



SUMMIT 2011 National Training Summit
on Women Veterans



Women Veterans Research

Elizabeth Yano, PhD & Lori Bastian, MD

VA Women's Health Research Network

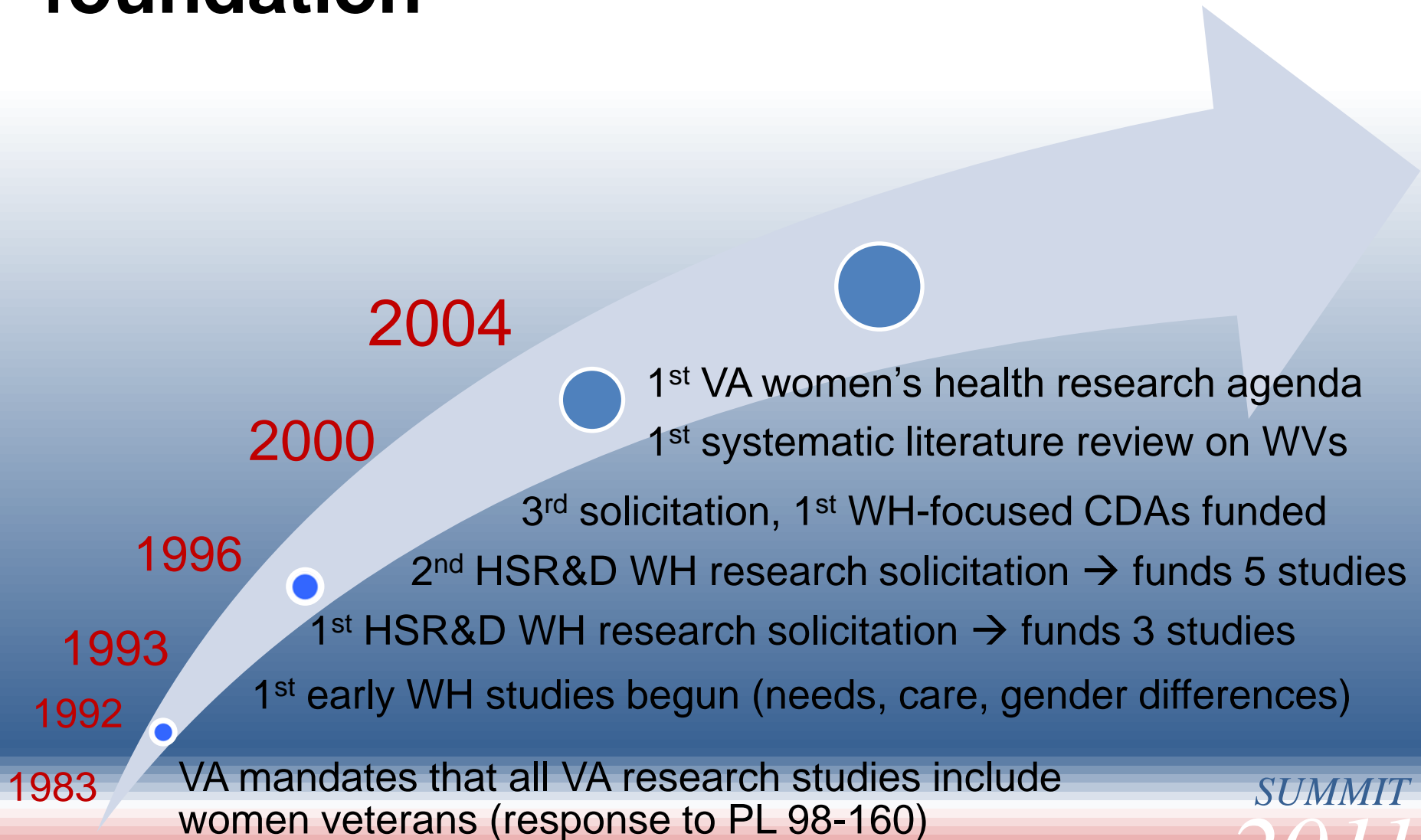
Background

Why a Focus on Women Veterans Research?

Why Women Veterans Research?

- Historically under-studied, under-represented
 - Hard to include enough women in studies
- Distinct health care needs and experiences
 - Access, use and quality of care differ
- Many more women serving in the military
 - #s using VA have doubled over past decade
 - Improving access Secretary-level priority
- Increased demand for research to inform practice and policy for the future

