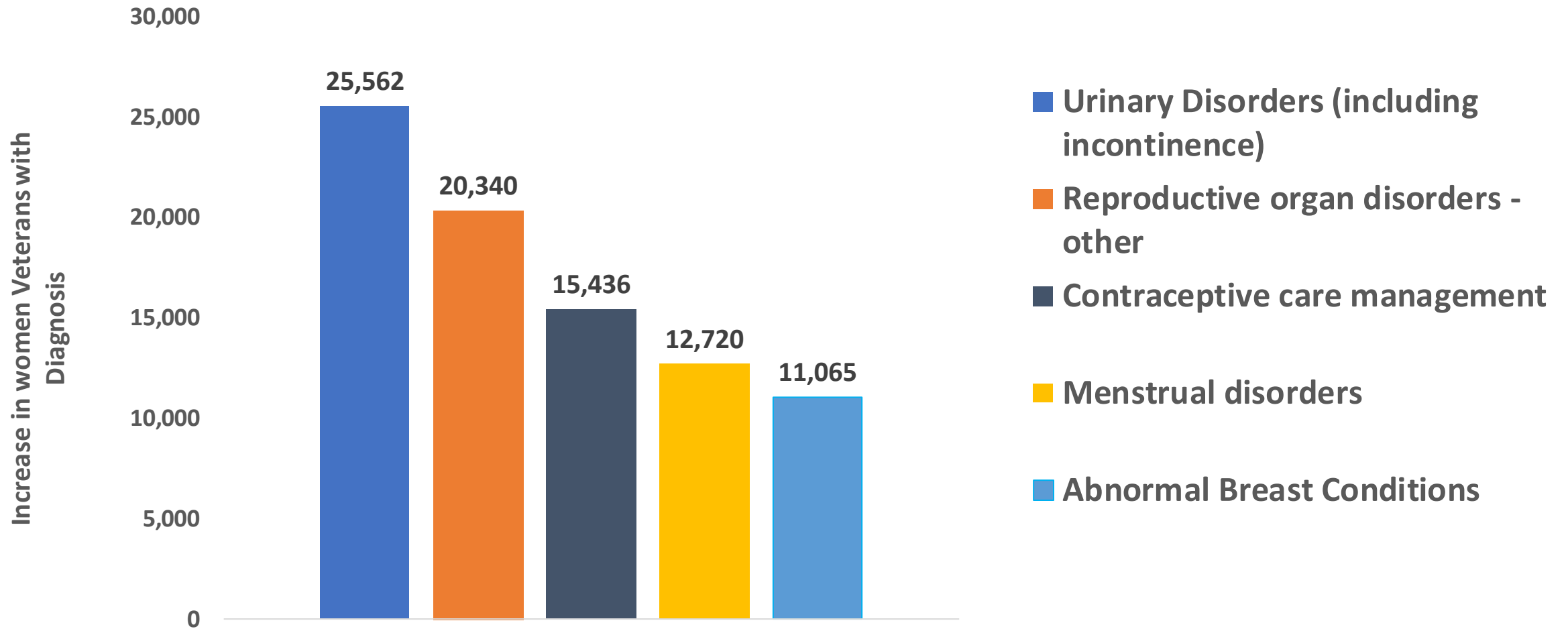
Top 5 RSH Diagnoses Among Women/Gender Diverse Veterans (FY18) by Race/Ethnicity



Top 5 RSH Diagnoses Among Women/Gender Diverse Veterans (FY18) by Urban versus Rural Residence



Top 5 Absolute Increases in RSH Diagnoses Among Women/Gender Diverse Veterans, FY10-FY18



Top 5 Absolute Increases in RSH Diagnoses Among Women/Gender Diverse Veterans (FY18) by Age Group

45-64 Years Old

Urinary disorders (including incontinence) (N=12,065)

Abnormal Breast Conditions (N=6,966)

Reproductive organ disorders – other (N=6,120)

Benign breast conditions (N=5,094)

Menstrual Disorders (N=2,760*)

18-44 Years Old

Contraceptive care management (N=13,275)

Reproductive organ disorders – other (N=12,630)

Menstrual disorders (N=9,685)

Urinary Disorders (including incontinence) (N=8,628)

Pregnancy related conditions (N=8,314)*

65+ Years Old

Urinary conditions (including incontinence) (N=4,870)

Abnormal Breast Conditions (N=2,488)

Reproductive organ disorders – other (N=1,590)

Benign breast conditions (N=1,526*)

Vaginitis, STI, & pelvic inflammatory conditions (N=699*)

Conclusions: Demographics and Diagnoses

- RSH needs varied by age, though issues with urinary conditions were among the top five in all age groups
- Variations in RSH needs by race/ethnicity and urban versus rural residence reflect differences in age distribution across these characteristics
- Relative frequency of RSH diagnoses was consistent over time
- Large absolute increases in nearly all diagnoses were observed between FY10 and FY18
 - Not limited to RSH diagnoses with greatest relative frequency

