

WOMEN VETERANS HEALTH CARE

*You served, you deserve
★ the best care anywhere.*



Sourcebook Volume 4: Key Findings

Presenters:

Susan Frayne, MD, MPH

*VA HSR&D Center for Innovation
to Implementation (Ci2i)*

VA Palo Alto Health Care System



Fay Saechao, MPH

*VA HSR&D Center for Innovation
to Implementation (Ci2i)*

VA Palo Alto Health Care System



Discussants:

Patricia Hayes, PhD

*Women's Health Services
VA Central Office*



Sally Haskell, MD

*Women's Health Services
VA Central Office*



Women's Health Services Welcome

Patricia Hayes, PhD

Chief Officer

Women's Health Services, VA Central Office



All Sourcebook Volumes are available at:

<https://www.womenshealth.va.gov/latestinformation/publications.asp>

Women's Health Evaluation Initiative (WHEI) point of contact:

Susan Frayne, MD, MPH | Director, WHEI | Susan.Frayne@va.gov

Fay Saechao, MPH | Program Manager, WHEI | Fay.Saechao@va.gov



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Sourcebook Volume 4: Key Findings

Susan Frayne, MD, MPH

*Director, Women's Health Evaluation Initiative (WHEI)
Director, Women's Health Practice-Based Research Network (PBRN)
VA HSR&D Center for Innovation to Implementation
VA Palo Alto Health Care System
Professor, Division of Primary Care and Population Health
Stanford University*



Fay Saechao, MPH

*Program Manager, Women's Health Evaluation Initiative (WHEI)
VA HSR&D Center for Innovation to Implementation
VA Palo Alto Health Care System*



Program Evaluation Funding comes from VHA Women's Health Services

POLL

- ★ Question #1: Do you provide **clinical care** to women Veterans?
 - Yes
 - No

- ★ Question #2: Do you conduct **research** that includes women Veterans?
 - Yes
 - No

Sourcebook: Women Veterans in the Veterans Health Administration: Volume 4 (February 2018)

★ Sourcebook Vol 4 is here:

https://www.womenshealth.va.gov/WOMENSHEALTH/docs/WHS_Sourcebook_Vol-IV_508c.pdf

★ All related documents (including appendices and prior volumes):

<https://www.womenshealth.va.gov/latestinformation/publications.asp>

Recommended citation: Frayne SM, Phibbs CS, Saechao F, Friedman SA, Shaw JG, Romodan Y, Berg E, Lee J, Ananth L, Iqbal S, Hayes PM, Haskell S.

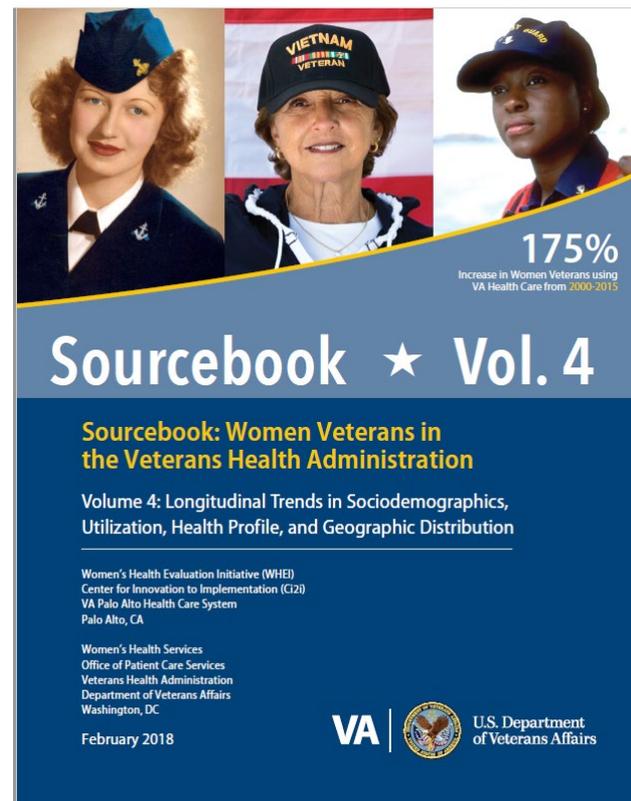
Sourcebook: Women Veterans in the Veterans Health Administration. Volume 4: Longitudinal Trends in Sociodemographics, Utilization, Health Profile, and Geographic Distribution. Women's Health Evaluation Initiative, Women's Health Services, Veterans Health Administration, Department of Veterans Affairs, Washington DC. February 2018.

WHEI Director: Susan Frayne MD, MPH

WHEI Associate Director: Ciaran Phibbs, PhD

Program evaluation funding: Women's Health Services

The findings and conclusions in this document are those of the authors who are responsible for its contents and do not necessarily represent the views of the Department of Veterans Affairs or the United States government. Therefore, no statement in this document should be construed as an official position of the Department of Veterans Affairs.



Background

- ★ Women's Health Services (WHS) in VA Central Office oversees numerous initiatives to improve access and quality of care for the rapidly growing population of women Veterans who use VHA.
- ★ The Women's Health Evaluation Initiative (WHEI) at VA Palo Alto analyzes national VHA databases to inform WHS strategic policy and program planning objectives.
- ★ WHEI has produced a series of "Sourcebooks."
- ★ Sourcebook Volume 4 is today's focus, with selected FY19 updates.

Methods for Sourcebook Volume 4

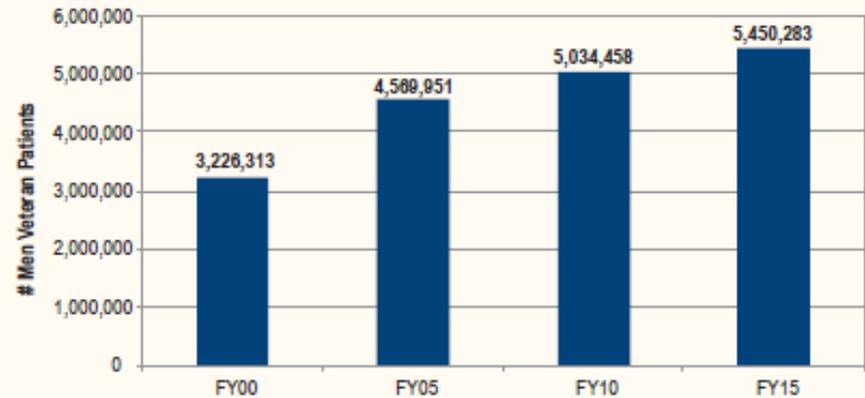
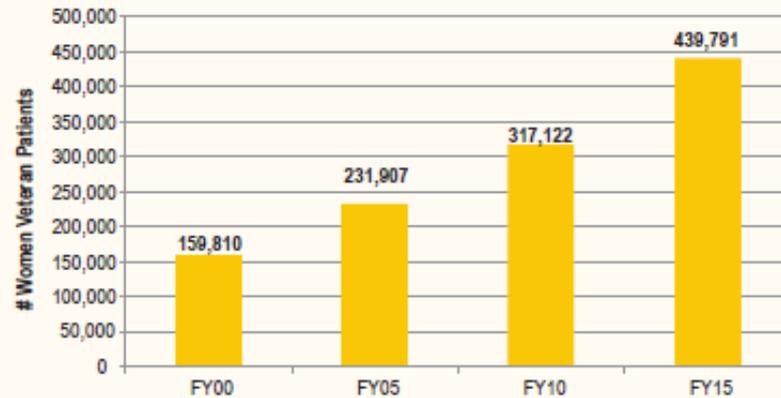
- ★ Uses national VA databases
- ★ Describes sociodemographic characteristics, health care utilization patterns, medical conditions and geographic factors for women Veteran patients in VHA.
- ★ Portrays longitudinal trends across a 16-year time horizon, focusing on cohorts of women using VHA at four timepoints: FY00, FY05, FY10, and FY15.
- ★ Examines women Veterans overall and by age group, and compares women to men.
- ★ See **Online Technical Appendix** for details.

SOCIODEMOGRAPHICS



Faster rate of growth among women Veterans than men Veterans in VHA

Exhibit 1.A. Number of Women and Men Veteran VHA Patients, FY00-FY15



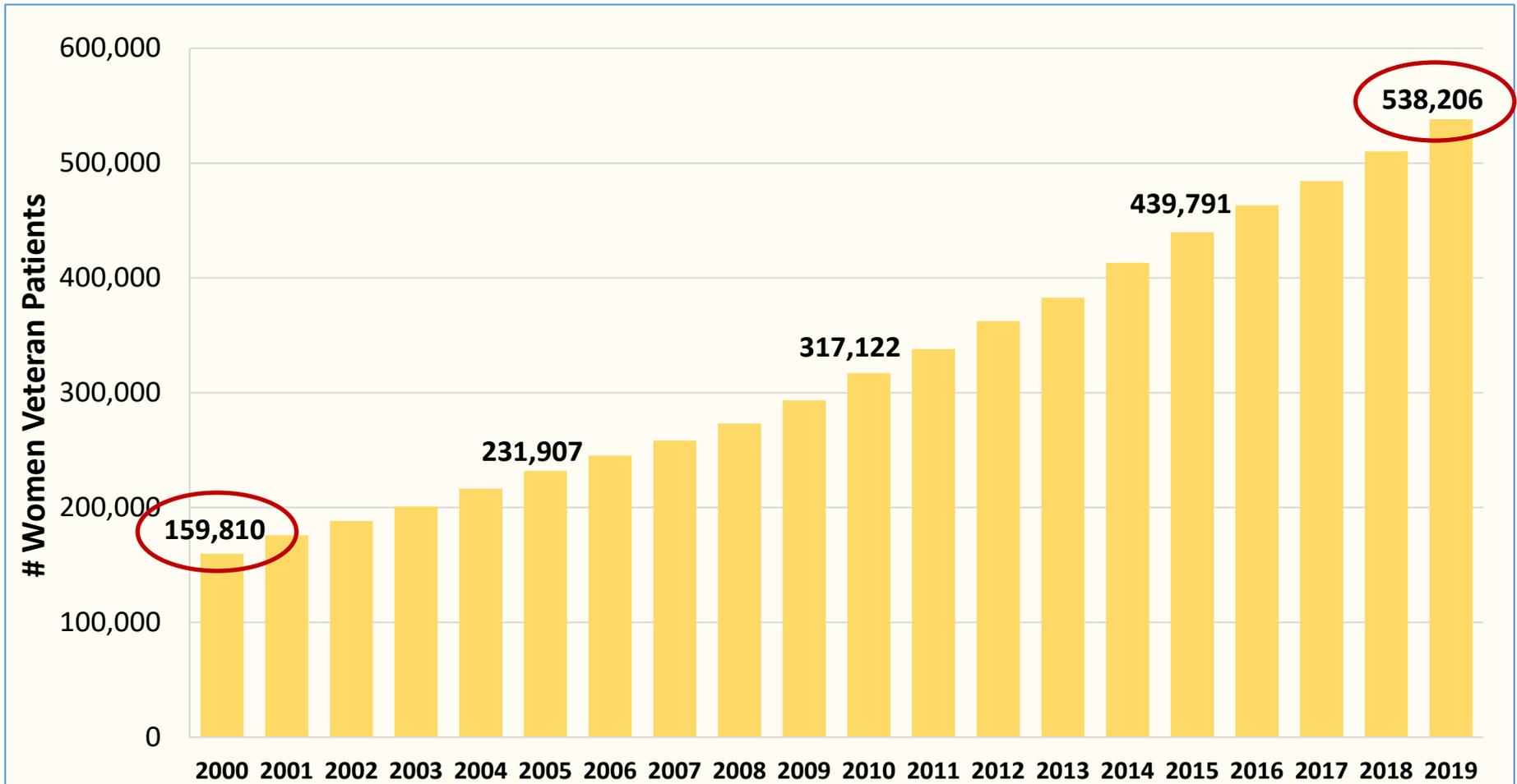
Key: FY - Fiscal Year; VHA – Veterans Health Administration

Notes: Findings portray Veteran VHA patients, not the entire Veteran population. See Technical Appendix.

Cohort: Women and men Veteran VHA patients. Women: FY00: N=159,810; FY05: N=231,907; FY10: N=317,122; FY15: N=439,791. Men: FY00: N=3,226,313; FY05: N=4,569,951; FY10: N=5,034,458; FY15: N=5,450,283.

Source: WHEI Master Database, FY00-FY15

of Women Veterans in VHA Tripled from FY00 to FY19: Over half million in FY19

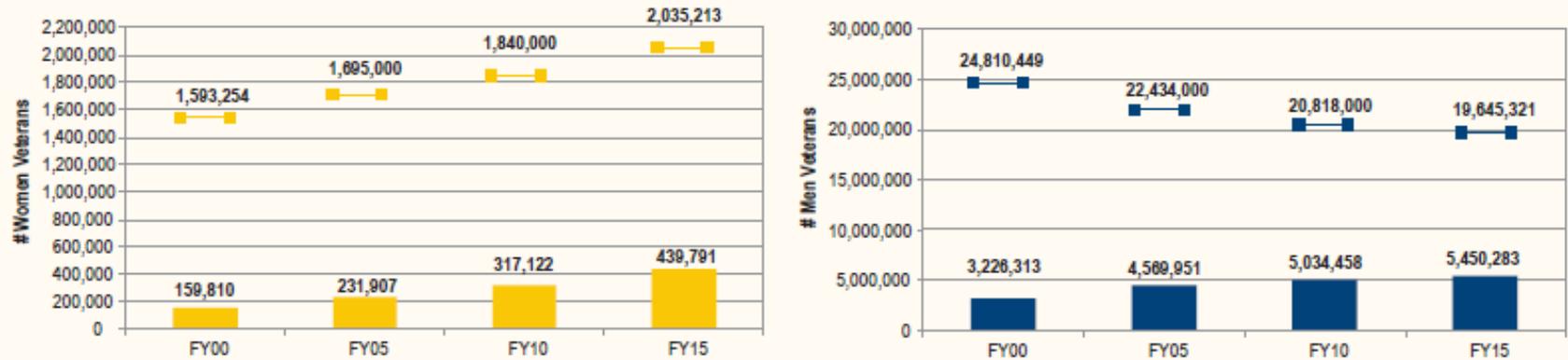


Cohort: Women Veteran VHA patients in each year. Women in FY00: N=159,810; Women in FY19: N=538,206.