Early Milestones...building the foundation



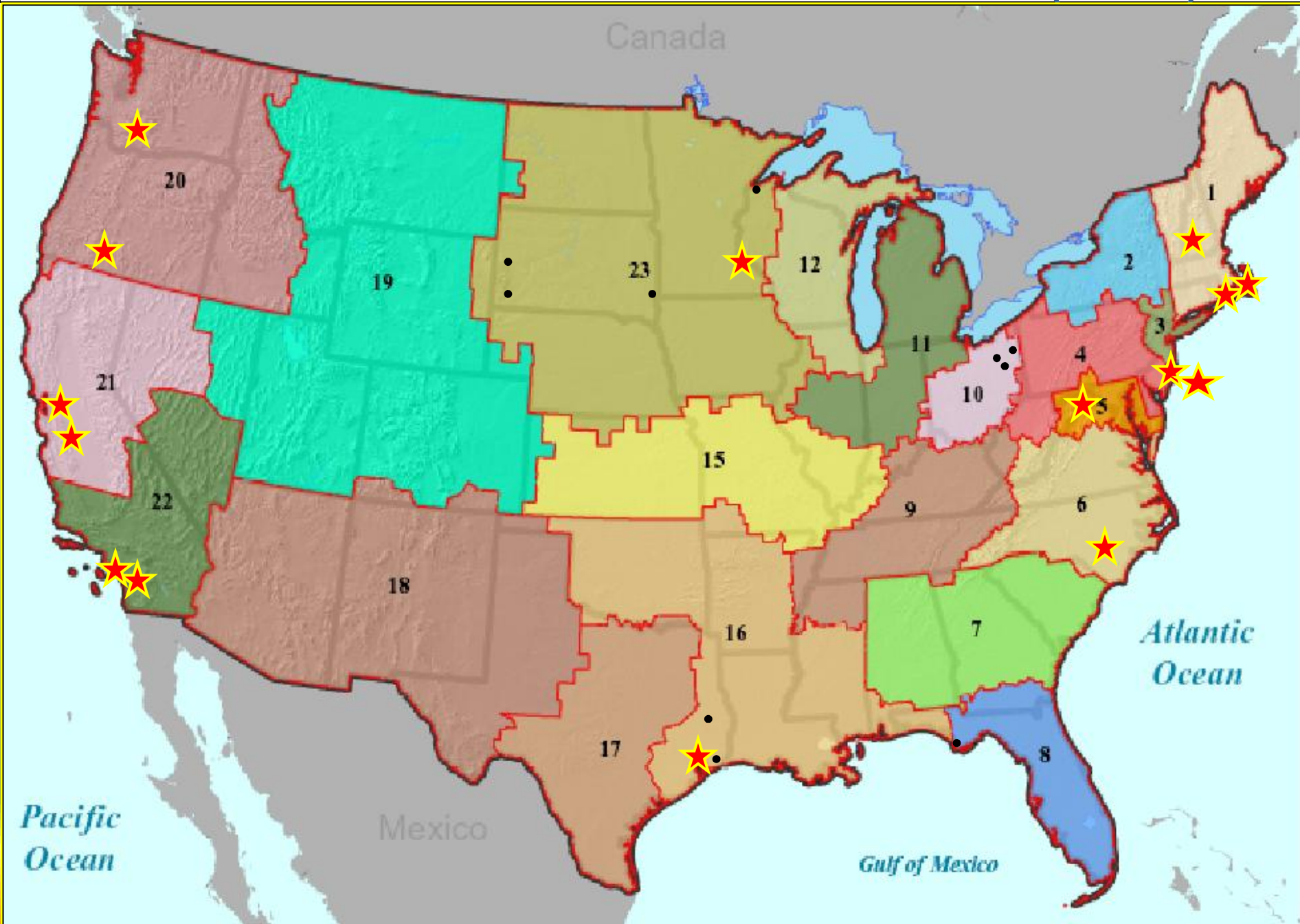
VA Women's Health Research Agenda (2004)

- Target key conditions
 - Mental health, chronic pain, diabetes, substance use
- Target special populations
 - Pregnancy, military exposures, homeless, OEF/OIF
- More research funded
 - Understand health care needs, access, barriers
 - Impacts of how VA care is organized
 - Needs among OEF/OIF women Veterans

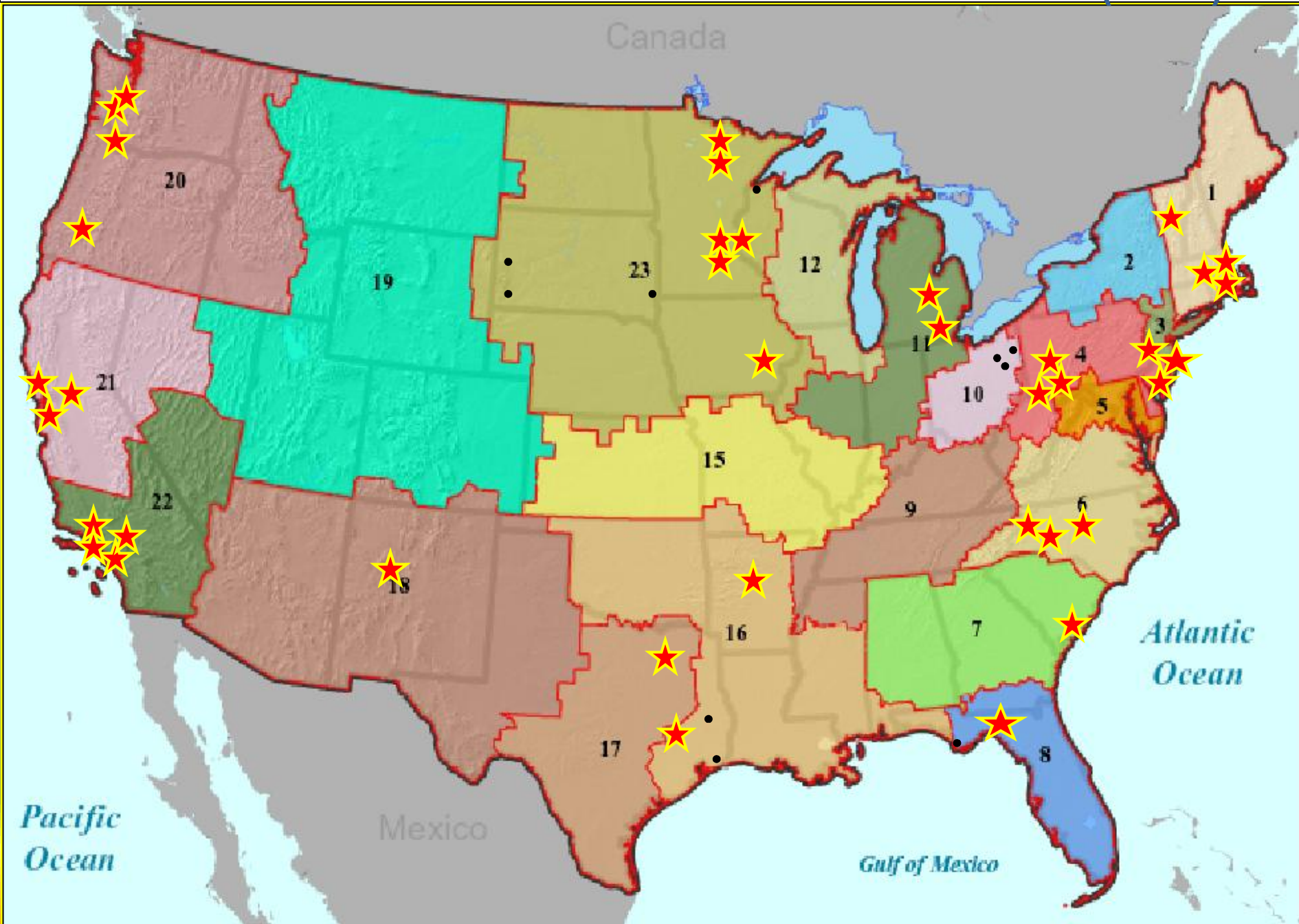
VA Women's Health Research Agenda (2004)

