

CONSORTIUM • PBRN

VA WOMEN'S HEALTH RESEARCH NETWORK

Supporting Practice and Research Collaboration

Spotlight on Women Cyberseminar Series

Funded by the VA HSR&D (Project# SDR 10-012)

Findings from the National Survey of Women Veterans

Donna L. Washington, MD, MPH

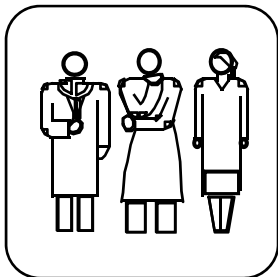
Professor of Medicine

VA Greater Los Angeles HSR&D Center of Excellence

UCLA School of Medicine

VA HSR&D Cyber Seminar

January 12, 2011



VA HSR&D Center for
the Study of Healthcare
Provider Behavior

VA GREATER LOS ANGELES
HEALTHCARE SYSTEM



A Division of VA Desert Pacific
Healthcare Network

Research Team:

Bevanne Bean-Mayberry, MD, MHS

Elizabeth M. Yano, PhD, MSPH

Michael N. Mitchell, PhD

Mark Canning, BA

Deborah Riopelle, MPH

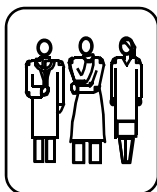
Su Sun, MPH

Mingming Wang, MPH

Julia Yosef, MS

Funding:

VA Office of Public Health and Environmental Hazards, Women Veterans Health Strategic Healthcare Group & VA HSR&D SDR-08-270



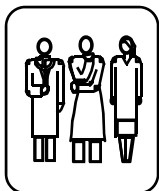
VA GREATER LOS ANGELES
HEALTHCARE SYSTEM



A Division of VA Desert Pacific
Healthcare Network

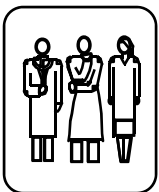
Background: Women Veterans

- 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



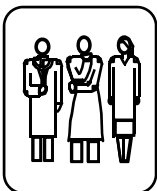
VA GREATER LOS ANGELES
HEALTHCARE SYSTEM



A Division of VA Desert Pacific
Healthcare Network

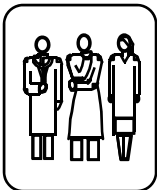
National Survey of Women Veterans Objectives

- 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

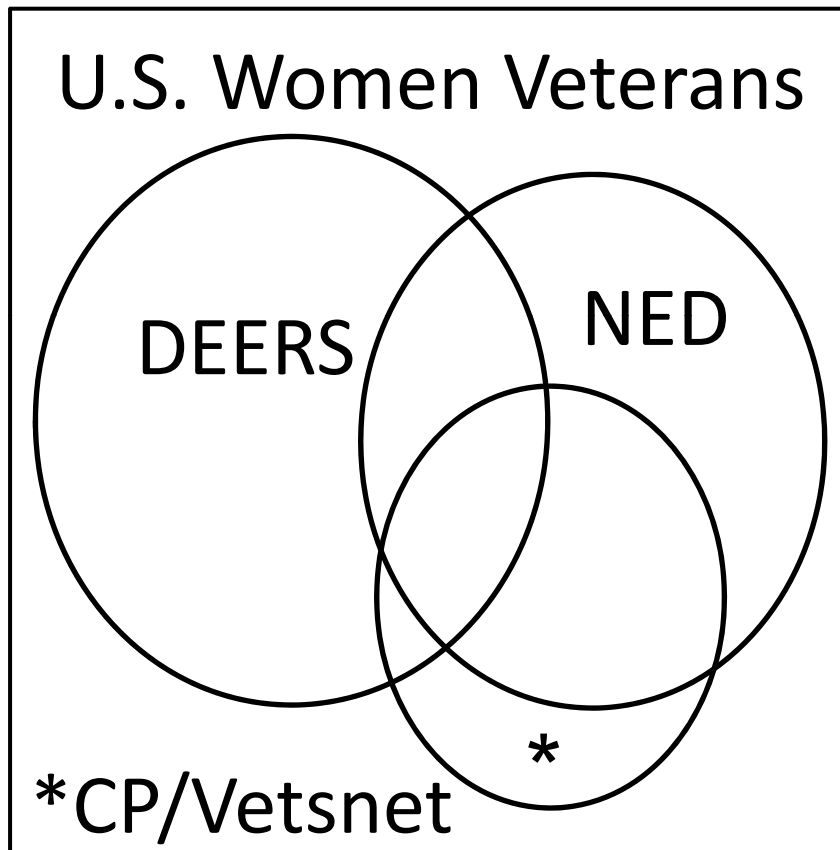


Methods

- 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



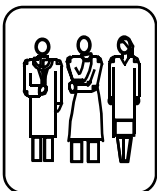
n=925,946 women veterans identified

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



Source: Washington DL, et.al. *Journal of Rehabilitation Research & Development*. 2010; 47(8):763-71

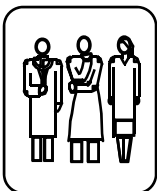
VA GREATER LOS ANGELES
HEALTHCARE SYSTEM



