

This is not just your father's VA . . .

WOMEN VETERANS HEALTH CARE

*You served, you deserve
★ the best care anywhere.*



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Women Have Served in Every Conflict Since the Revolutionary War



Women's Armed Services Integration Act 1948

- ★ Granted women permanent status in Regular and Reserve forces of the Army, Navy, Marine Corp and Air Force
- ★ From WWII thru Viet Nam 3.5% of active duty forces were women



Viet Nam War (1965 – 1975)

- ★ 7500 women served in Southeast Asia
- ★ Majority were nurses
- ★ 7 military women died In line of duty



1991 – Congress Repealed Laws Banning Women From Flying in Combat



War in the Persian Gulf (1990 – 1991)

- ★ Over 40,000 women were deployed during Operation Desert Shield and Desert Storm
- ★ 2 Army women were taken prisoner by Iraqis
- ★ Women manned missiles, flew combat missions
- ★ 10% of deployed forces were women



Operation Enduring Freedom/ Operation Iraqi Freedom

17% of active duty military are women (>160,500)

More women killed in combat in Iraq than in any other conflict since WWII



Some Common Perceptions of Women:

- ★ Females are often seen as “weak, whiny, hormonal and incapable”
- ★ It is thought that women may hide physical and psychological issues for fear that revelation will further validate the perception that they cannot handle military duties

90% of all Service Positions Are Now Open to Women, Except . . .

- ★ Navy Seals
- ★ Special Forces
- ★ Short-Range Artillery
- ★ Tank Operators
- ★ Infantry
- ★ Submarines



Distribution of Women in Armed Services

- ★ Active military 15%
- ★ Reserves and National Guard 17.2%
- ★ New Recruits 20%
- ★ OEF/OIF 13%



Women are the fastest growing segment of the veterans population

- ★ Currently 5.8% of veterans are women (1.7 million)
- ★ The number of women enrolled for VA health care is expected to double by 2013.