- Build capacity (↑ # WH investigators)
 - Improve networking, mentoring, collaboration
 - www1.va.gov.resdev/programs/womens_health/
- Address barriers and needs
 - Enhance scientific review, new calls for research
 - Create a VA women's health research network
- Increase visibility/awareness
 - Special journal issue focused on women veterans
 - Interest group and support for investigators

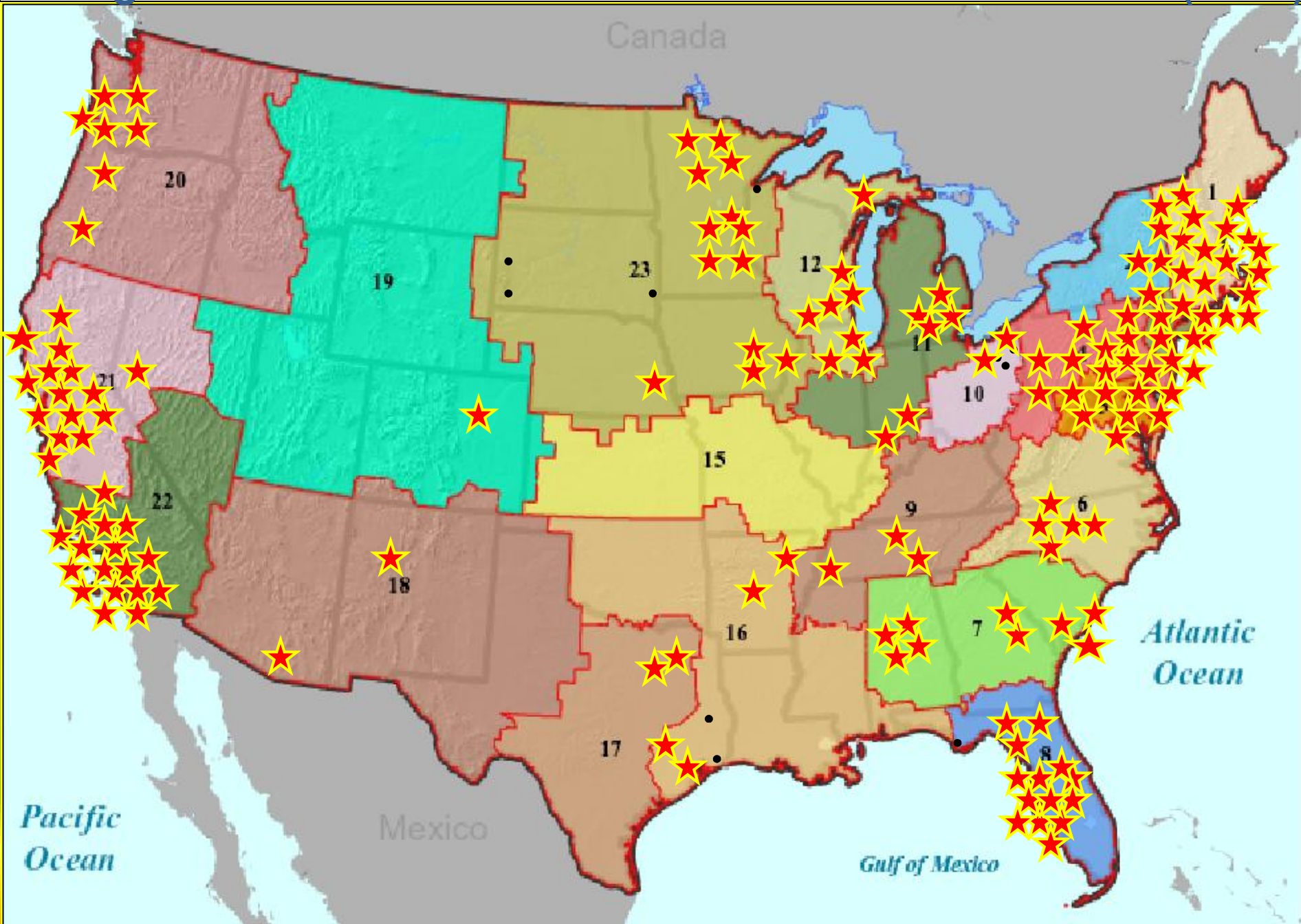
Number of VA Women's Health Researchers (1990s)



