



Women Veterans' Health Care: Closing the Gender Gap

"A greater number of women in the military and the resulting increase in female veterans enhances the need and sharpens the focus for research on women's health issues."

John G. Demakis, MD

Director, Health Services Research and Development Service

Why the renewed focus on women veterans' health care?

Women constitute one of the fastest growing segments of the veteran population. In 1992, women made up 4.4 percent of the total veteran population; currently, they represent 16 percent of our active duty military. With the increased number of women in the military came an awareness of gaps in their health care. A few studies conducted in the early 1990s suggested that inadequate provisions were made to accommodate the needs of female patients. Also, a 1993 Congressional hearing identified long-standing problems in providing quality health care for women veterans, while also presenting evidence of strong support within VA leadership to correct those problems.¹ In an effort to address the concerns, VA enhanced and expanded its research in women's health. For example, in FY99 funding for women's health research at VA totaled almost \$22 million, with VA providing about 30 percent of the total dollars. These research dollars supported 250 research projects relevant to women's health in areas such as aging, breast cancer, reproductive health, mental health, substance abuse, and the delivery and organization of health services.²

What are some of the unique research issues related to women veterans?

Some diseases or conditions are unique, more prevalent, or more serious among women, and women veterans in particular, and some may present risk factors or require interventions that are different for women. A few of these include breast cancer, osteoporosis, ovarian cancer, reproductive health, and sexual and other forms of post-traumatic stress disorder (PTSD). More attention is also being directed at gender-specific utilization of VA health services, issues of access, and any barriers to care for women veterans. All of these issues, in addition to developing better information on the demographic characteristics of women veterans and their health status and health needs, require special research consideration.²

What has VA done to enhance health care for women veterans?

Over the past decade, VA has taken steps to ensure quality health care for female veterans. For instance, VA established a women veterans' coordinator in every VA facility and instituted women's clinics that provide gender-specific preventive care. VA also developed special counseling services for women with PTSD, and for those who experience sexual trauma. In addition to increasing specialized services that address women's unique health concerns, such as mammography, VA created eight comprehensive women's health centers, increased specialized training on women's health care issues, and expanded research that focuses on women's health care issues.¹

How is HSR&D working to improve health care for women veterans?

In 1994, HSR&D implemented a special initiative on women's health that included development of a national registry of women veterans – the first electronic database of women veterans. In 1997, HSR&D also initiated a special research solicitation related to exploring gender differences in health care and improving health services for women veterans. Six studies were funded under this solicitation between 1997 and 1999 related to PTSD, sexual harassment, depression, alcohol abuse, and surgery risks and outcomes. In FY99, HSR&D funding for these six studies and additional research specifically focused on women's health totaled over \$1 million.² HSR&D is conducting research specifically related to women's health concerns so that VA can continue to improve the quality of care afforded to women who have served their country.

There is a significant amount of ongoing and planned VA research on women's health care issues.

Below are recent findings from a few HSR&D studies that focus on important issues related to the health of women veterans.

Risky health behaviors and poorer health status may predict post-surgery morbidity and mortality

An HSR&D study was conducted to examine relationships between patient sociodemographics, preoperative risk, and clinical outcomes of patients undergoing surgeries at VA medical centers. Using information collected from VA's National Surgical Quality Improvement Program (NSQIP), investigators identified all mastectomy procedures and hysterectomy procedures performed at VA facilities between October, 1992 and September, 1997. Any hospitalizations that occurred within one year of these procedures were noted, while complications were defined by an expert panel of surgeons.

Over a six-year period, 1,333 mastectomies (60% female, 40% male) and 1,758 hysterectomies were performed in VA facilities. For both men and women who underwent mastectomies, within 30 days of the procedure, 8 percent experienced one or more of the 21 complications defined by the NSQIP. Nine percent of the women who had a hysterectomy experienced one or more of the 21 complications defined by the NSQIP. Investigators then identified preoperative patient variables that increased the probability of morbidity and found that risky health behaviors (i.e., smoking, alcohol use) and poorer health status (e.g., presence of disease such as diabetes or cancer) prior to surgery may be significant predictors of increased 30-day morbidity.

Women veterans account for less than 5 percent of all VA health care users, thus the rate of female-specific procedures at any one facility is low. This study will help inform VA about the women who undergo procedures, their outcomes, and how this information compares to the non-VA health care sector.

Hynes D, Weaver FM, Ippolito D, Cull W, Thakkar B, Gibbs J. Quality of care for mastectomy patients treated in VA hospitals: Results from a National Study. Association of Health Services Research 16th Annual Meeting Abstract Book. 1999.

