

# TOWARD GENDER-SENSITIVE VA CARE FOR WOMEN VETERANS: WHERE WE CAME FROM AND WHERE WE ARE GOING

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DAWNE VOGT, PHD  
RESEARCH HEALTH SCIENTIST  
WOMEN'S HEALTH SCIENCES DIVISION,  
NATIONAL CENTER FOR PTSD, VA BOSTON,  
& PROFESSOR OF PSYCHIATRY  
BOSTON UNIVERSITY SCHOOL OF MEDICINE

# PLAN FOR PRESENTATION

Origin of  
Concept

Demonstrating  
Need for  
Improvement

Testing an  
Intervention  
Strategy

Impact on  
Patient  
Outcomes?

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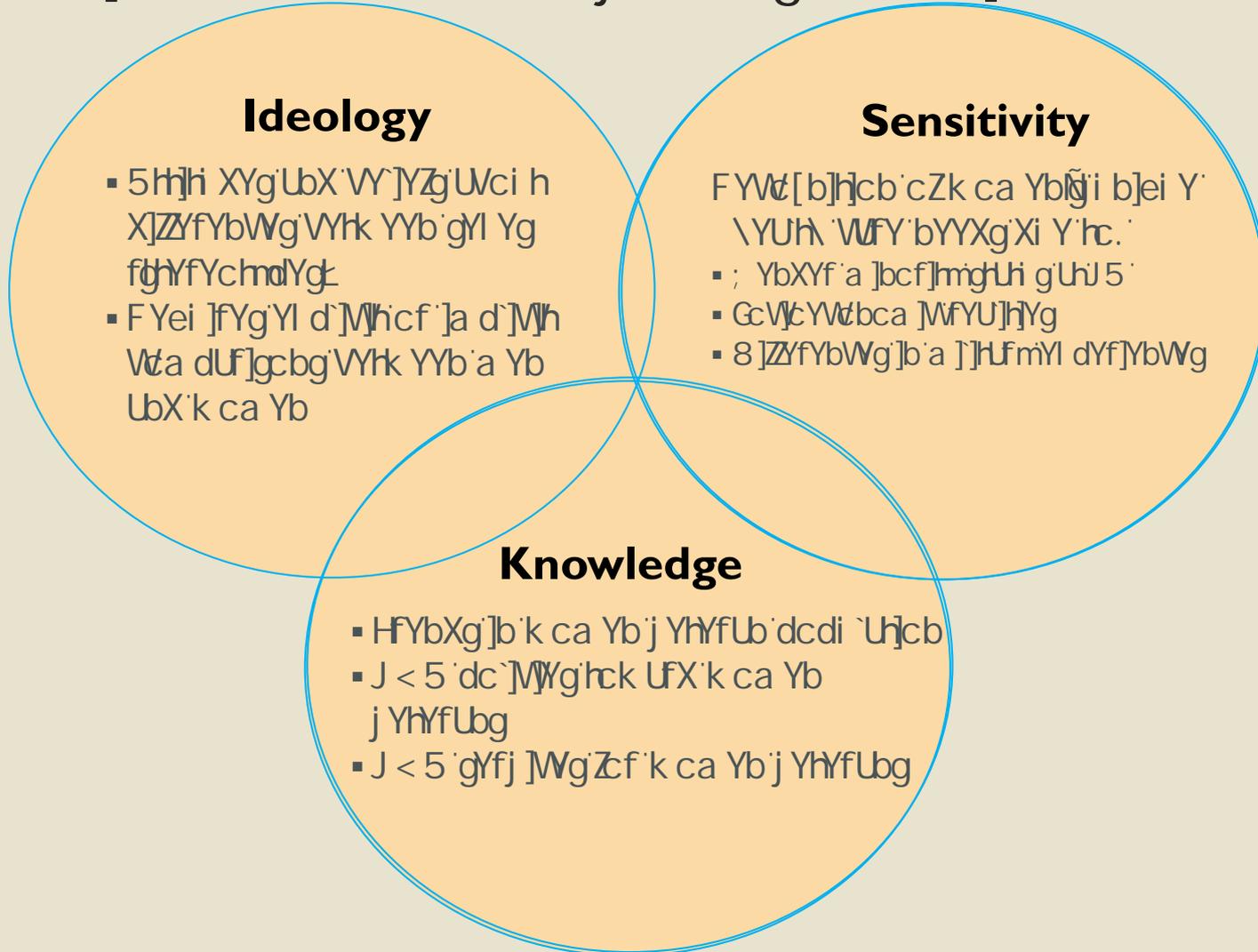
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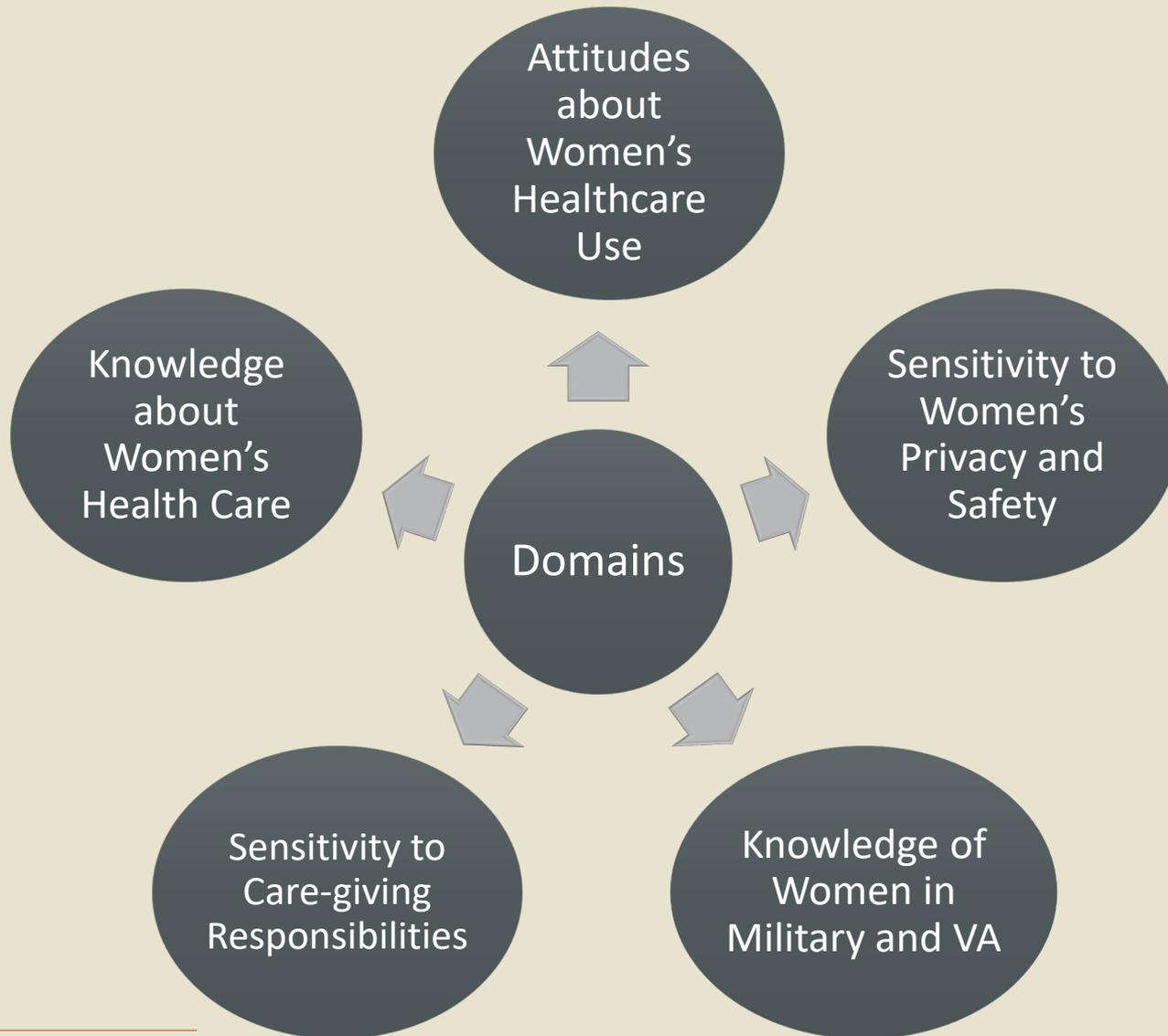




