



**CSHIIP**

Center for the Study of Healthcare  
Innovation, Implementation & Policy

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# What Drives Women Veterans' Trust in VA Health Care?

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**August 20<sup>th</sup>, 2024**



**U.S. Department of Veterans Affairs**

Veterans Health Administration  
*Health Systems Research*



# Women Veteran Characteristics

- **Women Veterans are numerical minority of VA users**
  - But also *fastest growing segment* of new users
  - Rapid rise makes it essential for VA to offer comprehensive services at VA facilities nationwide
  - Younger on average than men Veterans (85% vs. 48% <65)
  - Greater racial-ethnic diversity among women (42% vs. 26%)
- **Significant comorbid physical and mental illness**
  - Comparable physical health and ↑ mental health burdens than men even though on average > *10 years younger*
  - Higher rates of *service-connected disability* than men



# Women Veteran Characteristics

- **High rates of military sexual trauma (MST)\***
  - Meta-analysis suggests rates *as high as 52%* among women
    - 62% of women Veteran VA primary care users report MST histories
    - Reported most frequently among WVs currently in midlife (ages 45-54)
  - In uniquely personal, social, political, occupational contexts (betrayal trauma, institutional betrayal, environmental strain)
  - MST histories associated with higher odds of MH disorders
    - Women Veterans with MST 9x more likely to develop PTSD
    - Worse depressive symptoms, greater PTSD symptom severity
    - Higher rates of alcohol and drug use disorders, eating disorders

\*VA MST definition includes sexual harassment and/or assault; meta-analysis was among military personnel and Veterans. *Source:* Galovski, et al. JGIM 2022.



# Organizational Contexts

- **Growth has led ↑ VA emphasis on women-centered care models**
  - Women’s clinics, designated WH primary care providers
  - Focus on safety, security, and dignity in VA settings
- **Prevalence of MST and MST-related PTSD requires trauma-sensitive/informed care key across services**
- **One in four women Veterans are harassed at VA**
  - Both sexual harassment and denigration of Veteran service
  - Harassment associated with delayed and missed care
- **Gaps in provider/staff gender sensitivity**
  - Concerns that women may be “voting with their feet”



# Study Context

- **Part of a 12-VAMC cluster RCT of an evidence-based QI approach to gender tailoring PACT (baseline)**
  - Spanned 4 VISNs (1, 4, 12, 23) in 9 states
- **Randomly sampled routine VA primary care users**
  - Randomly sampled women Veterans with 3+ primary care and/or women's health visits in past year → n=1,395 (45%)
  - Mean age 52.7 ( $\pm$  13.8 years), 56% non-Hispanic white, 40% college degree, 62% use VA care only, 37% fair-poor health
  - Screened + for depression (54%), PTSD (41%), MST (62%)
- **Adjusted for age, race-ethnicity, education, reliance on VA, comorbidities, health status, MH, harassment**



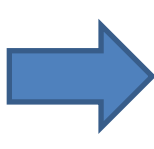
# Assessing Trust in VA Providers

- **Measured trust in VA among women Veterans\***
  - Adapted measure of patient trust in providers from *Primary Care Assessment Survey (PCAS)* (k=6)
  - *Sample* items (Likert strongly agree to strongly disagree):
    - I completely trust my VA provider's judgment about my medical care
    - I can tell my VA provider anything, even things I might not tell anyone else
    - My VA provider sometimes pretends to know things when he or she is really not sure
  - Added item from *Trust in Physician scale*, adapted to VA
    - My VA provider is well qualified to manage medical problems like mine
  - Added an overall trust in VA provider rating (recoded)
    - 0=don't trust at all to 10 = trust completely
  - Resulting **Trust in VA scale (k=8,  $\alpha=0.89$ )**



# Women Veterans' Trust in VA Providers

- Overall, 40% of women Veterans had a **complete** (and maximum) trust score of 100
  - Nearly two-thirds had a trust score >90 on 100-point scale
  - Because of high trust scores, dichotomized 100 vs. <100
- Examined population characteristics
  - **Predisposing** characteristics (age, race-ethnicity, education)
  - **Enabling** characteristics (VA reliance, military sexual trauma history, experience of stranger harassment)
  - **Need** (e.g., comorbidities, health status, MH symptoms)

