

Rural Women Veterans' Healthcare Research: Reducing Access Disparities

One in four women Veterans who use Veterans Health Administration (VA) care live in rural areas.¹ Research shows that rural women Veterans have substantial physical and mental health needs and are more likely to use VA care than their urban peers. However, barriers such as local provider shortages, distance, caregiving responsibilities, and travel expenses prevent women Veterans living in rural areas from accessing needed VA care. Ongoing research focuses on reducing rural access disparities, particularly in women's health, mental health, and other specialty services.

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 Veterans²
- 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 peers²

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 Veterans⁵

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 Veterans³
- Rural women Veterans with chronic pain receive fewer VA specialty pain care visits than their urban peers⁶
- Women Veterans with longer drive times to VA healthcare facilities (often an indicator of rurality) are more likely to drop out of care⁷

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 proficiency⁸
- 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

- **Evaluation of rural mental health disparities in Veteran women with breast cancer** (Stephanie Bunt, PhD; ORH-funded FY23). This project evaluated behavioral health care disparities for rural women Veterans diagnosed with breast cancer—an underserved population. *For more information:* Stephanie.Bunt@va.gov
- **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 developed accessible, Veteran-centric, personalized, firearm suicide risk reduction interventions for high-risk rural Reserve/Guard women Veterans. *For more information:* Anne.Sadler@va.gov
- **Understanding community-based mental healthcare for rural Veterans with military sexual trauma** (Derrecka Boykin, PhD; HSR-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
- **Chronic pain care for rural women Veterans** (Katie Hadlandsmyth, PhD; ORH-funded FY21 - FY23). This project was 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
- **MomMoodBooster III: exploring expansion of a national postpartum depression program to perinatal setting** (Emily Thomas, PhD; ORH-funded FY21 - FY23). This project investigated the impact of an internet-delivered intervention on perinatal depression among Veterans. *For more information:* Emily.Kroska@va.gov
- **Rural Native American women Veterans' use of VHA under the MISSION Act** (Michelle Mengeling, PhD; ORH-funded FY21 - FY23). This project aimed 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

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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:** <https://www.ruralhealth.va.gov/aboutus/index.asp>
- **VA Women's Health Research Network:** WHRN@va.gov

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