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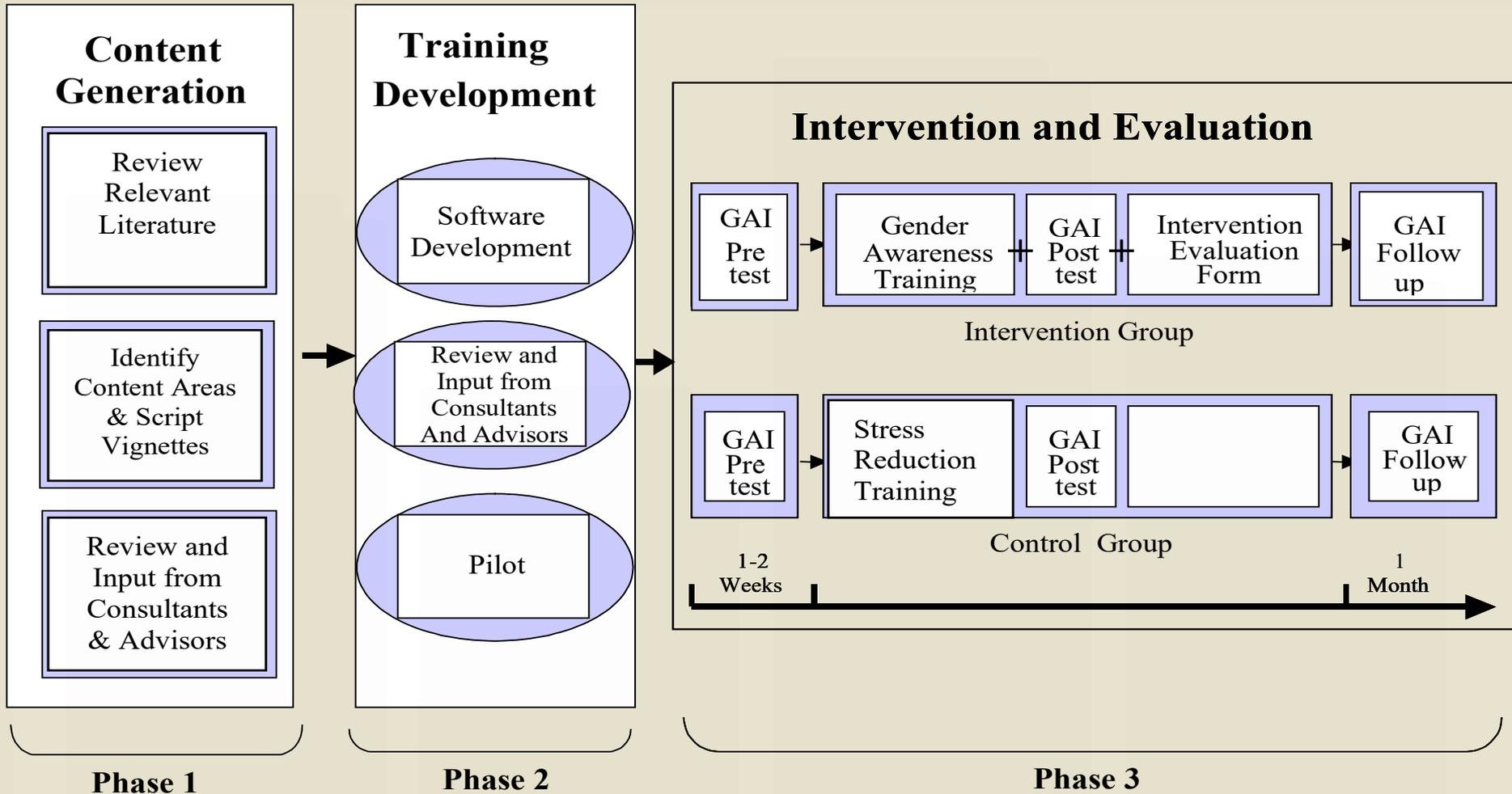
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# CARING *for* WOMEN VETERANS



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## Section 3: Privacy Needs

Click on the video image to start the following video scenario that shows how a lack of privacy in VA hospitals may affect female patients.

### Video 1



[View transcript](#)

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### Program Modules

- ▶ Introduction
- ▶ Becoming Aware
- ▶ Common Questions
- ▼ Privacy Needs
  - ▶ Introduction
  - ▶ Video 1
  - ▶ Video 2
  - ▶ What's Your Opinion?
  - ▶ In Review
- ▶ History of Women in the Military and VA
- ▶ Unique Health-Care Needs (What You Can Do)
- ▶ Resources and Acknowledgements

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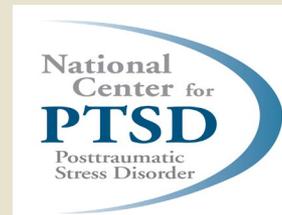
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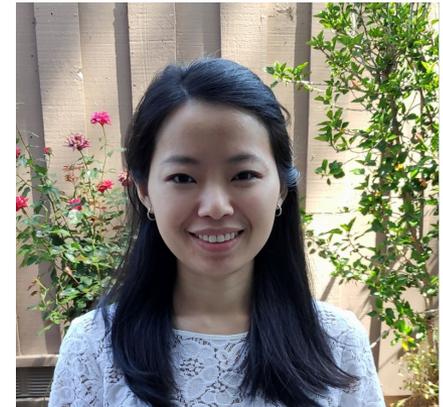
# Impact of VA Workforce Gender Sensitivity on Women Veterans' Healthcare Experiences

Claire Than, PhD

Health Science Specialist

Center for the Study of Healthcare  
Innovation, Implementation & Policy

VA Greater Los Angeles Healthcare System



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# Overview

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- Background: VA primary care delivery for women Veterans
- Overall study design and sample
- Study part 1: Impact of workforce gender sensitivity on patient primary care discontinuity
- Study part 2: Impact of provider gender sensitivity on trauma-sensitive communication
- Study part 3: Predictors of workforce gender sensitivity



