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Women Veterans' Healthcare Delivery Preferences and Use by Military Service Era: Findings from the National Survey of Women Veterans

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KEYWORDS: Women Veterans, VA, VHA, Healthcare, healthcare delivery, OEF/OIF, service era

RESEARCH HIGHLIGHTS:

- Although prior research has documented gender differences in veterans' experiences, few studies have addressed variations between various groups of women veterans. This study examines healthcare delivery preferences and healthcare use of women veterans by military service era.
- Women veterans from the OEF/OIF/OND conflicts were found to have the highest use of mental healthcare, highest VA utilization rates, and, along with Gulf War I era women veterans, the highest use of women's health services, which includes reproductive healthcare.
- Women veterans from Vietnam and Korean War eras had a high prevalence of mental health conditions, and, along with WWII era women veterans, had multiple conditions needing care, as well as a high use of healthcare specialists.

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ABSTRACT:

"*BACKGROUND*: The number of women Veterans (WVs) utilizing the Veterans Health Administration (VA) has doubled over the past decade, heightening the importance of understanding their healthcare delivery preferences and utilization patterns. Other studies have identified healthcare issues and behaviors of WVs in specific military service eras (e.g., Vietnam), but delivery preferences and utilization have not been examined within and across eras on a population basis.

OBJECTIVE: To identify healthcare delivery preferences and healthcare use of WVs by military service era to inform program design and patient-centeredness.

DESIGN AND PARTICIPANTS: Cross-sectional 2008-2009 survey of a nationally representative sample of 3,611 WVs, weighted to the population.

MAIN MEASURES: Healthcare delivery preferences measured as importance of selected healthcare features; types of healthcare services and number of visits used; use of VA or non-VA; all by military service era.

KEY RESULTS: Military service era differences were present in types of healthcare used, with World War II and Korea era WVs using more specialty care, and Vietnam era-to-present WVs using more women's health and mental healthcare. Operations Enduring Freedom, Iraqi Freedom, New Dawn (OEF/OIF/OND) WVs made more healthcare visits than WVs of earlier military eras. The greatest healthcare delivery concerns were location convenience for Vietnam and earlier WVs, and cost for Gulf War I and OEF/OIF/OND WVs. Co-located gynecology with general healthcare was also rated important by a sizable proportion of WVs from all military service eras.

CONCLUSIONS: Our findings point to the importance of ensuring access to specialty services closer to home for WVs, which may require technology-supported care. Younger WVs' higher mental healthcare use reinforces the need for integration and coordination of primary care, reproductive health and mental healthcare."

Implications

FOR PRACTICE

Researchers found that of all service eras included in this study, women who served in the OEF/OIF/OND conflicts had the greatest average use of healthcare, even though they were the youngest group of veteran participants. This group also had the greatest use of mental healthcare services, as well as the highest prevalence of use of women's health services, along with women veterans from Gulf War I. Women veterans from OEF/OIF/OND also had the greatest reliance on VA care. Because this group has a high health services utilization rate, it is important that clinician and health providers understand that women veterans from recent conflicts have multiple healthcare needs and approach their care holistically. Physicians providing healthcare services for women veterans should look into forming partnerships with other health practitioners, especially those who provide mental healthcare, in order to ensure that their patients are addressing all of their healthcare needs. Healthcare cost was an important factor for women veterans from OEF/OIF/OND and Gulf War I, so community and advocacy organizations should take this into account and work to provide women veterans with either financial resources or guidance on addressing medical costs as they receive care and plan financially for any necessary long-term treatment. Healthcare providers and community advocates should be aware that many women veterans from Vietnam, Korea, and WWII have multiple medical conditions and a high prevalence of specialty care use, therefore these women veterans may also be in need of financial planning resources related to their healthcare costs, and may also need to follow up with multiple doctors, so it is important to establish a care plan for continuity and appropriate care. For these women veterans, geriatric and extended care services will also need to be coordinated with mental healthcare resources.

FOR POLICY

Because women's health clinics and co-location of gynecologic care with general healthcare were important healthcare features for women veterans in this study, policy makers and VA administrators should continue to work to ensure that co-located comprehensive care is available to women veterans. VA community-based outpatient clinics are an important, often conveniently located resource for women veterans so policy makers may wish to increase the funding and resources available to these clinics. Policy makers may also wish to bring greater attention and focus to healthcare delivery for women veterans, which should be expanded and improved to provide quality care appropriate to their military service era-related needs, preferences, and use. In addition, because many women veterans receive healthcare outside the VA, policy makers, health plan administrators outside of the VA, and VA administrators can improve the quality and continuity of care for women veterans by working together with private physicians and community organizations to better inform providers about women veterans' healthcare needs and delivery preferences. Healthcare systems outside of the VA should address women veterans' unique needs in order to assure delivery of comprehensive women's healthcare in those settings.

FOR FUTURE RESEARCH

As the current study was performed cross-sectionally, researchers should consider longitudinal studies of women veterans in the future, maintaining the use of population-based, representative sampling techniques. Future studies should also examine the healthcare needs and quality of care provided to active duty women service members, compared to the needs of women veterans, and also explore any particular challenges or access issues unique to the experiences of National Guard and Reserve members. VA employment was included in the exclusion criteria in this study, as was residence in a long-term care facility, and women in these populations may have unique experiences in terms of their access to care which are rich areas for potential future research. Self-reported responses may have created a bias in this study, so researchers may explore the use of more objective measures in the future as well, including medical records, if possible.

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