 *None of these patient-level characteristics were significantly associated with trust*



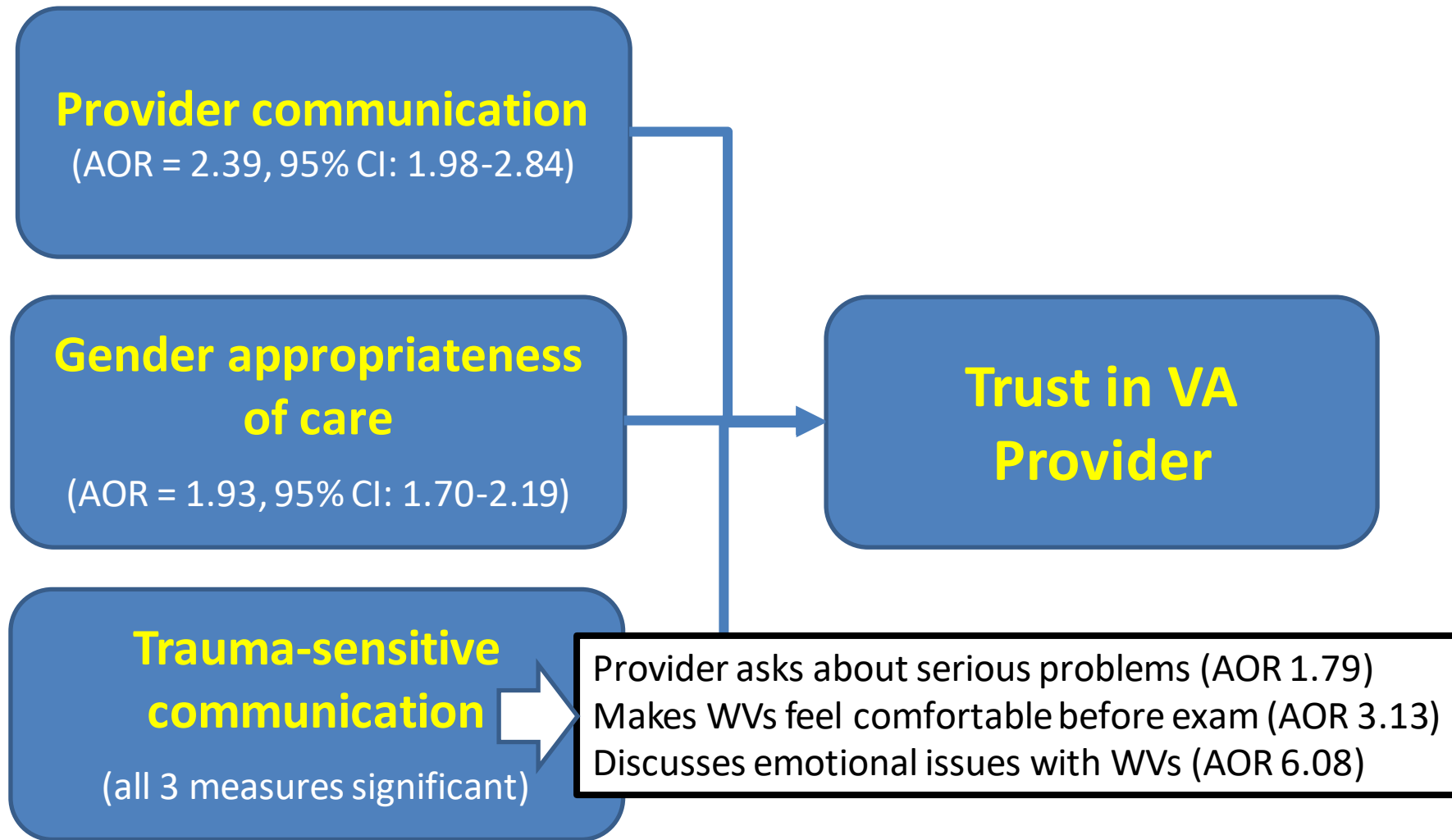
# Assessing Mutable Provider Behaviors

- **Provider communication (k=6,  $\alpha=0.88$ )**
  - *Sample item:* In the last 12 months, how often did your VA provider seem to know the important information about your medical history?
- **Gender appropriateness of care (k=7,  $\alpha=0.81$ )**
  - *Sample item:* In general, health care providers at the VA are skilled in treating women
- **Trauma sensitive communication (k=3)**
  - How often did your VA provider make sure you were comfortable before conducting any treatment or exams?
  - How comfortable or uncomfortable would you feel talking with your VA provider about emotional issues you were experiencing?
  - Did your VA provider ask you if you are experiencing any serious problems or stresses in your life?