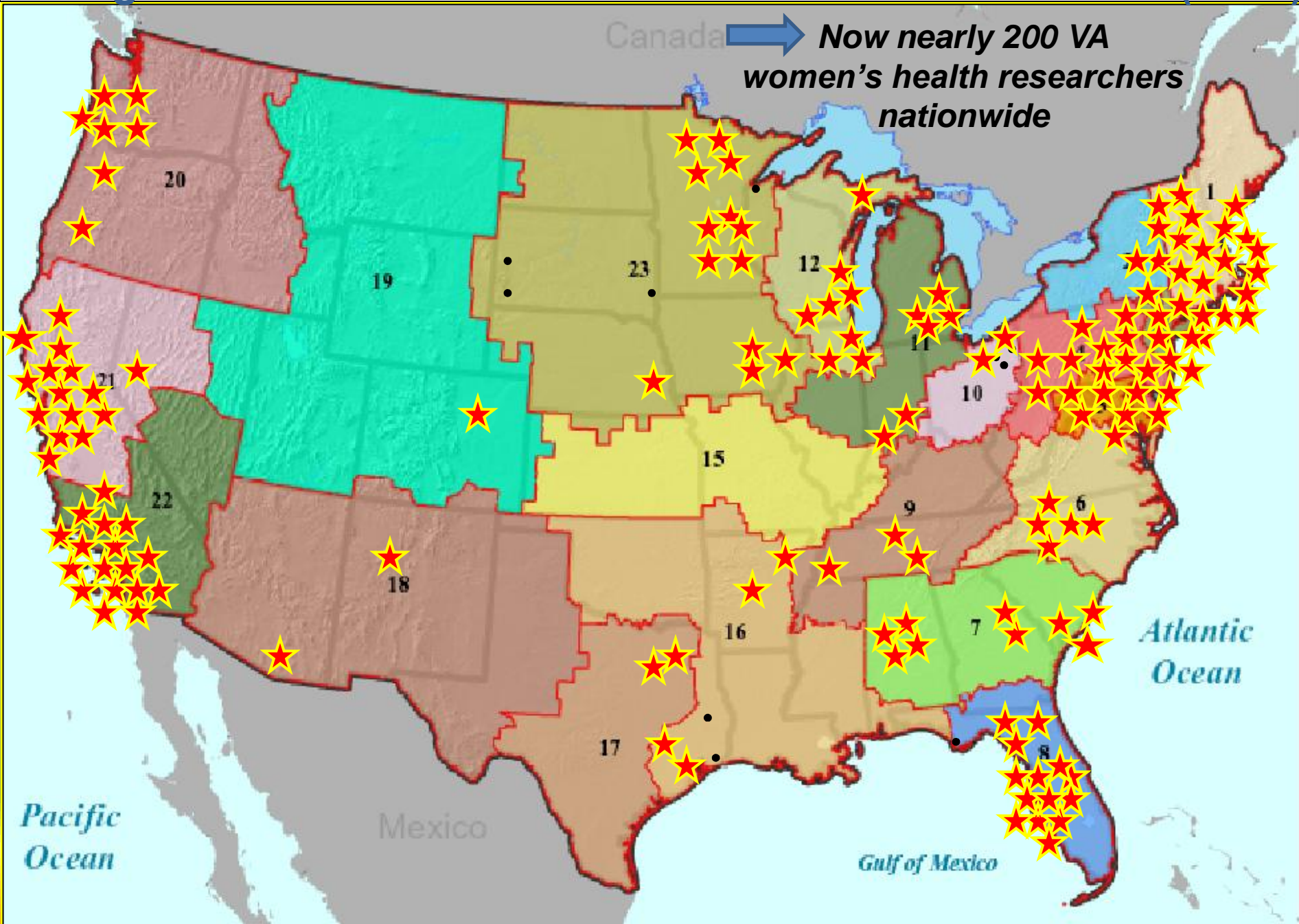
Growth in # of VA Women's Health Researchers (2004)



Huge Growth in # of VA Women's Health Researchers (2010)

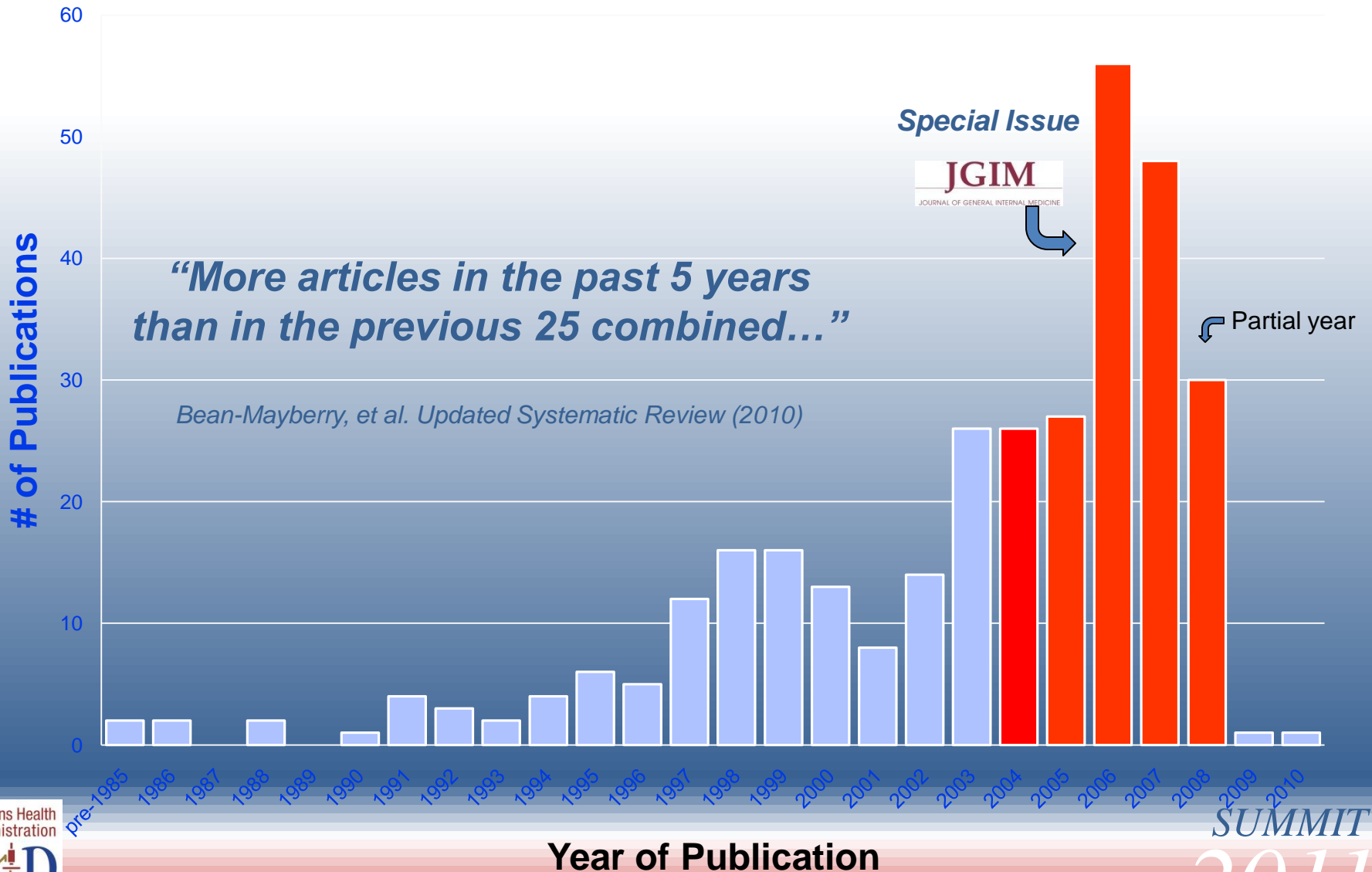


Huge Growth in # of VA Women's Health Researchers (2010)