Source: WHEI Master Database, FY00-FY19

↑ Share of U.S. Women Veterans Use VHA: 10% in FY00, 22% in FY15

Exhibit 1.B. Number of Women and Men Veteran VHA Patients, as Compared with the Estimated Total Veteran Population in the United States, FY00-FY15

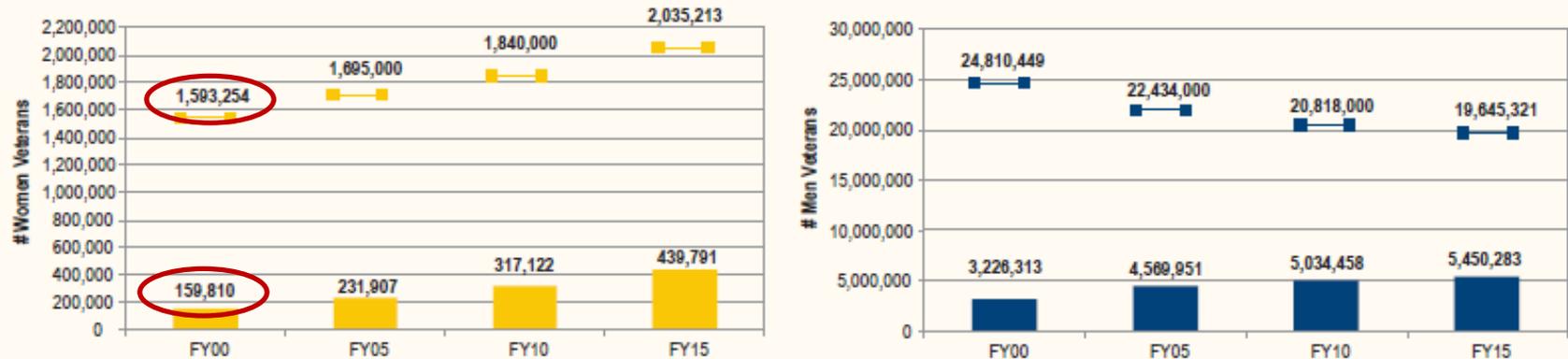


Key: FY - Fiscal Year; VHA – Veterans Health Administration
Notes: Findings portray Veteran VHA patients (colored bars) and the estimated number of Veterans in the United States (colored lines). See Technical Appendix.
Cohort: Women and men Veterans in the United States and in VHA in each year.
Sources: U.S. Census Bureau, VetPop, and WHEI Master Database, FY00-FY15

If growth continues at this pace, and especially if market penetration increases, **accelerating demands on VHA delivery systems** for women are anticipated.

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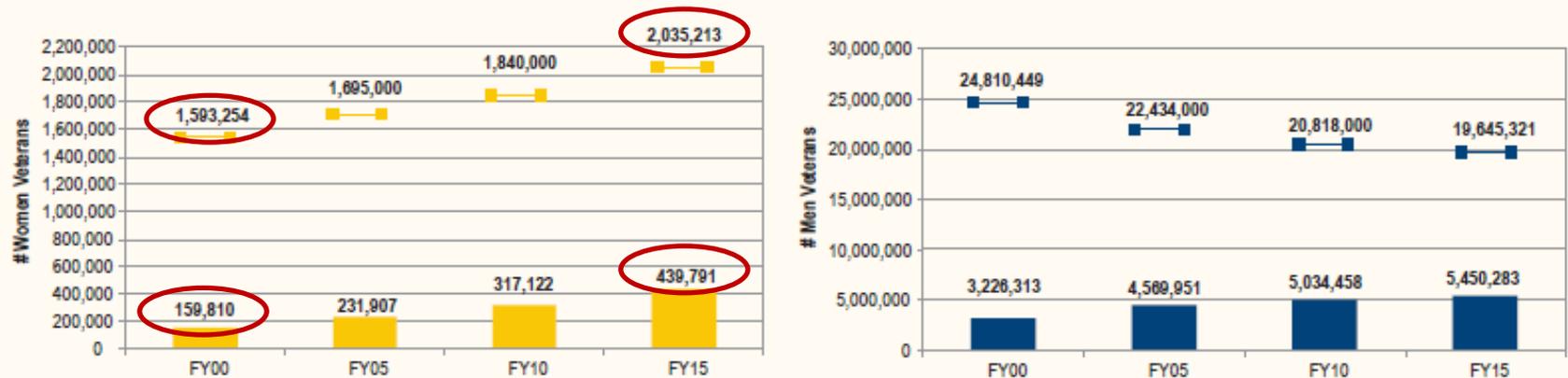
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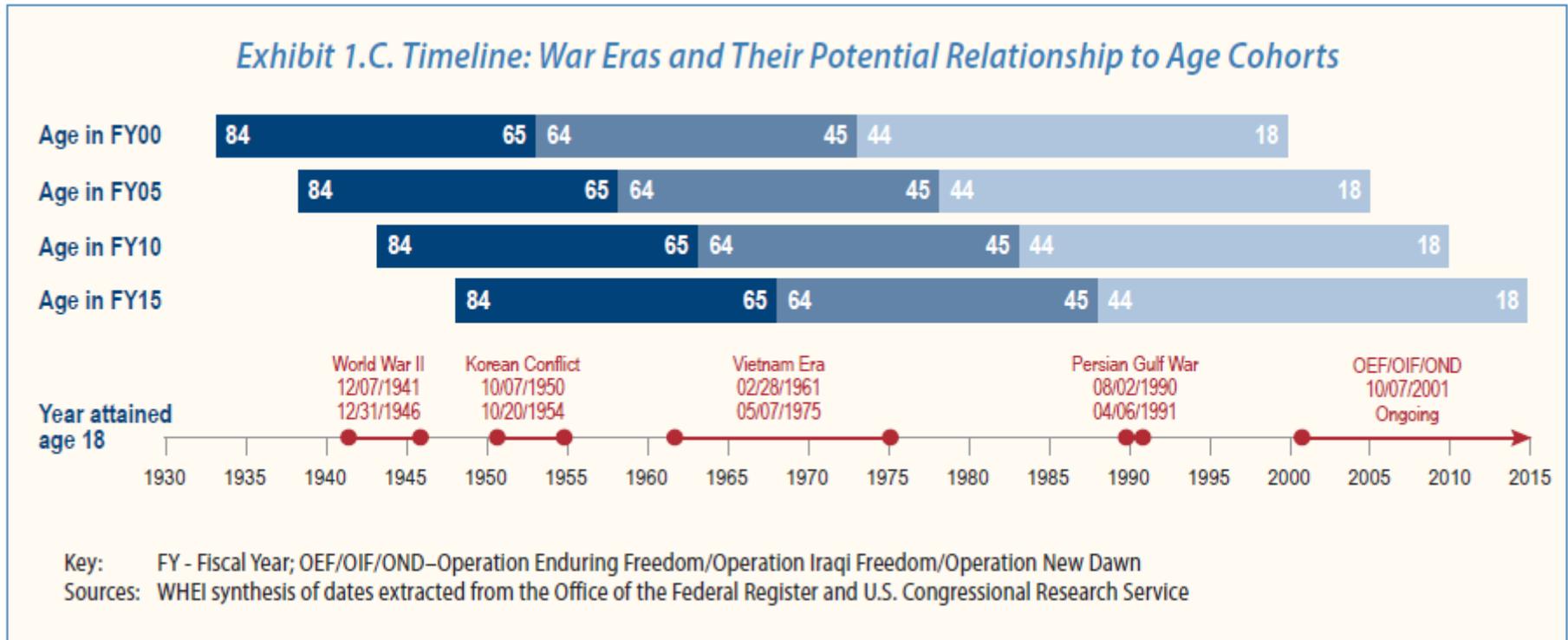
Notes: Findings portray Veteran VHA patients (colored bars) and the estimated number of Veterans in the United States (colored lines). See Technical Appendix.

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Sources: U.S. Census Bureau, VetPop, and WHEI Master Database, FY00-FY15

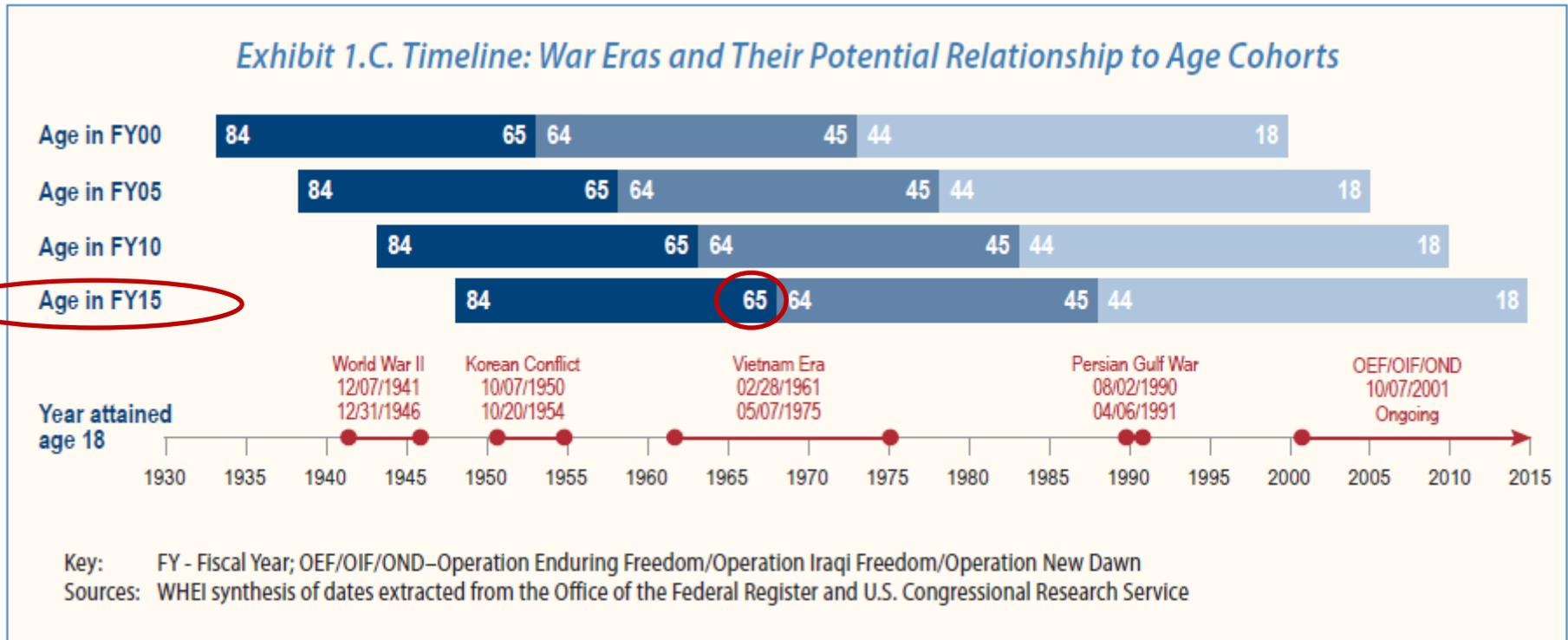
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War Eras and Their Potential Relationship to Age Cohorts



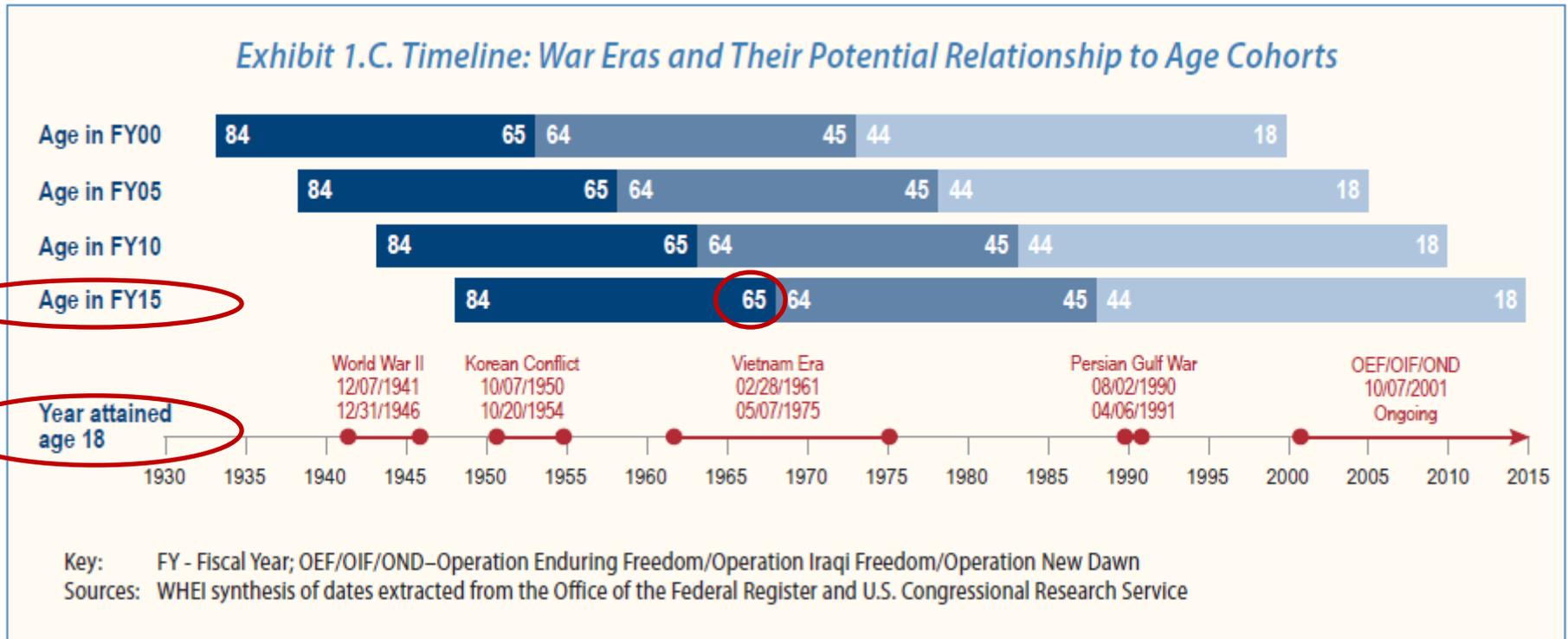
Example: A woman who was 65 years old in FY15 would have turned 18 years old in 1968; if she joined the military at age 18, then she would have served during the Vietnam War era.

