



VA Women's Health Research Network

Accelerating Research Impacts and Advancing Learning Healthcare System Principles

Spotlight on Women's Health

VA HSR&D Cyberseminar

November 5, 2018

Overview of Today's Session

- **Why a VA Women's Health Research Network?**
- **WHRN Core Components**
 - Consortium
 - Practice-Based Research Network (PBRN)
 - Multilevel stakeholder engagement
- **Epilogue**
- **Audience questions**

VA Women's Health Research Network

WHY A WOMEN'S HEALTH RESEARCH NETWORK?

Why a VA Women's Health Research Network?

- **Most research is on men (in and outside VA) but resulting evidence may not always apply to women**
 - ↑ equitable benefit of VA research through greater inclusion of women Veterans
 - ↑ funding of research focused on women Veterans
- **Needed infrastructure to support multisite research**
 - You can get enough men with heart disease in a *single* VA
 - You need *dozens of VAs* to get the same # of women
- **Women Veterans research was extremely limited**
 - Virtually all women Veterans research was descriptive (condition prevalence) and 69% focused on mental health

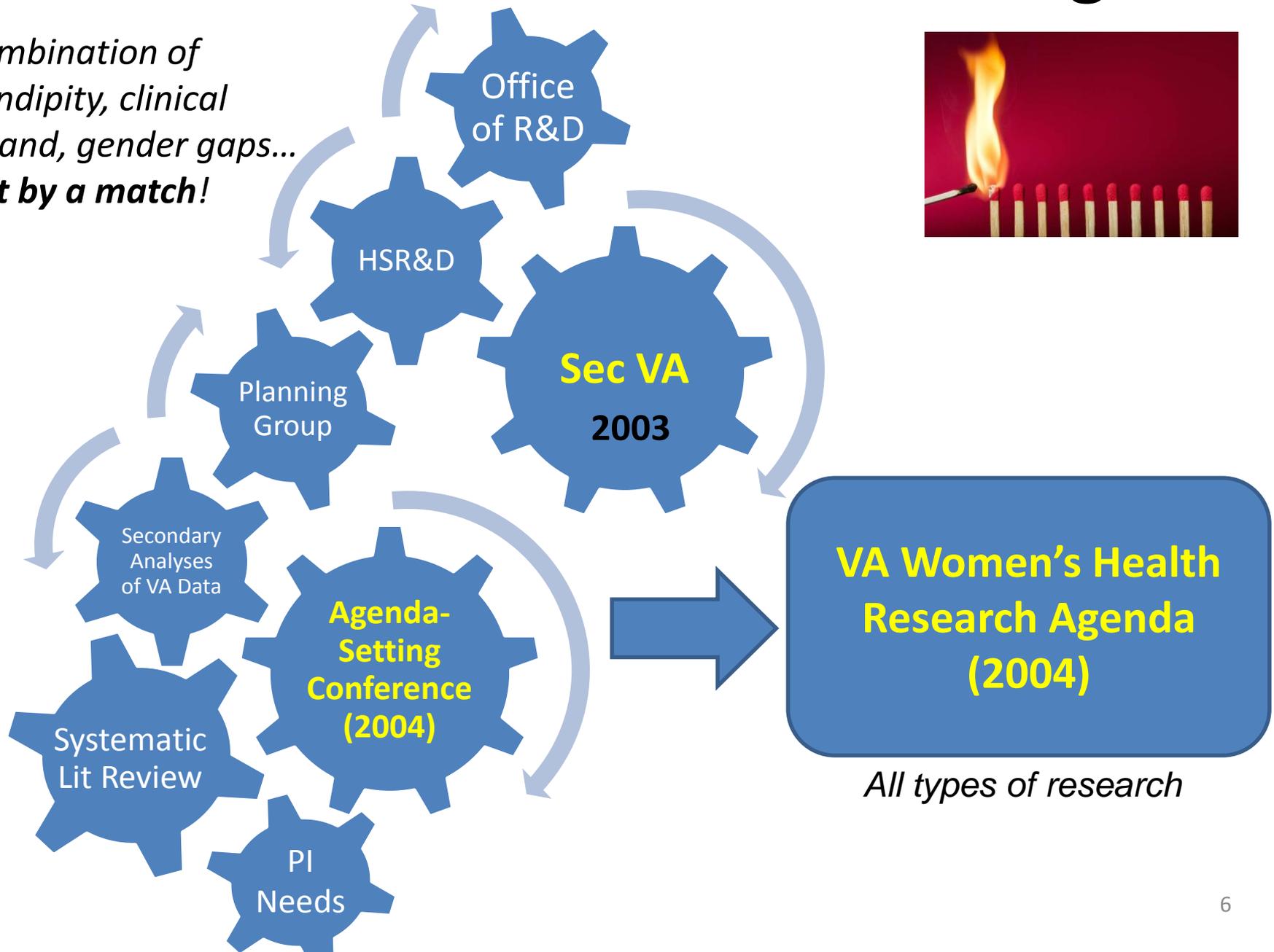
Why a VA Women's Health Research Network?

- **Most VA researchers were excluding women:**
 - Too few, too hard to recruit
 - Not recruiting enough to look at effects by gender
 - Not really interested in gender differences
 - Did not understand their healthcare needs
 - Did not understand how they use VA care
 - Not familiar with VA women's health policy
- **VA researchers interested in women's health:**
 - Had difficulty getting funding (reviewers unfamiliar)
 - Could not get their women Veterans' research published

Source: Yano EM, Hayes P, Wright S, Schnurr PP, Lipson L, Bean-Mayberry B, Washington DL. Integration of women veterans into VA quality improvement research efforts: What researchers need to know. J Gen Intern Med. 2010;1:56-61.

1st VA Women's Health Research Agenda

A combination of serendipity, clinical demand, gender gaps... all lit by a match!



VA Women's Health Research Agenda

Biomedical/Lab
R&D

Clinical Sciences
R&D

Rehabilitation
R&D

Health Services
R&D



Infrastructure Group

Build capacity

(networking, collaboration,
mentoring, RFPs)

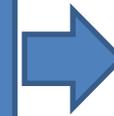
**Address
methodological**

limitations & barriers

(scientific review, technical
consults, interventions →
multi-site research/PBRN)

↑ visibility/awareness

(publication, dissemination,
communication, impact)



↑ # people

↑ # grants

↑ # papers

And we documented the journey...