Women's Health Research Publications

Veterans and Women in the Military



VA Women's Health Research Network

Where Do We Go From Here?

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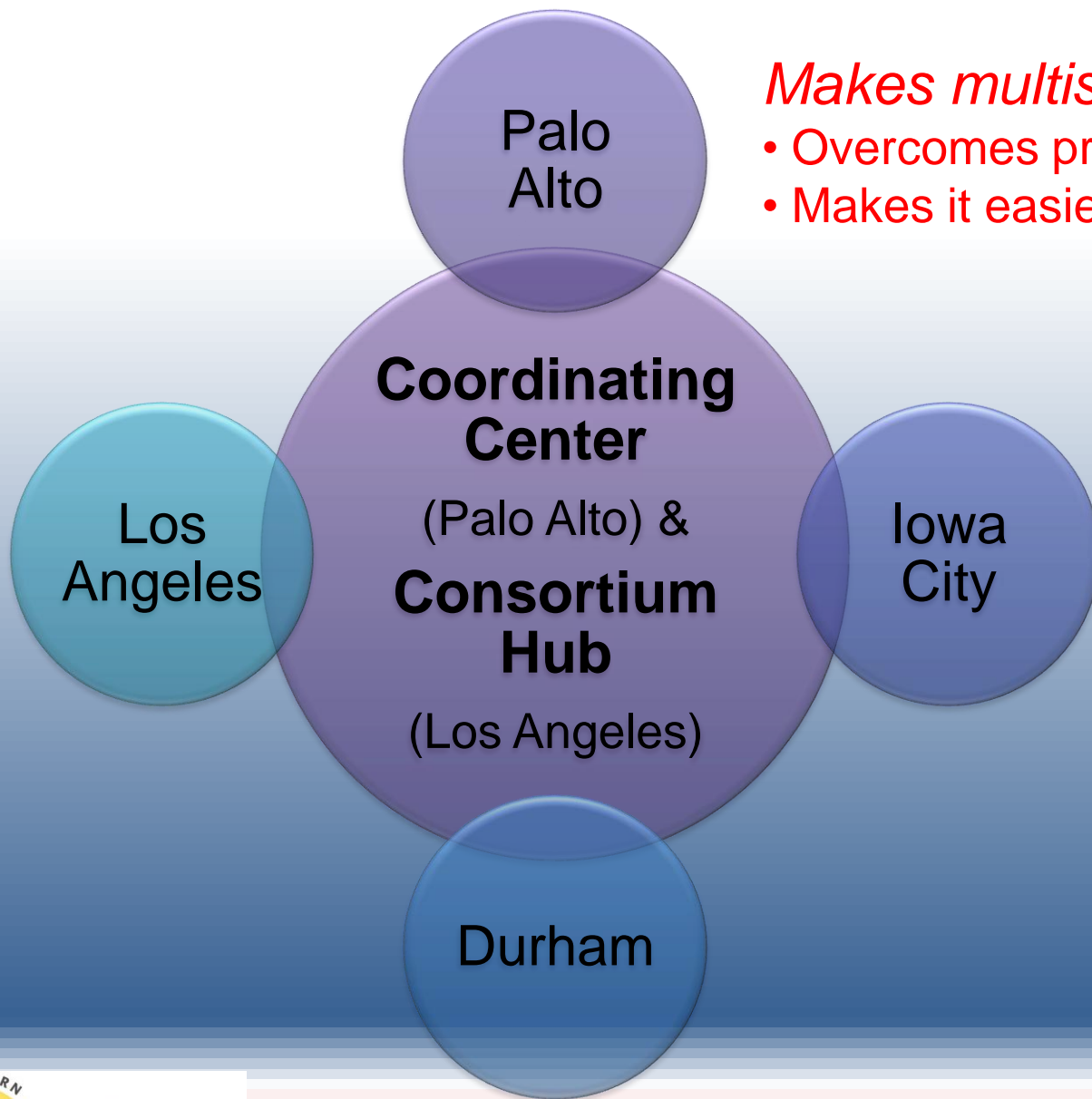
Barriers to VA research among women veterans remain

- Each VA has too few, too hard to recruit
 - Trouble getting #s to look at gender differences
- Researchers' knowledge/talents vary
 - May not understand women veterans' health needs or how they use care
 - Need to know how to adapt interventions to fit women veterans' needs and experiences
 - May need help getting their research started
 - May need more training