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# Funding of the study

- VA HSR&D Service, Office of Research & Development (Project # CRE 12-026)



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# Background: VA Primary Care for Women Veterans

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- In 2010, VA reorganized primary care through Patient-Aligned Care Teams (PACTs) – VA medical home model
- A PACT teamlet consists of
  - 1 primary care provider (PCP) and 3 staff (a nurse care manager, clinical associate, and clerk) with an assigned panel of ~1,000 patients
- Women's Health PACTs
  - VA recommends women Veterans be cared for by PCPs and staff experienced in WH
  - Challenges in adapting PACT for women Veterans include
    - Gender sensitivity, training, team functioning due to staff availability <sup>a</sup>
    - Logistical challenges due to small volume of women patients (<10% patients) (e.g., female chaperone availability, privacy & safety in settings) <sup>b</sup>



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<sup>a</sup> [Chuang et al. 2017](#); <sup>b</sup> [Yano et al. 2016](#)

# Overall Study Design

- Evaluated workforce gender sensitivity in the context of PACT
- Sample drawn from a cluster randomized trial of EBQI (2014-2016)
  - ClinicalTrials.gov, NCT02039856

STUDY PROTOCOL

Open Access



Cluster randomized trial of a multilevel evidence-based quality improvement approach to tailoring VA Patient Aligned Care Teams to the needs of women Veterans

Elizabeth M. Yano<sup>1,2\*</sup>, Jill E. Darling<sup>1,7</sup>, Alison B. Hamilton<sup>1,3</sup>, Ismelda Canelo<sup>1</sup>, Emmeline Chuang<sup>2</sup>, Lisa S. Meredith<sup>4</sup> and Lisa V. Rubenstein<sup>1,4,5,6</sup>



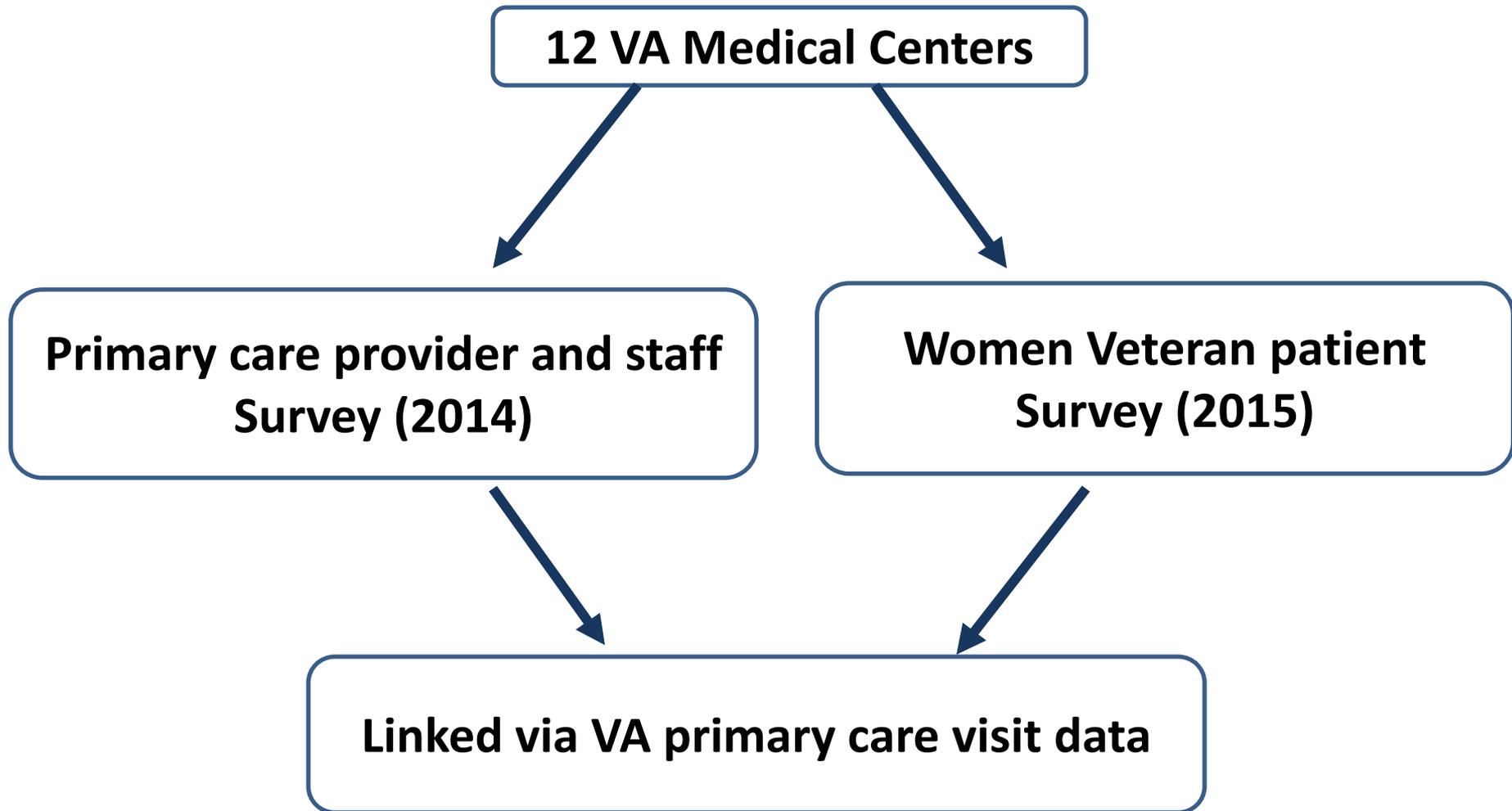
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[Link to full article](#)

# Sample: Data from a cluster randomized trial <sup>6</sup>

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# Study Part 1: Impact of workforce gender sensitivity on primary care discontinuity

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- Objectives:
  - Examine provider and staff gender sensitivity and primary care utilization among women Veterans
  - Examine women Veterans' primary care discontinuity over three years
  - Evaluate whether gender sensitivity is associated with care discontinuity



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# Measure of gender sensitivity

Contents	Provider and staff Survey
<b>Resource requirement</b>	1) The VA should not be expected to provide special health services for women.
	2) Special women's clinics should be at all VA health facilities.
<b>Sensitivity to women's privacy and safety</b>	3) Female patients care too much about the way the clinic looks.
<b>Sensitivity to care-giving responsibility</b>	4) Having a special room for women to breastfeed would be a good clinic policy.
	5) It would bother me to see a woman breast feed in the clinic.