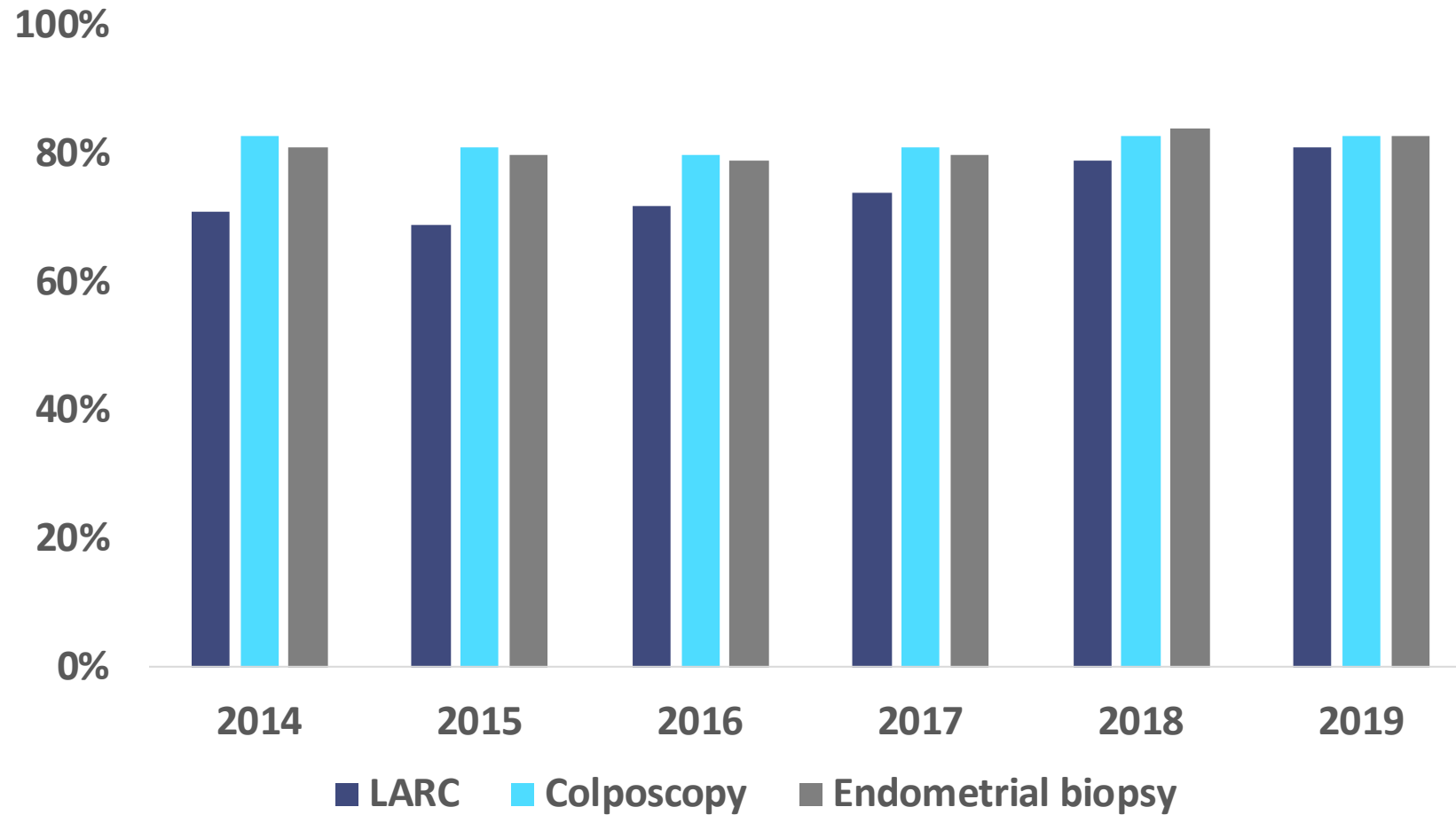
Part 2. Organization and Availability of Reproductive Health Services