Solutions



VA Women's Health Research Network



Makes multisite research easier

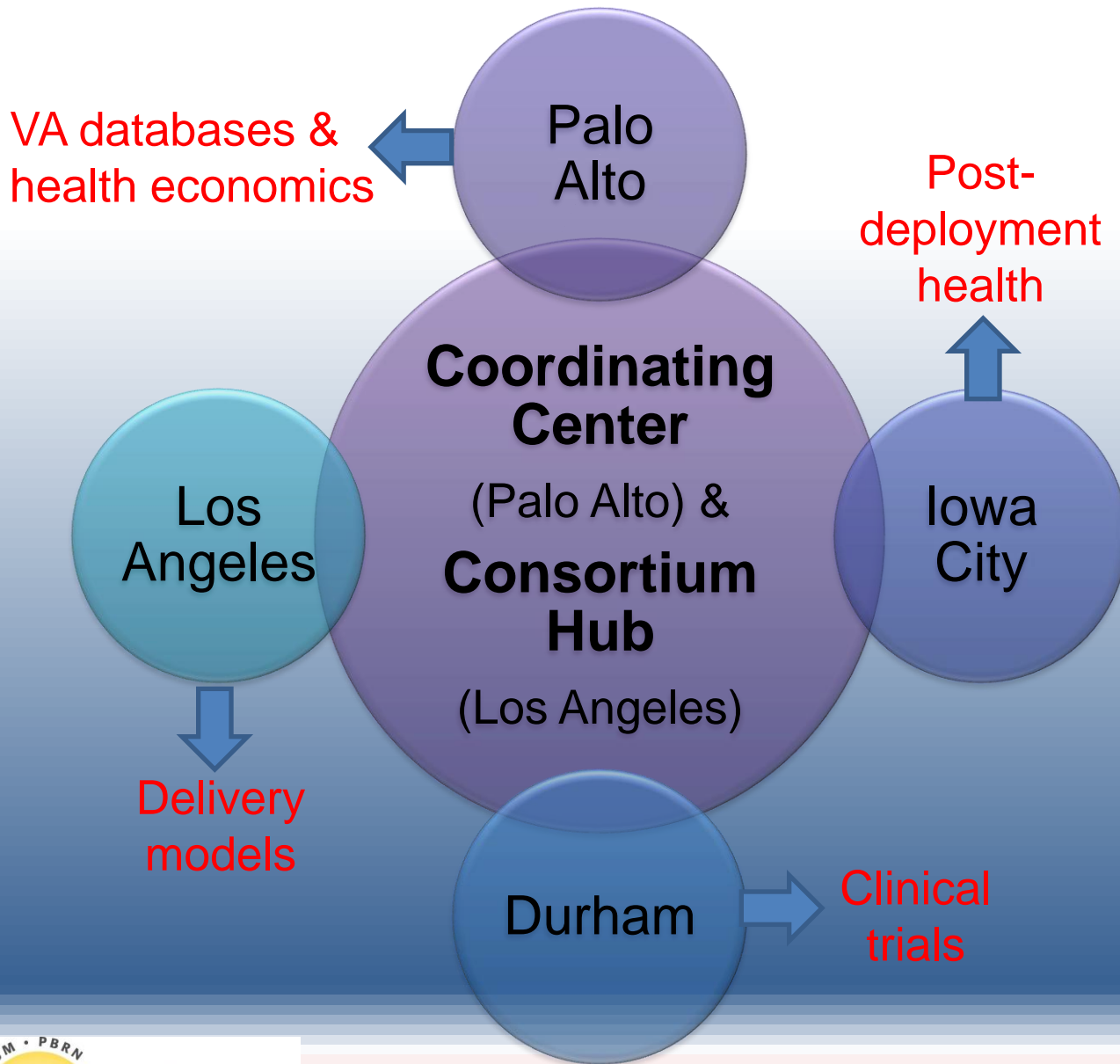
- Overcomes problem of small #s
- Makes it easier to include women

4 inaugural sites



10 + more sites interested

VA Women's Health Research Network



Technical Support

- Statistics
- Qualitative methods
- Survey/IRB
- Implementation

4 inaugural sites



10 + more sites interested

Women Veterans Research Network

- First projects to use Network
 - Patient priorities for gender-specific care (Kimerling)
 - Gender sensitivity curriculum rollout (Vogt/Yee)
 - Women’s health provider needs assessment (Klap)
- Many projects in the “pipeline”...
 - Using peer support to improve maternity care coordination (Bastian & Mattocks)
 - Implementing tele-support to women seen in community-based outpatient clinics (Washington)

VA Women's Health Services Research Conference (2010)

Setting a New Research Agenda for the Future

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VA Women's Health Research Conference (2010)

- Nearly 100 researchers representing 45 VA facilities, spanning 27 states
- Virtually every VA Office represented
- Extensive representation from outside VA
 - Departments of Health & Human Services (NIH, NIMH, AHRQ), Defense & Labor
 - Institute of Medicine, National Committee for Quality Assurance, Society for WH Research
 - Office of the Inspector General, Congressional Research Service, Congressional staff

VA Women's Health Research Conference (2010)