A Division of VA Desert Pacific
Healthcare Network

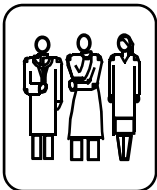
NSWV Sample

- 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

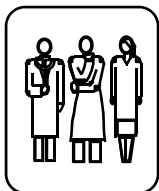
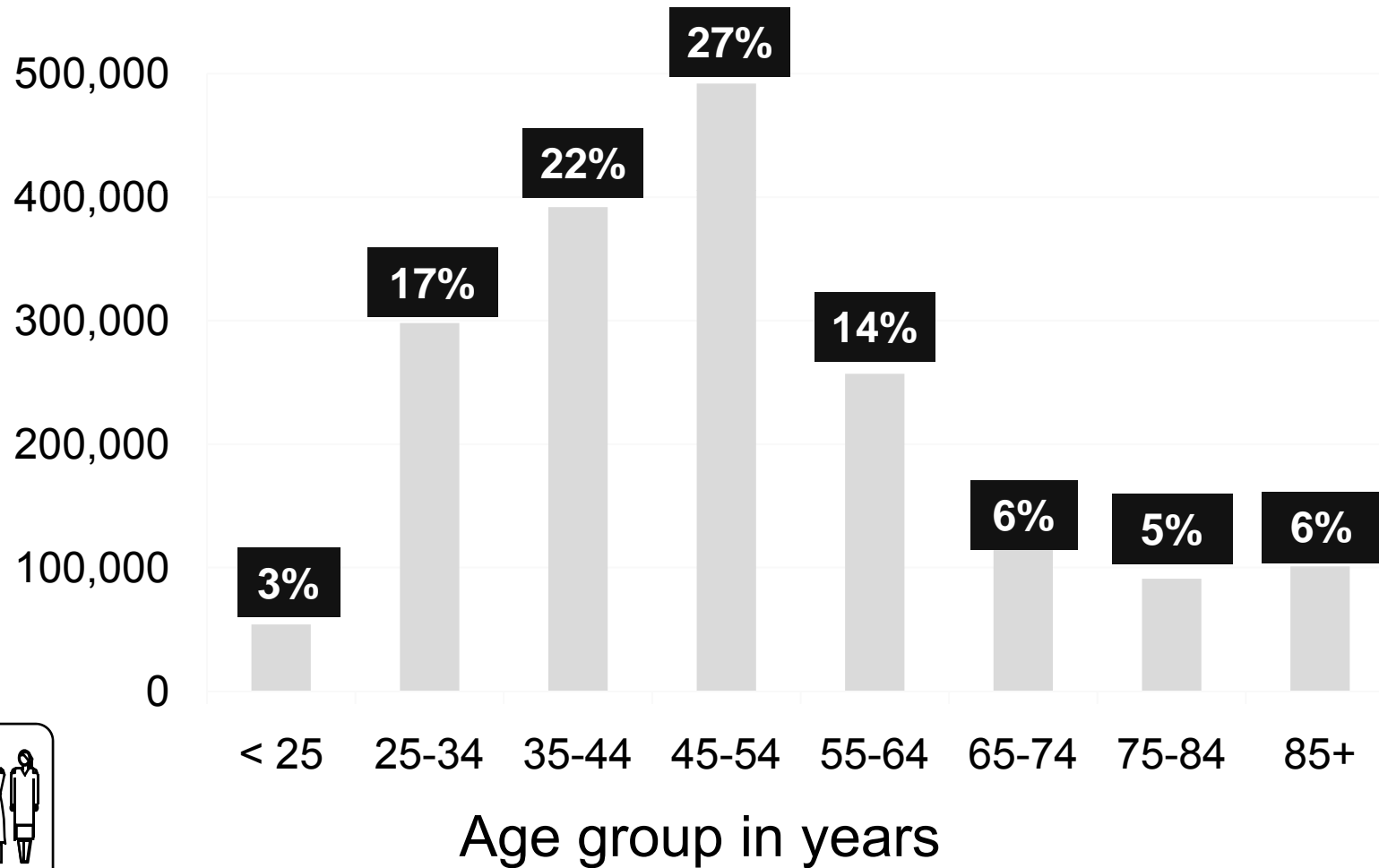


Measures

- 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

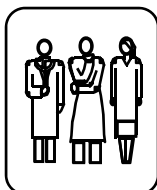


Demographics: Age distribution U.S. Women Veterans n=1,802,000 from population projection models



Age distribution of U.S. Women Veterans by period of military service* (% distribution)

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



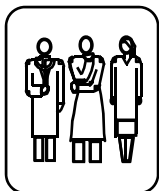
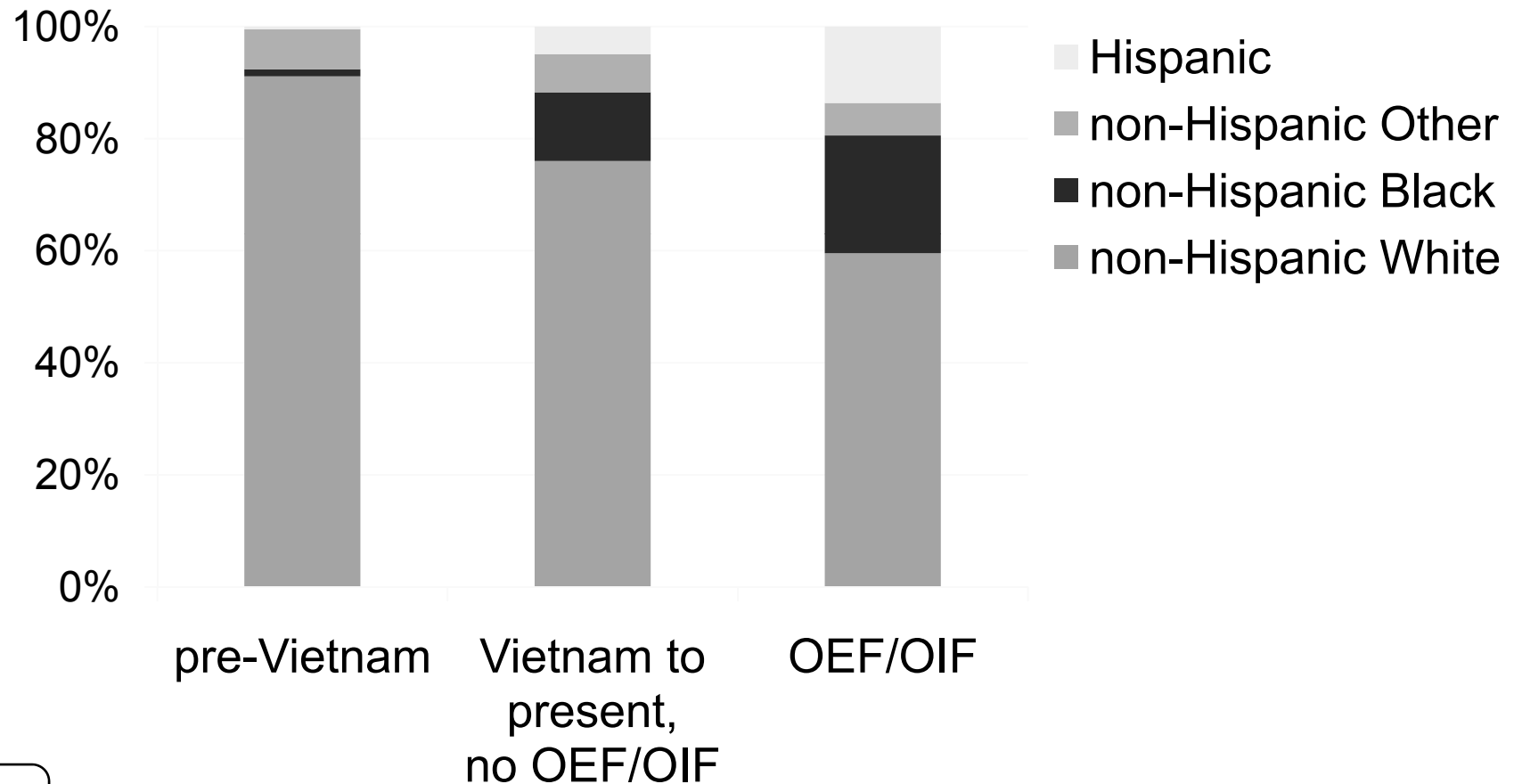
*derived from VetPop2007