JGIM
Journal of General Internal Medicine

Volume 21 Supplement 3
March 2006

JGIM

VA Research on Women's Health
Guest Editors: Donna L. Washington, Elizabeth M. Yano, Ronnie D. Horner

EDITORIAL

**The Health and Health Care of Women Veterans
Perspectives, New Insights, and Future Research Directions**

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PERSPECTIVE

Toward a VA Women's Health Research Agenda: Setting Evidence-based Priorities to Improve the Health and Health Care of Women Veterans

Elizabeth M. Yano, PhD,^{1,2} Lori A. Bastian, MD,^{3,4} Susan M. Frayne, MD, MPH,^{5,6} Alexandra L. Howell, PhD,^{7,8} Linda R. Lipson, MA,⁹ Geraldine McGlynn, MEd,¹⁰ Paula P. Schnurr, PhD,^{8,11} Margaret R. Seaver, MD, MPH,^{12,13} Ann M. Spungen, PhD,^{14,15} Stephan D. Fihn, MD, MPH^{16,17}

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The State of Women Veterans' Health Research

Results of a Systematic Literature Review

Caroline L. Goldzweig, MD, MSHS,¹ Taiene M. Balekian, MPH, DO,¹ Cony Rolón, BA,^{1,2} Elizabeth M. Yano, PhD,¹ Paul G. Shekelle, MD, PhD^{1,2}

¹Southern California Evidence-Based Practice Center, Greater Los Angeles VA Healthcare System, Los Angeles, CA, USA; ²RAND Health, Santa Monica, CA, USA.

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PERSPECTIVE

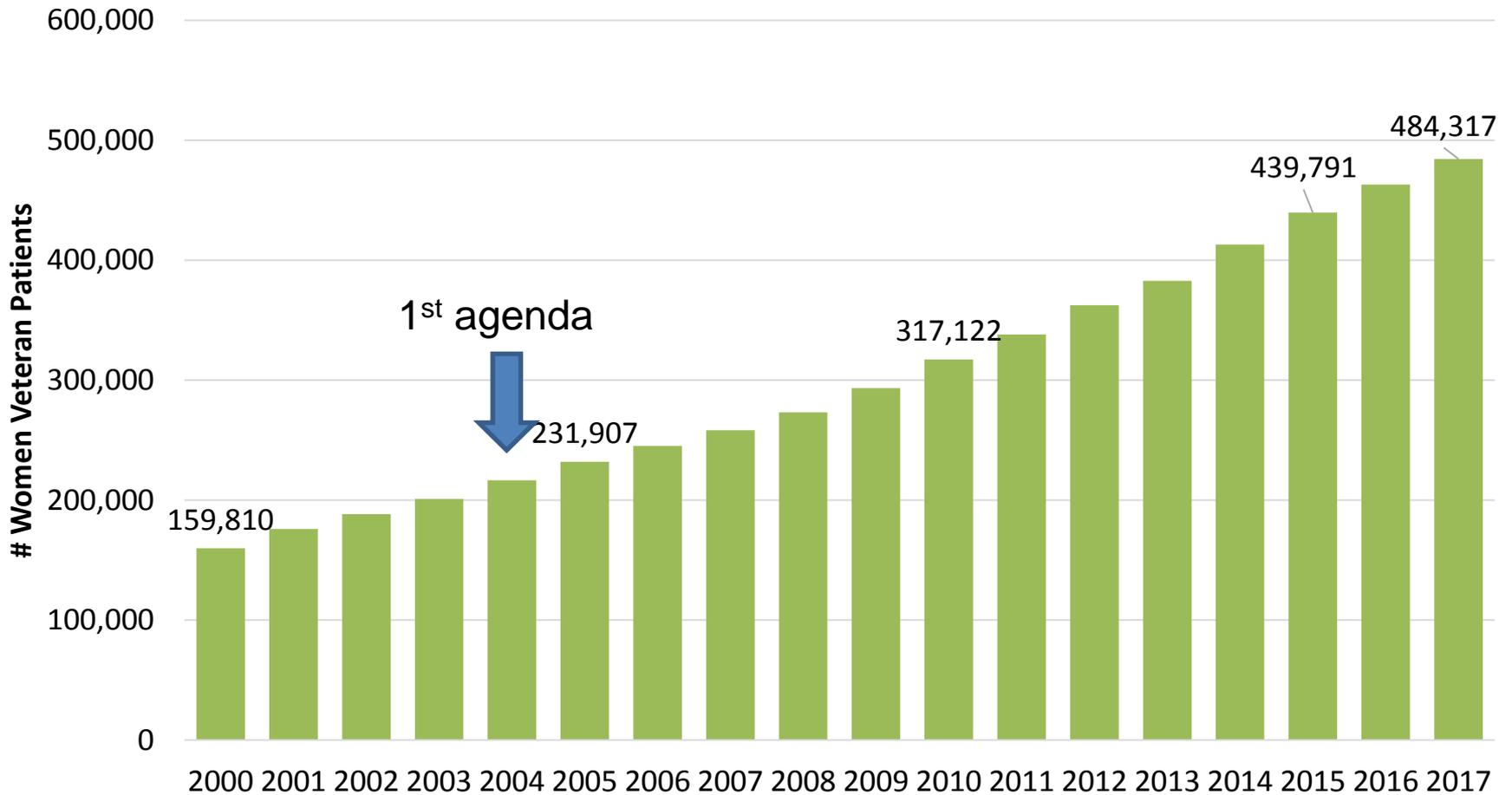
Women and War

What Physicians Should Know

Maureen Murdoch, MD, MPH,^{1,2} Arlene Bradley, MD, FACP,³ Susan H. Mather, MD, MPH,⁴ Robert E. Klein, PhD, MA,⁵ Carole L. Turner, RNP, MN, CNAA,⁶ Elizabeth M. Yano, PhD, MSPH^{7,8}

Women Veterans in VHA: *Rapid Growth*

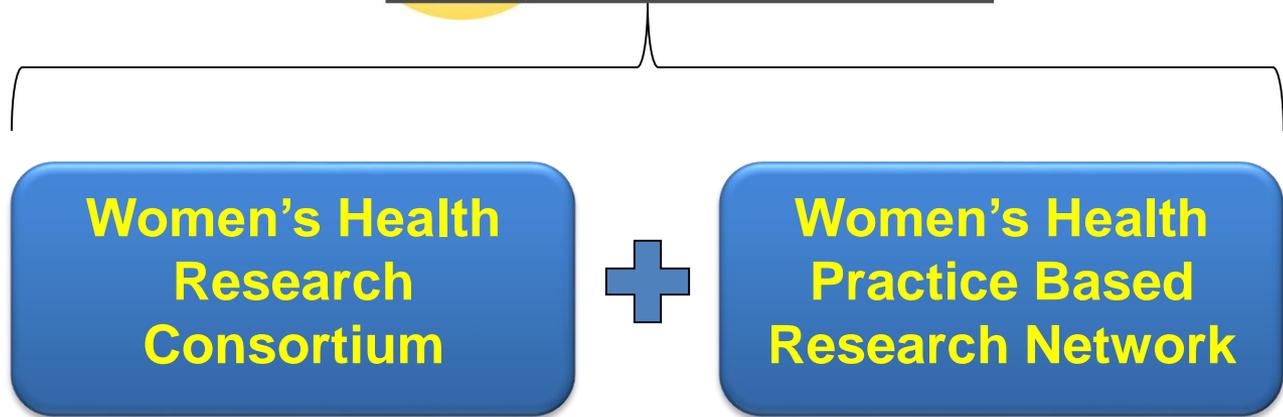
Number of Women Veteran VHA Patients in Each Year, FY00-FY17