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# Measure of gender sensitivity continued

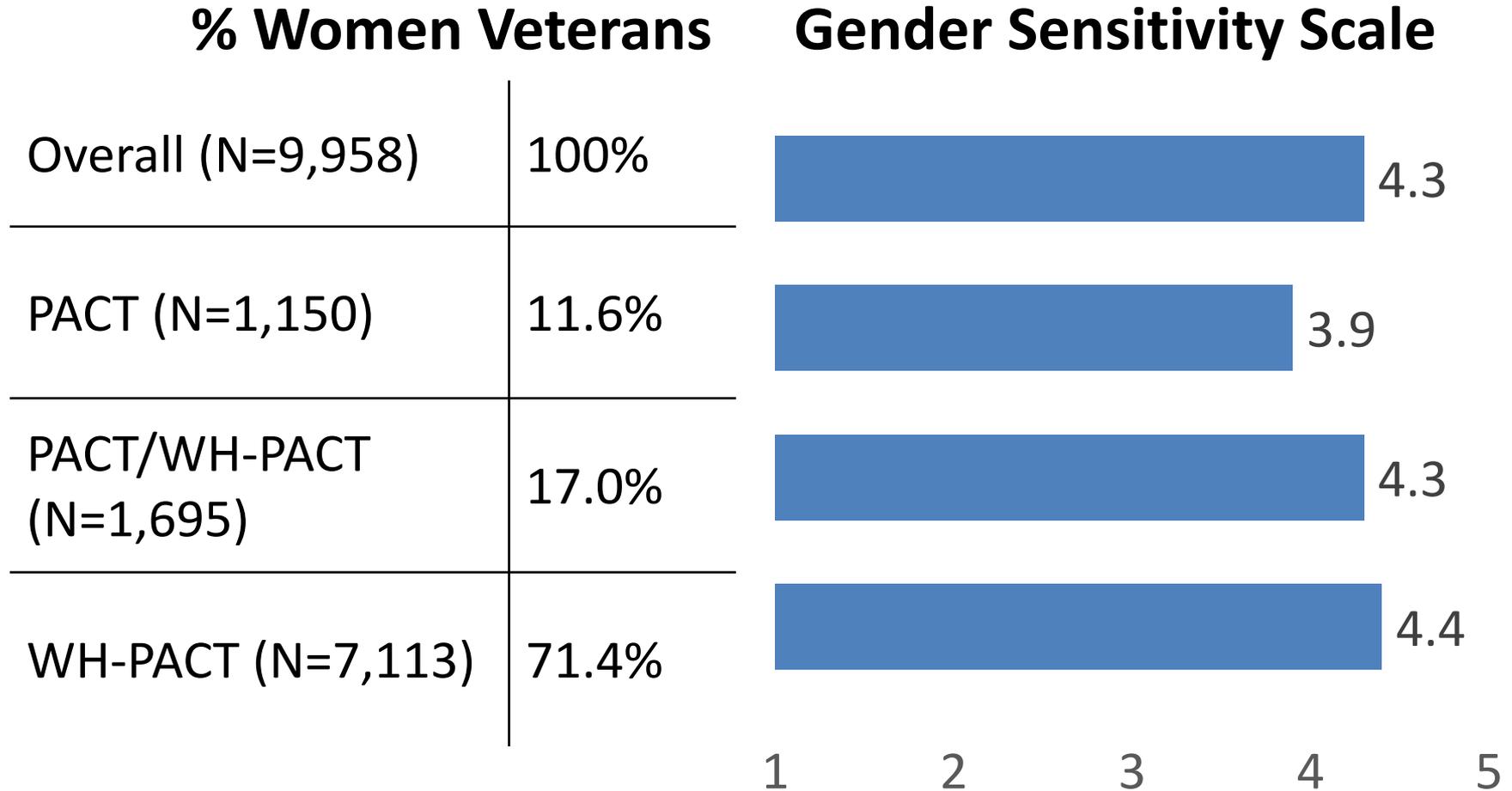
<b>Contents</b>	<b>Provider and Staff Survey</b>
<b>Staff reception</b>	6) Having female patients makes this a better clinic.
	7) It is nice to have female patients at VA primary clinics.
	8) Compared to men, women expect too much courtesy from clinic staff.
<b>Attitude about women's healthcare use</b>	9) Sometimes I wish VA primary care clinics had only male patients.
	10) Having female patients at VA primary care clinics makes things too difficult.



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# Findings at Baseline

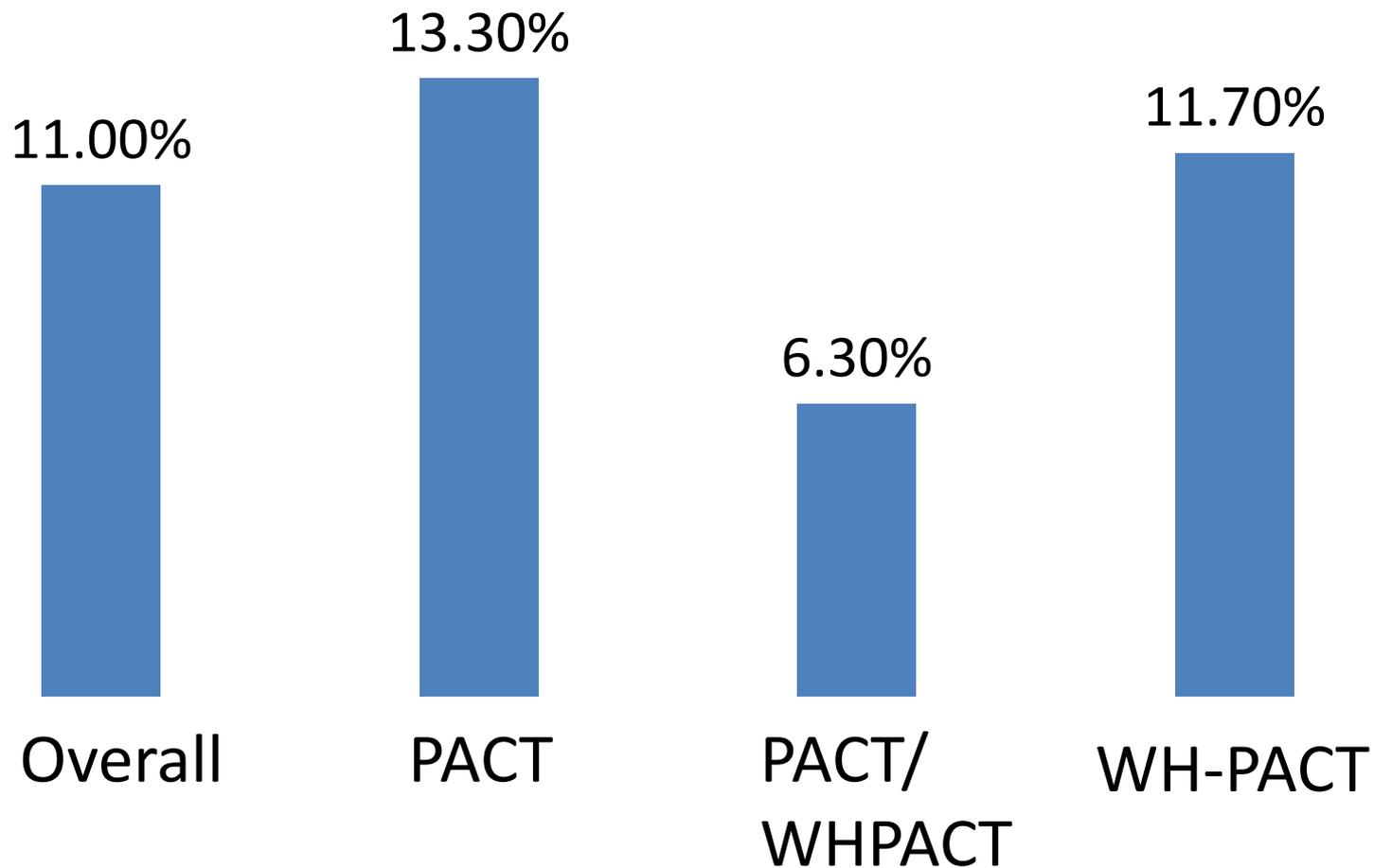


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# Primary Care Discontinuity Over Three Years Among Women Veterans