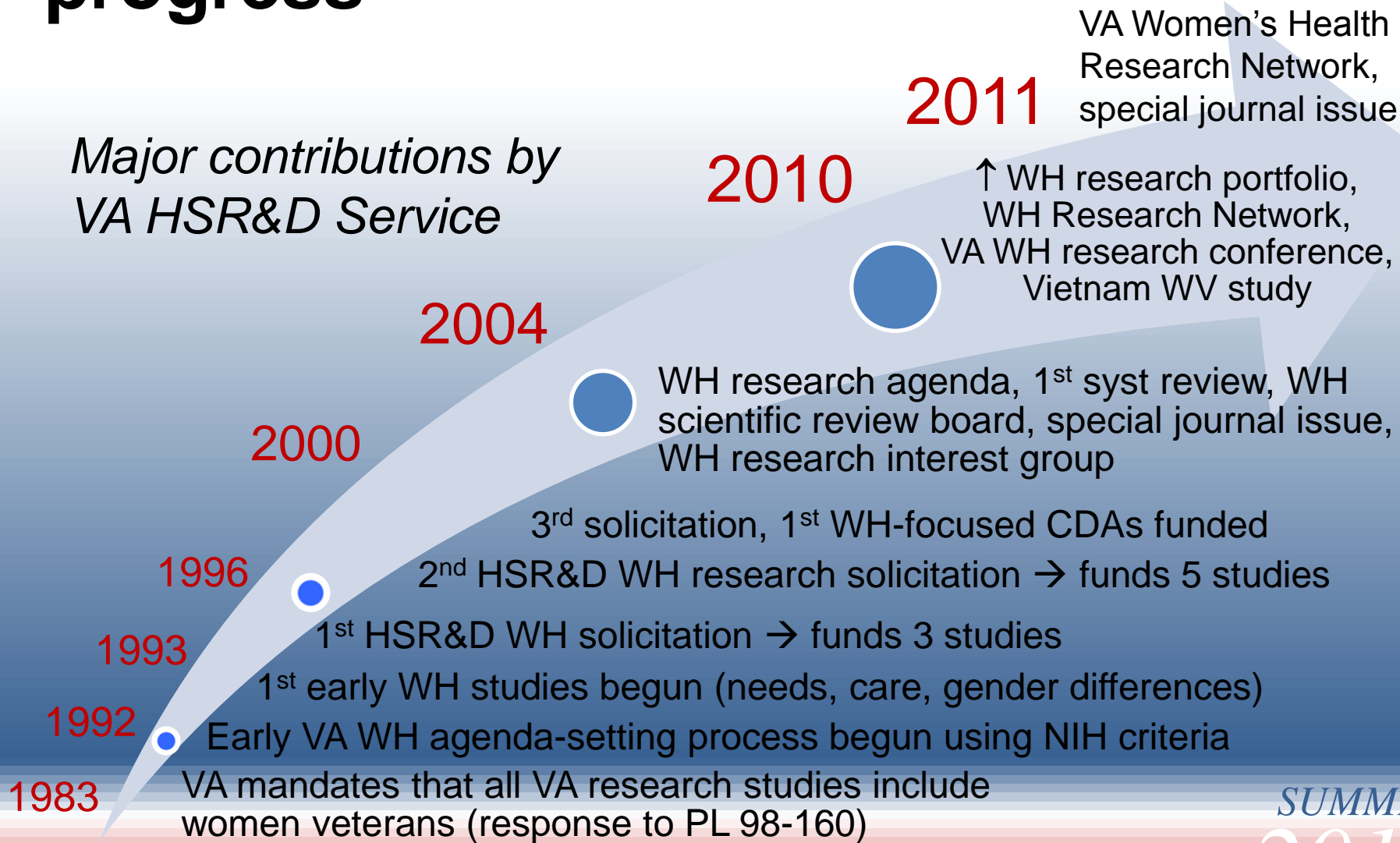
- Office of the Secretary
- Office of the Under Secretary for Health
- Office of Patient Care Services
- Office of Mental Health Services
- Office of Nursing Services
- Office of Public Health & Environmental Hazards
- Office of Academic Affiliations
- Office of Research & Development
- Office of Rural Health
- Center for Women Veterans
- VA Homeless Program
- VA National Center for PTSD
- Office of the Asst Sec of Defense (Health Affairs)
- Triservice Nursing Research Program
- Congressionally Directed Medical Research Programs (CDMRP)
- Defense Centers of Excellence for Psychological Health & TBI
- Tricare Regional Offices

New VA Women's Health Research Agenda

- Access to care and rural health
- Primary care and prevention
- Mental health
- Post deployment health
- Complex chronic conditions/aging/long term care
- Reproductive health

Long Journey...but now rapid progress

*Major contributions by
VA HSR&D Service*



New VA Journal Supplement to *Women's Health Issues*

Disseminating New Knowledge

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VA Journal Supplement to *Women's Health Issues* (Jul 2011)

- Health & Health Care of Women Veterans and Women in the Military
 - 18 research articles, 3 commentaries, editorial
 - Available <http://www.whijournal.com/supplements>
 - New VA women's health research agenda (Yano et al)
 - Updated literature review (Bean-Mayberry et al)
 - How to do intervention research guide (Rohrer et al)

New Women Veterans in the VHA: A Longitudinal Profile

- Research Question: What are the characteristics of women veterans joining the VA for health care?
- Methods:
 - Examination of outpatient visits at VHA from FY 2003-2009.
 - New patients has not used the VHA in the prior 3 years.

New Women Veterans using VHA

- Nearly 2/3 of new VA users are less than 45
- 43% carry service-connected disabilities
- 88% received primary care services
- 40% used mental health services
 - The majority of women using mental health services made 3 or more visits in one year

New Women Veterans using VHA

- Large influx of new patients (some facilities had close to 1,000 women joining in a single year)
- Younger women will require more emphasis on post-deployment services
- What should be done to make facilities more accessible to women?

Intimate Partner Violence Victimization Among Women Veterans and Associated Heart Risks

- Examined two public health issues in women: cardiovascular disease and intimate partner violence (IPV)
- CDC study of 21,162 women, including 503 women veterans
- Examined IPV in veterans and non-veterans
- Examined the relationship between IPV and heart health risk factors in women

Intimate Partner Violence Victimization Among Women Veterans and Associated Heart Risks

- About one third of veterans reported IPV during their lifetime, compared with fewer than one quarter of non-veterans

Table 2. Association Between Veteran Status and Lifetime IPV Victimization

<u>Non-Veteran (n = 20,659)</u>		<u>Veteran (n = 503)</u>		Adjusted OR (95% CI)*
n	%	n	%	
4,975	23.8	171	33.0	1.6 (1.1, 2.6)

Abbreviations: CI, confidence interval; IPV, intimate partner violence; OR, odds ratio.

* Controlling for age, race, income, and education.

Relationship between IPV and Heart Health Risks

- IPV is associated with increased heart health risk, including depression, smoking, and heavy or binge drinking

Table 3. Association Between Heart Health Risk Factors and Lifetime IPV Victimization

	Non-Veterans		Veterans	
	IPV (n = 4,975) %	No IPC (n = 15,684) %	IPV (n = 171) %	No IPV (n = 332) %
Depression	25.1*	6.7	12.8	7.4
Smoking	37.6*	15.1	28.2	16.9
Binge or heavy drinking	15.2*	9.1	18.7	8.6
Lack of exercise	27.9	26.6	14.6	18.1
Overweight or obese	56.8	54.6	66.4**	48.5

- Comparing heart health risk factors by IPV exposure, separately for veterans and non-veterans.

* $p < .05$, ** $p < .01$.