War Eras and Their Potential Relationship to Age Cohorts



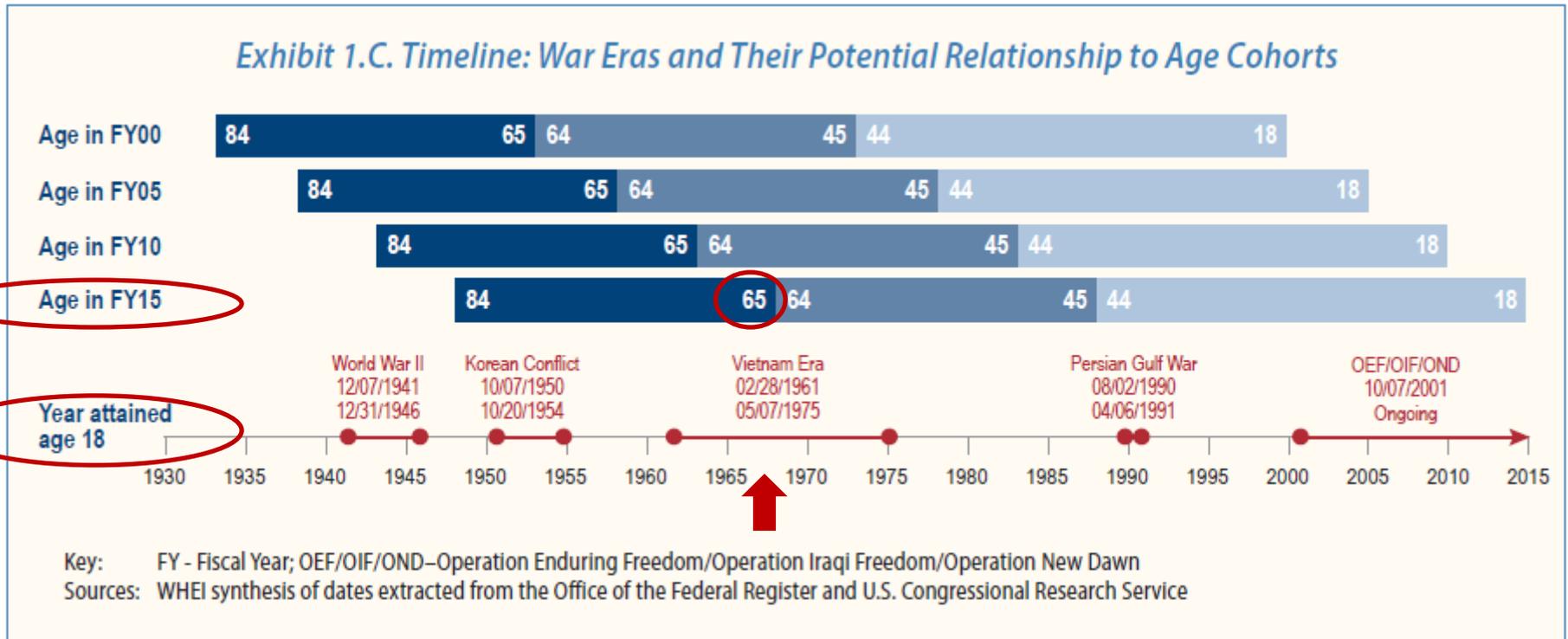
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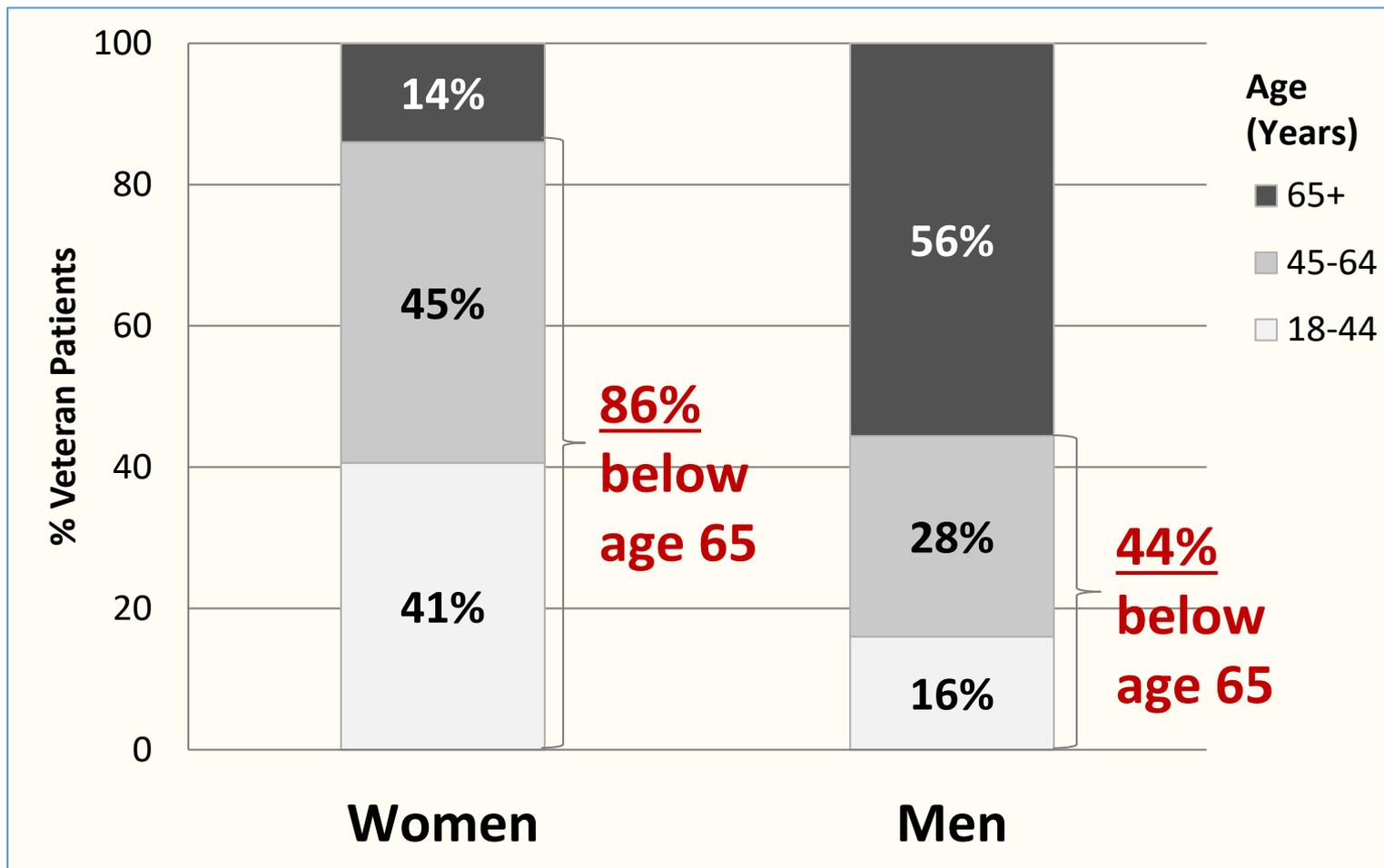
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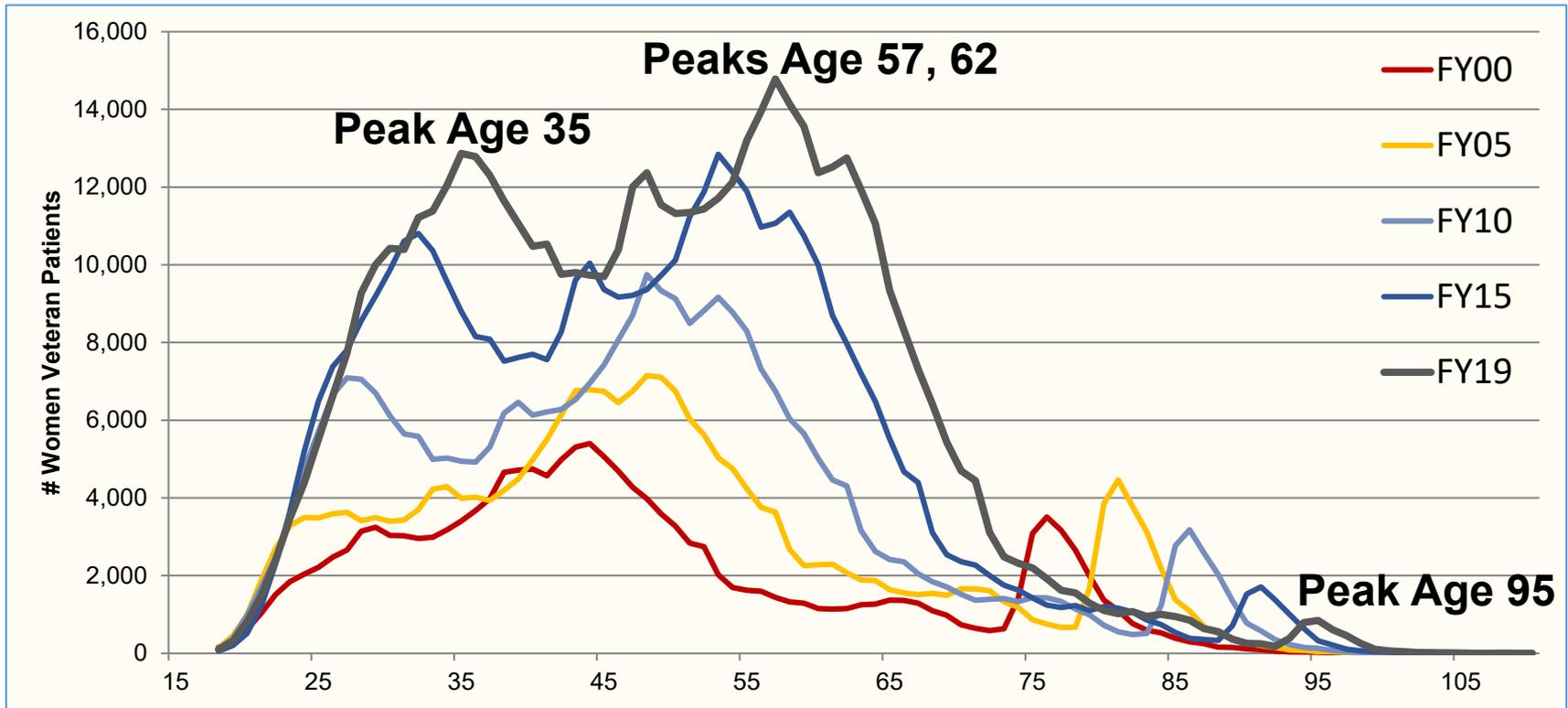
Women Veteran VHA Patients: Younger than Men

FY19



Cohort: Women and men Veteran VHA patients with non-missing ages 18-110 years (inclusive) in FY19. Women: N=537,988; Men: N=5,614,324.
Source: WHEI Master Database, FY19