Kristin O. Haeger, MPH, MAT

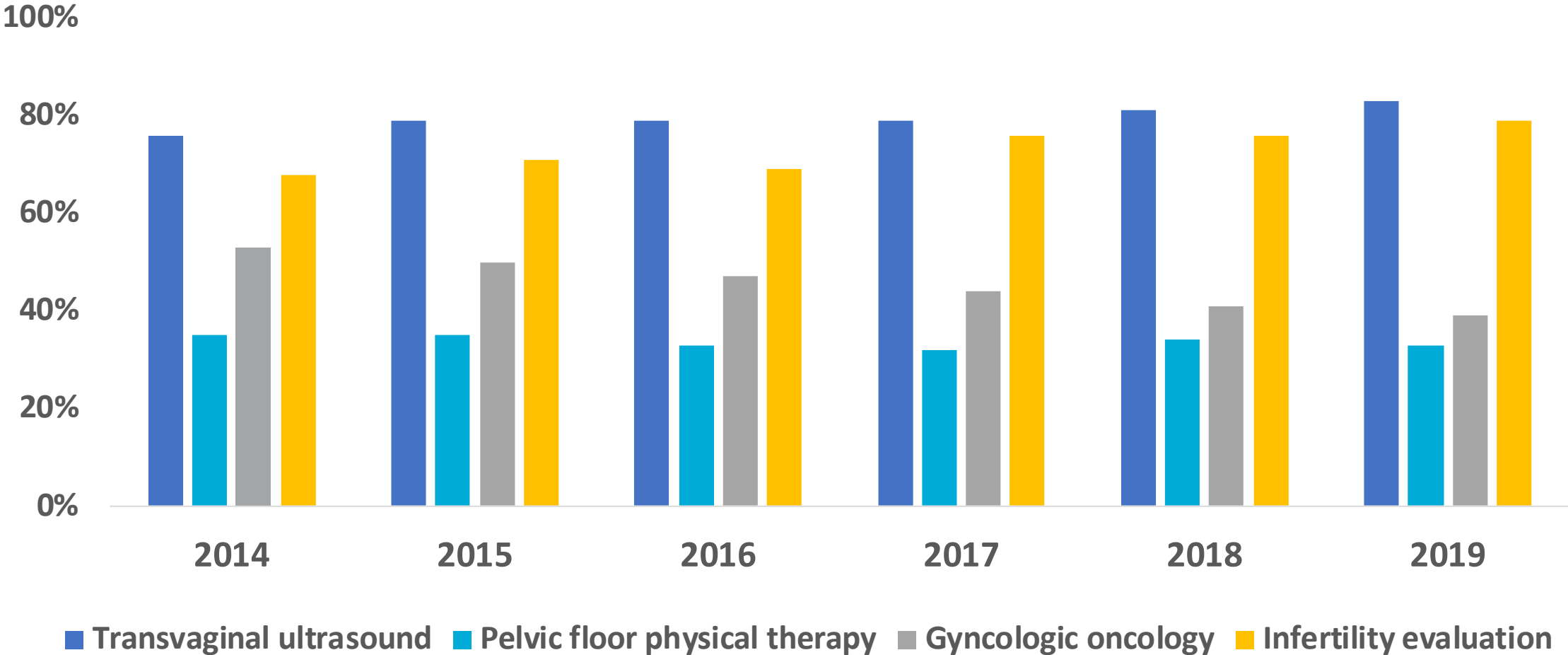
Methods

- Used organizational survey data from the Women's Assessment Tool for Comprehensive Health (WATCH, PI: Rose)
- Key informants from every VHA Healthcare System completed the survey yearly from 2014 to 2019 to assess availability and organization of care for women/gender diverse veterans at the VISN, health care system, and site level
- To ensure consistency findings are reported at the health system level

