

Access/Rural Health Research focused on Women Veterans

Earlier research in this area was informed by a regional population-based survey of women Veteran VA users and non-users. By 2008-09, VA expanded this regional work to support the National Survey of Women Veterans (NSWV), which was the first national survey focused on women Veterans in over 20 years. In May 2010, Congressional legislation subsequently required the VA to examine potential barriers to women Veterans' access and use of VA health care, results of which are now available.¹ Ongoing research is also examining determinants of attrition from VA care among women new to VA.^{2,3}

Prior to VA's more recent access initiatives, women Veterans were already being referred to VA-paid providers in the community (i.e., fee basis providers) for many specialized women's health services.⁴ As more non-VA care options arise, women Veterans may increasingly become dual users, raising needs for increased care coordination.⁵ VA research is examining these issues directly by evaluating women Veterans' experiences with VA-paid community care.⁶

The VA HSR&D Women's Health Research Network (WHRN) developed a Strategic Priority Area in Access/Rural Health, co-led by Sonya Borrero, MD, MPH (VA Pittsburgh) (sonya.borrero@va.gov) and Michelle Mengeling, PhD (VA Iowa City) (michelle.mengeling@va.gov).

RESEARCH HIGHLIGHTS:

Access to Care

- Based on findings from the National Survey of Women Veterans (n=3,611), 19% of women Veterans had delayed healthcare or unmet healthcare need during the past 12 months. Having knowledge gaps about VA care, a perception that VA providers are not gender-sensitive, military sexual assault history and being uninsured predicted delaying or foregoing care (controlling for age, race/ethnicity, regular source of care, and health status).⁷
- In a survey of women Veterans using VA primary care (n=6,287), most women Veterans (84%) who perceived mental health need received care, and nearly all (91%) of that care was through VA. However, only half (49%) reported that their mental health care met their needs completely or very

¹ Study of Barriers for Women Veterans to VA Health Care. April 2015.

² Friedman SA, Phibbs CS, Schmitt SK, et al. New women Veterans in the VHA: A longitudinal profile. *Women's Health Issues*. 2011;21(4 Suppl):S103-S111.

³ Hamilton AB, Frayne SM, Cordasco KM, Washington DL. Factors related to attrition from VA healthcare use: Findings from the National Survey of Women Veterans. *J Gen Intern Med*. 2013;28 Suppl 2:510-516.

⁴ Frayne SM, Phibbs C, Friedman SA, et al. Sourcebook: Women Veterans in the Veterans Health Administration. Volume 1. Sociodemographic Characteristics and Use of VHA Care. 2010. Washington DC: Women's Health Evaluation Initiative, Women's Health Services, Veterans Health Administration. www.womenshealth.va.gov/latestinformation/publications.asp.

⁵ Mattocks KM. Care coordination for women Veterans: Bridging the gap between systems of care. *Med Care*. 2015;53 (4 Suppl 1):S8-S9.

⁶ Yano EM. A partnered research initiative to accelerate implementation of comprehensive care for women Veterans: The VA Women's Health CREATE. *Med Care*. 2015;53(4 Suppl 1):S10-S14.

⁷ Washington DL, Bean-Mayberry B, Riopelle D, Yano EM. Access to care for women Veterans: Delayed healthcare and unmet need. *J Gen Intern Med*. 2011;26 Suppl 2:655-661.

well. Gender-related experiences (availability of female providers, women-only treatment settings, women-only treatment groups, and gender-related comfort) were each associated with 2-fold increased odds of perceived mental health access.⁸

- VA sites with primary care models tailored to women were rated higher on most dimensions of care (including satisfaction, gender appropriateness of care, and perceptions of providers' skills).⁹ Knowledge gaps about VA care persist, and were an important predictor of non-VA care.
- Among over 2,000 women Veteran VA users and VA-eligible non-users, reasons for VA use included affordability (68%), women's clinic availability (59%), quality of VA care (55%) and convenience (48%). Reasons for choosing non-VA care included having insurance (71%), greater convenience (67%), lack of knowledge of VA eligibility/services (48%) and perceptions that non-VA care was better (34%). VA users were less likely to have access to after-hours non-emergency care but more likely to receive general and gender-specific care from the same clinic or provider.¹⁰

Rural Health

- A higher proportion of women Veterans who use the VA for care lived in urban areas in FY12 (urban 72%, rural 28%). Younger women Veterans (18-44 years old) were more likely than older women Veterans (65+ years old) to live in urban areas (18-44: 75%, 45-64: 70%, 65+: 66%).¹¹
- Rural and highly rural women Veterans were less likely to present to the VA for women's specific care and highly rural women Veterans were less likely to present for mental health care compared to urban women Veterans.¹² Among users of VA primary care, mental health care, women's specific services, and all outpatient services, patients' annual utilization rates were otherwise similar.
- In a cross-sectional study of 1,002 women Veterans enrolled at two Midwestern VA medical centers, women Veterans living in urban areas were more likely to note preferences for women's waiting areas and choice of male or female healthcare providers compared with those in rural areas.¹³ No differences were found in use or perceptions of VA care between rural and urban women Veterans.

⁸ Kimerling R, Bastian LA, Bean-Mayberry B, et al. Patient-centered mental health care for women Veterans. *Psychiatr Serv*. 2015;66(2):155-162.

⁹ Washington DL, Bean-Mayberry B, Mitchell MN, et al. Tailoring VA primary care to women Veterans' Associated with patient-rated quality and satisfaction. *Women's Health Issues*. 2011;21(4 Suppl):S112-S119.

¹⁰ Washington DL, Yano EM, Simon BF, Canning M, Sun S. To use or not to use – women Veterans' choices about VA health care use. *J Gen Intern Med*. 2006;21(Suppl 3):S11-S18.

¹¹ Frayne SM, Phibbs CS, Saechao F, et al. Sourcebook: Women Veterans in the Veterans Health Administration. Volume 3. Sociodemographics, Utilization, Costs of Care, and Health Profiles. Women's Health Evaluation Initiative, Women's Health Services, Veterans Health Administration, Washington DC. February 2014.

¹² Brooks E, Dailey N, Bair B, Shore J. Rural women Veterans demographic report: Defining VA users' health and health care access in rural areas. *J Rural Health*. 2014;30:146-152.

¹³ Mengeling MA, Sadler AG, Torner J, Booth BM. Evolving comprehensive VA women's health care: Patient characteristics, needs and preferences. *Women's Health Issues*. 2011;21 (4 Suppl):S120-S129.