Cohort: Women Veteran VHA patients in each year. Women in FY00: N=159,810; Women in FY17: N=484,317.

Source: Frayne et al, WHEI Master Database, FY00-FY17 (Women's Health Services)

VA HSR&D Funded Infrastructure to Build Women's Health Research Capacity



- Training, mentorship
- Methods support
- Research development
- Dissemination support

- ↑ recruitment of women
- ↑ multisite research
- Engage local clinicians, leaders
- ↑ implementation/impact

VA HSR&D Renewed WHRN to Increase Agenda Achievement & Research Impacts



**Women's Health
Research
Consortium**

- Training, mentorship
- Methods support
- Research development
- Dissemination support



**Women's Health
Practice Based
Research Network**

- ↑ recruitment of women
- ↑ multisite research
- Engage local clinicians, leaders
- ↑ implementation/impact

Multilevel Stakeholder Engagement

Accelerate implementation of research into practice and policy

Consortium Overview

Elizabeth (Becky) Yano, PhD, MSPH (Consortium PI)
and Ruth Klap, PhD (Consortium Program Manager)

VA HSR&D Center for the Study of Healthcare Innovation,
Implementation & Policy (CSHIIP)

VA Greater Los Angeles Healthcare System



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Consortium Goals

- Build a **national Consortium** of researchers and other stakeholders capable of pursuing women's health research in VA
- **↑ awareness** of the importance of including women in VA research and **↑ ability** of VA researchers to include women
 - Train/educate, mentor, and support → make it easy, incentivize, collaborate, corral, partner
 - Communicate, disseminate, implement, spread



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1st Step: Create Health Services Research Agenda



Conference proceedings

Using Research to Transform Care for Women Veterans: Advancing the Research Agenda and Enhancing Research–Clinical Partnerships

Elizabeth M. Yano, PhD, MSPH^{a,b,c,d,e}, Lori A. Bastian, MD, MPH^{d,e,f},
Bevanne Bean-Mayberry, MD, MHS^{a,d,g,h}, Seth Eisen, MD, MScⁱ, Susan Frayne, MD, MPH^{d,j,k},
Patricia Hayes, PhD^l, Ruth Klap, PhD^{a,b}, Linda Lipson, MA^l, Kristin Mattocks, PhD^{m,n},
Geraldine McGlynn, MEd^o, Anne Sadler, PhD^{p,q}, Paula Schnurr, PhD^{r,s},
Donna L. Washington, MD, MPH^{a,t,h}



VA Women's Health Research Agenda (2011)

- Access/rural health
- Primary care/prevention
- Mental health
- Post-deployment health
- Reproductive health
- Complex chronic conditions/long term care and aging



VA Women's Health Research Consortium

- **Convened conferences of researchers, clinicians, policymakers and women Veterans → ↑ *visibility***
 - Involved other Departments, agencies, institutes
- **Launched national VA HSR&D cyberseminar series**
 - Nearly 90 seminars under *Spotlight on Women's Health* (www.hsrd.research.va.gov/cyberseminars/default.cfm)
- **Established national mentoring network to support junior researchers and trainees**
 - Created seminar series on how to apply for a CDA (www.hsrd.research.va.gov/cyberseminars/catalog-archive.cfm?seriesSortParam=y&SeriesIDz=87)



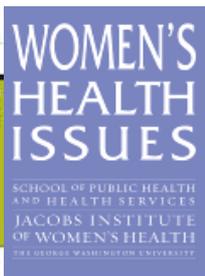
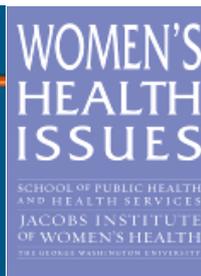
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VA Women's Health Research Consortium

- **Provided technical support to improve the design and fundability of new research proposals**
 - Qualitative methods, survey research, oversampling procedures, intervention design, implementation science
- **Generated medical journal supplements focused exclusively on women Veterans' health research**
 - In response to early difficulty in publishing
- **Annual strategic planning to review progress, identify gaps, involve new partners, adapt agenda to changing needs and priorities (e.g., suicide prevention)**



VA Priority Topic: *Suicide Prevention*



National Center for PTSD

Rocky Mountain MIRECC for
Veteran Suicide Prevention

Center to Improve Veteran
Involvement in Care (CIVIC)

