Diversity of Women Veterans' Experiences Myths vs Reality

A **Point of View**by Karly Hackert and
Seth Messinger, PhD
December 2019



Diversity of Women Veterans' Experiences

Myths vs Reality

Karly Hackert, Director, Ipsos Public Affairs and **Seth Messinger, Ph.D.,** Research Scientist, Ipsos Public Affairs

At Ipsos Public Affairs, we partner with the Department of Veterans Affairs (VA) to understand how Veterans utilize and experience VA healthcare services. Women are projected to be the fastest-growing segment of the Veteran population.¹ In this paper, we explore the diversity of women Veterans' experiences with their VA healthcare through the Veterans Health Administration (VHA). We tackle one of the most common **myths** about VA healthcare—that it is primarily focused on the needs of men Veterans. We aim to show that while women currently only make up close to 9.4% (approximately 2 million individuals) of the Veteran population,² there are several significant VA programs that are designed to meet the needs of women Veterans in both VHA facilities and the community. These programs offer a wide variety of gender-specific and experience-specific care that is engaging women Veterans. Below, we explore these programs further and seek to understand the myth that the VA is not for women.

VA Efforts to Reach Women Veterans

VA established a Center for Women Veterans (CWV) that offers resources and guidance for the wide range of health and community support needs of women Veterans. CWV promotes published research and reports to educate providers and patients about advances in sex-specific healthcare.3 VA has also developed a variety of programs for women at VA facilities, as well as training programs for community providers seeing VA patients. For instance, CWV monitors VA's administration of healthcare and benefits services and programs for women Veterans; advocates for cultural transformation (both within VA and among the general public) to recognize the service and contributions of women Veterans and women in the military; and raises awareness of the responsibility to treat women

Veterans with dignity and respect. Specific programs address women Veterans' health needs across mental and physical well-being (e.g., genderspecific care including advanced breast and gynecological care, maternity care, and some infertility treatments)⁴ as well as general wellness and community living support.⁵

At the facility level, each VA Medical Center (VAMC) offers gender-specific healthcare to women nation-wide and employs a Women Veterans Program Manager (WVPM). The WVPM educates women Veterans about the healthcare services available to them through VA and supports them as they navigate the VA system. The WVPM is designated to advise and advocate for women Veterans at the individual level as well as the programmatic level. They can help coordinate the services women Veterans may need, from primary care to specialized care for chronic conditions or reproductive health.⁶

¹ Aponte, M., Balfour, F., Garin, T., Glasgow, D., Lee, T., Thomas, E., Williams. 2017. Women's Veterans Report: The Past, Present and Future of Women Veterans. Department of Veterans Affairs, National Center for Veterans Analysis and Statistics.

² Aponte, M., Balfour, F., Garin, T., Glasgow, D., Lee, T., Thomas, E., Williams. 2017. Women's Veterans Report: The Past, Present and Future of Women Veterans. Department of Veterans Affairs, National Center for Veterans Analysis and Statistics.

³ https://www.va.gov/womenvet/research/index.asp

⁴ https://www.nacvso.org/images/company_assets/ca5e4709-02f5-4f0b-a1d7-317e0aaf5cac/files/About/Women%20Veterans/Brochure/ NACVSO_Womens_Brochure.pdf

⁵https://www.va.gov/womenvet/resources/index.as

⁶ https://www.womenshealth.va.gov/WOMENSHEALTH/ womenshealthservices/healthcare_about.asp

Working alongside VA are Veterans Service Organizations (VSOs), chartered and non-chartered, advocating for women Veterans. Disabled American Veterans (DAV) is an excellent example of this advocacy work, releasing significant reports in 2014⁷ and 2018⁸ that provide important details on efforts to engage and support women Veterans.