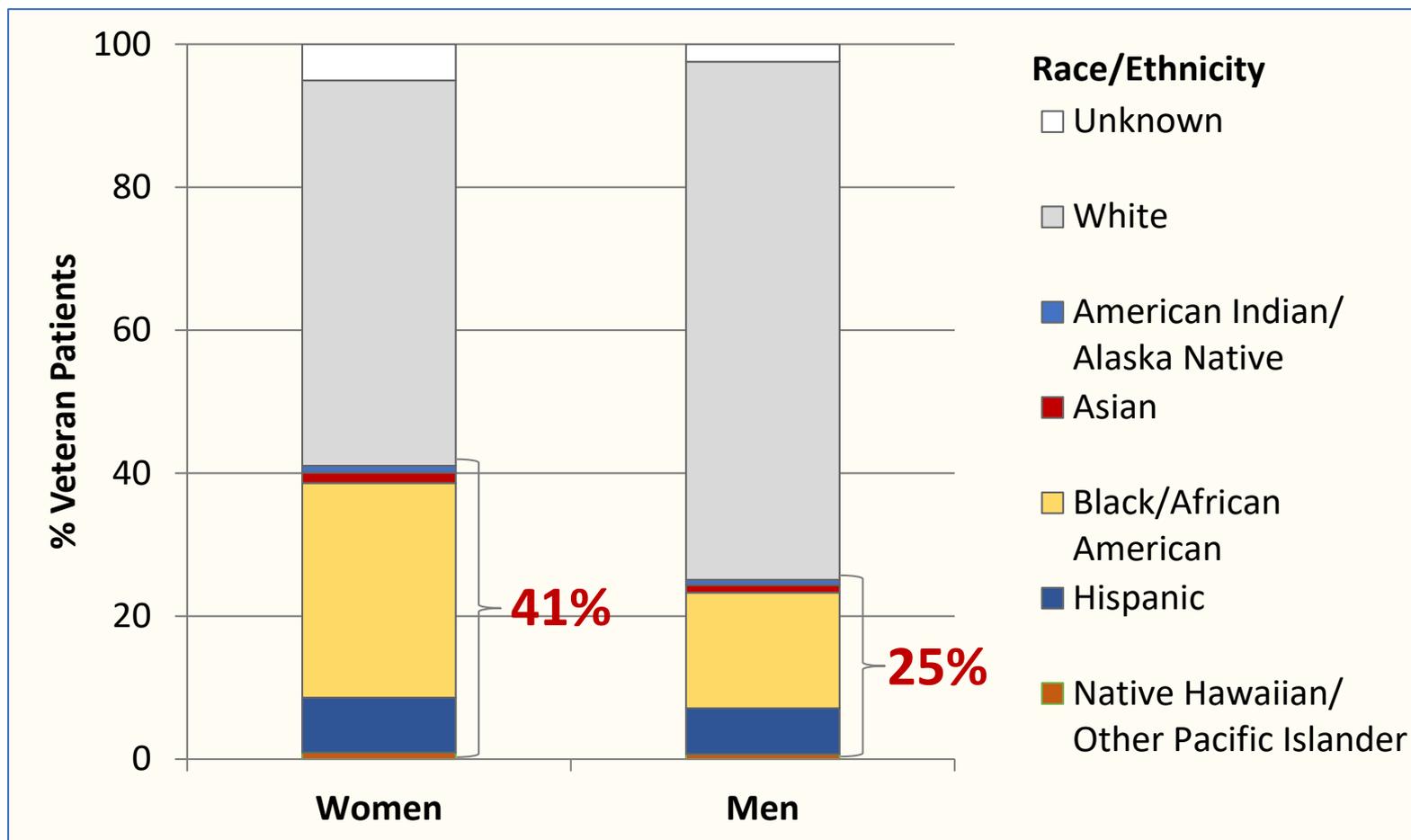
Age Distribution of Women Veteran VHA Patients FY00-FY19



Young women increased: need **capacity** for women in childbearing years.

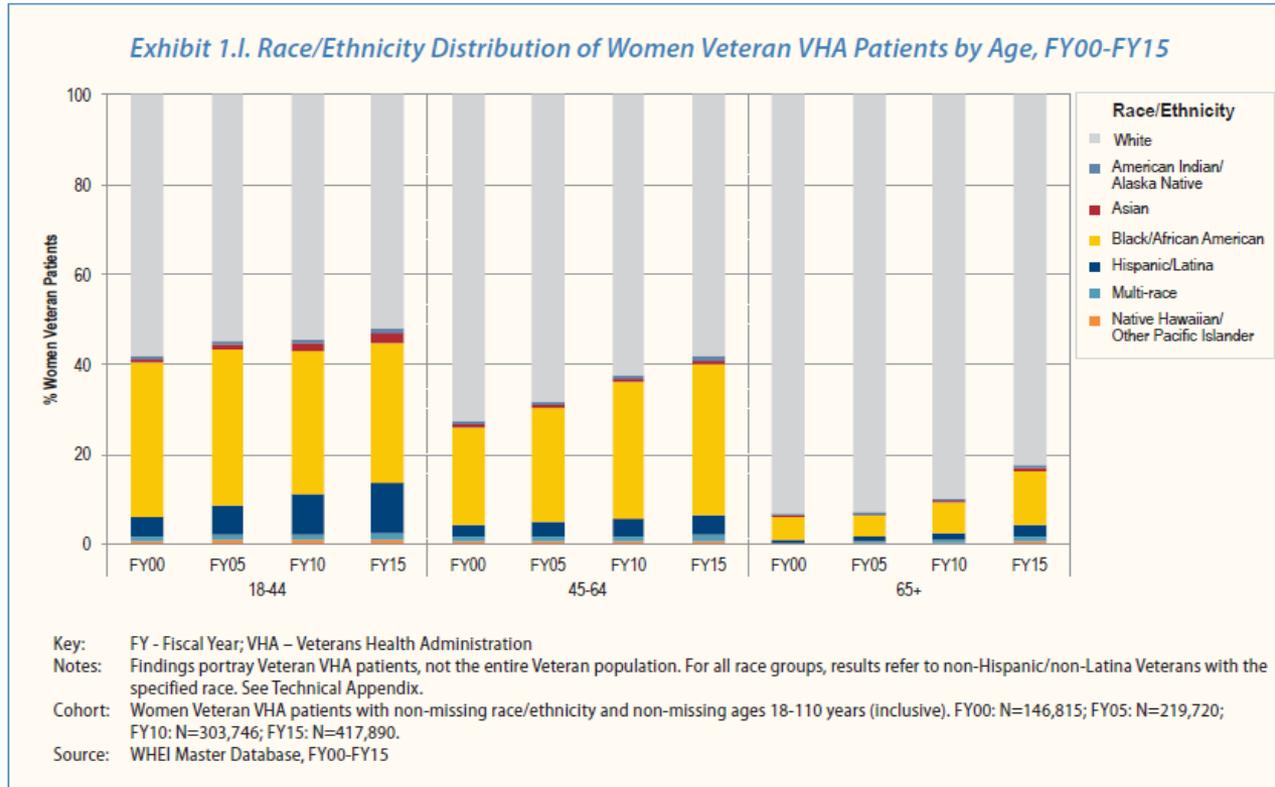
55-64 y.o. cohort 10x increase FY00 to FY19: expect rapid growth in # of WV 65+ over coming decade: may require more intensive **chronic disease care** as they age.

Women Veterans Have Greater Racial/Ethnic Heterogeneity than Men: 41% of Women vs. 25% of Men Belonged to a Racial/Ethnic Minority Group FY19



Cohort: Women and men Veteran VHA patients in FY19. Women: N=538,206; Men: N=5,614,612.
Source: WHEI Master Database, FY19 (using OMOP and Vital Status File data to identify race/ethnicity)

Racial/Ethnic Heterogeneity Increasing



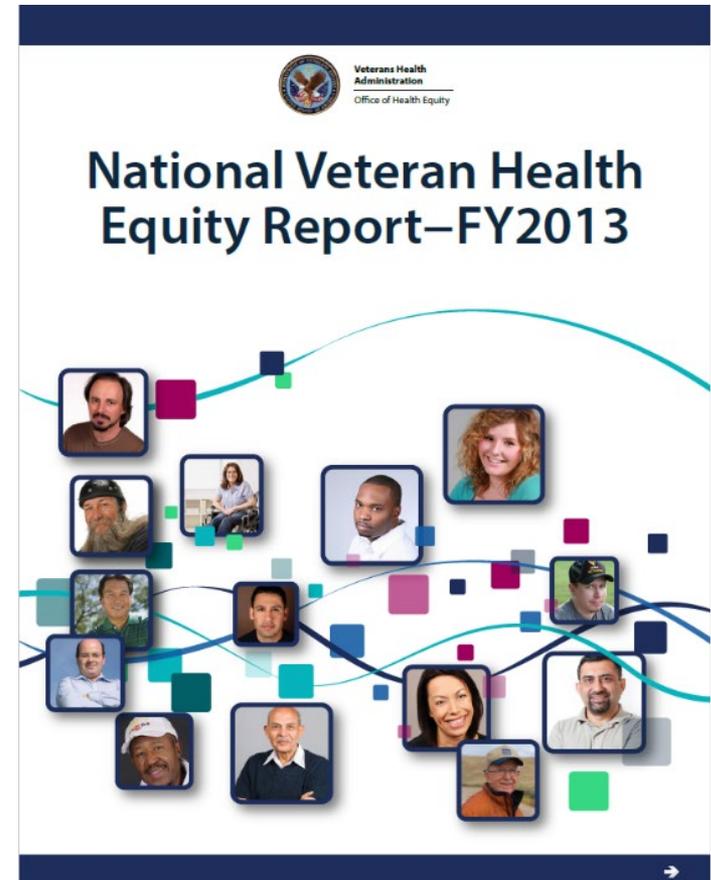
Consistent with VHA’s commitment to equity, women’s growing diversity in all age groups supports the importance of efforts to ensure services are sensitive to gender as well as to **culture** and intersectionality (interactions) between gender, age, and race/ethnicity.

Office of Health Equity-QUERI Partnered Evaluation Center (OHE-QUERI PEC) also draws upon WHEI data

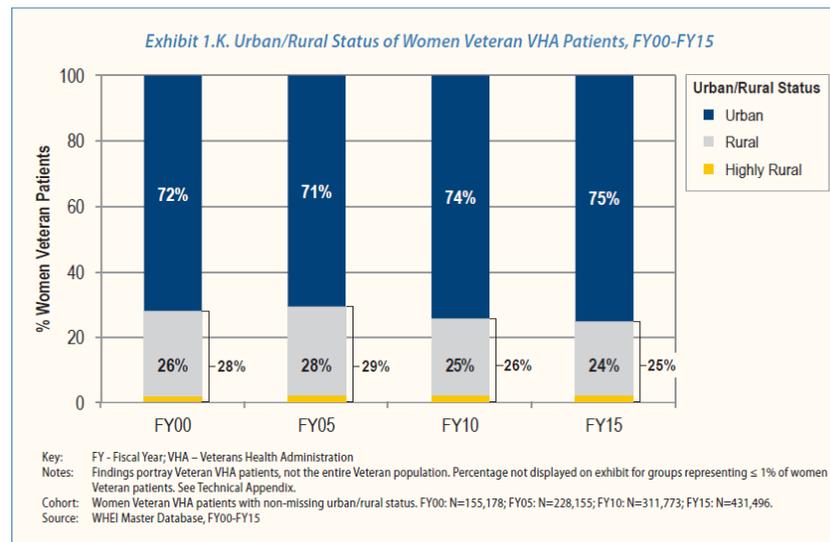
OHE-QUERI PEC Director:
Donna Washington, MD, MPH

Suggested Citation:

VA Office of Health Equity. 2016. National Veteran Health Equity Report—FY2013. US Department of Veterans Affairs, Washington, DC. Available online at <http://www.va.gov/healthequity/NVHER.asp>.



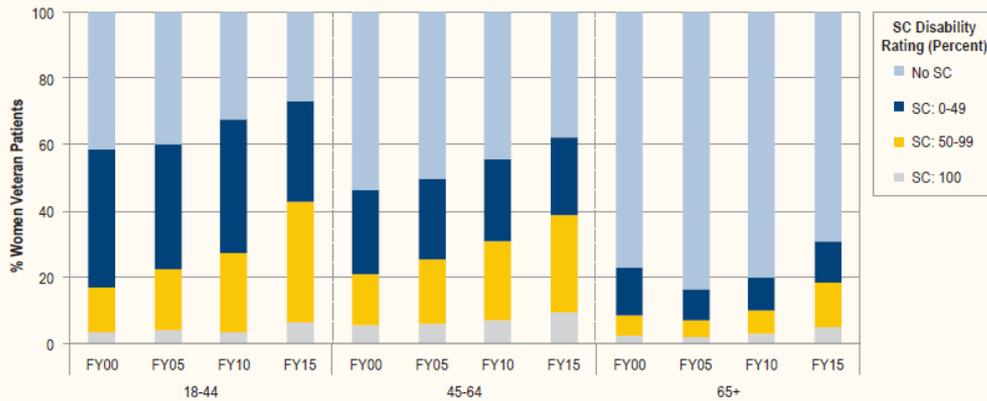
3 of 4 Women Veterans Have Urban Residence, But Growing # of Rural Women



Highlights challenge of ensuring high quality, equitable, gender-specific VHA services in remote areas where few women reside; suggests possible niche for programs that **extend access to primary/specialty care (e.g., telemedicine, mobile clinics).**

71% of Women Veterans in VHA Carried a Service-Connected Disability Rating in FY19

Exhibit 1.O. Service-Connected (SC) Disability Rating of Women Veteran VHA Patients by Age, FY00-FY15