VISN 2 Center of Excellence for
Suicide Prevention

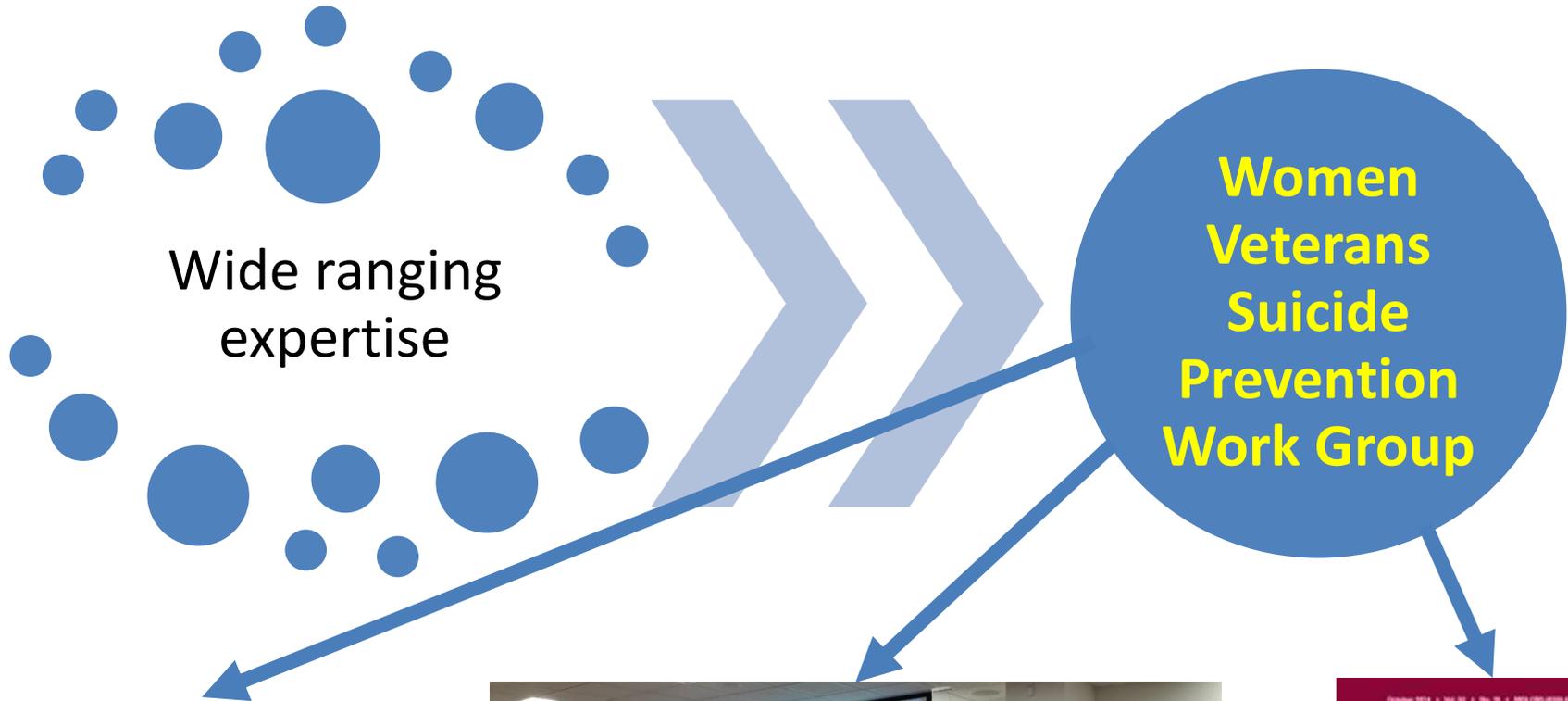
↑ research collaboration

↑ grants and publications

↑ knowledge of strategies for
suicide prevention

↑ implementation of
evidence-based approaches

VA Priority Topic: *Suicide Prevention*



Wide ranging
expertise

**Women
Veterans
Suicide
Prevention
Work Group**

**New VA HSRD
studies funded
+ new proposals
underway**



Systematic Research Development

- **Goal is use research to *transform women's care***
 - Examine gender differences in health and health care
 - Determine what interventions need to be gender-tailored
 - Build partnerships to ↑ implementation of research evidence
 - Engage Women Veterans Council for input and ideas

Strategic Priority Areas (SPAs) and SPA Work Groups

Access/ Rural Health	Primary Care/ Prevention	Mental Health	Post- Deployment Health	Complex Chronic Conditions	Reproductive Health
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- **Trauma*** (n=51), **Substance Use** (n=31), **Suicide** (n=18), **CVD** (n=89), **Reproductive Health** (n=59), **LGBT** (n=79)
- *New work in* **Community Care** and **Disparities**



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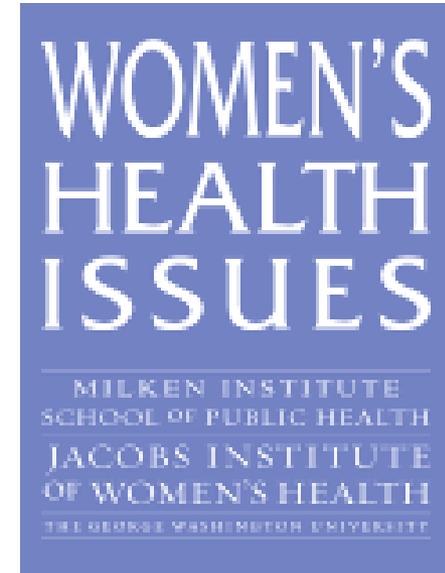
*Now spans PTSD, MST and IPV

CVD = cardiovascular disease



↑ Reporting by Gender Important

- **NIH regulates and monitors inclusion of women and minorities**
 - **NIH:** Women enrolled more than men
 - **VA:** % women enrolled > % seen in VA
 - Problem → *not publishing results*
- **VA Cooperative Studies Program funded *journal supplement***
 - Papers must report sex/gender differences in VA clinical trial results
 - Goal: New data on treatment effectiveness among women Veterans



PBRN Overview

**Susan Frayne, MD, MPH (PBRN PI) and
Diane Carney MA (PBRN Program Manager)**

VA HSR&D Center for Innovation to Implementation (Ci2i)
VA Palo Alto Health Care System

VA Women's Health PBRN: Overview

- **National network of 60 VA facilities partnering to promote and support the conduct of multi-site research/QI**
 - About WVs and/or their health care
 - Seeking to over-sample women to make gender analyses possible
- **WH-PBRN Site Lead at each facility**
 - Primed for PBRN research to improve health/health care of WVs
 - Connected with local clinicians, managers, leaders, researchers
- **National PBRN Coordinating Center**
 - Promote local site development
 - Support researchers conducting PBRN studies
 - Close collaboration with Consortium and Engagement arms

PBRN: Core Activities

- **Sites:** National network with capacity for women Veterans research and multilevel stakeholder engagement



- **Researchers:** Support PIs conducting multi-site research with women Veterans

PBRN Core Activities

SITES

PBRN Network Thumbnail: Sites

- National network of 60 VA facilities
- PBRN national Coordinating Center
- WH-PBRN Site Lead at each participating facility



PBRN Site Lead: Key Activities

Contribute to National PBRN Community

- Cross-site networking
- Presentations or other contributions to national PBRN meetings

Support Local Component of Studies

- Diverse roles: Site PI, Site Co-I, Consultant
- Guide the investigator on local recruitment issues
- Local connections: WH clinicians, leaders, researchers

Build Local PBRN Community

- Engage local stakeholders: giving presentations, sharing information from national PBRN with team and/or local leadership, etc.
- Support clinician-researcher collaborations – Example: program evaluations of clinical innovation grants
- Oversee local data collection (Practice Scans, Veteran Feedback Projects, Quality Improvement Collaboratives)

Program Evaluation/QI Efforts at Sites

Practice Scans

- Brief organizational surveys

Veteran Feedback Projects

- Anonymous patient feedback forms

Quality Improvement Collaboratives (QIC)