VA GREATER LOS ANGELES
HEALTHCARE SYSTEM

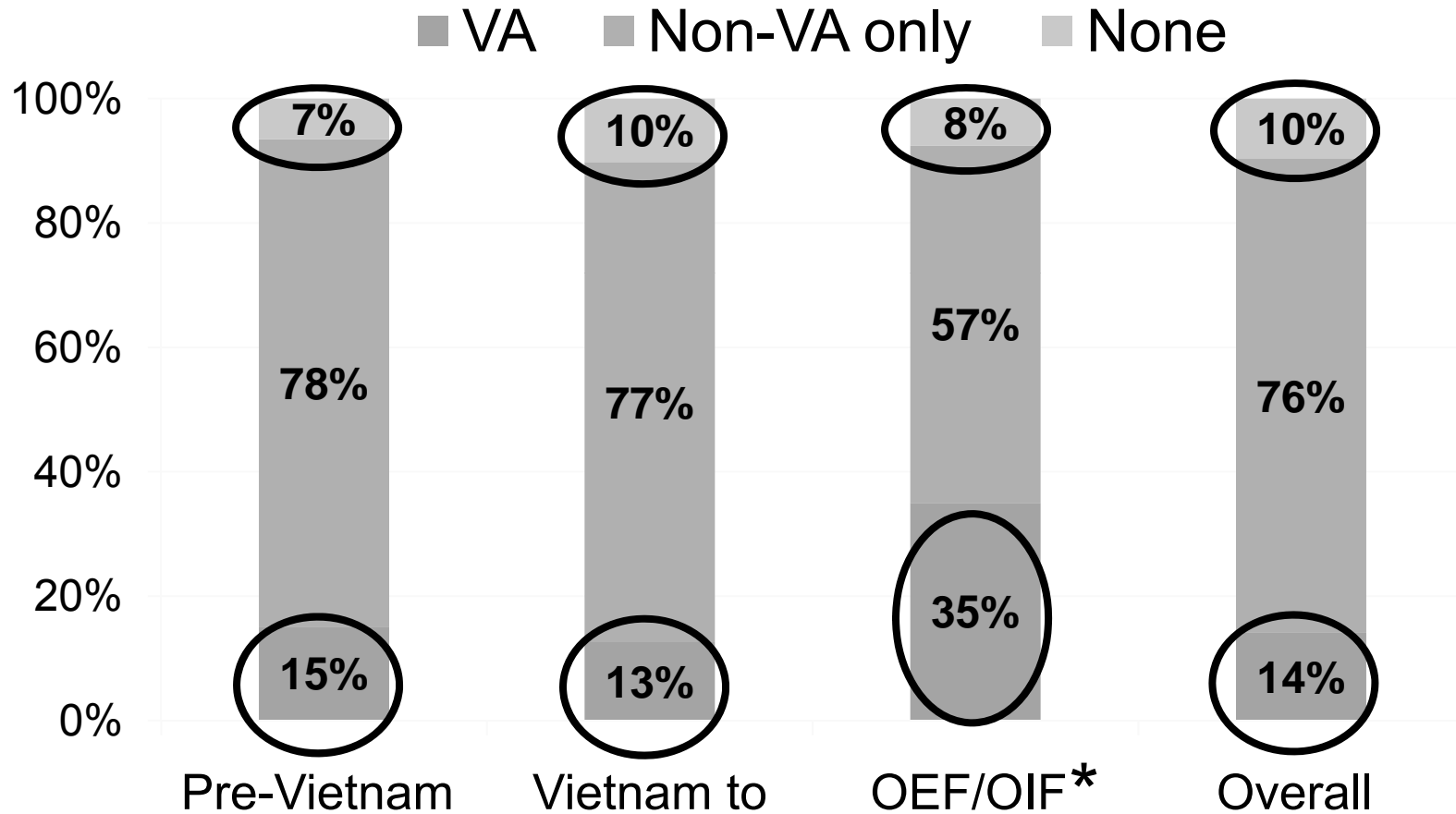


A Division of VA Desert Pacific
Healthcare Network

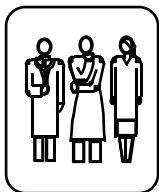
Demographics: Ethnicity & Race



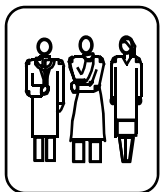
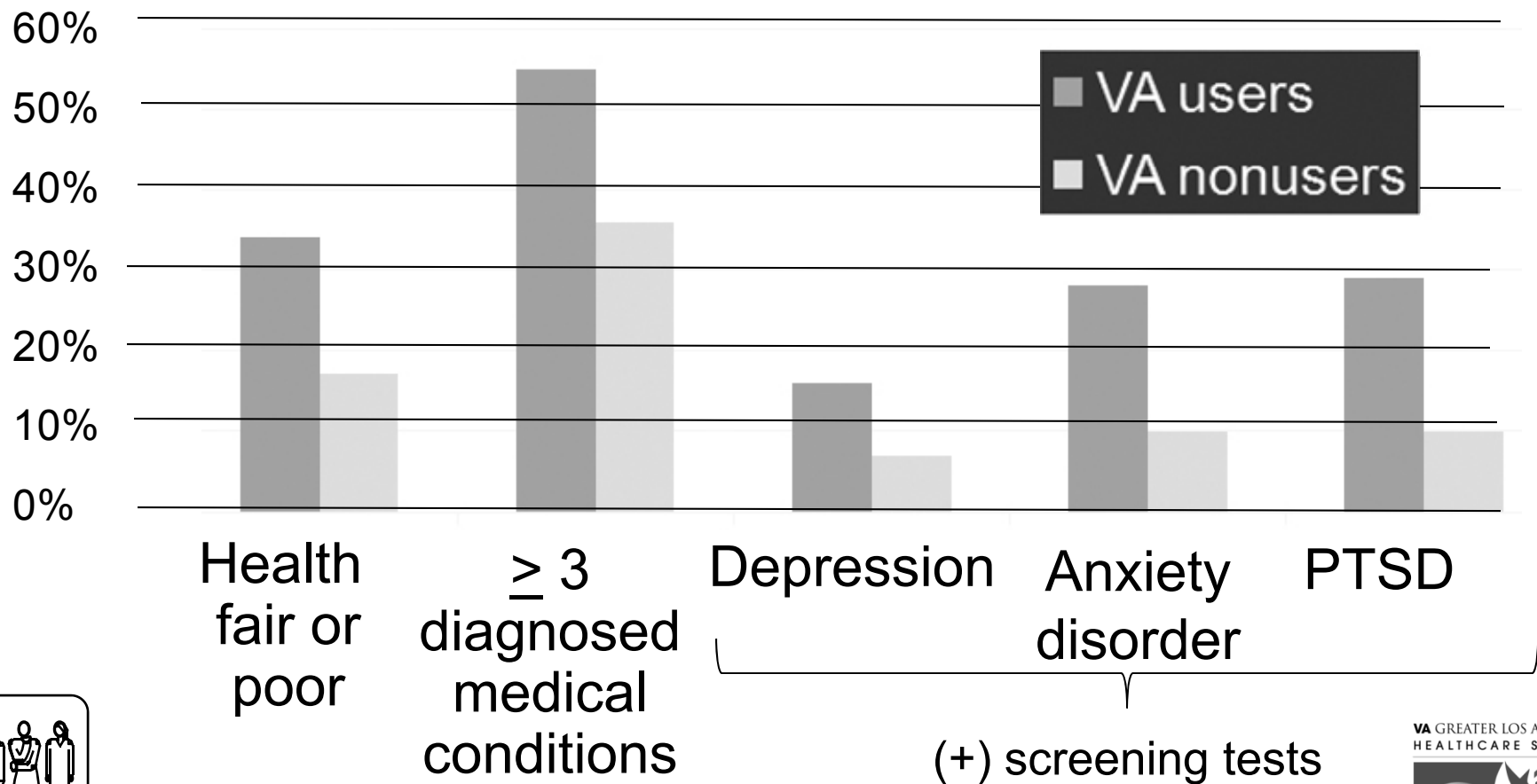
Health care use in prior 12 months