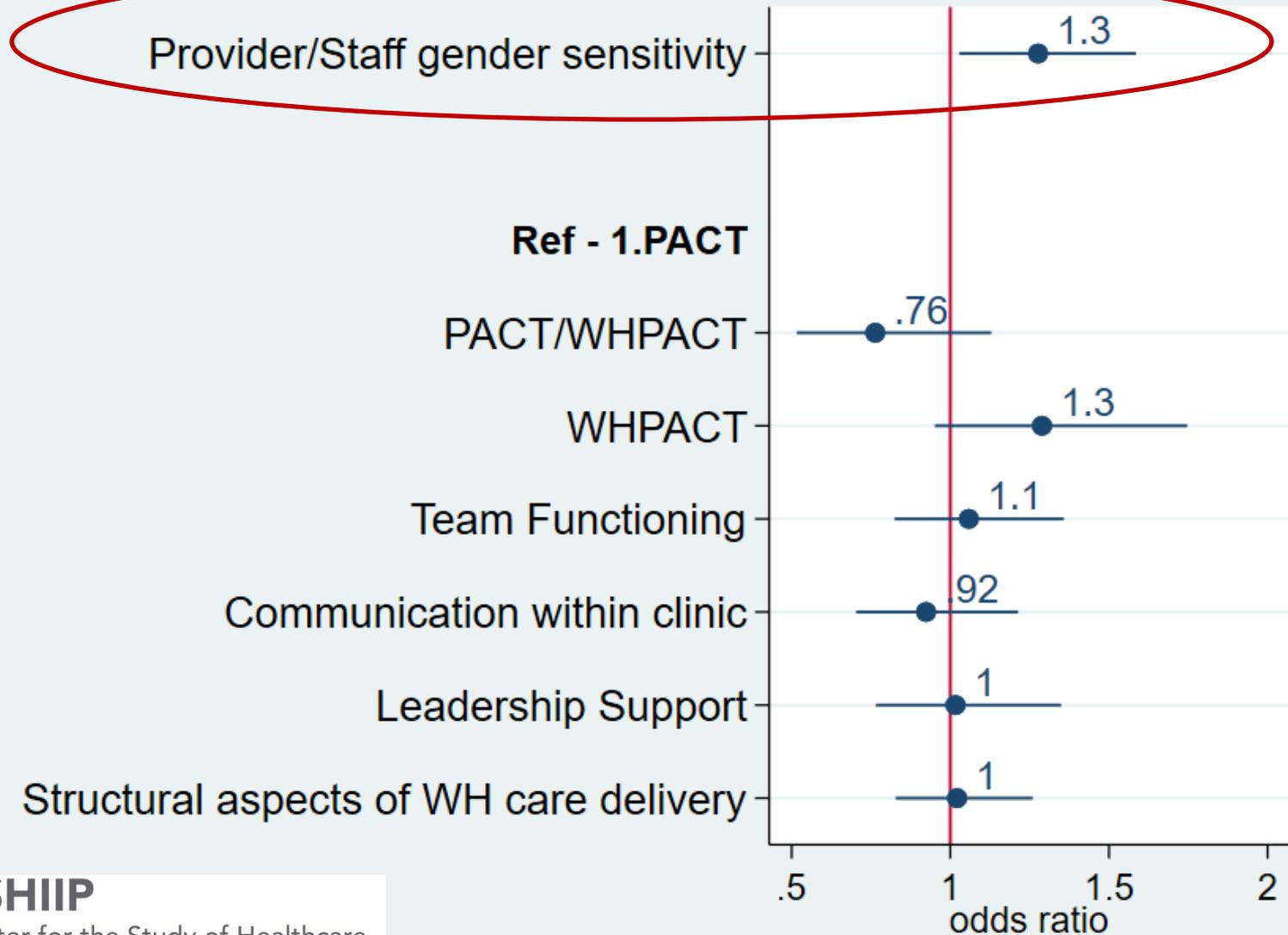
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# Predictors of Primary Care Discontinuity



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# Implications for Policy and Practice

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- Highlights importance of increased gender sensitivity in improving patient continuity with care
- Underscores need for educating workforce and engaging leadership to promote sensitivity to the unique needs of women Veterans
- Suggests need for more research into tradeoffs between access and continuity



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# Study Part 2:

## Impact of provider gender sensitivity on trauma-sensitive communication

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- Objectives:
  - Evaluate patient perspective of trauma-sensitive communication
  - Examine relationship between provider gender sensitivity and trauma-sensitive communication



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# Measure of provider trauma-sensitive communication (patient survey)

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- 1) “Did your VA provider ask you if you are experiencing any serious problems or stresses in your life?”
- 2) “How often did your VA provider make sure you were comfortable before conducting any treatments or exams?”
- 3) “How comfortable or uncomfortable would you feel talking with your VA provider about emotional issues you were experiencing?”



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# Majority of patients reported positive trauma-sensitive communication