- Evidence-based QI projects

Building Local Site Capacity for a Learning Health Care System

- **Train Site Leads:** build capacity for future PBRN studies
 - Didactics: methods, multilevel engagement
- **Solicit input:** stakeholder-engaged research
 - Research in Progress presentations on national calls
- **Share results and information:** accelerate movement of findings into practice
 - Presentations of studies/QI projects on national PBRN calls
 - Newsletter
 - Site-level data

PBRN Core Activities

RESEARCHERS

Using PBRN for Research: Supporting PIs

- **Study development**
 - Site selection
 - Warm handoff to engaged sites
 - Access to stakeholders
 - Technical consultation (Consortium, PBRN, Engagement)
- **Conduct of study**
 - Technical consultation and problem-solving (“thin interface”)
- **Applying results**
 - Dissemination (Consortium, PBRN, Engagement)

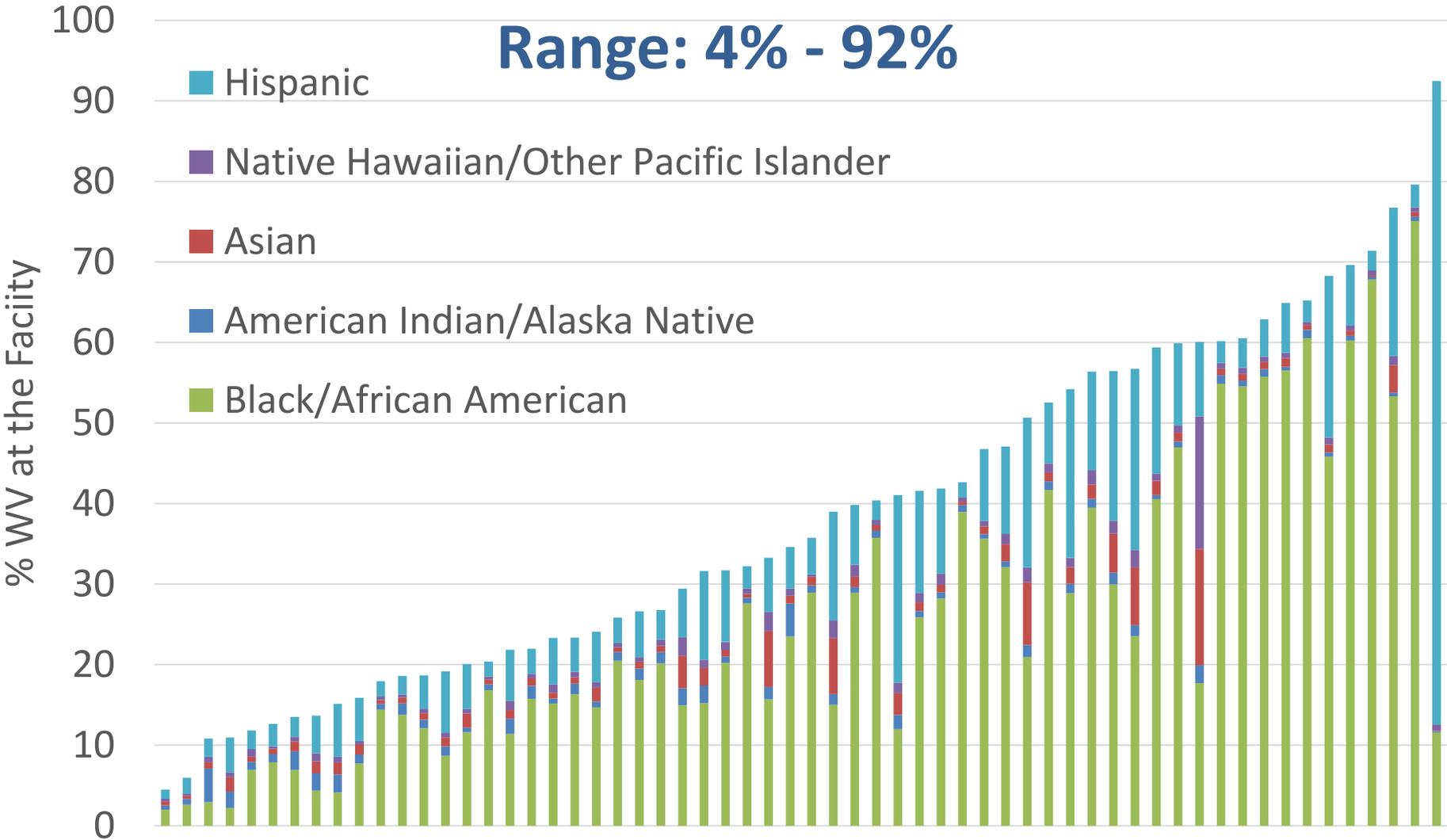
How can the PBRN Help Researchers?

Access to Women Veteran Populations: Overcoming the Problem of Small N

WH PBRN represents 1 in 2 WVs nationally

% women Veterans from minority racial/ethnic group, by PBRN facility, FY17

Range: 4% - 92%



Connections with Diverse Practices for Implementation Studies

- **Access to diverse practices**
 - Small and large facilities (1,000 → >10,000 women)
 - Rural women Veterans: 3-85% across sites
 - Diverse delivery care models: Some have Women's Clinics, others do not
 - 21 are affiliated with a VA HSR&D Center, but many are at facilities that do not typically receive as much research attention
- **Cluster Randomized Trial designs**
 - May require multiple sites per VISN

WH-PBRN Site Lead: “Boots on the Ground”

WH-PBRN Site Leads have:

- Commitment to building the evidence base to improve care for women Veterans
- Expertise about the local women’s health delivery system
- Long-term relationships with clinicians and leaders at their sites; can help with local site engagement

Knowledge of Sites/Connections with Site Leads

- **Site Selection**
 - Site characteristics (Sites Database)
- **Brokering connection with site**
 - Warm handoff



VA WOMEN'S HEALTH RESEARCH NETWORK
Supporting Practice and Research Collaboration

Women's Health Practice-Based Research Network

Minneapolis VA Health Care System

Minneapolis, MN | Station #618 | VISN #23



About the PBRN Site Lead

- ❖ **Site Lead** : Erin E. Krebs, MD, MPH
- ❖ **Email** : erin.krebs@va.gov
- ❖ **Telephone**: 612-629-7558
- ❖ Dr. Krebs is the Women's Health Medical Director for the Minneapolis VA HCS, Core Investigator in the HSR&D Center for Chronic Disease Outcomes Research, and Associate Professor of Medicine at the University of Minnesota. She is a general internist and health services researcher with a research focus on pain management in primary care. Areas of expertise include opioid effectiveness and harms, pain assessment, and comorbidity of mental health conditions with chronic pain.



