Key Findings

**Rural women Veterans report worse physical health compared to their urban peers**
- Rural women Veterans report similar rates of many physical health conditions (e.g., hypertension, lung disease, cancer) compared to urban women Veterans\(^2\)
- However, rural women Veterans report worse health-related quality-of-life and higher rates of disability, and are more likely to rate their health as fair or poor than their urban peers\(^2\)

**Rural women Veterans have substantial mental health needs**
- Like their urban peers, rural women Veterans have high prevalence of military sexual trauma (sexual harassment/assault during military service)\(^3\) and mental health conditions (e.g., depression, posttraumatic stress disorder)\(^2,4\)
- Rural residence among women and men Veterans is associated with an approximately 20% increased risk for suicide, and rural women Veterans have higher rates of suicide by firearms than urban women Veterans\(^5\)

**Rural residence negatively impacts women Veterans’ access to care**
- Rural women Veterans are less likely to receive mental health services and women’s health services (e.g., mammograms, pap smears) compared to urban women Veterans\(^3\)
- Rural women Veterans with chronic pain receive fewer VA specialty pain care visits than their urban peers\(^6\)
- Women Veterans with longer drive times to VA healthcare facilities (often an indicator of rurality) are more likely to drop out of care\(^7\)

**Multiple barriers contribute to rural access disparities among women Veterans**
- Rural areas have shortages of VA providers trained in specialty services, including mental health and women’s health (e.g., obstetrics)\(^8,9\)
- One in four rural women Veterans report internalized stigma related to seeking mental health services (e.g., believing that people in their life may treat them differently)\(^4\)
- Other common access barriers for rural women Veterans include long distances from facilities, lack of adequate transportation, scheduling difficulties, work conflicts, caregiving responsibilities, and travel cost\(^2,4,10\)

**Ongoing initiatives focus on strengthening access and reducing barriers to care**
- Rural providers trained in a national VA women’s health training initiative (181 primary care providers and 320 nurses in 2017-2020) showed significant increases in women’s health proficiency\(^8\)
- Telemental health interventions (e.g., delivered via videoconferencing technology) show promise for engaging rural women Veterans in effective treatments for common conditions, including post-partum depression and posttraumatic stress disorder\(^11,12\)
Select VA Rural Women’s Health Research and Quality Improvement Projects

- **NEW:** Evaluation of rural mental health disparities in Veteran women with breast cancer (Stephanie Bunt, PhD; ORH-funded FY23). This project evaluates behavioral health care disparities for rural women Veterans diagnosed with breast cancer—an underserved population. *For more information:* stephanie.bunt@va.gov

- **NEW:** Mitigating firearm suicide risk for rural Reserve/Guard women Veterans: online and telephone/telehealth-implemented shared decision-making interventions (Anne Sadler, PhD; ORH-funded FY23). This project is developing accessible, Veteran-centric, personalized, firearm suicide risk reduction interventions for high-risk rural Reserve/Guard women Veterans. *For more information:* anne.sadler@va.gov

- **NEW:** Understanding community-based mental healthcare for rural Veterans with military sexual trauma (Derrecka Boykin, PhD; HSR&D-funded Apr 2022- Mar 2027). The goal of this study is to build community engagement strategies to support community providers in delivering high-quality care to rural Veterans. *For more information:* derrecka.boykin@va.gov

- **ONGOING:** Chronic pain care for rural women Veterans (Katie Hadlandsmyth, PhD; ORH-funded FY21 - FY23). This project is part of an ongoing effort to optimize care and functioning while reducing overreliance on risky pain management strategies (e.g., opioids) among rural women Veterans with chronic pain. *For more information:* katherine.hadlandsmyth@va.gov

- **ONGOING:** MomMoodBooster III: exploring expansion of a national postpartum depression program to perinatal setting (Emily Thomas, PhD; ORH-funded FY21 - FY23). This project investigates the impact of an internet-delivered intervention on perinatal depression among Veterans. *For more information:* emily.kroska@va.gov

- **ONGOING:** Rural Native American women Veterans’ use of VHA under the MISSION Act (Michelle Mengeling, PhD; ORH-funded FY21 - FY23). This project aims to better understand American Indian and Alaska Native women Veterans’ health care needs and preferences, health-related life experiences, rurality effects, and how these are similar or different from other women Veterans. *For more information:* michelle.mengeling@va.gov

**References**


8. Sanders AM et al. Implementation experience and initial assessment of a rural women’s health training program in support of the US Department of Veterans Affairs as a learning health system. *Learn Health Syst.* 2022:e10334.


**For More Information on:**

- **VA rural women Veterans’ health research:** Michelle Mengeling, PhD (michelle.mengeling@va.gov) & Anne Sadler, PhD (anne.sadler@va.gov)

- **VA Office of Rural Health Women Veterans Programs:** [https://www.ruralhealth.va.gov/aboutus/programs.asp](https://www.ruralhealth.va.gov/aboutus/programs.asp)

- **The VA Women’s Health Research Network:** WHRN@va.gov