Spotlight on Women Cyberseminar Series

Funded by the VA HSR&D (Project# SDR 10-012)
Findings from the National Survey of Women Veterans

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VA HSR&D Cyber Seminar
January 12, 2011
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Funding:
VA Office of Public Health and Environmental Hazards, Women Veterans Health Strategic Healthcare Group & VA HSR&D SDR-08-270
Background: Women Veterans

- Growing segment of military and veteran population
  - 15% of active duty military
  - 20% of new military recruits

- U.S. women veterans number more than 1.8 million

- Unique healthcare needs compared with male veterans
Background

- Only prior national survey of women veterans conducted 25 years ago – 1985 Survey of Female Veterans
- Women’s military roles, experiences, and needs have changed dramatically
- Current data needed for evidence-based strategic planning for programs and services for women veterans
National Survey of Women Veterans

Objectives

- Identify in a national sample, the current status, demographics, VA experiences, and health care needs of women veterans
- Determine how health care needs and barriers to VA health care use differ by period of military service
- Assess women veterans’ health care preferences in order to address VA barriers and health care needs
Methods

- National population-based telephone survey of women veterans fielded 2008-09

- Inclusion: Service in regular armed forces; National Guard or Reservist who served tour of duty

- Exclusions: Current active duty, VA employee, institutionalized
NSWV Sampling Frame

U.S. Women Veterans

n = 925,946 women veterans identified

51% of U.S. WV pop

DEERS: Defense Enrollment Eligibility Reporting System

NED: VHA National Enrollment Database

CP/VETSNET: VBA Comp & Pen Mini File plus VETSNET

NSWV Sample

- Stratified random sample
  - Stratification on military service period (pre-Vietnam, OEF/OIF, all other periods) and VA use (VA user, VA nonuser)

- Oversampled VA users, pre-Vietnam Era and OEF/OIF military cohorts

- All VISNs represented

- 3,611 participants (86% of eligible)

- Analyses weighted to represent U.S. women veteran population
Measures

- Demographic characteristics
- Health status and personal health behaviors
- VA and non-VA health care use
- Knowledge and perceptions of VA health care
- Determinants of and barriers to VA health care use
Demographics: Age distribution
U.S. Women Veterans  n=1,802,000
from population projection models

<table>
<thead>
<tr>
<th>Age group in years</th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt; 25</td>
<td>54,000</td>
<td>3%</td>
</tr>
<tr>
<td>25-34</td>
<td>170,000</td>
<td>17%</td>
</tr>
<tr>
<td>35-44</td>
<td>400,000</td>
<td>22%</td>
</tr>
<tr>
<td>45-54</td>
<td>500,000</td>
<td>27%</td>
</tr>
<tr>
<td>55-64</td>
<td>300,000</td>
<td>14%</td>
</tr>
<tr>
<td>65-74</td>
<td>100,000</td>
<td>6%</td>
</tr>
<tr>
<td>75-84</td>
<td>50,000</td>
<td>5%</td>
</tr>
<tr>
<td>85+</td>
<td>50,000</td>
<td>6%</td>
</tr>
</tbody>
</table>
Age distribution of U.S. Women Veterans by period of military service* (% distribution)

<table>
<thead>
<tr>
<th>Age group in years</th>
<th>18-44</th>
<th>45-64</th>
<th>65-84</th>
<th>≥ 85</th>
</tr>
</thead>
<tbody>
<tr>
<td>Service periods prior to Vietnam Era</td>
<td>0.0</td>
<td>2.1</td>
<td>59.6</td>
<td>38.4</td>
</tr>
<tr>
<td>Vietnam and Post-Vietnam Eras</td>
<td>15.5</td>
<td>76.9</td>
<td>7.2</td>
<td>0.4</td>
</tr>
<tr>
<td>Gulf War Pre-9/30/2001</td>
<td>69.1</td>
<td>30.0</td>
<td>0.9</td>
<td>0.0</td>
</tr>
<tr>
<td>Gulf War Post-9/30/2001</td>
<td>86.6</td>
<td>13.4</td>
<td>0.1</td>
<td>0.0</td>
</tr>
</tbody>
</table>