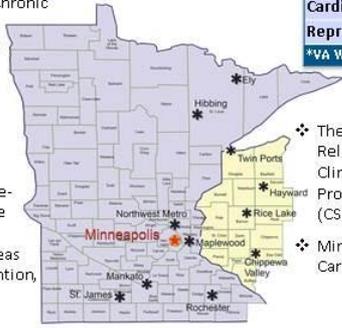
Women Veteran Outpatient Characteristics*

FY2012	% Local VA N = 4,227	% National VA N = 354,402
Age 18-44	40.3	42.3
Age 45-64	45.4	46.0
Age 65+	14.3	11.7
Race and Ethnicity		
American Indian/Alaska Native	2.2	1.1
Asian	0.9	1.2
Black/African American	4.8	26.6
Hispanic	1.7	5.8
Native Hawaiian/Other Pacific Islander	0.6	0.9
White	80.0	56.2
Service-Connected (SC) Status		
No SC Status	35.7	42.2
SC: 0-49%	30.0	27.5
SC: 50-99%	24.9	24.3
100% SC Status	8.8	5.4
Residence		
Small Urban	12.2	18.3
Large Urban	45.1	52.4
Other Rural	40.1	27.0
Highly Rural	1.5	1.0
Care Types Used		
Primary Care User	89.2	88.3
Mental Health User	40.9	37.2
Types of Conditions		
Musculoskeletal	56.6	57.0
Endocrine/Metabolic/Nutritional	48.7	51.6
Mental Health/SUD	49.9	45.4
Cardiovascular	36.3	38.0
Reproductive Health	30.1	31.7

*VA Women's Health Evaluation Initiative (WHEI) data, FY2012.

PBRN Site Features

- ❖ The Minneapolis VA HCS includes a tertiary care medical center located in Minneapolis; 13 community-based outpatient clinics (CBOCs) located across Minnesota and Western Wisconsin; and a homeless Community Resource & Referral Center (CRRC) located in downtown Minneapolis. Nineteen CBOC-based Designated Women's Health Providers provide primary health care for >1200 female Veterans in suburban and rural locations. At the main hospital in Minneapolis, female Veterans receive primary care, specialty care, and mental health services in the Women Veterans Comprehensive Health Center, founded in 1991.
- ❖ The HSR&D Center for Chronic Disease Outcomes Research (CCDOR) has a mission to promote patient-centered, high-value care for Veterans with chronic disease by conducting research to enhance patient engagement in evidence-based care and optimize use of evidence-based practices. Core focus areas are PTSD, cancer prevention, and pain.



- ❖ The Minneapolis VA is also home to the Polytrauma & Blast-Related Injuries QUERI; a Geriatric Research, Education and Clinical Center (GRECC), a VA Evidence-based Synthesis Program (ESP) Center, and a Cooperative Studies Program (CSP) Network of Dedicated Enrollment Sites (NODES) site.
- ❖ Minneapolis VAHCS is one of the PBRN sites for the Maternity Care Coordination study.

Updated: June 2014

Key Ways PBRN Adds Value to Researcher Stakeholders

- Knowledge of sites and connections with Site Leads
- Access to sufficient # of WV, diverse populations, help PI meet inclusion mandate
- Technical expertise around practice-based recruitment of WVs
- Diverse clinical practices reflecting the settings where WV receive care nationally
- Primed sites w/ local connections to engaged clinicians and leaders due to ongoing relationship-building
- Practice-based data preparatory to research
- Opportunity for stakeholder-engaged research at local sites and nationally
- Pathways for dissemination and spread

Are you a PI who is interested in applying to use the PBRN?

- Please contact Susan Frayne and Diane Carney
 - Preferably at least 2 months before the grant submission deadline
- We'll send you a short form so you can provide information about your study, and then we'll have an exploratory call
 - Determine fit of your study with the PBRN
- If it does appear to be a fit, then we would prepare a letter of support for your grant proposal, specifying the nature of PBRN/Women's Health Research Network involvement
 - If your proposal will specify sites, we would facilitate your contact with proposed sites, so you can determine whether they are agreeable to participating, and so that you can work out specifics of their proposed roles, budget, etc.

How Can We Help You?

WH-PBRN Coordinating Center, Palo Alto

Susan Frayne, MD, MPH, Director (susan.frayne@va.gov)

Diane Carney, MA, Program Manager (diane.carney@va.gov)

Alyssa Pomernacki, MPH

Ann Combs, MHA, MPHc

Yevgeniya Zaiko, BA

Rachel Golden, DrPH, MPH

Shannon Wiltsey-Stirman, PhD

Multilevel Stakeholder Engagement Overview*

Alison Hamilton, PhD, MPH

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VA Greater Los Angeles Healthcare System

**For more detail, please see HSR&D cyberseminars on 10/12/16 & 6/6/18.*



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Today's Presentation

- WHRN adapted model of community-engaged research
- Multilevel stakeholder engagement study
 - Methods
 - Results
 - What are researchers' perspectives on engaging patients, providers?
 - What are women Veterans', providers', and administrators' perspectives on increasing Veteran engagement in research?
 - Consistent themes

