

WOMEN VETERANS HEALTH CARE

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Women Veterans Health Care

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Roadmap

- ★ Changing Demographics
- ★ Underutilization of VA by Women
- ★ Population issues: race/ethnicity/geography
- ★ Quality Differences
- ★ Redesigning Primary Care for Women Veterans
- ★ Comprehensive Primary Care
- ★ Combat, military service, and post-Deployment Health Issues

Expanding Population

- ★ The number of women veterans is growing rapidly.
- ★ Because of the large number of women on active duty and entering military service, the percentage of female veterans is projected to increase:
 - from 7.7 percent in 2008
 - to 10.0 percent in 2018
 - to 14.3 percent in 2033
- ★ High utilization by women who served in Operations Enduring Freedom & Iraqi Freedom (OEF/OIF)
 - Over **102,126** Female OEF/OIF Veterans
 - 44.2% of women enroll; of these, 43.8% use from 2-10 visits
 - Compares to 15% average utilization by earlier era's of women

Women Active Duty Personnel by Branch of Service (Sept 07)

Branch of Service	Women as a % of Total Personnel	Number of Women	Officers	Enlisted
Army	13.7%	71,100	12,983	58,117
Navy	14.7%	48,755	7,611	41,144
Marine Corps	6.3%	11,706	1,138	10,568
Air Force	19.6%	64,430	11,835	52,595
Coast Guard	12.2%	4,950	1,160	3,790
Reserve & Guard	17.6%	145,769	22,131	123, 638

Women Veterans Are Younger

- ★ Average age of VA users
 - Female veteran = 48
 - Male veteran = 61
- ★ Among women veterans returning from OEF/OIF:
 - 85.5% are below age 40
 - 58.9% are between ages 20-29

OEF/OIF Female Veteran Utilization			
Age Group	Frequency	Percent	Cum %
Under 20 years	3655	8.1%	8.1%
20–29	26,182	58.0%	66.1%
30–39	8,668	19.2%	85.3%
40 and over	5,996	13.3%	98.6%
Unknown	651	1.4%	100%

VA Healthcare Utilization Among 94,010 Female OEF/OIF Veterans through 1st Qtr. FY 2008 Environmental Epidemiology Service

Comparison of women of different era's: Race & Ethnicity

	Females ALL		Females OEF/OIF	
	(n=1,681,000)		(n=102,126)	
	#	%	#	%
White	1,290,000	76.7	58,395	57.2
Black	314,000	18.7	26,318	25.8
Hispanic	23,000	1.4	10,017	9.8
Others	54,000	3.2	4,094	4.0
Unknown	105,000	6.2	3,302	3.2

Women Veterans: Health Care

- ★ Traditionally, Women Veterans have under-utilized VA Health care -- majority receive health care outside VA

All market penetration 2007

All living male veterans: 22%

All living women veterans: 15%

(255,374 users/1,744,580 living women veterans)

- ★ Utilization data indicate current models of care delivery present barriers to women veterans using VA

Needs of Women Veterans

- ★ Clinics to serve the needs of young, working women
 - Access, flexibility of hours, use of technology
 - Address sexual health, family planning
- ★ Many have childcare responsibilities and eldercare demands
- ★ Many are employed, difficult to get time off for appointments
- ★ Adjustment and depression issues
- ★ Age-related health effects
 - Cardiac risk, obesity and diabetes, lung cancer, colorectal cancer, breast and cervical cancer screening, osteoporosis screening

Fragmented Primary Care

- ★ Women's general health care and gender-specific health care often handled separately
 - 67% of VA sites provide primary care in “multi-visit, multi-provider model”: primary care at one visit and gender-specific primary care at another
- ★ Too few primary care physicians trained in women's health
- ★ Inconvenient access to gender-specific care
- ★ Mental health care separate from primary care

Gender Differences in Quality

- ★ Quality is high compared to the private sector
- ★ Quality challenges – significant gender differences in clinical prevention measures and mental health screenings
- ★ Most measures similar to the private sector
 - Cardiac risk measures lower for women
- ★ Some measures opposite the private sector
 - Influenza immunizations lower for women than men in VA

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Where is Women Veterans Health going?

Redesigning Primary Care Delivery for Women Veterans

- ★ Increase focus on quality of care issues and comprehensive longitudinal care for women veterans
- ★ Gender-specific care **IS** primary care
- ★ Defining Comprehensive Primary Care for Women Veterans:
 - Availability of complete primary care from one primary care provider at one site.
 - The primary care provider should, in the context of a longitudinal relationship, fulfill all primary care needs, including acute and chronic illness, gender-specific, preventive, and mental health care.

Comprehensive Primary Care for Women Veterans

- ★ Enormous undertaking by the VA
- ★ Frame shift in the way care is delivered
- ★ Our goal is to be a model of care for the nation

Accurately Represent the Women Veterans Population through Data and Analysis

- ★ Provide ongoing data by gender and by race/ethnicity
 - Performance measures analyzed by gender by VISN
 - Analyze performance data points—OQP gathering data on reasons for differences in performance
 - Best practices and innovations
 - Review high outliers
 - Clinical and performance improvement grants

The future: Our mission is to understand and treat the health effects of military service and of combat exposure

- ★ Data being requested and analyzed by gender, by race, and by combined gender/race.
- ★ Prospective study of deployment health effects : population will align with race/ethnicity of population who served.
 - Conducted by Han Kang, Ph.D., OPHEH
 - 30,000 men sampled from 2002-2008 deployments
 - 6,000 women from 2002-2008 deployments
 - 30,000 matched military service controls

Women Veterans Health: Additional New Initiatives

- ★ Implementation of risk reduction in prescribing medications
 - Contraception when appropriate
 - Informed consent for teratogenic drugs
 - Sex is a vital sign — provider/patient discussion of sexual health

Post-Deployment Health in Women

- ★ Menstruation issues
- ★ Tracking use of contraceptives
 - Consequences of continuous use
- ★ Pregnancy and pregnancy outcomes, including miscarriages
- ★ Infertility
- ★ Urinary tract infections
 - Anecdotal reports of high rates; chronic presentations
 - Heat, poor hydration, less access to toileting and hygiene
- ★ Possible Exposures
 - Concerns about toxic substances, animal “exposures”
 - Evaluation for depleted uranium exposure from munitions and shielding
- ★ Injury patterns

Readjustment Issues

- ★ Transitioning to home and “mom” role
 - Differences for active duty, Guard, Reserve
 - Attachment disruption and parenting issues
 - Social supports network near military bases vs. Guard, Reserve community-based

- ★ Transitioning active duty “job” roles to private sector: a step-down for women?

- ★ Readjustment vs. PTSD diagnosis

Summary

- ★ The number of women veterans growing rapidly.
- ★ Increasing recognition of women veterans' unique and complex health needs—gear up for influx of younger women veterans.
- ★ Improve quality performance for women—seek best strategies and implement change.
- ★ Increase attention to comprehensive view of women's health—beyond reproductive health.
- ★ Redesign primary care service delivery for women.
- ★ Understand post-deployment health issues for women.
- ★ Understand our subpopulations of women veterans, by race, age, geography, and by combat experiences.

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Thank you for your interest in Women
Veterans Health

Questions?