*p<0.05 vs. other military cohorts

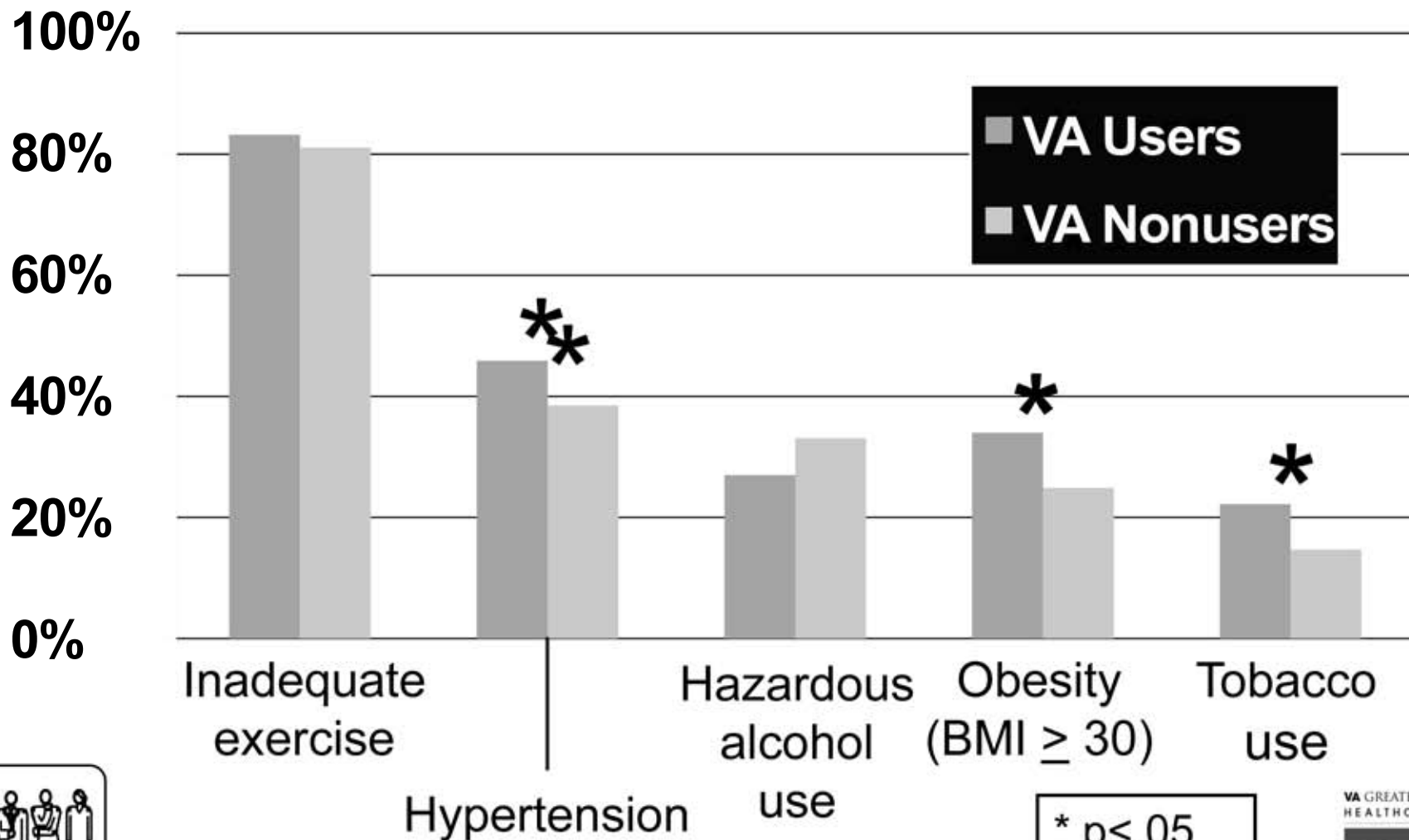


Health Status and Prevalence of Chronic conditions*



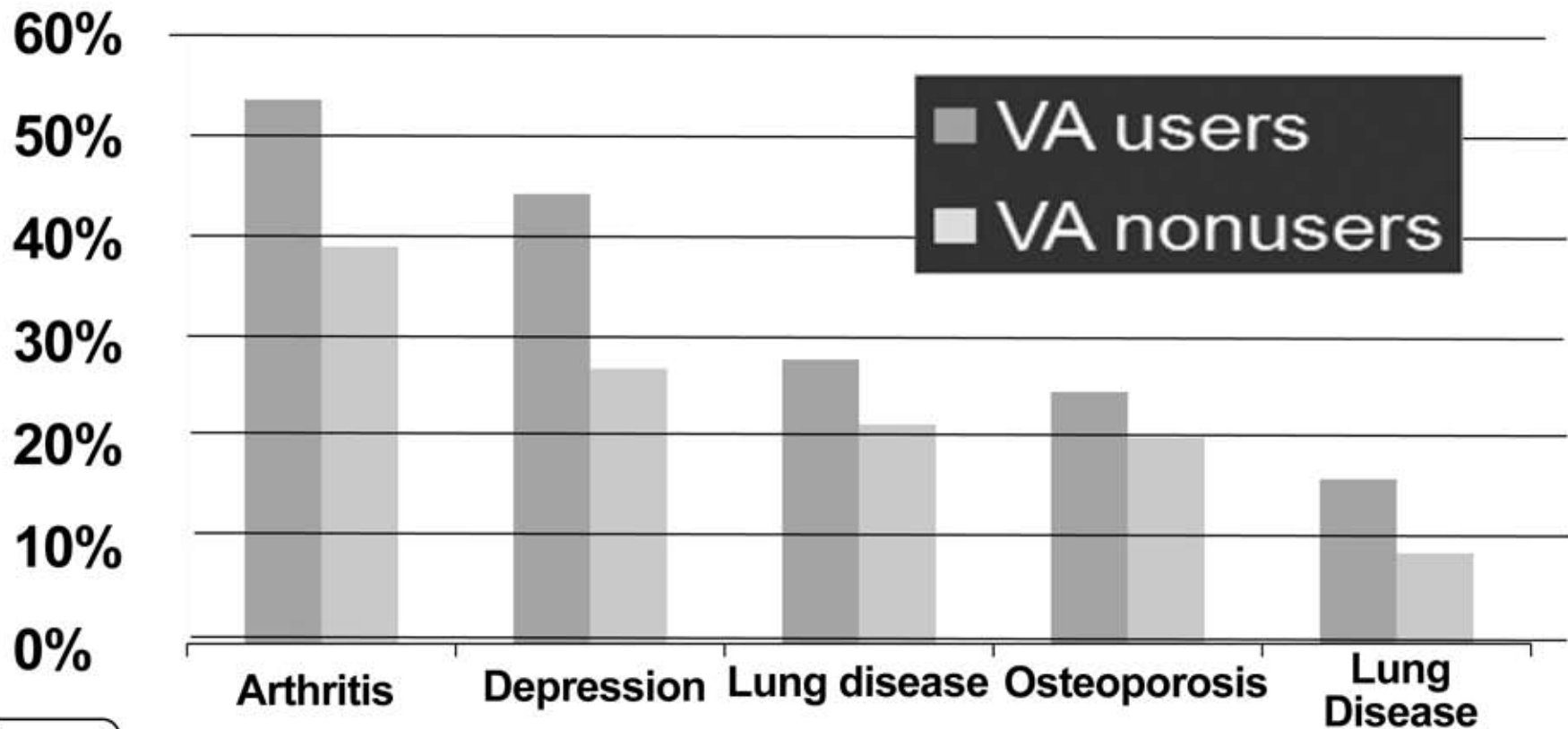
*all $p < .05$

Chronic disease Risk Factors



* p < .05

Chronic disease*

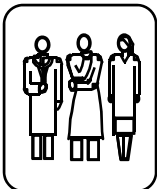


*p < .05 for all measures except osteoporosis



Types of Health Care Services Used in Prior 12 Months*

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



*Not mutually exclusive

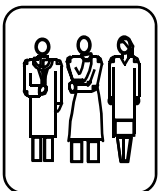
VA GREATER LOS ANGELES
HEALTHCARE SYSTEM



A Division of VA Desert Pacific