Where More Work is Needed: Coordinating with the Community

Outside of communities with larger VAMCs, there are challenges to receiving care for gender-specific health specialties, such as mammography and breast and cervical oncological services.9,10 This means that many women Veterans are turning to providers in their local communities. Nearly twice the number of women Veterans have sought care outside of VA compared to men Veterans.¹¹ Despite the growing literature on women's utilization of VA services, little is known about women Veterans who seek care in the community.¹² However, there are concerns that community providers may be ill-equipped to care for these patients, given the potential complexity of their health needs (e.g., gender-specific healthcare in light of complex injuries associated with deployments, psychological challenges associated with post-traumatic stress disorder, and the consequences of military sexual trauma).13 The Office of Women's Health Services is ready to meet this need with resources available to community providers in order to support their work with women Veterans.

Efforts to engage women Veterans continue with proposed bipartisan legislation in Congress to help women Veterans transition from active duty to civilian life and to learn about VA services available to them. Additionally, elements of the VA Mission Act are designed to help Veterans (including women) who are geographically distant from full-service VAMCs to take advantage of community care.

VA Services to Women: Commitment to Excellence & Innovation

Despite the challenges noted above, there are areas in which VA excels at supporting women Veterans. Below are four areas in which VA is committed to providing excellent and continued innovation for women Veterans' healthcare needs.

Fertility Care

According to a study of Veterans who served in Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF), or elsewhere during the same period, about 16% of women reported that they had experienced infertility (defined as trying to get pregnant with a partner for more than 12 months).¹⁶

Additionally, women Veterans are more likely than men to seek care for infertility. Veterans have access to many types of fertility treatments, procedures,

 $^{^{7}\}underline{\text{https://www.dav.org/wp-content/uploads/women-veterans-study.pdf}}$

⁸ https://www.dav.org/wp-content/uploads/2018_Women-Veterans-Report-Sequel.pdf

⁹ Katon, JG., Ma, EW., Sayre, G., Zephyrin, LC., Cordasco, KM., Yano, EM., Fortney, JC. 2018. Women Veterans' Experiences with Department of Veterans Affairs Maternity Care: Current Successes and Targets for Improvement. Women's Health Issues. 28(6):546 – 552.

¹⁰ Mattocks, K., Yano, E., Brown, A., Casares, J., and Bastian, L. 2018. Examining Women Veteran's Experiences, Perceptions, and Challenges with the Veterans Choice Program. Medical Care. 56(7):557-560

¹¹ Frayne SM, Phibbs CS, Friedman SA, et al. Sourcebook: Women Veterans in the Veterans Health Administration, Volume 2 Sociodemographics and Use of VHA and Non-VA Care (Fee). Washington, DC: Women's Health Evaluation Initiative, Women's Health Services, Veterans Health Administration, Department of Veterans Affairs; October 2012.

¹² Danan, E., Krebs, E., Ensrud, K., Koeller, E., MacDonald, R., Velasquez, T., Greer, N., Wilt, T. 2017. An Evidence Map of the Women Veterans' Health Research Literature. Journal of General Internal Medicine. 32(12): 1359-1376.

^{13 &}lt;a href="https://www.dav.org/wp-content/uploads/2018_Women-Veterans-Report-Sequel.pdf">https://www.dav.org/wp-content/uploads/2018_Women-Veterans-Report-Sequel.pdf

¹⁴ https://www.govtrack.us/congress/bills/116/hr2941

¹⁵ https://militarybenefits.info/va-mission-act/

¹⁶ Katon, J., Cypel, Y., Raza M., Zephyrin, L., Reiber, G., Yano, E., Barth, S., Schneiderman, A. 2014. "Self-reported Infertility among Male and Female Veterans Serving during Operation Enduring Freedom/Operation Iraqi Freedom. Journal of Womens Health. 23(2): 175–183

and services through VHA. These include infertility counseling, laboratory blood testing, genetic counseling, sperm testing, ultrasounds, surgery, reversal of a vasectomy or tubal ligation, medication, and other treatments.¹⁷

Fertility support in VHA continues to evolve. Regulations were finalized in February 2017 to support in vitro fertilization (IVF) services for both men and women Veterans who qualify by virtue of a service-connected disability that results in their inability to procreate without the use of fertility treatment.

Breast Health

Breast cancer is the second leading cause of cancer death in women and is the second most commonly diagnosed cancer among American women. However, localized breast cancer has a 99% survival rate if detected early.