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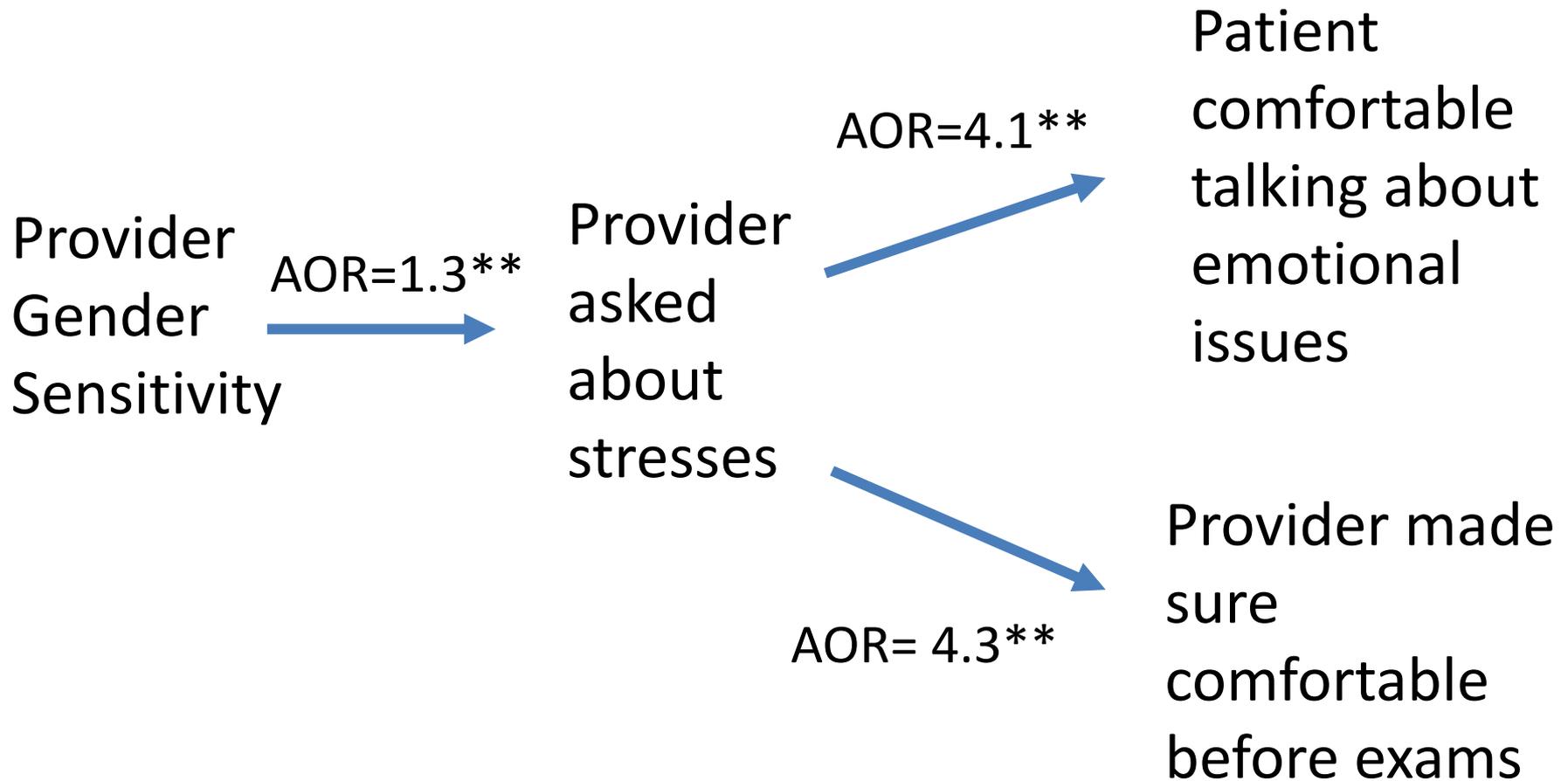
Question	Patient Response
Provider asked about stresses	80.2% Yes
Provider made sure comfortable before exams	78.4% Always
Patient comfortable talking about emotional issues	54.3% Very Comfortable



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# Asking about stresses is key to trauma-sensitive communication



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# Implications for Policy and Practice

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- Extends study part 1's findings to demonstrate importance of provider gender sensitivity in improving patient experiences with care, especially among patients with trauma history
- Highlights that providers asking about stresses is an important component to trauma-sensitive communication
- Underscores need for strategies to educate providers on importance of gender and trauma sensitivity



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# Study Part 3:

## Predictors of workforce gender sensitivity

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- Objectives:
  - Identify individual and practice characteristics that predict gender sensitivity



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Original article

Understanding Gender Sensitivity of the Health Care Workforce  
at the Veterans Health Administration

Claire Than, PhD, MPH <sup>a,b</sup>, Emmeline Chuang, PhD <sup>b</sup>,  
Donna L. Washington, MD, MPH <sup>a,c</sup>, Jack Needleman, PhD, FAAN <sup>b</sup>,  
Ismelda Canelo, MPA <sup>a</sup>, Lisa S. Meredith, PhD <sup>d</sup>, Elizabeth M. Yano, PhD, MSPH <sup>a,b,\*</sup>

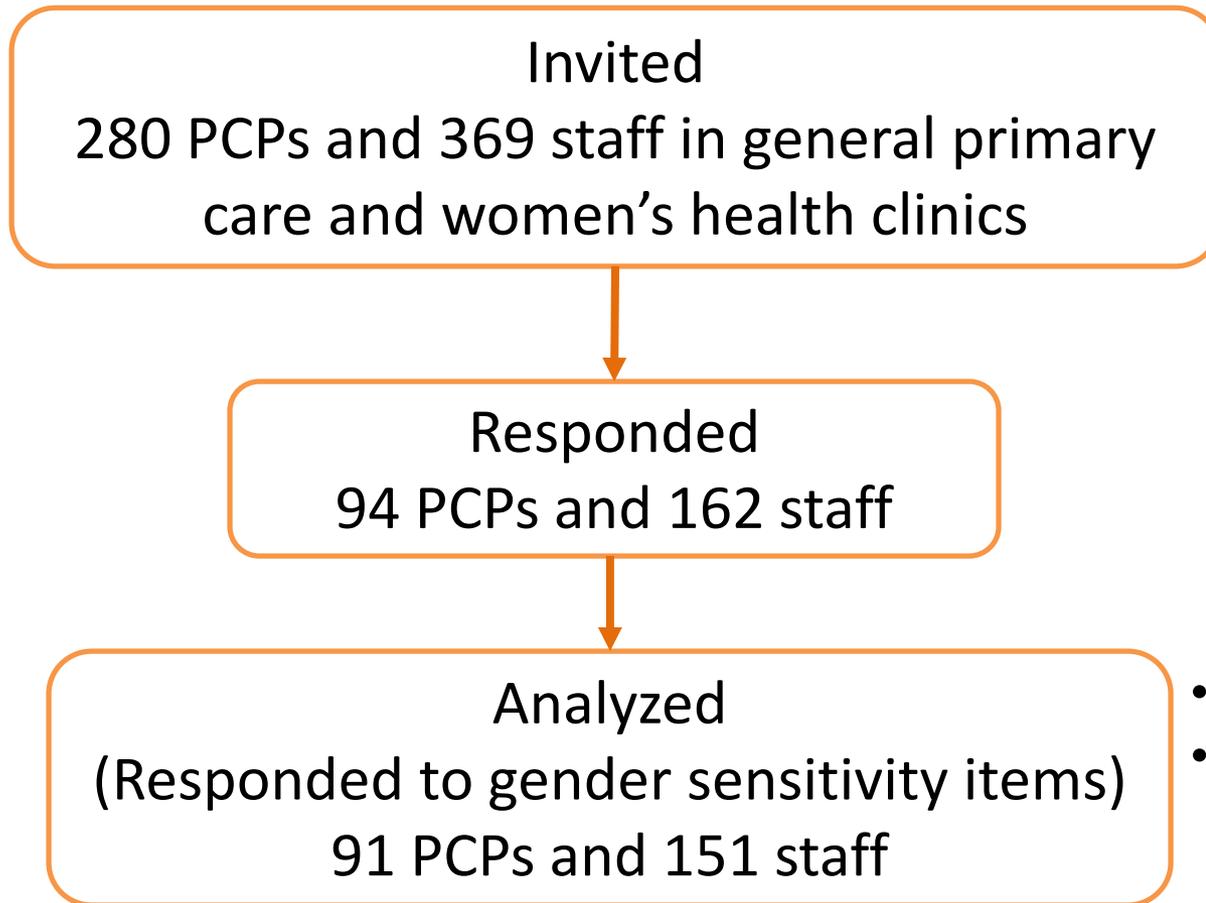


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# Primary care provider and staff survey (2014)

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- Response rate was 37%.
- Applied non-response bias weights.



