

# Associations Between Health-Related Quality of Life and Financial Barriers to Care Among Women Veterans and Women Non-Veterans

**PUBLICATION:** *Women and Health* (2012); 52(1), 1-17.

**PUBLICATION TYPE:** Peer-Reviewed Journal Article

**KEYWORDS:** Quality of life, socioeconomic status, psychosocial

### RESEARCH HIGHLIGHTS:

- Previous studies show that many factors influence health-related quality of life (HRQoL). However, few studies have examined the role of affordability of health care services. In this study, researchers explored the effect of financial barriers to medical treatment on HRQoL for women veterans and women non-veterans.
- Women veterans were found to have poorer physical health, mental health and functional status. Women with financial barriers to health care were more likely to report poor HRQoL in general health, physical health, mental health and functional status.
- Women veterans were just as likely to face financial barriers as women non-veterans, suggesting that Veterans Health Administration (VHA) coverage may not prevent financial barriers to receiving necessary health care.

**AUTHORS:** Chan Shen, Ph.D.; Usha Sambamoorthi, Ph.D.

### ABSTRACT:

“The authors of this study examined the association between health-related quality of life and financial barriers to care, defined as not getting the needed care due to cost considerations. To better understand health-related quality of life among women veterans, the authors compared women veterans to women non-veterans. The authors conducted cross-sectional analyses using data from the 2009 Behavioral Risk Factor Surveillance System survey. The authors assessed four health-related quality of life measures: (1) general health; (2) physical health; (3) mental health; and (4) functional status. The authors performed multinomial logistic regressions to examine the relationship between financial barriers to receiving healthcare and health-related quality of life measures after controlling for other independent variables. The authors included women veterans not in active military duty (N = 3,747) and a matched sample of women non-veterans (N = 3,747), selected using a propensity score method so that they would have distributions of demographic and socioeconomic characteristics similar to those of the veterans. Overall, 14% of women reported financial barriers. Women who reported financial barriers to receiving healthcare were more likely to have poor health-related quality of life in all four dimensions than those who did not report such barriers. Compared to women non-veterans, women veterans did not differ in reported financial barriers but were more likely to report poor health-related quality of life. Reporting financial barriers to receiving needed healthcare was significantly associated with poor health-related quality of life among women. Veteran status was also significantly associated with poor health-related quality of life. These findings suggest the need for healthcare policy makers and practitioners to align emerging new models of healthcare delivery to improve health-related quality of life for women veterans.”

## Implications

### FOR PRACTICE

The findings of this study suggest that care coordinators need to look beyond medical factors to improve HRQoL among women veterans and non-veterans. An integrated approach between medical and non-medical staff on care teams is needed to establish links that reduce financial barriers to health care. Care coordinators should be trained in social work so that they can address the multiple issues related to accessing and receiving health care. Previous studies have shown that the involvement of social workers in care teams improves the health status of many with chronic illnesses because they assist clients in accessing social services, health coverage, and referrals. Therefore, social workers should be included in care teams for women veterans and women non-veterans. Women in need of medical care should seek guidance from social workers and support agencies. Women with poor HRQoL should develop strong relationships with their social workers and care coordinators. Physicians should evaluate all measures of HRQoL in women who have financial barriers to health care, realizing that the women might not be able to afford secondary medical visits.

### FOR POLICY

Policy makers should evaluate the role of emerging patient-centric health care delivery models in reducing financial barriers to care. This study suggests that VHA coverage does not prevent financial barriers to receiving health care. Since the 1990s, the VHA has focused on developing programs which improve the health of women veterans. This study shows a need for VHA policies which identify subgroups of women veterans who are at risk for poor HRQoL. Additional policies are needed to modify financial barriers to health care access, such as increasing the training care coordinators receive on the connection between care and financial barriers. VHA policy makers may also consider allocating additional funding for the hiring and training of social workers and care coordinators to improve quality of and access to health services. Additional funding for the development of clinics and other medical services for women facing financial barriers to health care would also be beneficial.

### FOR FUTURE RESEARCH

Future studies should examine whether patient-aligned care team/patient-centered medical home programs are effective in reducing financial barriers to necessary healthcare and whether these programs increase HRQoL for both veteran and non-veteran women. Researchers should also conduct studies that expand the current knowledge on the specific healthcare needs of veteran and non-veteran women. This study used a cross-sectional study design that did not evaluate temporal or causal associations between healthcare needs, HRQoL, and financial barriers. Future studies should evaluate the temporal association between health needs, HRQoL and financial barriers. Though efforts were made to reduce error and bias, because this study was conducted using telephone surveys, there is potential for recall bias and under-reporting of needs and financial barriers by poor women. Future researchers should consider reducing this bias by incorporating a means of data collection that does not rely on self-reporting. Future researchers should also collect an exhaustive list of chronic health conditions, which, along with HRQoL measures, can provide guidance on healthcare management. Future studies should explore VHA enrollment and priority status. Finally, future studies should evaluate whether HRQoL measures can be incorporated into routine clinical practice to identify programs and interventions to improve the HRQoL of women veterans and women non-veterans.

### AUTHOR INFORMATION

**Chan Shen, Ph.D.**

Department of Biostatistics  
University of Texas MD Anderson  
Cancer Center  
chanshen@gmail.com

**Usha Sambamoorthi, Ph.D.**

West Virginia University