# Drivers of Women Veterans' Trust in VA



# Mental health multimorbidity associated with lower trust in VA

- **Same dataset but focused on the role of mental health multimorbidity in ratings of VA provider trust**
  - For women Veterans with *3 positive mental health screens* (depression, MST, and PTSD)
    - significantly lower *trust in VA provider*
    - significantly lower *ratings of VA care*
    - significantly lower *ratings of VA primary care*
- **Women with 3 positive mental health screens**
  - Rated all aspects of provider communication poorly (knows, explains, respects, time, listens, informs)



# Limitations

- **While study was multi-state and practice-based, sites were part of WH Practice Based Research Network**
  - Maybe more activated, women-centric than *non*-PBRN VAs
  - Women Veterans were asked to rate their VA healthcare providers → maybe focused on their primary care providers
    - Nationally, women Veterans rate their designated WH providers better so ratings may not be generalizable to *all VA providers*
  - Recommend trust be measured in larger survey efforts
- **Trust in VA provider may be different than trust in VA**
  - Trust in other types of VA providers (e.g., mental health, medical specialists), VA staff, VA as a system less studied



# VA WOMEN'S HEALTH RESEARCH NETWORK

Supporting Practice and Research Collaboration (2010-present)

## Women's Health Research Consortium

- Training/mentorship
- Research development
- Dissemination
- Partner engagement



## Women's Health Practice Based Research Network

- ↑ recruitment of women
- ↑ multisite research
- Engage frontline providers/staff
- Card studies and practice scans

## Multilevel Stakeholder Engagement

Accelerate implementation of research into practice and policy  
**Plus** Women Veterans' Improvement Network (WIN)

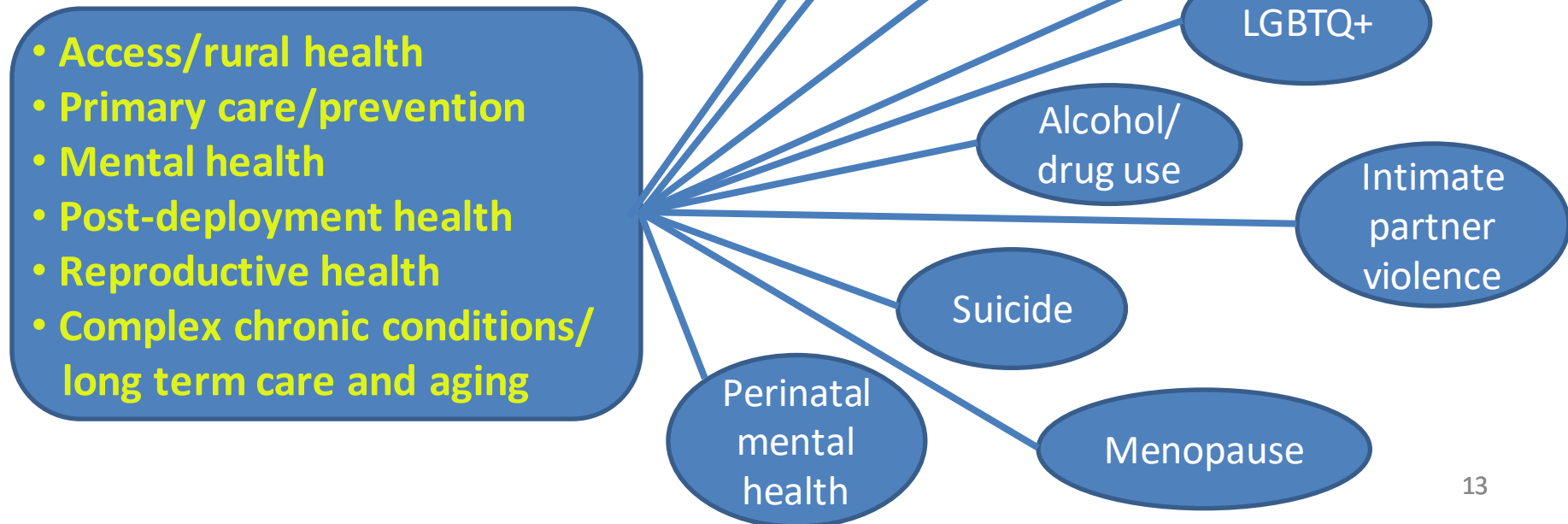
# VA Women's Health Services Research Agenda