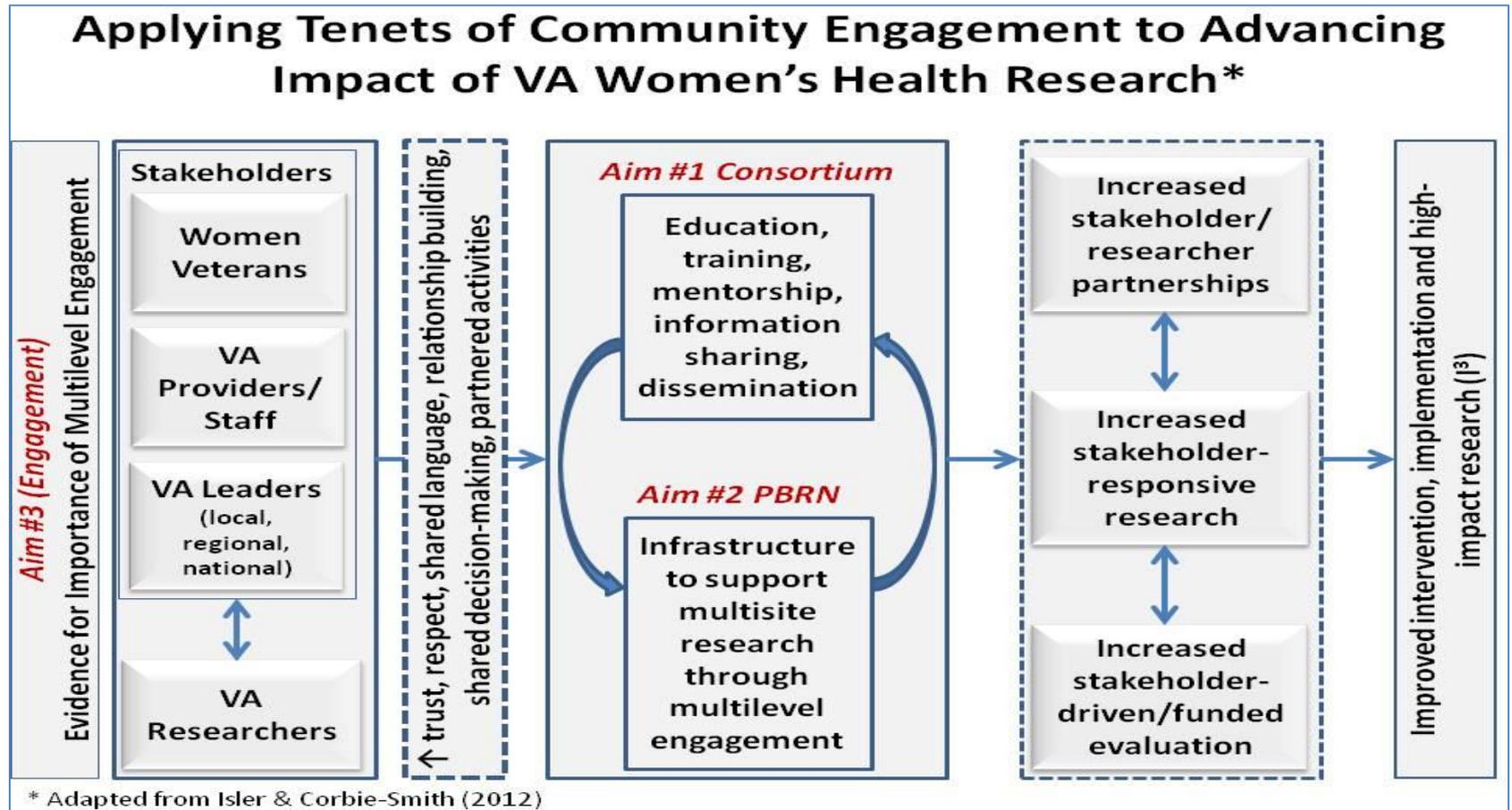


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Conceptual Model



SDR 10-012



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Special Thanks to Host PBRN Sites and Site Leads

Ann Arbor, MI

Kathleen Dussan, MD

Little Rock, AR

Traci Abraham, PhD

Karen Drummond, PhD

Amy Lallier

Dawn West-Rosado, LCSW

Puget Sound, WA

Lisa Callegari, MD

Salt Lake City, UT

Lori Gawron, MD

St. Louis, MO

Eve Holzemer, ANP



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Methods

Researchers (n=29)

- Telephone interviews from February-March 2016

Across 5 PBRN sites:

- Telephone interviews conducted from October 2016-March 2018 with:
 - Women Veterans (n=31)
 - Primary care providers (n=20)
 - Administrators (n=4)

Interviews transcribed and summarized

- Codebook developed from summaries

Researcher Results: Engaging Patients

“When the patients do speak, either through their collective opinions in focus groups or interviews, or when they're at the table, clinicians and researchers pay attention...**They're the people we're trying to help.** So that carries a lot of weight...I certainly don't see it as the norm, but I think as it relates to organizational or system change, it's hugely helpful. You don't do it at your own peril.”



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Researcher Results: Engaging Patients

“Our experience with engaging Veterans...has really impressed upon me the importance of training researchers on how to actually be present, be honest, be clear about the expectations of what engagement means, but also the incredible promise for what engaging women Veterans in that whole CBPR approach could mean.”



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Researcher Results: Engaging Providers

“Researchers really need to do more work in developing best practices for engaging providers...Everybody’s time is scarce. Patients’ time is scarce, providers’ time is scarce. It has to be a subject they care about but, more importantly, **since much of that work is actually designed to change the setting that providers are working in, then the connection to the end result is actually very important...**Just one or two experiences and you’re going to turn off providers and then the providers are way overburdened, so it’s just a bad combination: an overburdened provider who then sees that the studies are either set up where they haven’t actually had input early enough in the intervention for it to be something they’re interested in or where it just seems like it’s not enough—it doesn’t reflect the context that they practice in.”



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Reasons for Lack of Women Veteran engagement

Women Veterans	Primary Care Providers & Administrators
<p>Unaware of opportunities</p> <p>Distrust of research*</p> <p>Competing priorities (work, caretaking)</p> <p>Limited time</p> <p>Confidentiality concerns</p> <p>Fear of exposure, jeopardizing benefits</p>	
Intimidated by research	Safety concerns
Not interested in speaking about past	Avoidance of VA
Belief that participation will not influence anything	Research too obscure
Generational differences	Cultural disconnect



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Increasing Women Veteran Engagement

Women Veterans	Primary Care Providers & Administrators
<p>Use MyHealtheVet</p> <p>Warm hand-off from provider/staff to Veteran</p> <p>Develop recruitment repository</p> <p>Develop research registry*</p> <p>Communicate details: purpose, privacy/confidentiality measures, potential impact</p>	
<p>Word-of-mouth from other women Veterans</p>	<p>Research ambassadors</p>
<p>Social media (Facebook, Twitter)</p>	<p>Provide Veterans with research findings^</p>
<p>Women Veteran-focused events</p>	<p>Connect with community-based outpatient clinics</p>



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Consistent Theme:

Importance of Disseminating Findings

“Our community partners really keep us honest about bringing back results...Now from the very beginning, we're already planning how we're going to go back and disseminate, so that it doesn't just fall off the end. Because a lot of times you get to the end and it's like well, we've got to find funding for the next piece or we're doing something else. We write it in as even one of our aims on the community side to make sure we're disseminating in the community venues as well.”



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Consistent Theme: Value of Engagement

“Our [strategic Veteran] council has given us a really strong sense of what their priorities are...That helps us understand how to both frame and prioritize the many analyses and papers we may do out.”

“When you can take your end user and have their input at the beginning of the creation of a product, it’s golden. So I really, quite frankly, have trouble understanding why people don’t employ this systematically.”