VA leads the nation's healthcare systems in providing mammograms to those who need them.¹⁸ In 2017, VAMCs outscored their civilian counterparts on reaching patients for breast cancer screening: 83% of eligible women were screened at VAMCs compared to 68% in non-VA medical facilities.¹⁹

Researchers concur with VA reports. In one article, the authors state, "The VA outperformed several insurance models, providing high-quality care that... exceeds the level-of-care Veterans would receive if enrolled in Medicare or, in some cases, private insurance plans." ²⁰

Support of Geographically Diverse Women Veterans

As of May 2017, 26% of enrolled women Veterans lived in rural areas.²¹ Access to first-rate, gender-

specific care is a priority for all women Veterans. However, rural women Veterans are less likely to utilize VA for gender-specific care compared to their urban counterparts.²² Many rural Veterans (men and women) are served by Community Based Outpatient Clinics (CBOC). CBOCs are small clinics with proportionally small staff sizes. Understandably, rural women Veterans may have concerns about access to providers trained in women-specific issues at these clinics.

The Office of Rural Health (ORH) is taking strides to combat these concerns through workforce training and education for rural VA providers. Clinical Skills Training in Women Veterans Healthcare—a program funded by ORH—trains providers in rural locations in skills unique to the treatment of rural women Veterans.²³ The result is an increased prevalence of rural VA providers who are proficient in women's healthcare issues.

That said, other factors may influence rural women Veterans' use of VA for their healthcare needs. Below are additional factors and ways in which VA is addressing each.

Distance

- Challenge: Unsurprisingly, women Veterans living in rural areas report longer drive times to Primary Care than women Veterans living in urban areas.²⁴
- Solution: Telehealth innovations allow Veterans to cut down the distances they need to travel for healthcare and can provide numerous means of support, including physical fitness and mental health services.

¹⁷ https://www.va.gov/COMMUNITYCARE/programs/veterans/IVF.asp

¹⁸ https://www.womenshealth.va.gov/WOMENSHEALTH/ outreachmaterials/generalhealthandwellness/breast_cancer_ awareness.asp

¹⁹ https://www.va.gov/QUALITYOFCARE/initiatives/compare/ prevention-breast-cancer-screening.asp

²⁰ Folasade, PM., Yu, C., Kaunitz, J. 2018. High Quality of Cancer Care in the Department of Veteran Affairs (VA). American Journal of Cancer Research. 8(4): 761-762.

²¹ https://www.ruralhealth.va.gov/docs/ORH Thrive 2017 v5 3 508 reduced.pdf

²² Brooks, E., Dailey, N., Bair, B., Shore, J. 2014. Rural Women Veterans Demographic Report: Defining VA Users' Health and Health Care Access in Rural Areas. Journal of Rural Health. 30(2):146–152.

²³ https://www.ruralhealth.va.gov/providers/Enterprise Wide Initiatives.asp

²⁴ https://www.womenshealth.va.gov/docs/Womens%20Health%20 Services Barriers%20to%20Care%20Final%20Report April2015.pdf

Transportation

- Challenge: Around 10% of rural women Veterans said finding transportation to VA care was difficult.²⁴
- Solution: Veteran Transportation Services provides medical transportation services for rural Veterans and includes salaries for drivers and mobility managers and leases of vehicles.²³

Child Care

- Challenge: Nearly one-third (29%) of rural women Veterans feel it is difficult to find childcare while they receive medical care.²⁴
- Solution: The Veterans' Access to Child Care Act provides childcare services to Veterans while receiving healthcare services at a VA facility.²⁵

Psychological Injury

While battlefield experience is an expected source of psychological injury for all Veterans a leading cause of Post-Traumatic Stress Disorder (PTSD) in women Veterans is Military Sexual Trauma (MST).²⁶ The extent of military sexual assault should not be underestimated.²⁷ These psychological injuries demand acute care but can also pose long term health risks.

VA is addressing these issues in several ways. VA mandates that MST screening and related services be available at every VAMC. VA is also facing the challenge of changing behaviors by other patients and visitors towards women Veterans at VA facilities. For instance, different VAMC facility leadership have developed specific policies to address patient concerns. One example is setting up a different queuing system for patients with social anxieties. In addition, VA is working to meet the demand for these services by addressing staffing needs. Ipsos Public Affairs works with VA to provide robust research to support new programs and policies.