Homelessness and Trauma Go Hand-in-Hand: Pathways to Homelessness Among Women Veterans

- Three Focus Groups in Los Angeles
- 29 women veterans
 - Mean age 48 (32-68)
 - 46% African-American
 - Majority are single, divorced or separated

Pathways to Homelessness

- 5 precipitating experiences:
 - 1) childhood adversity
 - 2) trauma and/or substance abuse in military
 - 3) post-military adversity
 - 4) post-military mental health or medical issues
 - 5) unemployment
- Other contextual factors:
 - Lack of social support and resources
 - Barriers to receiving health care

Pathways to Homelessness

- Their stories:

“I had no problems [for 15 ½ years] until I got to this particular company....and it was all guys. I started going through the same thing with them that I was going through in the military. So I lost my job. I couldn't deal with the male authority figure any more”

Pathways to Homelessness

“Part of the reason that I went into the military was to be like a safe haven for me. And then after I encountered the same type of abuse in the military, it was no longer safe for me and I had thought that that could have [been] my home away from home. Then that’s when I started with the alcohol and stuff when I was in the military because I was just lost.....I didn’t report [the abuse].....So that left me kind of numb. And when I got out of the military, the same things started to happen all over again.”

VA Journal Supplement to Women's Health Issues (*Jul 2011*)

- Tailored PC → ↑ ratings of VA provider skill & gender appropriateness (Washington et al)
- VA users more likely to have served in combat area, have PTSD diagnosis, ↓ physical health (Mengeling et al)
- About half of VA's offer mental health care arrangements specifically for women (Oishi et al)
 - Separate clinics or groups, designated providers
- Variations reflect provider & patient issues (MacGregor et al)

VA Journal Supplement to Women's Health Issues (*Jul 2011*)

- Satisfaction with VA care high among women and men with histories of MST (Kimerling et al)
- Deployment to theater of operations → greater physical health problems (Pierce et al)
- Measurement of WV combat exposure (Sternke)
- PTSD severity associated with ↓ job function, ↓ satisfaction, but not job status (Schnurr et al)
 - Depression has substantial effects for work-related quality of life, independent of PTSD symptoms

VA Journal Supplement to Women's Health Issues (*Jul 2011*)

- Less aggressive lipid-lowering therapy among women Veterans (Vimalananda et al)
 - VA makes ↓ gender disparities performance measure
- Women Vets smoke more than men (Farmer et al)
 - But are more likely to be advised to quit, equally likely to be offered smoking cessation meds
- Women with mental illness less likely to receive recommended breast cancer screening (Yee et al)
- Experiences and exposures to TBI (Iverson et al)

VA Implementation of Research into Practice

- Importance of accelerating delivery of evidence-based practice
 - Large number of clinician researchers
 - Active engagement in wide array of research
 - VA leaders and managers as active partners
- Unusual degree of communication “upward”
 - Women Veterans Health Strategic Healthcare Group, Center for Women Veterans, Advisory Committee for Women Veterans, VA Central Office briefings

Example of Research into Practice

CSP #494: Cognitive-Behavioral Treatment of PTSD in Women

The Science

- 1st clinical trial of PTSD treatment in female Veterans and Service Members
- 12 sites; 284 women
- Prolonged Exposure (PE) therapy shown to be effective (JAMA, 2007)

The Translation

- National rollout of PE implemented in 2008
- >1,000 clinicians trained
- Infrastructure created to sustain implementation
- Research to enhance efficiency, outcome, and acceptability

Example of Research into Practice

Research to Enhance the Care of Women Veterans



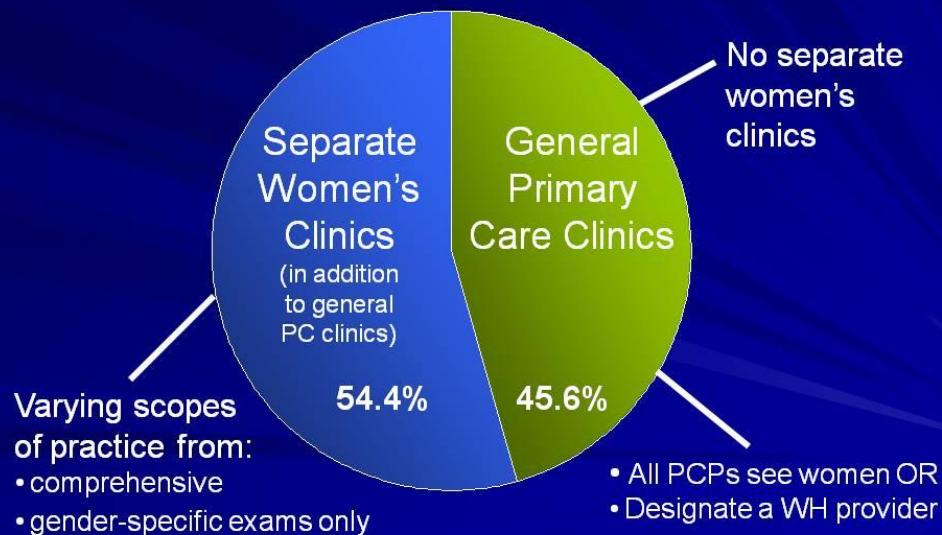
Caring for Women Veterans study:

- Evaluate a 30-minute multi-media program for enhancing VA staff sensitivity to and knowledge about women Veterans and their needs
- Supported by new Practice-Based Research Network

Example of Research into Practice

Impact of Practice Structure on Quality of Care for Women Veterans

VA Primary Care Practice Structure Variations (n=136 facilities)



- Women's clinics
 - Higher patient ratings of access, continuity, coordination
 - Higher breast and cervical cancer screening rates
- General PC clinics
 - Better gender-neutral care (CRC screening diabetes, flu shots)



New VHA Handbook for Women's Health Care

For more information

Elizabeth M. Yano, PhD

elizabeth.yano@va.gov

Lori Bastian, MD, MPH

lori.bastian@va.gov

Susan Frayne, MD, MPH

susan.frayne@va.gov