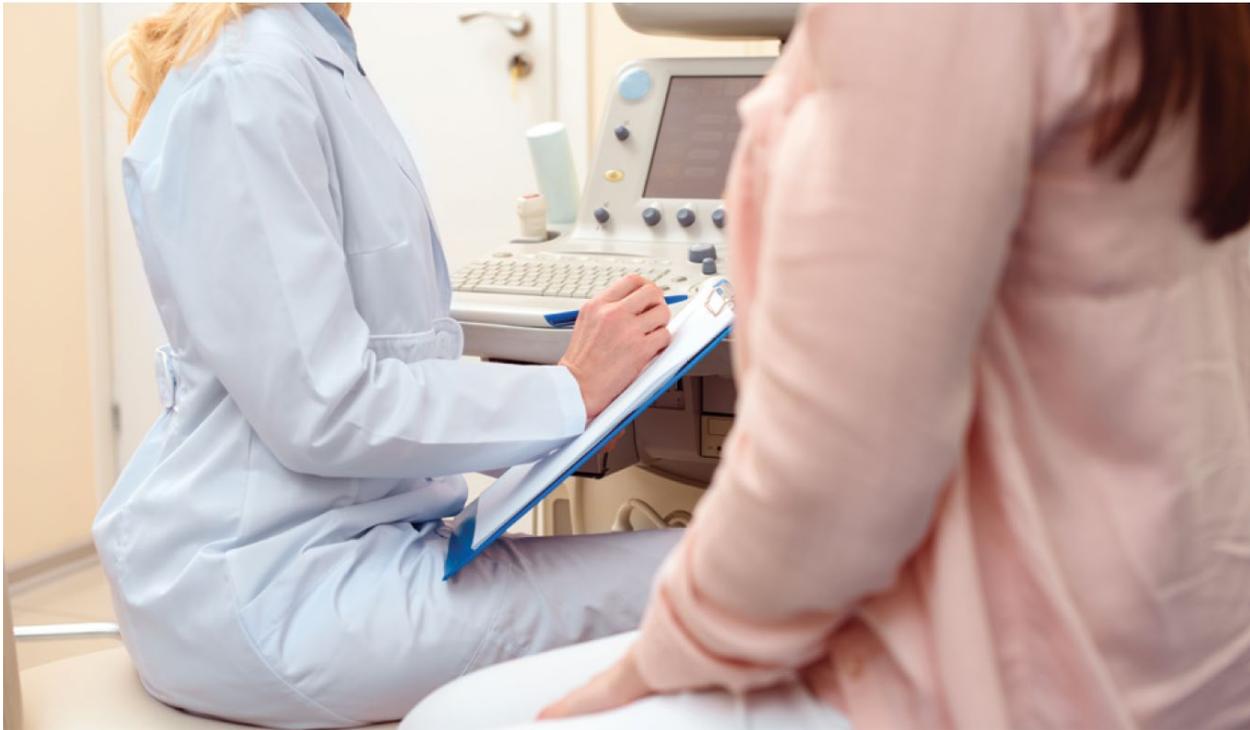
Key: FY - Fiscal Year; SC - Service-connected; VHA - Veterans Health Administration
 Notes: Findings portray Veteran VHA patients, not the entire Veteran population. See Technical Appendix.
 Cohort: Women Veteran VHA patients with non-missing SC disability rating and non-missing ages 18-110 years (inclusive). FY00: N=158,243; FY05: N=227,898; FY10: N=316,309; FY15: N=439,216.
 Source: WHEI Master Database, FY00-FY15

FY00-FY15: Growth in proportion of women Veterans with SC disability rating

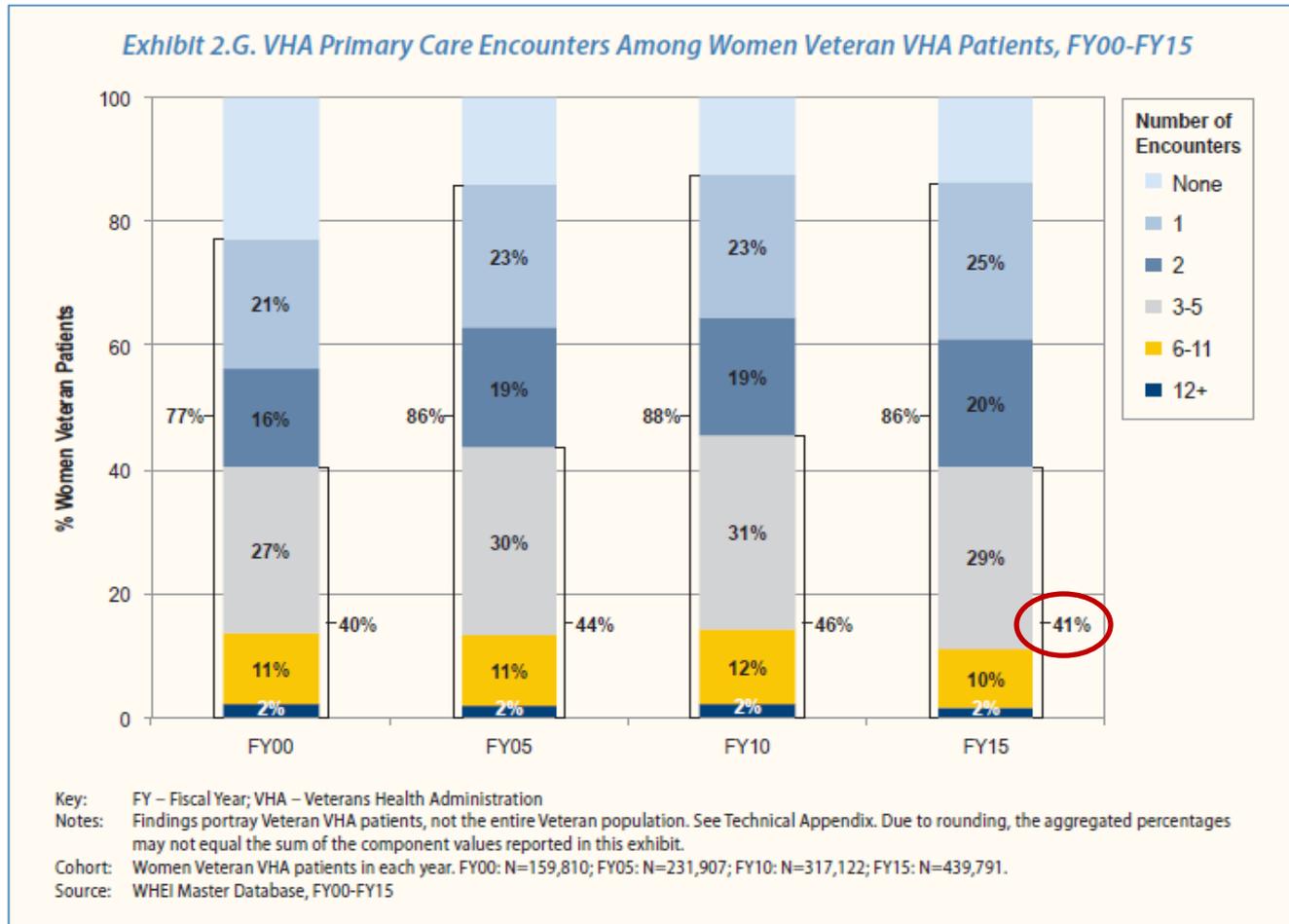
Many of the growing # of women who carry a service-connected disability rating are very young; they are eligible for lifelong VHA care for their service-connected conditions.



UTILIZATION



In FY15, 41% of Women Had 3+ VHA Primary Care Encounters



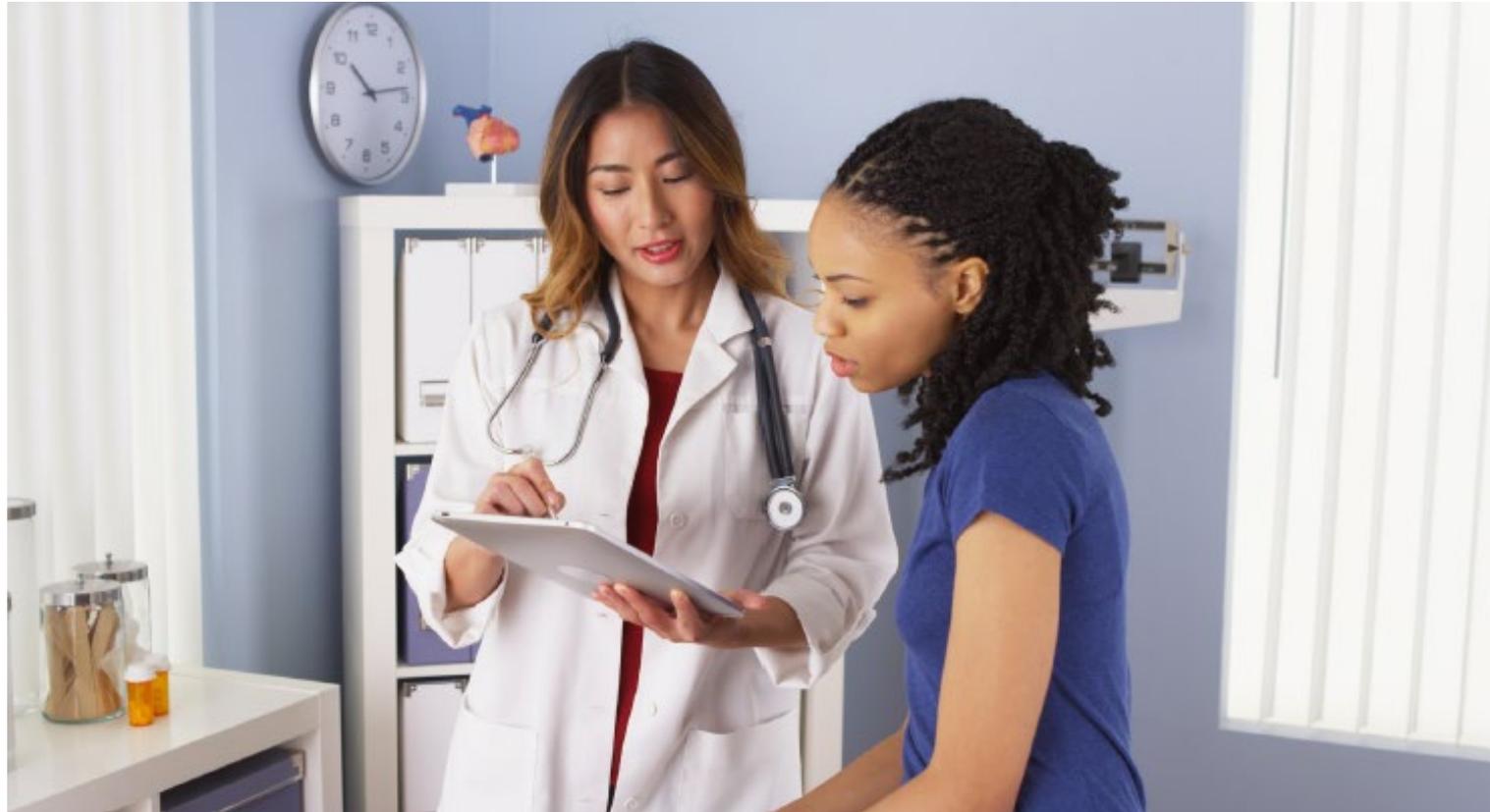
Rapid growth in # of women Veteran primary care users means the **designated Women’s Health Primary Care Provider (WH-PCP) workforce** must keep pace.

In Every Age Group, Higher Proportion of Women than Men Had 3+ Primary Care Encounters in FY15



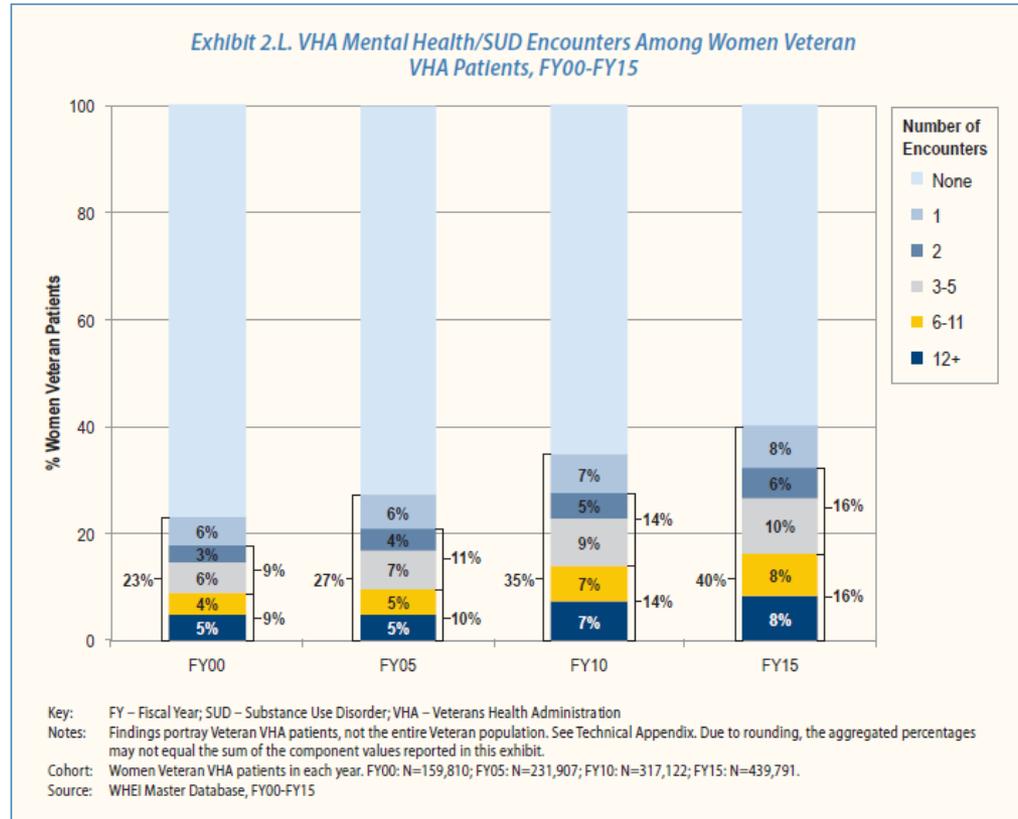
Women use primary care more heavily than men, despite women's younger age; this supports the concept that clinicians with a large # of women in their patient panels require **adjustments in panel size and scheduling profiles**, to ensure sufficient access for women.