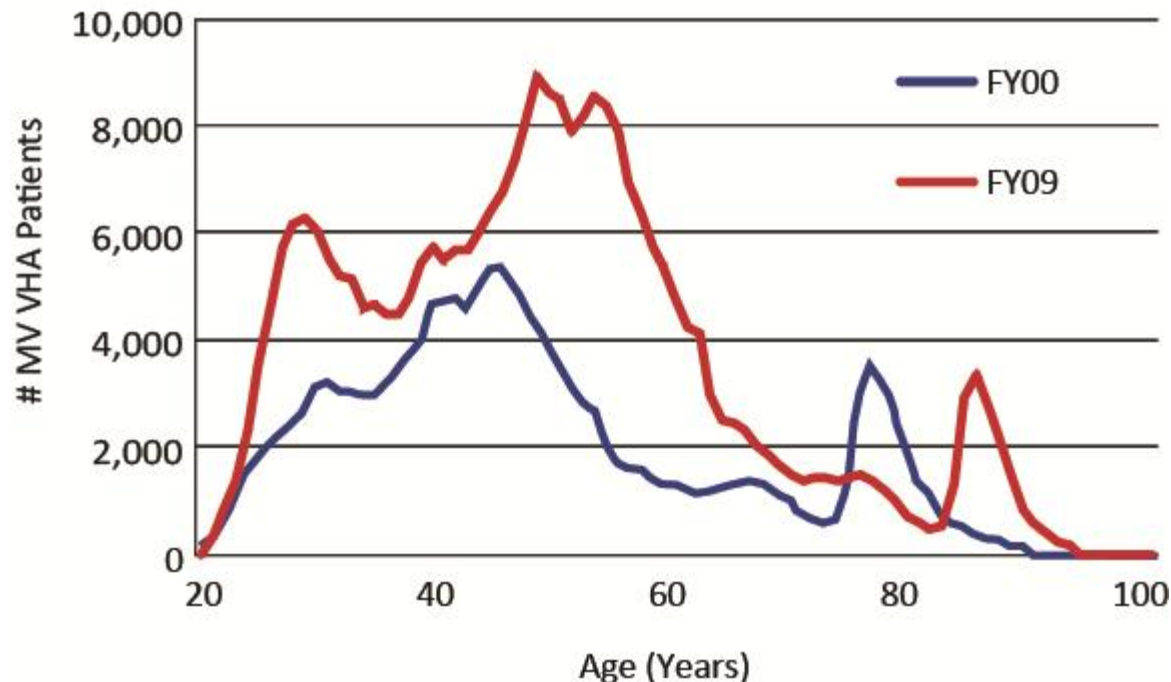
Demographic Differences

- ★ Women VA consumers are younger
Women: Mean age -- 49.5 years
Men: Mean age -- 70 years
- ★ Women consumers have more education
65% have college, 35% of males do
- ★ Women are less likely to be married
25% of women, 48% of men
- ★ 70% of women veterans of working age
are employed



Women VA Patients: Three Peaks

Age distribution among women Veteran VHA patients (#), FY00 and FY09



Source: Women's Health Evaluation Initiative (WHEI) and the Women Veterans Health Strategic Health Care Group; Sourcebook: Women Veterans in the Veterans Health Administration V1: Sociodemographic Characteristics and Use of VHA Care, 2011.

Increasing Demand



- ✓ Influx of younger women
- ✓ Maternity Care
- ✓ Mental Health
- ✓ Service-Connected Disabilities
- ✓ Privacy, safety, convenience
- ✓ Older women (largest sub-population of female VA users)
- ✓ Menopausal Needs
- ✓ Geriatric Care
- ✓ Inpatient/Extended Stays

Past and Persistent Challenges

Women Veterans have underutilized VA for decades

- ✓ Historically, system designed for treat men
- ✓ Fragmented multi-provider primary care model
- ✓ Too few providers trained in women's health
- ✓ Inconvenient access to gender specific Mental Health
- ✓ Gender differences in quality (similar to private sector)

Thus, the need for education in health community

What is she at risk for during her deployment?



Case Example

Jessica, a 24-year-old Marine veteran, presents to your clinic with foot pain that developed while she was deployed. She says that her boots didn't fit well. She also describes recent episodes of heart pounding and feeling hot and dizzy.

When you ask about her role in the military, she tells you that she was a gunner... and on more than one occasion, she helped remove the bodies of soldiers from a river.

Deployment Risk Factors

- ★ Combat exposure (mortars, IED, RPG)
- ★ Heavy gear
- ★ Ceramic vests
- ★ Moving heavy equipment
- ★ Walking, jumping, running
- ★ Driving long distances
- ★ Extreme temperature
- ★ Hygiene issues
- ★ Dietary issues
- ★ Interactions with male counterparts
- ★ Family and other relationship issues



Deployment: Changing Roles for Women

- ★ Serving in combat support units
 - Gunners, police, pilots, truck drivers, fuel suppliers
 - ★ Exposed to unpredictable warfare
 - Improvised explosive devices (IEDs)
 - ★ Challenging daily operations
 - Equipment and gear
 - Facilities
 - Health care
 - ★ Exposed to military sexual trauma
 - Perpetrator may be a soldier in her own unit
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Specific Issues of Military Women During Deployment:

★ Physical

- Poor access to clean bathing facilities
 - Lack of privacy for hygiene
 - Genitourinary infections: Urinary tract & gynecological
 - Menstrual disorders and lack of access to feminine personal hygiene products
- Birth control/contraceptives/hormone replacement
- Orthopedic related injuries
 - Increase in musculoskeletal problems and stress fractures
 - Women wearing the same heavy equipment as men (flack vests, Kevlar helmets, weapons, rucksacks)

Specific Issues of Military Women During Deployment cont...