Conference proceedings

Using Research to Transform Care for Women Veterans: Advancing the Research Agenda and Enhancing Research–Clinical Partnerships

Elizabeth M. Yano, PhD, MSPH <sup>a,b,c,d,\*</sup>, Lori A. Bastian, MD, MPH <sup>d,e,f</sup>,  
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Patricia Hayes, PhD <sup>l</sup>, Ruth Klap, PhD <sup>a,b</sup>, Linda Lipson, MA <sup>i</sup>, Kristin Mattocks, PhD <sup>m,n</sup>,  
Geraldine McGlynn, MEd <sup>o</sup>, Anne Sadler, PhD <sup>p,q</sup>, Paula Schnurr, PhD <sup>r,s</sup>,  
Donna L. Washington, MD, MPH <sup>a,t,h</sup>



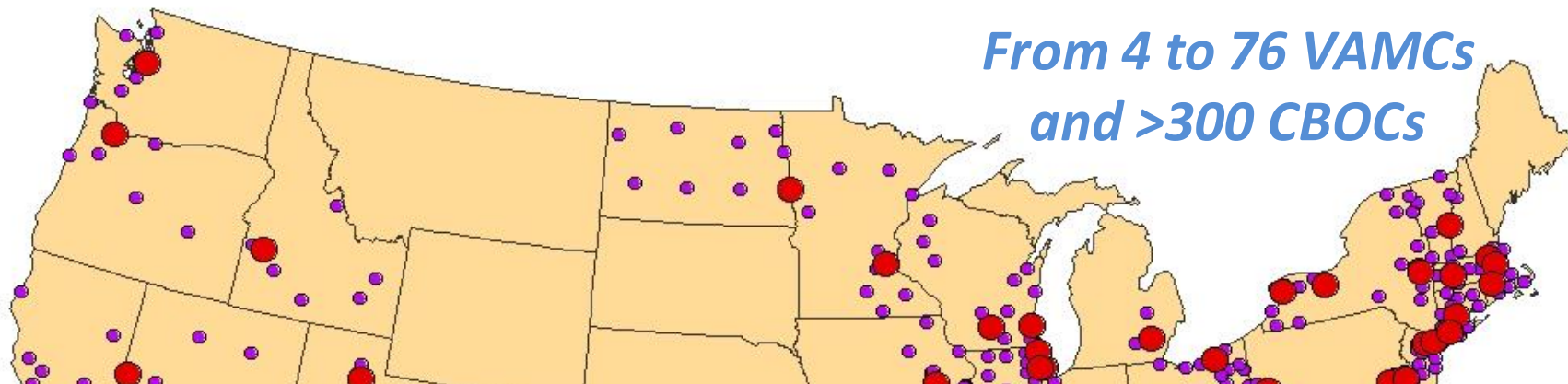
# Collaborative Research Development



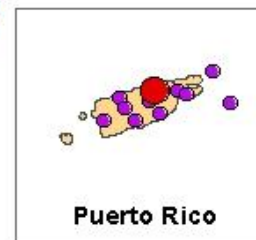
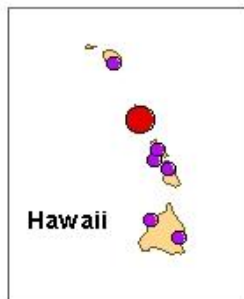
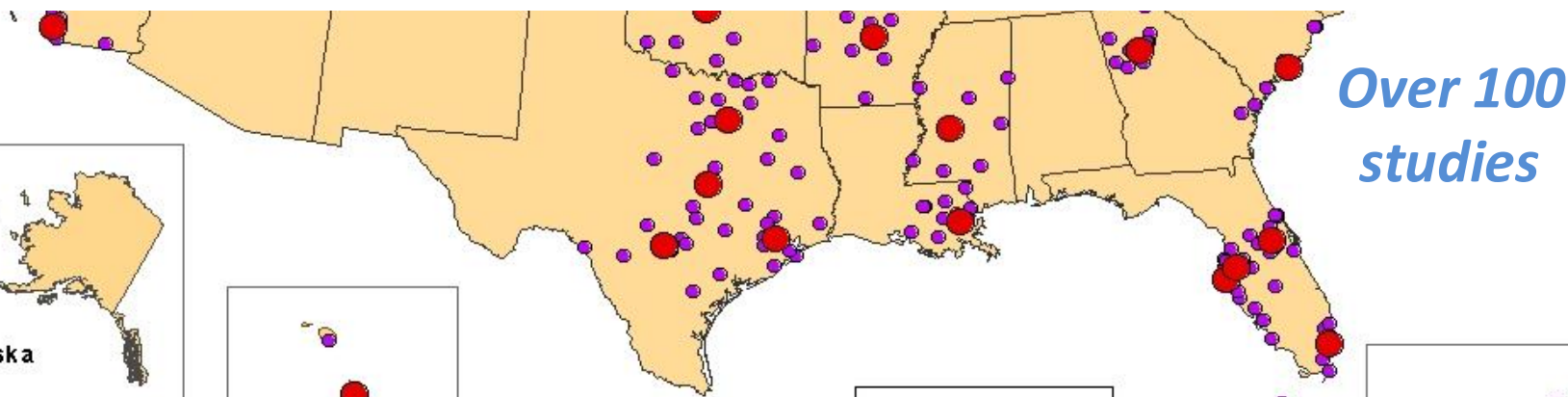
- WHRN oversees and supports research development across the VA women's health research agenda
- Under **Post-Deployment Health**:
  - Have provided **workshops and cyberseminars** on pursuing DoD/VA collaborations (e.g.,
  - Have collaborated with **Millennium Cohort Study** to ↑ DoD/VA women's health research focused collaborations
  - Launched **new women military exposures work group** (~15 with VA Military Exposures Research Program, Post-Deployment Health, WRIISC, WOMEN\*, individual investigators at different locations)

\*Anne Sadler, PhD, RN as national WHRN SME (DoD/VA Women's Health Research Collaborative member as well); \*Dr. Susan Frayne on WRIISC WOMEN's advisory board (based at VA Palo Alto).

# VA Women's Health Practice Based Research Network (PBRN)



**Increase inclusion of women Veterans in VA research**  
**Facilitate women Veterans' focused research**  
**Include the voices of frontline staff and women Veterans**



# VA Women's Health Research Network

- **WH-PBRN conducts research and evaluation**
