

DAV AND WOMEN VETERANS WHERE WE STAND 2013

While progress is taking place, the availability and quality of services for women veterans still vary widely across the VA health care system

There are currently more than 2.2 million women veterans of military service, which equates to 10 percent of the overall veteran population. Women constitute 15 percent of our active duty force, 18 percent of National Guard/Reserve service members, and 20 percent of new military inductees.

Over the past decade, military occupational specialties available to women have broadened along with the number of women serving. As a result women are frequently exposed to the dangers associated with serving in a combat environment. Coupled with this is a rising trend in their enrollments into and utilization of services from the Department of Veterans Affairs (VA), including VA's health care system, the Veterans Health Administration (VHA). During this time, the number of women using VA health care has more than doubled, from nearly 160,000 to more than 360,000 in 2012. More than 80,000 women who have served in Iraq and Afghanistan have accessed the VHA system over the past decade—and approximately 50 percent of this group of women veterans has enrolled in VA health care.

VA also reports that women veterans who use the health care system are more likely to have a service-connected disability than their male counterparts—55 percent compared to 41 percent, and women patients also require more frequent health care visits. Women veterans have also been shown to have more complex health needs, with 31 percent having co-existing physical and mental health conditions, versus 24 percent of men. Even so, women veterans typically receive their VA primary and mental health care in a fragmented model of delivery that complicates continuity of care. Researchers found that 51 percent of women split their care across VA and non-VA systems of care, and a substantial number of women receive fee-basis and contract care in the community. Researchers have concerns about this phenomenon since little is known about the quality and health outcomes associated with fee-basis and contract care.

Women using VA are also younger in general than their male counterparts, with an average age of 48 compared to male veterans' average age of 63. This changing demographic clearly evinces implications for both policy and clinical practice in the VA health care system—specifically, that VA must increase capacity in women's clinical services and ensure VA health providers are trained and competent in women's health and can provide high quality care to their female patients. Since more than half of women veterans under VA care are service-disabled, and among that group, many young women are in their childbearing years, VA must reallocate resources and ramp up specialized training for clinical staff to be prepared to provide women lifelong and specialized care as high-priority VA beneficiaries.

Despite these concerns, the VA has made measurable progress related to women's health services. However, given the rising number of women coming to VA, there is an understated urgency for VA to make the necessary changes now to ensure high quality health care services

are provided to women veterans at *all* care sites. We strongly suggest VA step up its efforts to adapt to the changing demographics of women—taking into account the unique characteristics related to their military experience as war veterans, young adults of child-bearing age and as working women, many with both child and elder care responsibilities. VA needs to ensure that women veterans' health programs are enhanced so that access, quality, safety, and satisfaction with care are equal between women and men using VA services.

We see the need for VA to reevaluate its programs and services for women veterans and to increase its attention to a more comprehensive view of women's health, beyond reproductive health. A plan should be established that addresses the increased overall demands on ambulatory care, access to after-hours or urgent care, hospital and long-term care, gender-specific services, and mental health programs recognizing the unique and often complex readjustment needs of women veterans. Mental health integration into VA primary care is also essential for provision of comprehensive women's health care.

In summary, women veterans should have access to comprehensive primary care services from competent providers, including gender-specific care, at *every* VA facility, or direct access to services in the community when warranted. VA has been challenged to make some of these urgent adjustments and should concentrate on improving satisfaction, outreach and communication with women veterans to better understand the effects of military service on women's lives and health, and develop programs and services that meet their unique needs.