Weaver FM, Hynes D, Ippolito D, Thakkar B, Cull W, Gibbs J. Characteristics and outcomes of women undergoing hysterectomy in VA facilities. Association of Health Services Research 16th Annual Meeting Abstract Book. 1999

HSR&D, study #GEN 97-016

Study suggests different resources needed for women veterans' health care

As the number of women veterans seeking VA health care continues to increase, it becomes more important to identify any special service needs or disparity in care for this patient population. A recently completed HSR&D study identified factors that may affect health-related quality of life for women veterans using VA ambulatory care. This study surveyed over 4,000 women veterans concerning six domains: health status, military service, medical conditions, use of health care services, social support and life experiences. Findings showed that women reported consistently low scores on health-related quality of life across multiple domains, reflecting considerable health care needs. When compared to men, women scored lower (indicating worse health) on emotional and social functioning domains but had higher scores for physical functioning and general health perceptions. Also of importance is the finding that 23 percent of the women veterans in this sample reported experiencing sexual assault while in the military, and more than half (55%) reported sexual harassment while in the military. The findings from this report have significant implications for VA clinicians who treat women and for policy makers who determine future allocations for health care. In particular, they point to the need for expanded mental health services and screening for sexual assault for women veterans.

In June (5-9) 2000, this study's Principal Investigator, Katherine M. Skinner, PhD, a VA HSR&D researcher at the Center for Health Quality and Economic Research in Bedford, MA, presented findings from the VA Women's Health Project at a United Nations' Special Session devoted to assessing progress over the last 5 years in meeting the goals of the Platform for Action for Gender Equality, Development and Peace for the 21st Century.

Skinner K, Sullivan L, Tripp T, Kressin N, Miller D, Kazis L, Casey V. The health of women veterans who use VA health care: Results from the VA Women's Health Project. Women & Health 1999; Vol. 29.

Kressin NR, Skinner K, Sullivan L, Miller D, Tripp T, Kazis L, Frayne S. Patients' satisfaction with VA health care: Do women differ from men? Military Medicine. 1999; 164:283-288.

HSR&D, study #SDR 93-101

An assessment of alcohol screening questionnaires for women

Rates of life-time alcohol abuse or dependence among women in primary care settings range from 23 to 25 percent, and 9 percent of women who seek primary care have had alcohol-related problems during the past year. However, women with alcohol-related problems are half as likely as men to have received any alcohol-related treatment. In addition, women seeking specialized treatment have more severe alcohol problems than men do, suggesting delayed treatment. Women also appear to be more susceptible than men to the medical complications associated with alcohol use, such as increased mortality, cirrhosis, and breast cancer. Brief primary care interventions can decrease heavy drinking and alcohol-related morbidity, thus screening programs that identify women who drink heavily are vital.

This HSR&D study sought to describe the performance of alcohol screening questionnaires in women patients. Investigators reviewed published, peer-reviewed studies from 1966 through July 1997, which focused on screening questionnaires used in the general clinical population. Investigators then compared data regarding men and women, as well as women from different ethnic and racial groups. Results of this literature review show that the CAGE, AUDIT, and TWEAK questionnaires were the optimal tests for identification of alcohol dependence. However, despite the diverse settings and methods of the studies included, all three questionnaires were more sensitive for alcohol abuse and dependence in studies of black women than of white women. In addition, the TWEAK questionnaire may perform better than either the CAGE or the AUDIT questionnaires in white women.

While screening is only the first step in the process of alcohol abuse assessment, the optimal screening measurement tool will increase the number of women who receive further diagnostic assessment and thus are referred for appropriate alcohol treatment.

Bradley KA, Boyd-Wickizer J, Powell, SH and Burman ML. Alcohol screening questionnaires in women. A critical review. Journal of the American Medical Association 1998; 280(2):166-171.

HSR&D, study #GEN 97-022

Toward gender awareness

Despite VA efforts to better accommodate the health care needs of a growing number of women veterans, an historical orientation toward treating male patients may have resulted in a less than optimal care environment for female patients. This three-year HSR&D study seeks to develop a reliable and valid self-report instrument to measure gender awareness that could be used in all VA facilities.

In the first two years of the study, 488 VA employees, who were randomly selected from the VA New England Health Care System, completed the gender awareness assessment instrument. Initial findings indicate that it demonstrates suffi-

cient validity to be used as an instrument to measure attitudes toward women veteran patients and sex role egalitarianism.

This gender awareness assessment instrument will provide a means to identify and measure factors that contribute to the quality of VA health care for women veterans and will provide a mechanism to pinpoint training needs for the education of VA employees. Further, the instrument will afford a means to monitor organizational improvements in gender awareness over time.

Miller PM, King LA, Wolfe J, King DW. Gender ideology, sensitivity, and knowledge: A model of gender awareness in VA health care. Veterans Health Systems Journal, in press.

HSR&D study #PPR 94-001

References:

1. Investigator-Initiated Research Major Research Priorities for Fiscal Year 1998. <http://vaww.va.gov/resdev/ps/pshsrd/1297010.htm>. Updated 3/4/99.
2. *Research on Women's Health at VA FY1999*. Jay Freedman, unpublished internal report.

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Gerry McGlynn, M.Ed., MDRC, Manager, Information Dissemination Program, 150 S. Huntington Avenue, Boston, MA 02130. Phone: 617-278-4433. Fax: 617-278-4438.

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