  - WH-PBRN coordinating center works with program offices and researchers to support multisite research/evaluation
  - **Card studies** are anonymized one-page surveys to all clinic visitors over a 2-3 week period
    - Able to rapidly assess women Veteran perspectives (e.g., care preferences, harassment experiences for Sampson Act)
  - **Practice scans** are brief surveys to local leaders regarding care arrangements (e.g., menopause care)
  - WH-PBRN leveraged to ↑ WV recruitment (Goldstein)
- **WHRN has multilevel stakeholder engagement arm**
  - Supports implementation science and WV engagement





**COMING SOON**



## Sourcebook ★ Vol. 5

### Sourcebook: Women Veterans in the Veterans Health Administration

Volume 5: Longitudinal Trends in Sociodemographics and Utilization, including Type, Modality, and Source of Care

Women's Health Evaluation Initiative (WHEI)  
Center for Innovation to Implementation (Ci2i)  
VA Palo Alto Health Care System  
Palo Alto, CA

Office of Women's Health  
Veterans Health Administration  
Department of Veteran Affairs  
Washington, DC



## Sourcebook: Women Veterans in the VHA. Volume 5: *Longitudinal Trends in Sociodemographics and Utilization, including Type, Modality, and Source of Care*

- Temporal changes from FY10 to FY20 in:
  - sociodemographic and geographic characteristics
  - VHA user status
- VA-purchased Community Care use
- Modality and Type of VHA care
- Emergency Department/Urgent Care use
- VHA-covered Births

For more information, contact Susan Frayne, MD, MPH, Director, VA Women's Health Evaluation Initiative ([susan.frayne@va.gov](mailto:susan.frayne@va.gov))