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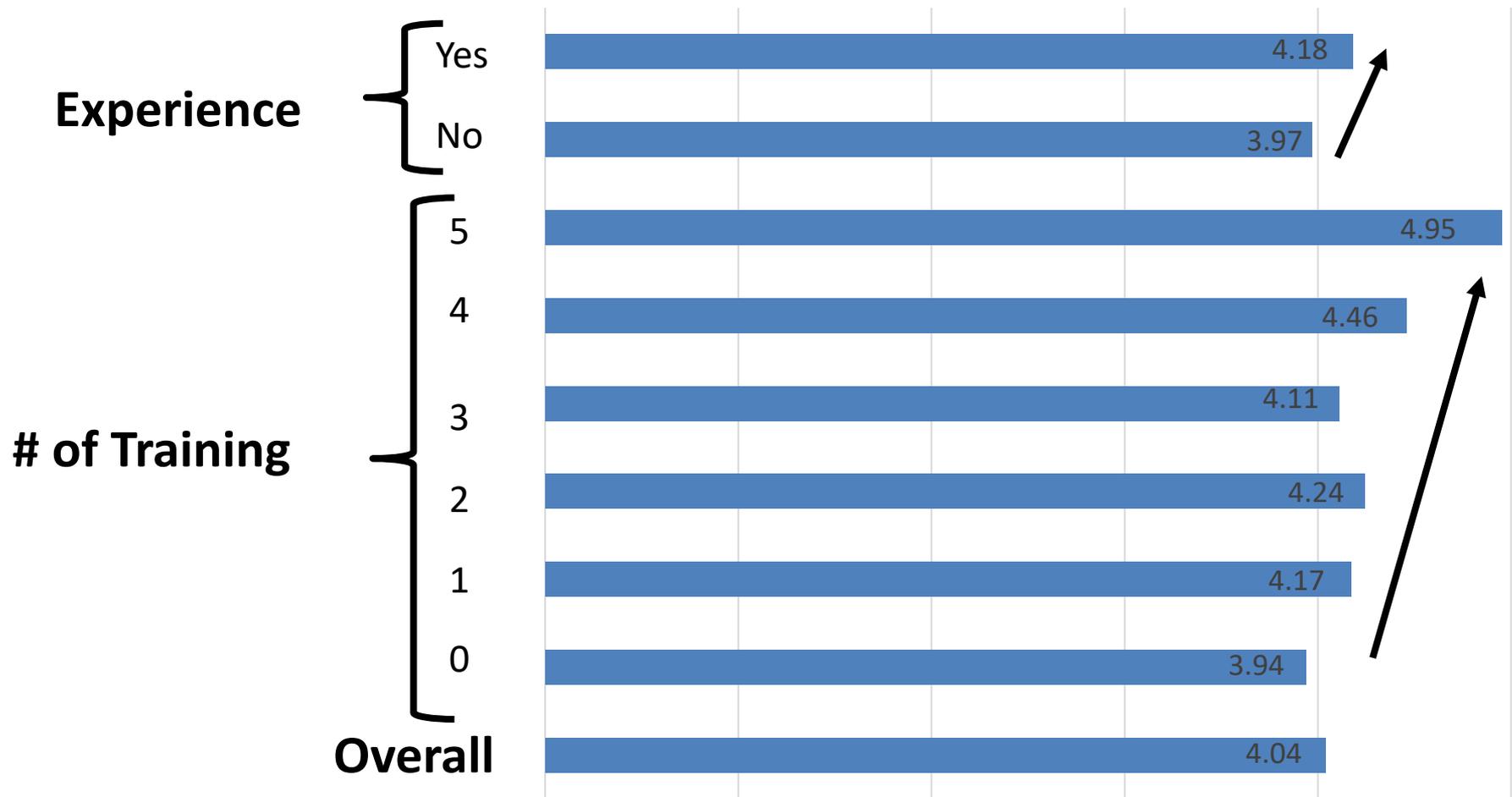
<b>Providers and Staff</b>	<b>N=242</b>
Individual characteristics	
Women's Health Training	37%
Women's Health Experience 3+ years	32%
Years of service at VA	15 years
Female	74%
Practice characteristics	
WH-PACT teamlet member	40%
Communication within clinic (scale)	3.4 /5
Clinic location in rural area	11%
% women Veterans at site	7%



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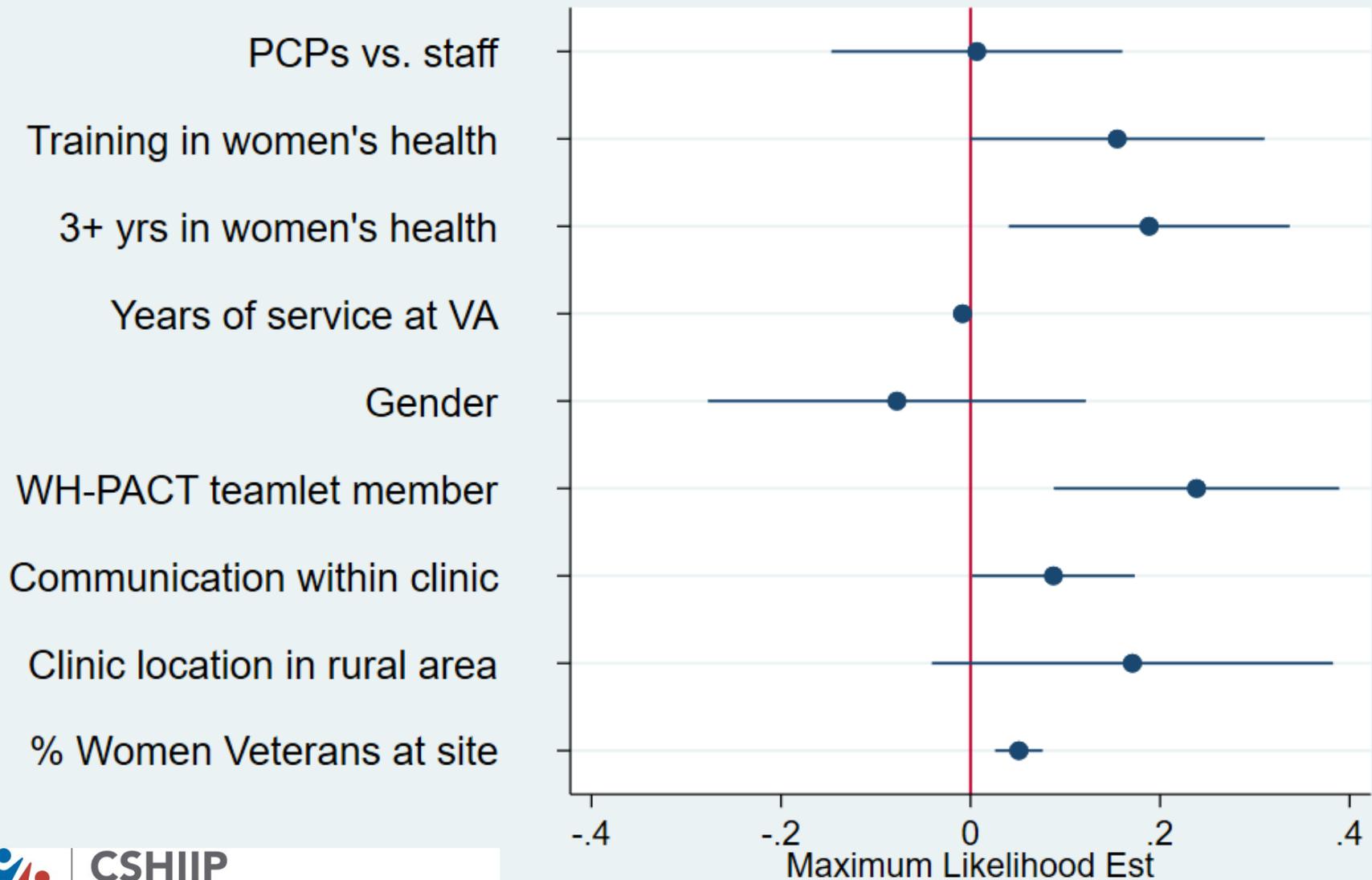
# Sensitivity is higher with training and experience in women's health