Healthcare Network

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)



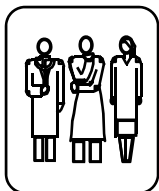
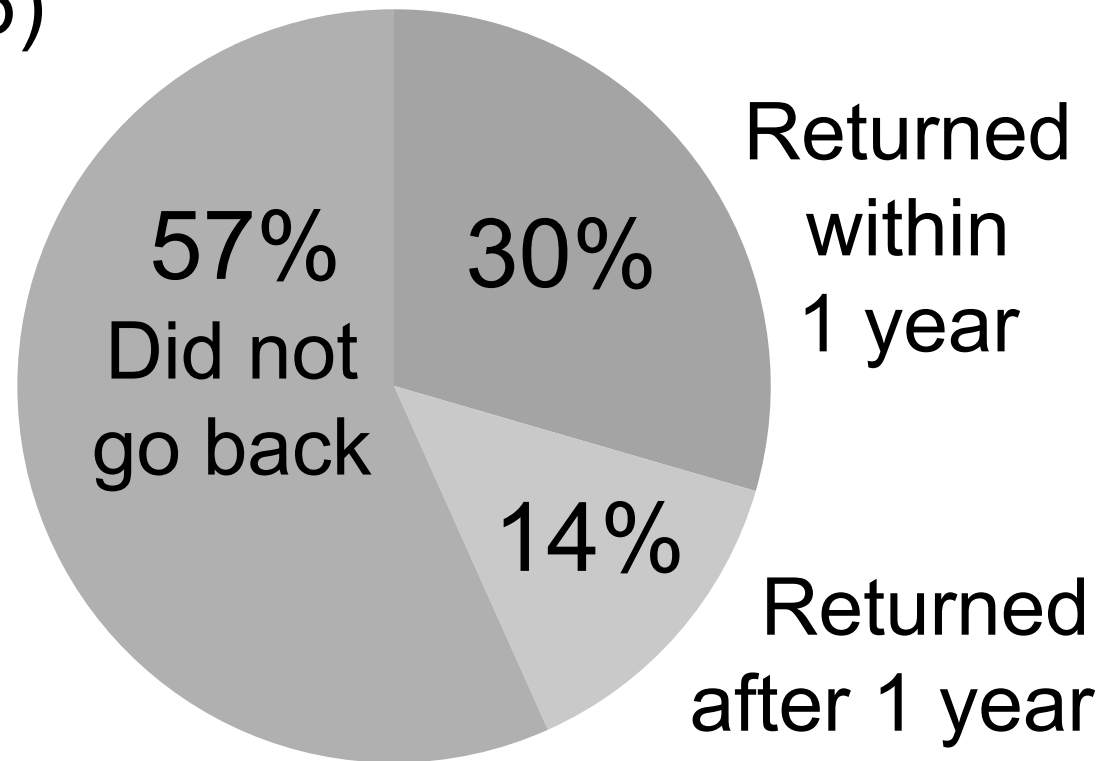
VA GREATER LOS ANGELES
HEALTHCARE SYSTEM



A Division of VA Desert Pacific
Healthcare Network

Post-partum attrition from VA

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



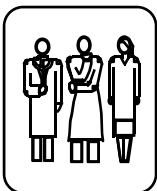
Barriers to using VA health care among Women Veterans who considered, but did not use, VA*

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



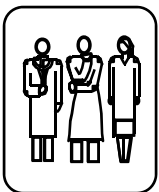
VA GREATER LOS ANGELES
HEALTHCARE SYSTEM



