Veterans Health Administration
Care and Benefits

NC Governor’s Working Group
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In 2017, over 700,000 women Veterans are enrolled in the VA healthcare system.

VISN 6 has 60,033 enrollees and 49,211 users in 2017.

Women using VHA services have nearly doubled in the past decade, growing from 245,301 in FY06 to 439,791 in FY15, a 79% increase over 10 years.

Cohort: Women Veteran patients in each year. Women in FY06: N=245,301; Women in FY15: N=439,791.
Source: WHEI Master Database, FY15
VISN 6 Women Veteran Growth

- Overall Growth Rate

- Female Veteran Growth Rate
Women Veterans Using VA Care

- Women are the fastest growing subgroup of U.S. Veterans; there are more than 2.1 million women Veterans in the U.S. Women make up 15.5 percent of today’s active duty military and 19 percent of National Guard and Reserve forces.

- Women Veterans who use VA are a young, racially diverse population with high rates of service-connected disability, mental health conditions, sexual trauma, and musculoskeletal injuries and conditions. Those who enroll in VA are high utilizers of care, needing providers with expertise in managing Veterans with complex health conditions.
  - Nearly one in four women Veterans have experienced Military Sexual Trauma.
  - More women than men Veterans have a service-connected (SC) disability (73 percent of women Veterans ages 18-44).
  - Over 30% of women Veterans use non-VA Care in the Community, coordinated and paid by VA.

<table>
<thead>
<tr>
<th>FY15 Statistics</th>
<th>Women</th>
<th>Men</th>
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<tbody>
<tr>
<td>Average Age</td>
<td>47.9</td>
<td>62.5</td>
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<tr>
<td>&gt; 12 Outpatient Encounters</td>
<td>51%</td>
<td>44%</td>
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<tr>
<td>Mental Health – Substance Use Condition</td>
<td>48%</td>
<td>31%</td>
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<tr>
<td>Musculoskeletal Injury</td>
<td>59%</td>
<td>48%</td>
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Musculoskeletal Issues and Chronic Pain

- Musculoskeletal complaints are by far the highest number of presenting symptoms for both men and women Veterans.
VHA SERVICES FOR WOMEN

• We want women Veterans **to choose VA** for all of their healthcare needs.

• VHA expanding services and sites of care:
  – Increasing primary care providers trained to care for women: Over 3,400 across country
  – Gynecologists on site: 196 across country
  – Mammography on site: 60 sites across country and more coming
  – Telehealth services: tele-gynecology, tele-mental health, tele-wellness
• Telehealth services
  – Tele-gynecology
  – Tele-mental health
  – Tele-wellness
  – Tele-pharmacy

• New hubs for women’s primary care via telehealth to remote sites
Primary Care for Women

• Care for acute and chronic illness
• Preventive Services – how to be healthy for life
  – Breast and cervical cancer screens
  – Heart health, diabetes, cholesterol
  – Lungs - help to stop smoking
    • Also pulmonary disease, asthma
  – Movement and weight management
QUALITY OF CARE

- On some important quality measures--breast and cervical cancer screening--VA is better than Medicaid, Medicare, and commercial providers.
- VA has worked to reduce gender gaps in clinical care.
MENTAL HEALTH SERVICES

VHA offers a full continuum of mental health services to Women Veterans.

- Adjustment disorder
- Posttraumatic Stress Disorder (PTSD)
- Depression
- Anxiety
- Eating disorder
- Opioid dependence/
  Coping with pain
- Tobacco use
- Binge drinking/
  Substance abuse
Female Veterans die by suicide at six times the rate of female civilians.

Women Veterans who used VA health services had significantly lower rates of suicide than women Veterans who did not use VA health services.

We offer a full continuum of gender-sensitive mental health services to women Veterans.

Peer Support is available in Women’s Clinics.

A 24-hour per day crisis hotline (1-800-273-8255) and Veterans Crisis Online Chat http://www.veteranscrisisline.net/ChatTermsOfService.asp are also available.