32% of women used a Women's Clinic for primary care in FY19, although only 17% of women used Women's Clinic exclusively



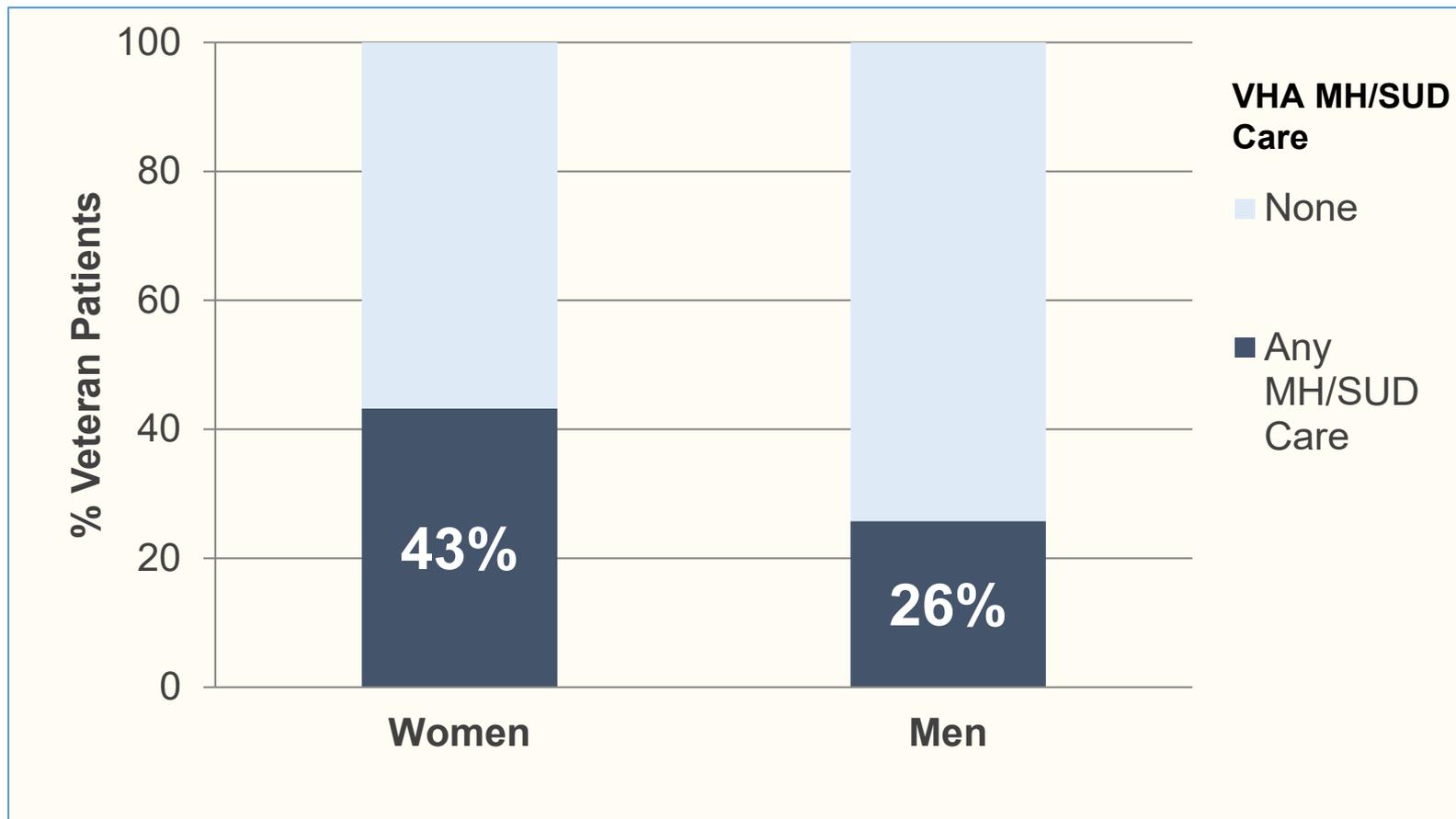
Cohort: Women Veteran VHA patients in FY19: N=538,206.
Source: WHEI Master Database, FY19

5x ↑ in # of women Veterans using MH/SUD care, FY00 to FY15



It is not known whether women’s increasing use of VHA MH/SUD specialty services reflects improvements in connecting Veterans with VHA post-deployment, improved patient perceptions of VHA MH/SUD care, increased prevalence of MH/SUD conditions, or other factors.

Mental Health/Substance Use Disorder Care: Far more Women than Men Veterans Used MH/SUD Care in FY19



Cohort: Women and men Veteran VHA patients in FY19. Women: N=538,206; Men: N=5,614,612.
Source: WHEI Master Database, FY19

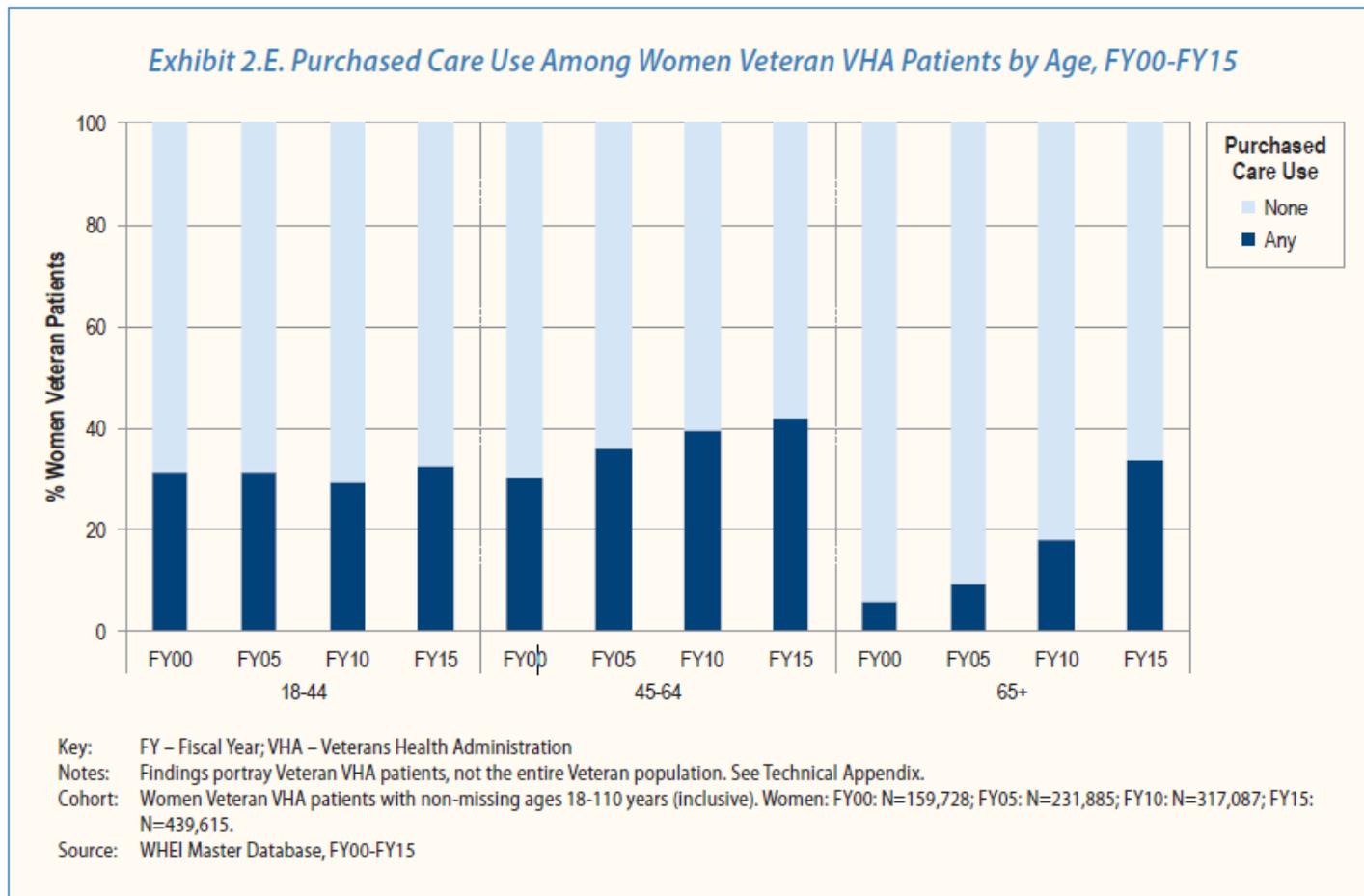
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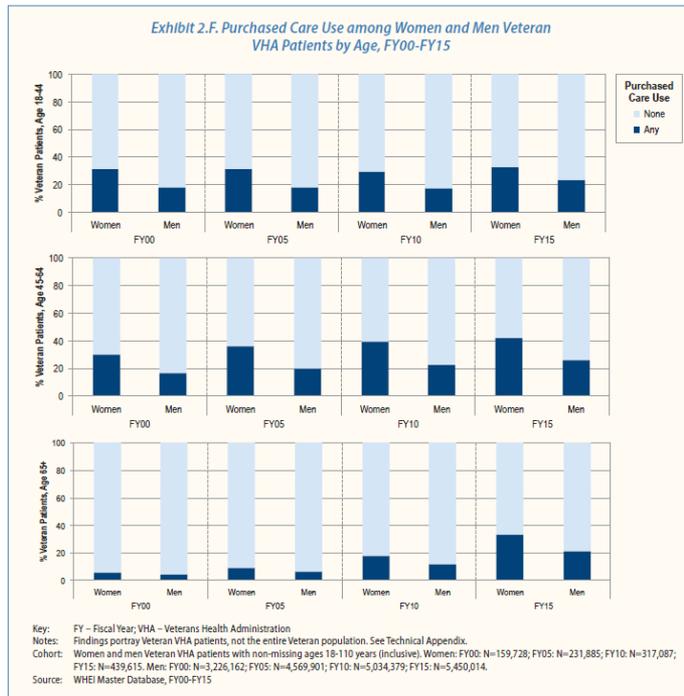
Recent research assessing potential relevance of **mental health/SUD care delivery system adaptations** designed to meet women Veterans' treatment needs is timely.

Since women with mental health/SUD conditions may have an excess burden of *medical* illness, **coordination** with medical services is also important for women who use VHA mental health/SUD clinics.

of women Veterans using Purchased Care increased 4x from FY00 to FY15



In all age groups, higher % of women than men received some Purchased Care



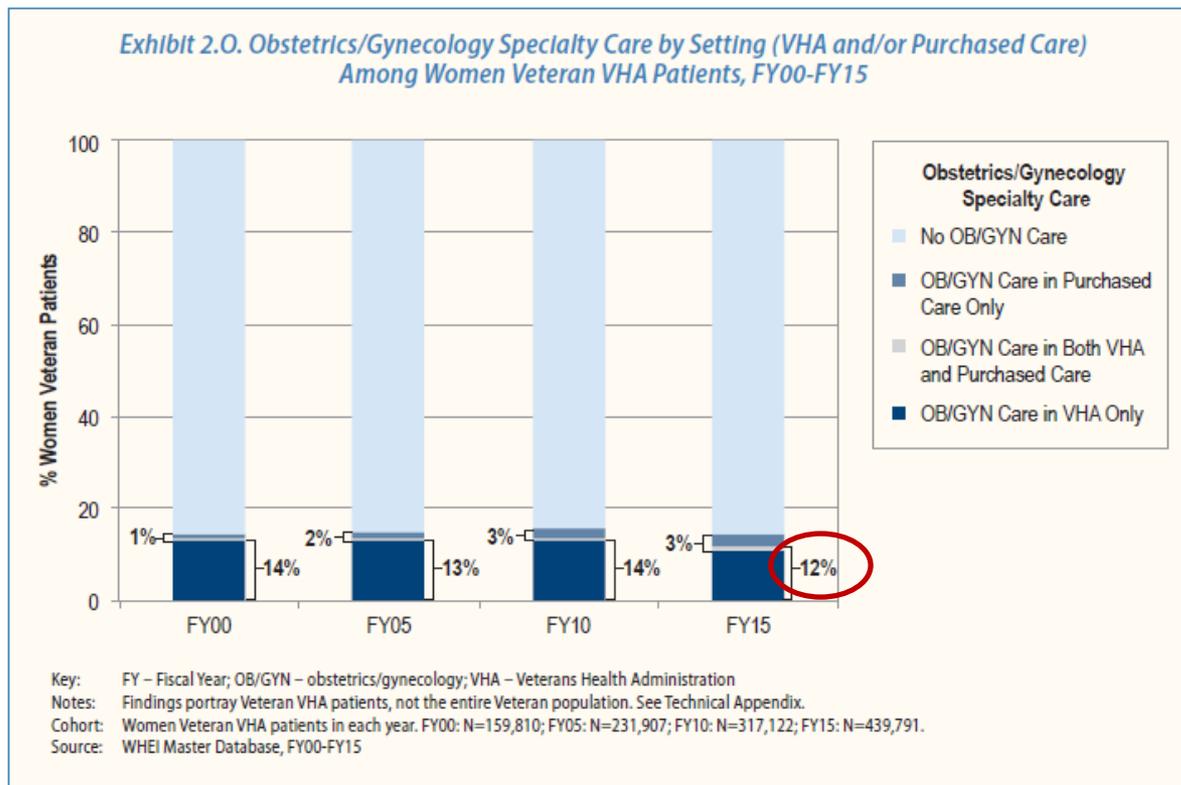
FY15:

37% of women

23% of men

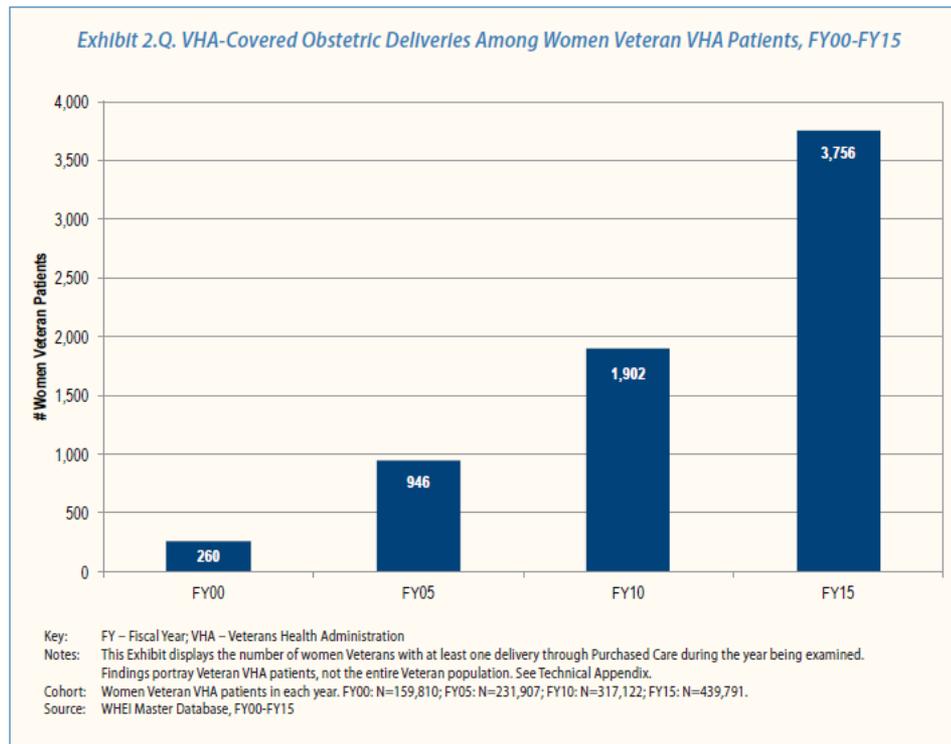
Ongoing efforts to examine the **quality of outsourced care** and to identify optimal approaches to **coordination** between VHA and Purchased Care providers are of great relevance for women as they navigate among distinct sources of care, particularly since reliance on Purchased Care is escalating following passage of the Veterans Access, Choice, and Accountability Act/MISSION Act.

Most OB/Gyn care was provided on-site in VHA; # of women who received OB/Gyn Specialty Care more than doubled from FY00 to FY15 (not shown)



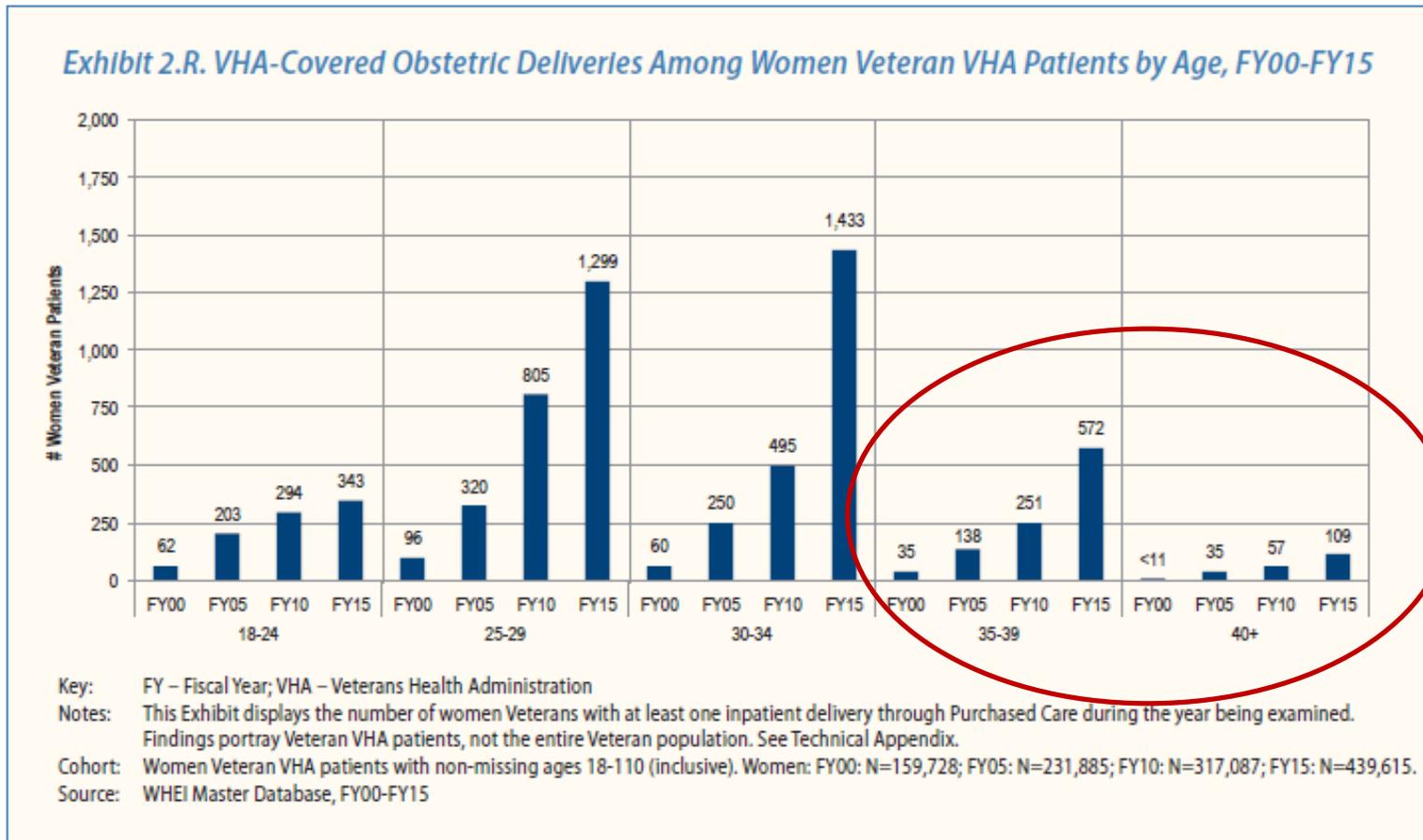
Supports importance of VHA’s efforts to expand its **OB/gyn provider workforce** and to expand the **geographic distribution of OB/gyn providers** in VHA facilities nationwide.

of women with VHA-Covered Deliveries: ↑ 14-fold FY00 to FY15



Precipitous rise in deliveries has outpaced growth in # of women of childbearing age. If deliveries continue to increase at their current pace, coordination of services – e.g., through VHA-based **Maternity Care Coordinators** – will become even more crucial.

of women age 35+ with deliveries ↑ 16-fold

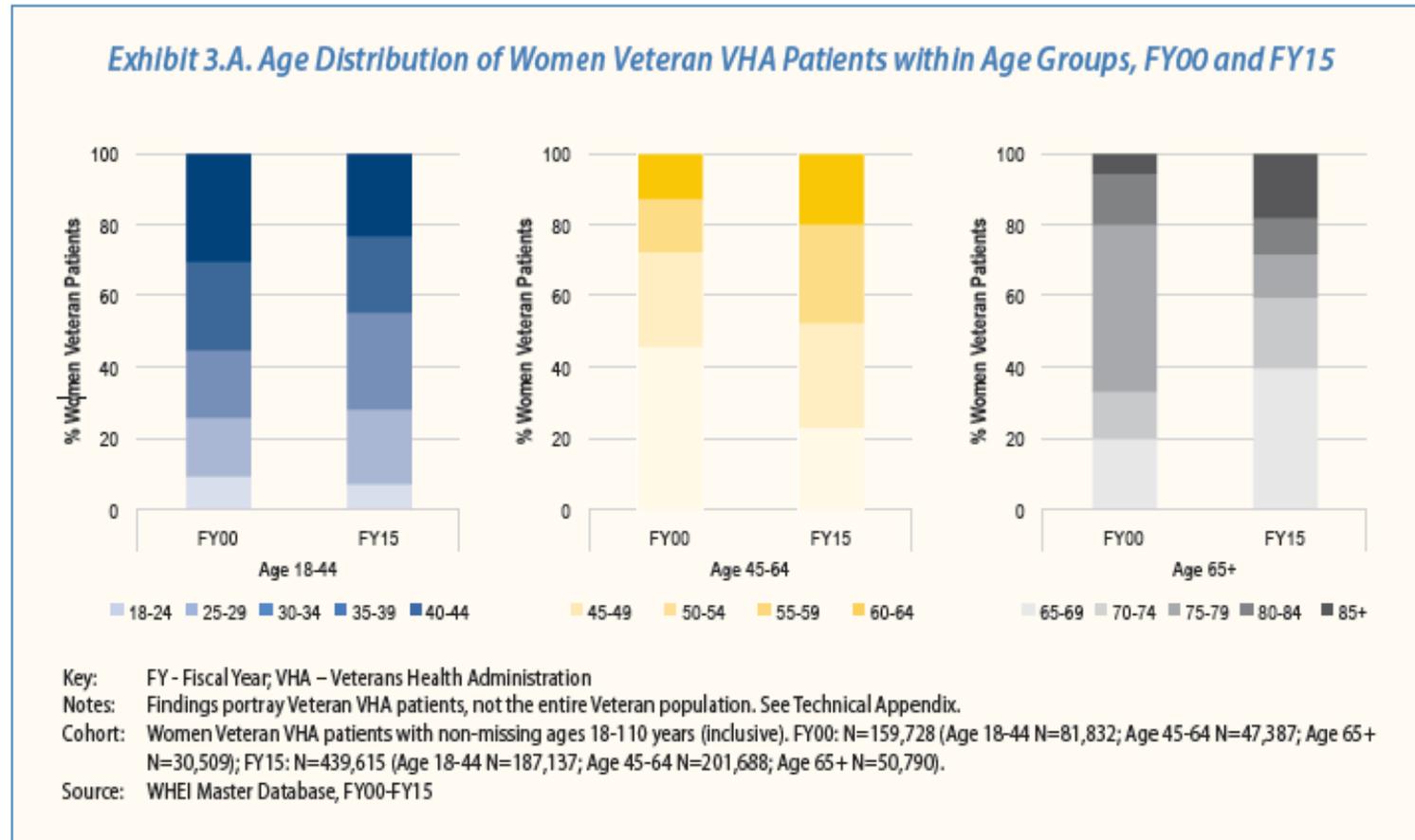


Many women Veterans with obstetric deliveries have **risk factors for adverse pregnancy outcomes**, including advanced maternal age or serious comorbidities like PTSD, further highlighting the importance of **Maternity Care Coordinators**.

HEALTH PROFILE



Age Distribution varies over time within Age Groups



Caveat: Cross-year changes in the frequency of a condition within a specific age group may reflect, in part, demographic shifts as age distribution changes over time.

Top 5 broad domains of conditions in FY15, by age group

18-44 year old women

- 1: Musculoskeletal
- 2: Mental Health/SUD
- 3: Reproductive Health
- 4: Endocrine/Metabolic/Nutritional
- 5: Neurologic

45-64 year old women

- 1: Musculoskeletal
- 2: Endocrine/Metabolic/Nutritional
- 3: Mental Health/SUD
- 4: Cardiovascular
- 5: Sense Organ

65+ year old women

- 1: Endocrine/Metabolic/Nutritional
- 2: Cardiovascular
- 3: Musculoskeletal
- 4: Sense Organ
- 5: Gastrointestinal



The health profile of women **differs across the age spectrum.**

Condition Frequencies for 202 Specific Conditions are available in Exhibit 3.F.

Snapshot of part of exhibit shown below; for detailed appendices

see: <https://www.womenshealth.va.gov/latestinformation/publications.asp>

Exhibit 3.F. Condition Frequencies Among Women Veteran VHA Patients Overall and by Age, and Age-Adjusted Odds Ratio (AOR) of Each Condition for Women Versus Men, FY00 and FY15

Condition	Women Veterans								Women vs. Men AOR	
	Overall		Age 18-44		Age 45-64		Age 65+		FY00	FY15
	FY00 N=159,810	FY15 N=439,791	FY00 N=81,832	FY15 N=187,137	FY00 N=47,387	FY15 N=201,688	FY00 N=30,509	FY15 N=50,790		
	%	%	%	%	%	%	%	%	AOR	AOR
1. Musculoskeletal^(a)										
Connective Tissue Disease	1.0	1.3	1.0	0.9	1.3	1.6	0.7	1.2	4.77	5.89
Rheumatoid Arthritis and Related Disease	1.7	1.3	0.9	0.6	2.1	1.8	2.9	2.3	2.12	2.55
Inflammatory Spondyloarthropathies	0.2	0.6	0.2	0.5	0.3	0.7	0.1	0.4	0.86	1.44
Polymyalgia Rheumatica	0.1	0.1	0.0	0.0	0.1	0.1	0.5	0.4	2.61	1.72
Vasculitis	0.1	0.1	0.0	0.1	0.1	0.1	0.2	0.2	1.89	2.17
Gout/Crystal Arthropathies	0.5	0.5	0.2	0.1	0.5	0.6	1.3	1.9	0.26	0.20
Spine Disorders - Cervical	3.9	10.0	3.8	9.3	5.0	11.8	2.3	5.9	1.37	1.37
Spine Disorders - Lumbosacral	11.6	22.8	11.8	21.5	13.6	25.2	8.3	18.0	1.07	0.98
Spine Disorders - Other/Unspecified	7.7	12.6	7.5	12.2	9.1	12.7	6.2	9.7	1.11	1.15

Top Conditions in Women Veteran Patients, Age 18-44

Exhibit 3.H. Top 20 Conditions in Women Veteran VHA Patients by Age, FY00 and FY15

Panel A: Women Veteran VHA Patients, Age 18-44

FY00 N=81,832			FY15 N=187,137			Change In Rank
Rank	Condition	%	Rank	Condition	%	Δ
1	Depression, Possible - Other	17.3	1	Depression, Possible - Other	27.7	0
2	Respiratory System Infections - Other	15.4	2	Anxiety Disorders - Other	23.2	+12
3	Joint Disorders - Unspecified or Multiple Joints	14.7	3	Headache	22.1	+2
4	Dermatologic Disorders - Other	14.3	4	PTSD	21.9	+16
5	Headache	13.1	5	Spine Disorders - Lumbosacral	21.5	+2
6	Joint Disorders - Lower Extremity	11.8	6	Joint Disorders - Lower Extremity	21.5	0
7	Spine Disorders - Lumbosacral	11.8	7	Dermatologic Disorders - Other	17.6	-3
8	Major Depressive Disorder	10.9	8	Overweight/Obesity	16.5	+5
9	Allergic and Other Chronic Sinusitis/Rhinitis	10.7	9	Contraceptive Care Management	14.9	+15
10	Hypertension	9.2	10	Major Depressive Disorder	14.6	-2

18-44 year old women Veterans:



Mental health conditions are common. Because the FY00 cohort served prior to the 9/11 attacks, the higher rate of PTSD and anxiety diagnoses in the FY15 cohort could be related in part to military deployment to war, as well as to improved screening or more women seeking treatment.



