INSTITUTE FOR VETERANS AND MILITARY FAMILIES
SYRACUSE UNIVERSITY JPMorgan Chase & Co., Founding Partner

PERIODICAL
ISSUE 204
RESEARCH REVIEW

Health and Health Care Access of Rural Women Veterans: Findings From the National Survey of Women Veterans

PUBLICATION

AUTHORS: Kristina M. Cordasco, M.D., M.P.H., M.S.H.S.; Michelle A. Mengeling, Ph.D., M.S.; Elizabeth M. Yano, Ph.D., M.S.P.H.; Donna L. Washington, M.D., M.P.H.

SOURCE: *Journal of Rural Health, 32*(4), 397-406

DATE: 2016

TYPE: Peer-Reviewed Journal Article

LINK: http://dx.doi.org/10.1111/jrh.12197

KEYWORDS: Access to care, health-related quality of life, utilization of health services, veterans, women

ABSTRACT

"Purpose: Disparities in health and health care access between rural and urban Americans are well documented. There is evidence that these disparities are mirrored within the US veteran population. However, there are few studies assessing this issue among women veterans (WVs). Methods: Using the 2008–2009 National Survey of Women Veterans, a population-based cross-sectional national telephone survey, we examined rural WVs' health and health care access compared to urban WVs. We measured health using the Medical Outcomes Study Short-Form (SF-12); access using measures of regular source of care (RSOC), health care utilization, and unmet needs; and barriers to getting needed care. Findings: Rural WVs have significantly worse physical health functioning compared to urban WVs (mean physical component score of 43.6 for rural WVs versus 47.2 for urban WVs; P = .007). Rural WVs were more likely to have a VA RSOC (16.4% versus 10.6%; P = .009) and use VA health care (21.7% versus 12.9%; P < .001), and had fewer non-VA health care visits compared with urban WVs (mean 4.2 versus 5.9; P = .021). They had similar overall numbers of health care visits (mean 5.8 versus 7.1; P = .11). Access barriers were affordability for rural WVs and work release time for urban WVs. Rural WVs additionally reported that transportation was a major factor affecting health care decisions. Conclusions: Our findings demonstrate VA's crucial role in addressing disparities in health and health care access for rural WVs. As VA continues to strive to optimally meet the needs of all WVs, innovative care models need to account for their high health care needs and persistent barriers to care. Key words access to care, health-related quality of life, utilization of health services, veterans, women."

RESEARCH HIGHLIGHTS

- Data on rural and urban veterans has shown an increasing disparity in overall health, life expectancy, and access to healthcare over the past four decades. While previous studies have examined health and healthcare for male veterans, few have focused on access to healthcare for rural women veterans. To learn more about overall health and access to healthcare for rural women veterans, this study surveyed 3,611 rural and urban women veterans.
- Rural WV had significantly worse physical health, were more likely to use the Veterans Health Administration (VHA) as their primary source of care, and experienced greater financial and transportation barriers to access than urban women veterans. Urban women veterans reported the inability to take time off work as a primary barrier to accessing healthcare. There were no significant differences in mental health between urban and rural women veterans; however, the overall prevalence of depression was higher among women veterans than male veterans.
- Urban women veterans were more likely to use non-VHA facilities for their primary care, while rural women veterans were more likely to use the VHA for primary care. However, rural women veterans were more likely to use another healthcare source concurrently with VHA services, which resulted in increased risk for failed coordination of care between sources for rural women veterans.

RESEARCH REVIEW
PERIODICAL

Health and Health Care Access of Rural Women Veterans: Findings From the National Survey of Women Veterans

RESEARCH REVIEW, ISSUE 204

Released March 10 2017

IMPLICATIONS

FOR PRACTICE

To aid in coordinating care and increasing communication between providers, both rural and urban veterans should inform their providers of any existing healthcare services they are utilizing. Since many women in urban areas expressed that a barrier to receiving care was receiving time off work, employers should consider offering paid time off for healthcare visits. Healthcare providers serving veterans should offer multiple ways for their patient to remain in contact with them, including secure online patient portals. Providers should consider offering patients who have difficulty accessing them other ways to stay connected and receive medical care, including electronic consultations, video-teleconferencing, virtual specialty care services, and home telehealth options.

FOR POLICY

Since rural women veterans have a greater risk for uncoordinated care, the Department of Veterans Affairs (VA) may consider prioritizing an information infrastructure that supports communication and care coordination between VA and non-VA providers. This information instrastructure might be a portal where providers can not only share medical records but also coordinate care for veterans and their families. To overcome transportation barriers for rural women veterans, the VHA might further develop and implement telehealth technologies to include remote consultations. The VA might adapt current telehealth programs and mental health intensive case management (MHICM) model to their general healthcare service delivery system. Applying these programs and model to general healthcare might help the VA address the specific needs of rural women veterans. To reach more veterans, the VHA might expand their mobile clinic. To provide coordinated care in areas that are difficult for the VHA to be physically present, the VA may continue partnering with non-VHA providers who are established in those locations.

FOR FUTURE RESEARCH

A strength of this study is that National Guard and Reservist women veterans who had been called to Active Duty were included in the sample. Future research on overall health and access to healthcare for veterans should continue including veterans who have served in the National Guard and Reserves in the sample(s). A limitation of this study is that the survey was conducted prior to the Patient Protection and Affordable Care Act of 2010 and the Veterans Access, Choice and Accountability Act of 2014. Since current research demonstrates increased access to care for veterans, it would be beneficial to analyze how these pieces of legislation have affected access to both VHA and non-VHA care for rural and urban women veterans. Another limitation of this study is that self-reported data on health conditions was used to determine overall health rather than medical records. Future researchers should attempt to analyze medical records and other sources of more reliable data. This study was also limited by the use of the Medical Outcomes Study Short-Form (SF-12) for measuring health rather than the longer version, the SF-36. The SF-12 has larger standard errors, which may have contributed to some of the statistically insignificant findings for mental health in this study. Additionally, the SF-12 captures depression but not anxiety, which may be important to understanding the overall mental health of women veterans. When possible, future researchers should use the SF-36 form to allow for a more comprehensive health assessment. Women veterans without a landline might have been excluded from the telephone-based sampling. Researchers should include cell phones and landlines in future studies.

AUTHOR INFORMATION

Kristina M. Cordasco, M.D., M.P.H., M.S.H.S. [1,2]

Michelle A. Mengeling, Ph.D., M.S.

Elizabeth M. Yano, Ph.D., M.S.P.H.

Donna L. Washington, M.D., M.P.H.

[1] kristina.cordasco@va.gov

[2] VA HSR&D Center for the Study of Healthcare Innovation, Implementation, and Policy; Department of Medicine, VA Greater Los Angeles Healthcare System; Department of Medicine, University of California Geffen School of Medicine