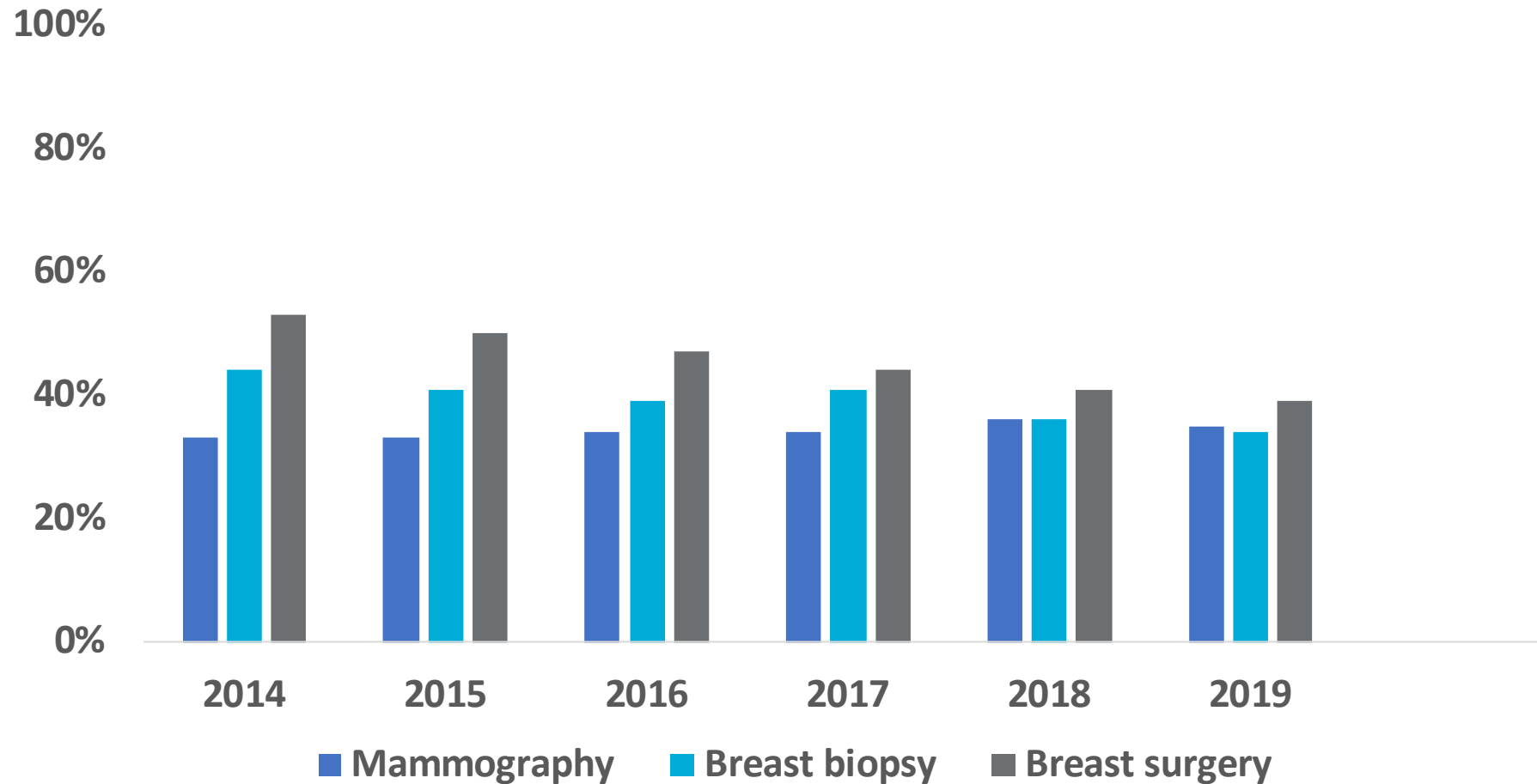
Onsite Availability of Common Outpatient Reproductive and Sexual Health Procedures 2014-2019



Onsite Availability of Select Specialized Reproductive and Sexual Health Services 2014-2019



Onsite Availability of Breast/Chest Care 2014-2019



Conclusions: Organization and Availability

- Onsite availability of long acting reversible contraception (LARC), including IUDs and implants increased overtime to ~80%
- Onsite availability of gynecologic oncology services decreased, may reflect balancing demand vs quality (insufficient demand to ensure high quality care onsite)
- Lack of availability of onsite pelvic floor physical therapy a concern, particularly given the high relative frequency and increasing number of Veterans with urinary conditions
- Onsite availability of breast/chest care remains low

Implications for Policy and Practice

Amanda Johnson, MD

Implications Overall

- VHA must continue to emphasize meeting RSH care needs across the life span
- Continued investment in services for treating urinary conditions is necessary as well building capacity to provide gynecological care onsite at VHA medical centers and through community
- Exploring use of telehealth, entering into innovative partnerships with local organizations, and using mobile service models may help facilitate access to care in rural and highly rural areas
- Expansion of onsite breast/chest care may be possible, but must be considered on a site by site basis

Implications for Equity

- It is critically important that VHA assess its RSH policies and programs in terms of racial equity, including building capacity for regular reporting of access to care, health care utilization, and outcomes by race/ethnicity
- VHA needs to ensure that RSH care for Veterans is culturally competent given their racial/ethnic diversity
- Ensuring equal access to quality, affirming RSH care is also important for LGBTQ+ Veterans though currently data is scarce for this population

Citation or reference text – 10pt Calibri Italic

Conclusions: Policy and Practice

- The number of women/gender-diverse Veterans using VHA RSH health care is increasing rapidly
- Corresponding large increases in the absolute number of women/gender-diverse Veterans with RSH diagnoses
- Largest absolute increases in RSH diagnoses observed among those 18–44 years old, including age-dependent and non-age dependent diagnoses
- Women/gender-diverse Veterans 18–44 years old are more racially/ethnically diverse, highlighting the need to consider equity

Conclusions: Call to Action

- Largest integrated healthcare system in the country
- Opportunity to be a leader in provision of RSH care for all Americans with focus on access and equity.
- Increase capacity to provide high-quality RSH to Veterans.
 - Expand Gynecology Workforce
 - Focus on trauma-informed care
 - Ensure access to:
 - Pelvic floor PT
 - Pregnancy testing at all sites of care
 - Transvaginal pelvic ultrasound

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Thank You

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