Ipsos Public Affairs' Thought Leadership on Veterans' Issues

Below are research projects Ipsos Public Affairs has conducted to inform and improve the experiences of women Veterans.

Women Veterans and Intimate Partner Violence (IPV)-related Care Survey (WVICS)

Ipsos Public Affairs conducted the Women Veterans and IPV-related Care Survey on behalf of VA. Specifically, the study examined women Veterans' health needs and counseling preferences related to experiences of unsafe or unhealthy intimate relationships. The survey was conducted among women Veterans ages 18 and over and residing in the United States.

PTSD Decision Aid

Ipsos Public Affairs conducted the PTSD Decision Aid Survey on behalf of the National Center for PTSD. Specifically, the study focused on a webbased patient decision aid that helps patients learn about PTSD treatment options. The project surveyed a sample of both Veterans and non-Veteran general population adults ages 18 and over who screen into the survey via a four-question module designed to detect PTSD.

Women Veterans: Needs and Barriers to Mental Health Treatment

Ipsos Public Affairs conducted research to determine mental health service utilization and barriers among women Veterans who identified the VA as their primary source of healthcare. This observational study used data from a nationally representative sample of 1,202 Veterans who completed a webbased survey.

²⁴ https://www.womenshealth.va.gov/docs/Womens%20Health%20 Services_Barriers%20to%20Care%20Final%20Report_April2015.pdf

²⁵ https://www.congress.gov/bill/116th-congress/house-bill/840/text

²⁶ Blais, R., Monteith, L. 2019. Suicide Ideation in Female Survivors of Military Sexual Trauma: The Trauma Source Matters. Suicide and Life Threatening Behavior. 49(3): 643-652

²⁷ https://www.dav.org/wp-content/uploads/2018_Women-Veterans-Report-Sequel.pdf

²⁸ Kehle-Forbes, S., Harwood, E., Spoont, M., Sayer, N., Gerould, H., Murdoch, M. 2017. Experiences with VHA Care: A Qualitative Study of U.S. Women Veterans with Self-Reported Trauma Histories. BMC: Womens Health. 17(1): 38

There are many research avenues yet to be explored regarding women Veterans. Below are a few potential future topics:

- How familiar are women Veterans with VHA services available to them, and where do they turn to for information?
- Do women Veterans believe there is a difference in perceived acceptance at VAMCs compared to community-provided care?
- To what extent do women Veterans explore fertility treatments, procedures, and services available through VHA, and what contributes to their decision to pursue (or not) said services?
- To what extent do women Veterans take advantage of VHA telehealth services, and what are their impressions?
- Do women Veterans face barriers when it comes to MST screening and support, and, if so, what are they?

If you would like to discuss any of the research lpsos Public Affairs has conducted to date or topics for future research, please get in touch. We'd love to hear from you.

Contact

Karly Hackert

Director +1.312.526.4744 karly.hackert@ipsos.com

Seth Messinger

Research Scientist +1.425.623.2742 seth.messinger@ipsos.com

Acknowledgments:

This publication could not have been produced without the significant contributions of Maddie Conrad, Jocelyn Duran, Megan Hendrich, Willow Kreutzer, Deb McKay, Sarah Saxton, Yasmin Schnayer, Meredith Singh, and Katie Ziemer.

About Ipsos

Ipsos is an independent market research company controlled and managed by research professionals. Founded in France in 1975, Ipsos has grown into a worldwide research group with a strong presence in all key markets. Ipsos ranks fourth in the global research industry.

With offices in 89 countries, Ipsos delivers insightful expertise across five research specializations: brand, advertising and media; customer loyalty; marketing; public affairs research; and survey management.

Ipsos researchers assess market potential and interpret market trends. They develop and build brands. They help clients build long-term relationships with their customers. They test advertising and study audience responses to various media and they measure public opinion around the globe.

Ipsos has been listed on the Paris Stock Exchange since 1999 and generated global revenues of €1,780.5 million in 2017.

GAME CHANGERS