A Division of VA Desert Pacific
Healthcare Network

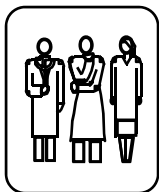
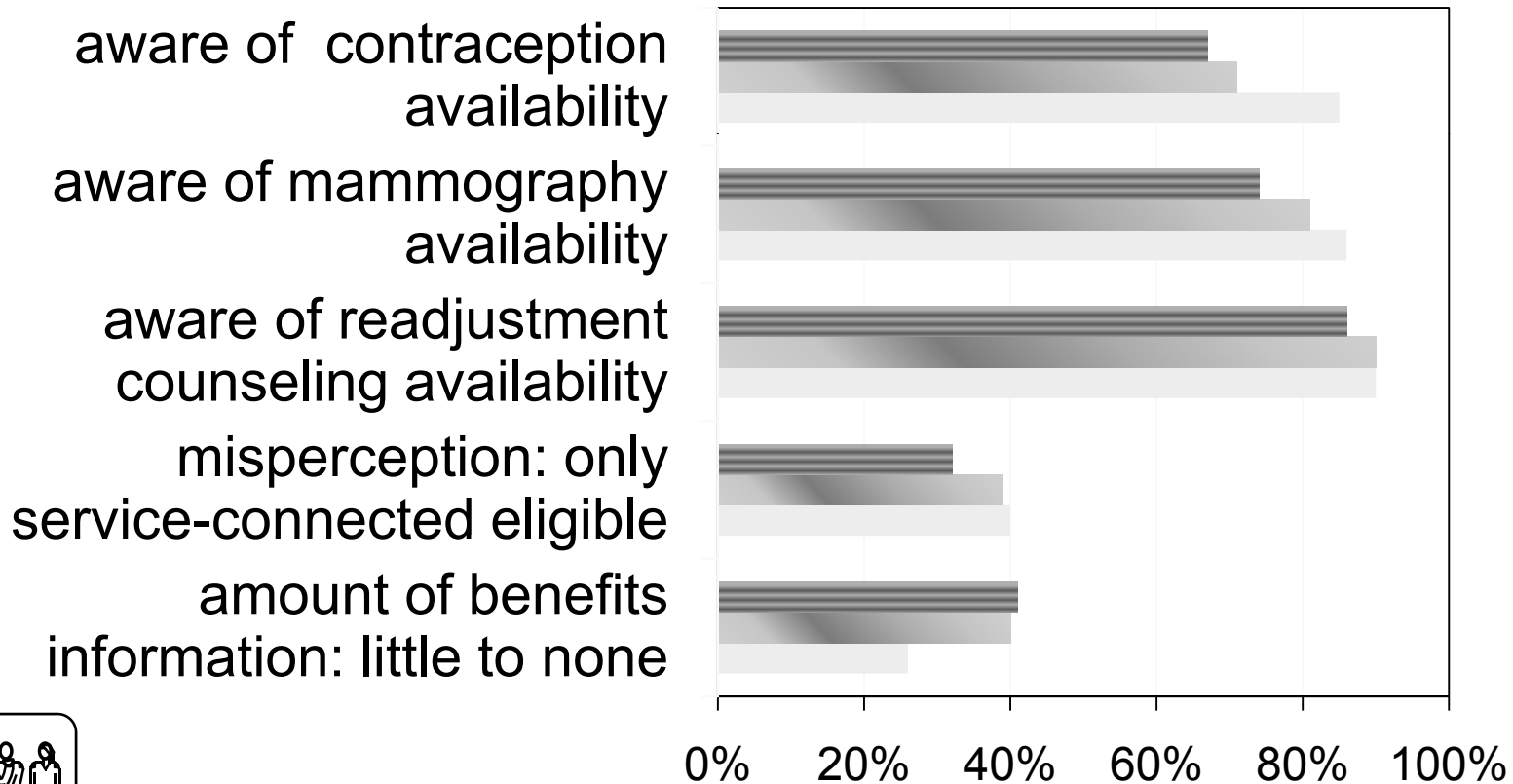
Knowledge of VA services