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In Closing...

“I don't think stakeholder involvement is something that is going to go away, I don't think it's a passing fad, I think it's going to stay with us and it will evolve and hopefully become even more central and more built in to what we do.”



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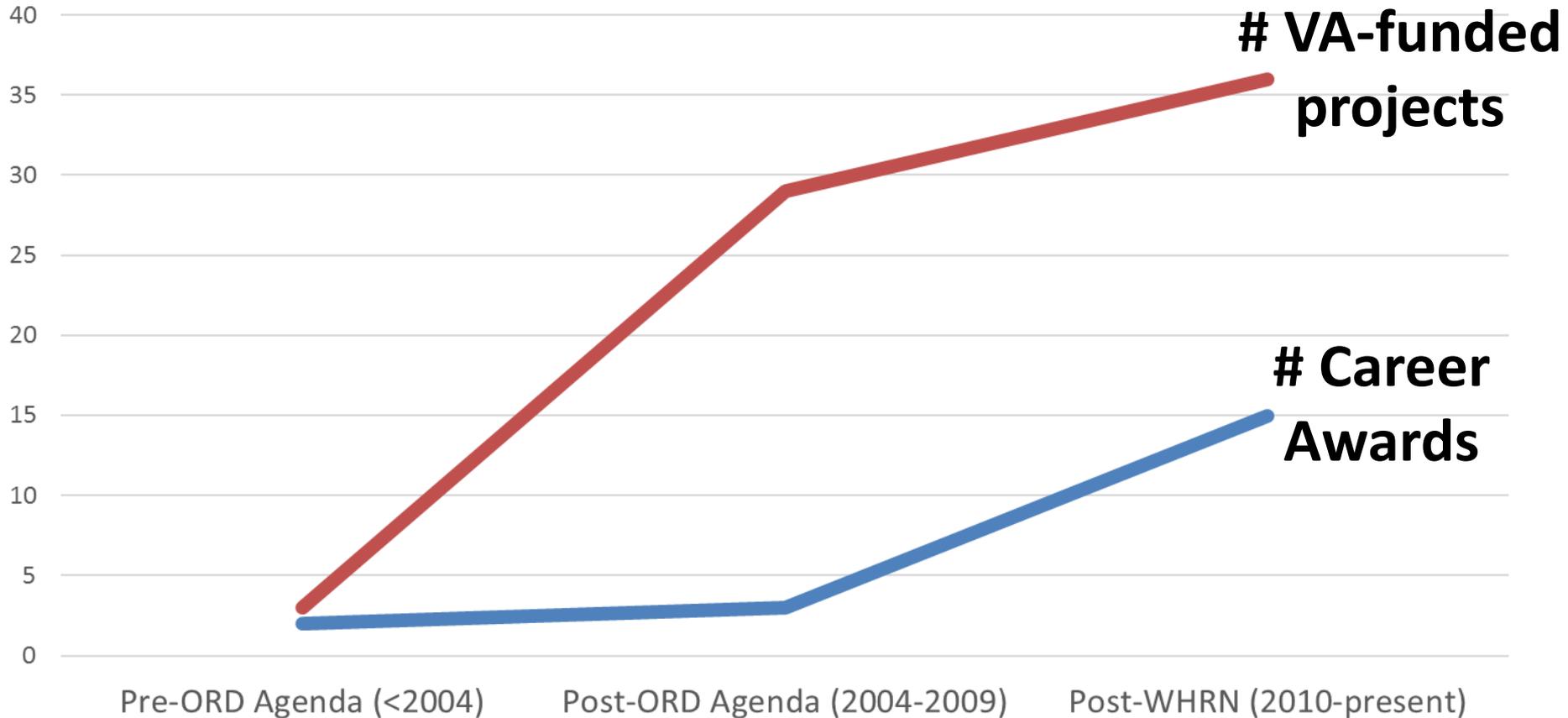


VA Women's Health Research Network

EPILOGUE

Major ↑s in VA WH Research Funding

Growth in VA Women's Health Research



Tailoring primary care, primary care-mental health integration, cardiovascular risk reduction, Intimate partner violence, maternity care quality, work and family functioning, contraceptive use, substance use disorders treatment, post-deployment stressors, preconception care, use/attrition, MST, PTSD treatment, outsourced care, suicide prevention, etc.

Major ↑s in Women Veterans Research

Updated review found nearly 500 articles and ↑ topic diversity



Sources: Goldzweig et al J Gen Intern Med 2010; Bean-Mayberry B et al. Womens Health Issues 2011, Danan et al. ESP Report, 2017.

VA Women Veterans' Health Services Research Portfolio *Size & Diversity* Growing...

- PTSD, military sexual trauma
- Substance use disorder
- Intimate partner violence
- Treatment of HCV infection
- Musculoskeletal pain
- Gender disparities in satisfaction
- Trauma-sensitive yoga
- Mindfulness based stress ↓
- Quality of non-VA/Choice care
- Justice-involved Veterans
- Homeless Veteran families
- Insomnia treatment
- Cardiovascular risk reduction
- Diabetes prevention
- Collaborative care for depression and anxiety
- Trauma-sensitive primary care
- Contraceptive use
- Pre-conception care
- Maternity care coordination
- Pregnancy outcomes
- Work and family functioning
- Homelessness risks
- Transgender health

Concluding Remarks

- **VA Office of Research & Development has made major inroads in advancing women Veterans research**
 - ↑ inclusion of women Veterans in VA research, enabling appraisal of gender differences and gender tailoring
 - ↑ emphasis on high-priority topics (e.g., access, suicide prevention, mental health, community care)
 - ↑ engagement of women Veterans in research priorities, design and dissemination
 - ↑ reporting of research on women's health and gender differences
- **Collaborative virtual research networks ↑ research impacts and advance learning health system principles**

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Resources

- **HSR&D Women's Health Research**
 - Includes searchable women's health literature database and searchable women's health research portfolio

http://www.hsrd.research.va.gov/for_researchers/womens_health/
- **Women's Health Evidence Synthesis Reports**

<http://www.hsrd.research.va.gov/publications/esp/women.cfm>
<http://www.hsrd.research.va.gov/publications/esp/women-vets.cfm>
- ***Women's Health Issues* supplement**

<http://www.whijournal.com/content/supplements>
- **Women Veterans Sourcebook Volume 4**

<https://www.womenshealth.va.gov/latestinformation/publications.asp>
- **Cyberseminar series**

http://www.hsrd.research.va.gov/for_researchers/cyber_seminars/catalog-archive.cfm?SeriesSortParam=y&SeriesIDz=56##Archived