Musculoskeletal conditions are common. It is not known what proportion is related to their military service, but polytrauma and focal injuries that can lead to chronic pain are common in deployed populations. The five-fold increase in **traumatic brain injury** diagnoses over time could reflect injuries sustained in OEF/OIF/OND and other conflicts or enhanced detection.



Addressing **reproductive health** needs, such as contraceptive care and treatment of other gender-specific conditions, requires clinicians knowledgeable about modern approaches to treatment; VHA's workforce of *Women's Health Primary Care Providers* receives training through Women's Health Mini-Residencies. Given the high rates of PTSD in this reproductive-age population, skills in *trauma-sensitive pelvic examinations* represent a core competency for clinicians

Top Conditions for Women Veteran Patients, Age 45-64

Exhibit 3.H. Top 20 Conditions In Women Veteran VHA Patients by Age, FY00 and FY15

Panel B: Women Veteran VHA Patients, Age 45-64

FY00 N=47,387				FY15 N=201,688		Change In Rank
Rank	Condition	%	Rank	Condition	%	Δ
1	Hypertension	30.7	1	Hypertension	36.7	0
2	Joint Disorders - Unspecified or Multiple Joints	23.2	2	Lipid Disorders	34.4	+2
3	Menopausal Disorders	22.3	3	Depression, Possible - Other	28.1	+2
4	Lipid Disorders	21.3	4	Joint Disorders - Lower Extremity	26.8	+7
5	Depression, Possible - Other	20.8	5	Spine Disorders - Lumbosacral	25.2	+5
6	Dermatologic Disorders - Other	19.4	6	Refraction Disorders	24.3	+2
7	Respiratory System Infections - Other	16.9	7	Overweight/Obesity	23.5	+2
8	Refraction Disorders	14.7	8	Dermatologic Disorders - Other	22.2	-2
9	Overweight/Obesity	13.9	9	Musculoskeletal Conditions - Other	21.3	+8
10	Spine Disorders - Lumbosacral	13.6	10	Eye Disorders - Other	20.3	+9

45-64 year old women Veterans:



High rate of **cardiovascular risk factors** presents an opportunity for population health interventions aimed at reducing risk. Intervening at this stage is key, *before women enter older age* and face potentially irreversible end-organ damage like myocardial infarction, among the leading causes of death in women.



Musculoskeletal conditions can impact quality of life and the number of women in this age group with these conditions has increased 6-fold. VHA's numerous *pain services*—including rheumatology, orthopedics and pain clinics, complementary and integrative health programs, rehabilitative care and prosthetics services, among others—need to take the needs of women Veterans into account.



Mental health symptoms such as depression likewise attenuate quality of life. VHA facilities should ensure that *women feel welcome and safe at all mental health points of care*, from waiting rooms to group therapy visits to inpatient wards. Across all primary care and specialty care settings, *treatment of mental health conditions must account for gendered issues*, such as the fact that depression, PTSD, anxiety disorders, and substance use disorders are common sequelae of military sexual trauma, which is far more common in women Veterans than in men.

Top Conditions in Women Patients, Age 65+

Exhibit 3.H. Top 20 Conditions in Women Veteran VHA Patients by Age, FY00 and FY15

Panel C: Women Veteran VHA Patients, Age 65+

FY00 N=30,509			FY15 N=50,790			Change In Rank
Rank	Condition	%	Rank	Condition	%	Δ
1	Hypertension	53.0	1	Hypertension	58.7	0
2	Lipid Disorders	28.0	2	Lipid Disorders	49.3	0
3	Joint Disorders - Unspecified or Multiple Joints	25.7	3	Eye Disorders - Other	27.6	+6
4	Dermatologic Disorders - Other	20.0	4	Cataract	26.5	+3
5	Diabetes Mellitus	16.8	5	Diabetes Mellitus	23.9	0
6	Thyroid Disorders	16.6	6	Thyroid Disorders	23.8	0
7	Cataract	16.5	7	Esophageal Disorders	23.0	+5
8	Coronary Artery Disease - Other	16.4	8	Refraction Disorders	22.9	+7
9	Eye Disorders - Other	14.7	9	Dermatologic Disorders - Other	22.2	-5
10	Osteoporosis	13.8	10	Joint Disorders - Unspecified or Multiple Joints	22.2	-7

65+ year old women Veterans:



Cardiovascular risk factors (e.g., hypertension, hyperlipidemia, diabetes) were even more common in the oldest cohort. VA's Patient Aligned Care Teams (PACT) model has design characteristics relevant to chronic disease care. With increasing rates of mental health conditions in this age group, medical-mental health comorbidity will add to case complexity for women Veterans as they age.



Maintaining independence can be another priority for older women. Treating **musculoskeletal conditions** can help reduce pain, in turn improving sleep, functional status, deconditioning, falls risk, mobility, and mental health status.



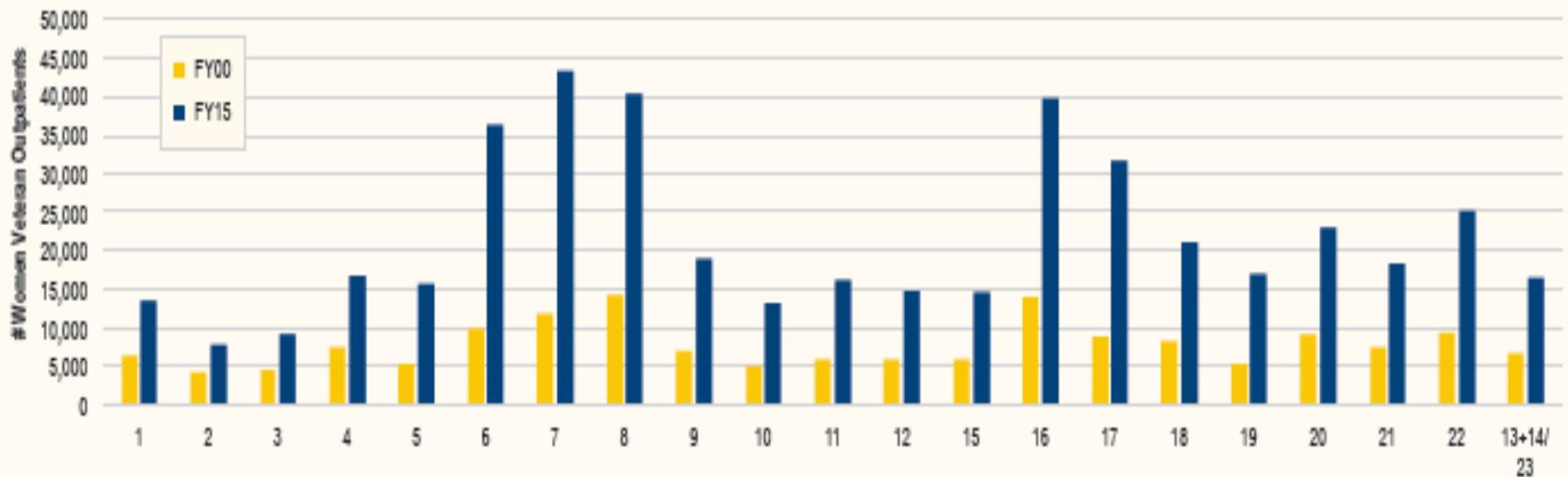
Rehabilitative services, home-based care, and treatment of **sense organ conditions** (such as vision or hearing services) may prevent or delay the need for transitions to long-term care settings in this age group.

GEOGRAPHIC DISTRIBUTION



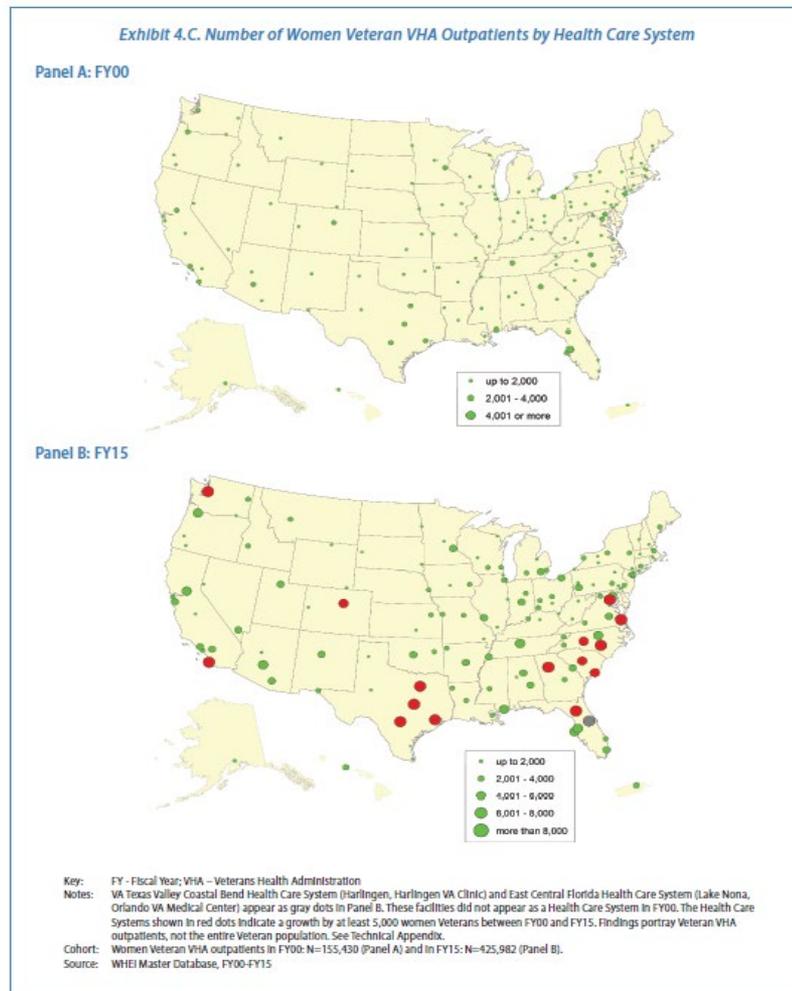
of Women Veteran Outpatients: 3x ↑ in VISNs 5, 6, 7, 17, 19

Exhibit 4.B. Number of Women Veteran VHA Outpatients by VISN, FY00 and FY15



Key: FY - Fiscal Year; VHA – Veterans Health Administration; VISN - Veterans Integrated Service Network
Notes: Findings portray Veteran VHA outpatients, not the entire Veteran population. See Technical Appendix.
Cohort: Women Veteran VHA outpatients in each year. FY00: N=155,430; FY15: N=425,982.
Source: WHEI Master Database, FY00-FY15

of women outpatients grew at every HCS from FY00 to FY15; Increased by 5,000+ women Veterans at 15 facilities



Rapid growth FY00 to FY15 in # of women Veterans using VHA touched *every VISN and every Health Care System*, highlighting importance of delivering **augmented women's health services** at every point of care in VHA.

At some facilities growth has been particularly dramatic, potentially straining sites' **capacity** to provide timely access to women. Given the continued growth of women in military service, combined with increasing market penetration, expansion is projected to continue.

At all sites, **long-range strategic planning** must address the capacity to provide for the growing population of women, including staffing with *designated Women's Health PCPs*, initiatives to reduce risk of *burnout* of the women's health workforce, access to *gender-tailored services*, as well as measures to ensure an *environment of care and VHA culture* that welcomes women Veterans and acknowledges their military service.



Discussion and Q&A

Patricia Hayes, PhD

Chief Officer
Women's Health Services
VA Central Office



Sally Haskell, MD

*Deputy Chief Consultant for
Clinical Operations*
Director, Comprehensive Women's Health
Women's Health Services VA Central Office
Internal Medicine/Women's Health
VA Connecticut Health Care System
Professor of Medicine
Yale University School of Medicine



All Sourcebook Volumes are available at:

<https://www.womenshealth.va.gov/latestinformation/publications.asp>

WHEI contact information:

Susan Frayne, Susan.Frayne@va.gov | Fay Saechao, Fay.Saechao@va.gov