- 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

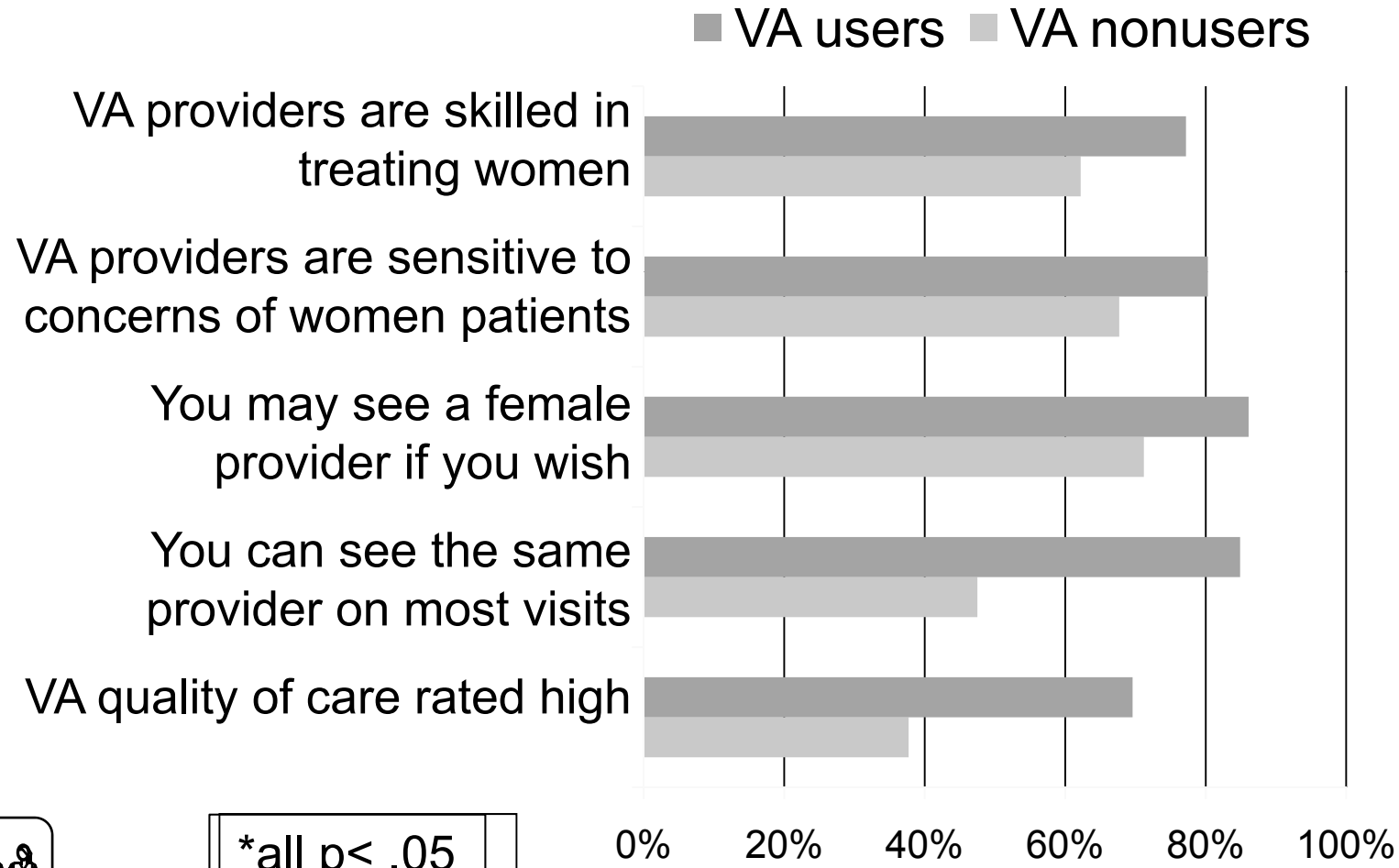


Knowledge of VA services

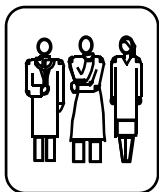
Pre-Vietnam
 Vietnam to present, no OEF/OIF
 OEF/OIF



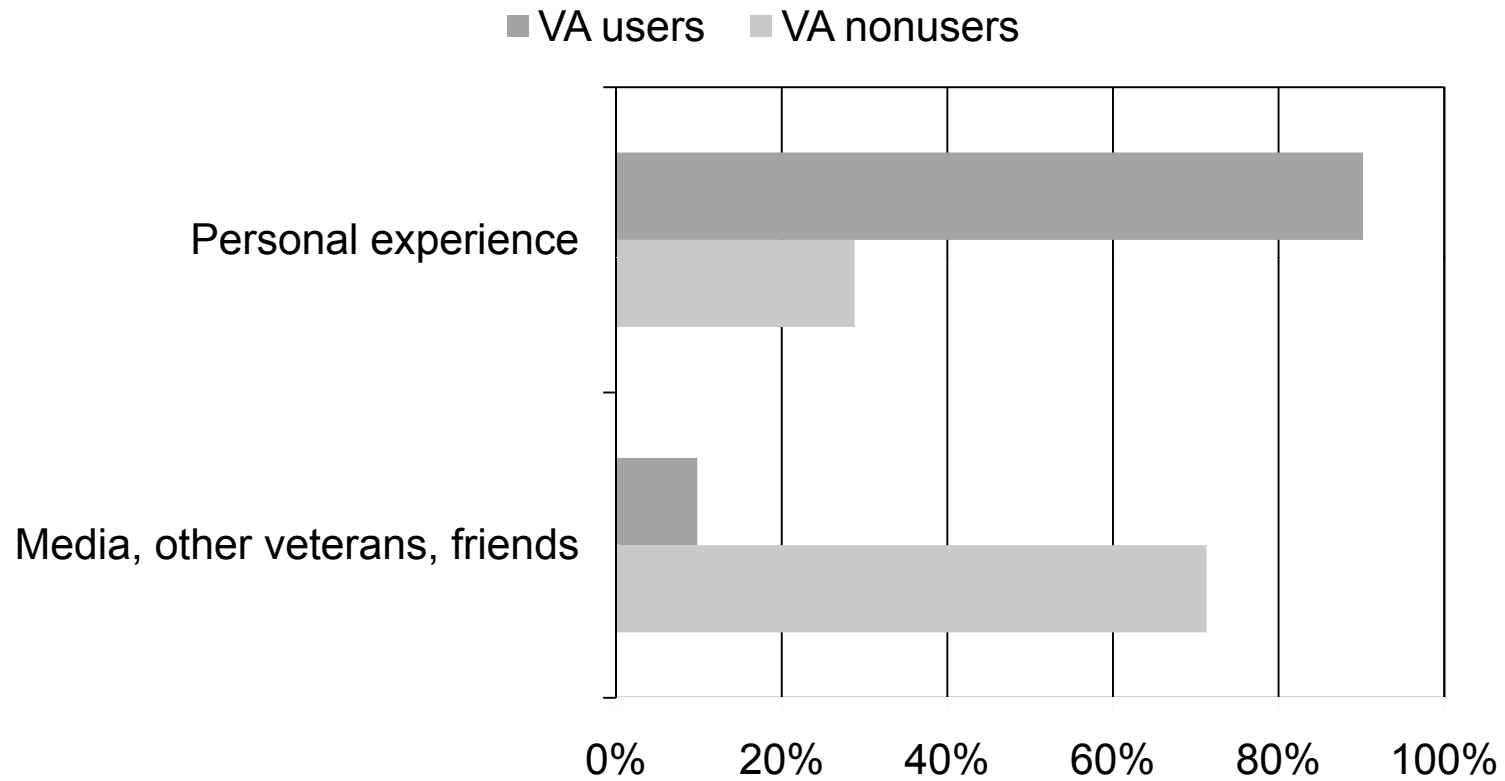
Perceptions of VA health care*



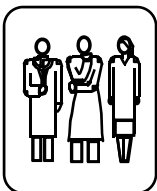
*all p < .05



Influences on perceptions*



*p<.05



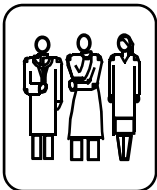
VA GREATER LOS ANGELES
HEALTHCARE SYSTEM



A Division of VA Desert Pacific
Healthcare Network

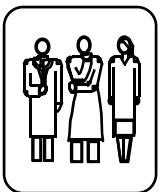
Conclusions and Implications

- 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



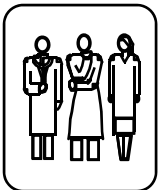
Implications: Access to Care

- 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



VA GREATER LOS ANGELES
HEALTHCARE SYSTEM



A Division of VA Desert Pacific
Healthcare Network

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

National Survey of Women Veterans

Donna L. Washington, MD, MPH

VA Greater Los Angeles Healthcare

Donna.Washington@va.gov, 310-478-3711 x49479