Veterans are comfortable owning and handling weapons – A higher likelihood of using firearms as the method for suicide may explain some of the difference in suicide rates between Veteran and civilian women.

- Women Veterans who die by suicide are 18% more likely than civilian women to use a firearm as the method for death.
- The firearm suicide rate among women Veterans has increased faster and to a greater degree than suicide rates among women Veterans using other methods.
Gun safety and gun locks

• Women Veterans are more likely to own and handle guns than non-Veteran women.

• We all need to discuss guns, locks, and proper storage and handling to reduce impulsive use of guns during crises.

• We want to help with safety – VA provides free gun locks to Veterans.
REPRODUCTIVE HEALTH: WHAT VA OFFERS

• Contraception
• Preconception Care
• Maternity Care Coordination
• Newborn care for up to 7 days
• Menopause management
• Gynecological surgery
• Healthy aging through the life cycle
IN VITRO FERTILIZATION (IVF)

• In vitro fertilization is a new benefit that has been implemented for seriously injured Veterans and their spouses:
  – Must have a service-connected condition that caused the infertility
  – Must be legally married
  – More information is available from VA providers or from the Women Veterans Program Manager (WVPM).
The largest group of women Veterans using VA are ages 45-65.

On average, women lose one activity/mobility starting at age 65.

Historically, women outlive men; this can result in reduced income and housing issues.

The goal is staying in home, with VA assistance with health and functioning.
Eligibility:

• General eligibility for prosthetic services/items applies to Veterans who are:
  – Enrolled in the VA healthcare system
  – Have a medical need for a prosthetic service/item.

• Additional eligibility criteria may apply for certain programs.

• Women-specific prosthetic items include, but are not limited to:
  – Breast Pumps
  – Nursing Bras
  – Post-Mastectomy Items
  – Wigs for Alopecia
  – Long-Acting Reversible Contraception (e.g., Intrauterine Devices)
  – Maternity Support Belts Items
  – Vaginal Dilators
CARE COORDINATION

- Women Veterans have historically been the biggest consumers of care in the community, and the Veterans Choice Program allows them the flexibility needed to coordinate their care.

- VA is seeking new ways to provide Care in the Community – working with Congress to set new structures.
PROMOTING COMPLEMENTARY AND INTEGRATIVE HEALTH SERVICES

• Helping Veterans focus on self-management and health
  – mind-body techniques, meditation
  – yoga, Tai-chi
  – massage
  – art and music experiences
RESEARCH: AGENDA AND ONGOING

• Some examples:
  – Barriers to Care Survey
  – Emergency room care for women
  – Veterans and pregnancy: risks related to PTSD
  – Effective treatments for PTSD and for postpartum depression

• VA has produced more published research on women Veterans’ health care in the past 5 years than in the previous 25 years combined.

• Women’s Health Reviews
  HSR&D: https://www.hsrd.research.va.gov/for_researchers/womens_health/
CULTURE CHANGE IN VA

- Women’s Health Services is leading a VA-wide communication initiative to enhance the language, practice, and culture of VA to be more inclusive of women Veterans.
- Honor and Respect
End Harassment by Veterans

Goal: End harassment (verbal and/or sexual) in VA: 22% of women Veterans, 50% of women employees report harassment by Veterans at VA sites.

- WHS established a work group, collaborated with SME’s and other offices across VA (Jesse Brown/VISN 12, Boston, Hines, Tampa/VISN 8)

Strategies:

• Define interventions that have shown evidence of success. (in progress)
• Create awareness that harassment is an issue at VA facilities and must be dealt with.
• Develop training and education materials, to include communications campaign materials. (in progress)
• Create a plan to address harassment when it occurs.
• Call center for access to services and information.
• As of February 2017, the WVCC received over 47,000 incoming calls and made over 395,000 successful outbound calls.
• Started Chat Line May 2016; responded to over 630 chats.
Questions?