*derived from VetPop2007
Health care use in prior 12 months

- **Pre-Vietnam**
  - VA: 7%
  - Non-VA only: 10%
  - None: 8%

- **Vietnam to present, no OEF/OIF**
  - VA: 78%
  - Non-VA only: 77%
  - None: 57%

- **OEF/OIF**
  - VA: 35%
  - Non-VA only: 15%
  - None: 13%

- **Overall**
  - VA: 10%
  - Non-VA only: 14%
  - None: 76%

* *p<0.05 vs. other military cohorts*
Health Status and Prevalence of Chronic conditions*

- Health fair or poor
- > 3 diagnosed medical conditions
- Depression
- Anxiety disorder
- PTSD

*all p< .05

*all p< .05
Chronic disease Risk Factors

- Inadequate exercise
- Hazardous alcohol use
- Obesity (BMI ≥ 30)
- Tobacco use

VA Users vs VA Nonusers

* p<.05
Chronic disease*

* p < .05 for all measures except osteoporosis
## Types of Health Care Services Used in Prior 12 Months*

<table>
<thead>
<tr>
<th>Health Care Service</th>
<th>% of Women Veterans using Health Care Service Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary care</td>
<td>85% Most common category for all military cohorts</td>
</tr>
<tr>
<td>Women's health</td>
<td>62% Lower for Pre-Vietnam era</td>
</tr>
<tr>
<td>Specialty care</td>
<td>55% Higher for Pre-Vietnam era</td>
</tr>
<tr>
<td>Mental health</td>
<td>13% OEF/OIF highest; Pre-Vietnam era lowest</td>
</tr>
<tr>
<td>Hospitalization</td>
<td>17% Higher for Pre-Vietnam era</td>
</tr>
</tbody>
</table>

*Not mutually exclusive
VA Prenatal Care

- Aware VA offers prenatal care:
  67% of OEF/OIF
  51% of other military cohorts

- Among current or former VA users who have been pregnant:
  9% used prenatal care through VA (via on-site, contract, or fee basis)
Post-partum attrition from VA

Timeframe for return to VA health care among those using VA at time of pregnancy (n=546)

- Returned within 1 year: 30%
- Returned after 1 year: 14%
- Did not go back: 57%
Barriers to using VA health care among Women Veterans who considered, but did not use, VA*

31% Did not think they were eligible
21% Did not know how to apply for benefits
20% Closest VA is too far from their home

*Not mutually exclusive
Knowledge of VA services

- 39% have none or almost none of needed information about VA

- Misperceptions in all cohorts about who is eligible for VA health care

- OEF/OIF more knowledgeable than other cohorts about available women’s health and readjustment counseling services
Knowledge of VA services

- Pre-Vietnam
- Vietnam to present, no OEF/OIF
- OEF/OIF

Aware of contraception availability
Aware of mammography availability
Aware of readjustment counseling availability
Misperception: only service-connected eligible
Amount of benefits information: little to none
Perceptions of VA health care*

- VA providers are skilled in treating women
- VA providers are sensitive to concerns of women patients
- You may see a female provider if you wish
- You can see the same provider on most visits
- VA quality of care rated high

*all p < .05
Influences on perceptions*

- Personal experience
- Media, other veterans, friends

*p<.05
Conclusions and Implications

- Population demographics highlights need for VA services that are gender, age, and culturally appropriate
  - Reproductive health; long-term care
- High rates of cardiovascular and other chronic disease risk factors, particularly among VA users
  - Address prevention to delay onset of complex chronic conditions
  - Monitor risk reduction efforts by gender
Implications: Access to Care

- Targeted care coordination
  - General medical care, women’s health and mental health
  - Prenatal and postpartum services
- Geographic planning models to identify Women Veteran populations and develop appropriate service delivery arrangements
Implications: Outreach

- Outreach and education to improve knowledge for all Women Veterans of VA benefits, eligibility, & services
- Dissemination of accurate information to public and military about high quality of VA health care
Discussant:
Laura Herrera, MD, MPH
Deputy Chief,
VA Office of Public Health and Environmental Hazards
Questions?

For more information:

Women Veterans Health Care, OPHEH
http://vaww.publichealth.va.gov/womenshealth/

VA R&D Women’s Health
http://www.research.va.gov/programs/womens_health/default.cfm

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