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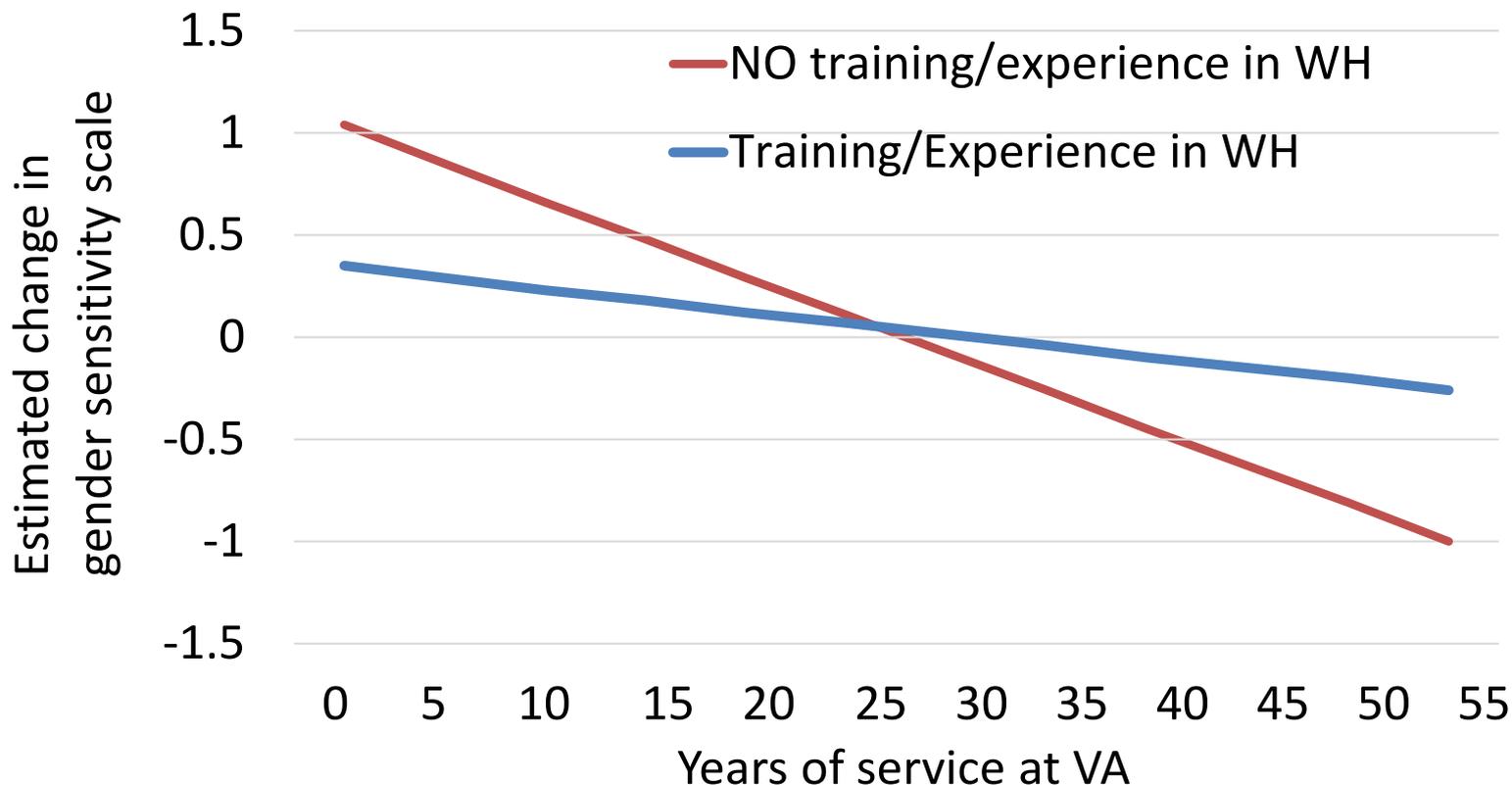
# Predictors of gender sensitivity



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# More years of service at VA predicted lower sensitivity but improved with training or experience in women's health



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# Predictors of gender sensitivity

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- Training and experience in women's health, working in gender-tailored setting (WH-PACT), positive communication within clinic, more women Veterans at site predicted increased gender sensitivity
- More years of service predicted decreased gender sensitivity, but improved sensitivity with training
- No difference in gender sensitivity by gender and between provider and staff



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# Implications for Policy and Practice

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- Highlights importance of VA investment in training (e.g., VA women's health mini-residency, "Caring for Women Veterans" program)
- Fostering positive and professional communication within and across teams may help improve gender sensitivity as well as patient experiences
- Smaller sites may require alternative care arrangement to offset small patient volume (e.g., telehealth)



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Caring for women Veterans

<http://www.tms.va.gov>; course # 15876

# Limitations

- Findings may vary due to different mix of providers, staff and women Veterans
- Data only analyzed at 12 Medical Centers
- Provider and staff gender sensitivity measure was available for only survey respondents
  - Adjusted for non-response bias weights
  - Respondents were similar to non-respondents



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# Thank you

- Claire Than ([claire.than2@va.gov](mailto:claire.than2@va.gov))
- Elizabeth Yano (Principal Investigator)  
([Elizabeth.Yano@va.gov](mailto:Elizabeth.Yano@va.gov))
- Dawne Vogt ([Dawne.Vogt@va.gov](mailto:Dawne.Vogt@va.gov))



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