★ Psychological

- Family separation-spouse, children, parents
- Role transition
- Isolation/Loneliness vs. camaraderie
 - Decreased social support
 - Wanting to belong to the team
- Sexual harassment/assault
 - VA Study:
 - 30% raped while serving
 - 71% sexually assaulted
 - 90% sexually harassed

★ (Business Woman Magazine, Fall 2008)

What post-deployment conditions is she at risk for?



Post Deployment Screen

- Gastrointestinal
Chronic diarrhea
Abdominal pain
Nausea
Giardia, Amoebiasis
- Infectious Disease
Fever
*Malaria, Leishmaniasis
Amoebiasis*
- Skin
Persistent papular or
nodular rash
Leishmaniasis

Traumatic Brain Injury

- TBI symptoms
 - Memory
 - Concentration
 - Headaches
 - Loss of balance
 - Sleep
 - Irritability

Prevalence in female veterans unknown

- ★ But known exposure to IED's and bomb blasts common

Medical Diagnoses in Female OEF/OIF Veterans Seen in VA n= 51,344 2002-2009

★ Musculoskeletal	47%
★ Ill-defined conditions	22%
★ Mental disorders	44%
★ Digestive system	35%
★ Nervous system	34%
★ Genitourinary	34%
★ Respiratory	28%
★ Endocrine/nutrition/metabolic	22%
★ Skin	21%
★ Infectious disease	15%

35% of female veterans seen at the VA were diagnosed with genitourinary disorders.

- ★ Menstrual disorders
- ★ Inflammatory Diseases of cervix, vagina, vulva
- ★ Non-inflammatory disorders of cervix
- ★ Disorders of the urethra
- ★ Pain associated with female genital organs
- ★ Disorders of breast

Why are these conditions so common in female veterans?

What other post-deployment medical conditions is she at risk for?

★ Dental Disorders



★ Vision



★ Hearing Loss



What about my feet doctor?



k0219851 www.fotosearch.com

Combat Observation

- ★ Problems similar to those for sexual assault
 - ★ Drug-related disorders
 - ★ Accidental deaths
 - ★ Higher level of general psychiatric distress
 - ★ More frequent somatic complaints
 - ★ Anxiety/panic
 - ★ PTSD
 - ★ Infertility worries
 - ★ Headaches
 - ★ Respiratory Illnesses (NEJM 7/2011)
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What post-deployment mental health conditions is she at risk for?



Post-Deployment Reintegration Stressors

- ★ Concern for soldiers still deployed
 - ★ Feeling responsible for past duties
 - ★ Redeployment
 - ★ Homelessness
 - ★ Finances
 - ★ Unemployment
 - ★ Adjusting to civilian lifestyle
 - ★ Resuming family roles/responsibilities
 - ★ Reconnecting
 - ★ Feeling unable to talk about experiences; feeling alone
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Addressing Post-Deployment Issues in Primary Care

- ★ Patients are likely to first present in primary care
- ★ An important opportunity for:
 - Early detection
 - Risk reduction
 - Addressing mind and body health
 - Facilitating referrals

Considerations for Early Detection and Risk Reduction

- ★ Identify adjustment issues (e.g., stressors) and magnitude of distress (e.g., screening)
- ★ Provide education and support
 - Normalize stress of transition process
 - Transition is a process vs. something to “fix”
- ★ Respect boundaries
 - Patient may not be ready to disclose difficulties or accept help
 - Be intentional vs. reactive
- ★ Connect patient to follow-up services (e.g., comprehensive women’s clinics, mental health)
 - Increase opportunity for monitoring and/or connection with an informed provider
 - Reduce fragmented care

Adjustment vs. Disorder

- ★ Adjustment is a normal process
 - Transient stress reactions are expected
- ★ Adjustment disorder
 - Debilitating reaction to a life stress
 - Distress \leq 6 months
 - Symptoms of anxiety and/or depression
 - Disruption in employment, relationships, school
 - Can develop into a depression or anxiety disorder if unresolved

Mental Health Disorders among Female OEF/OIF Veterans Seen in the VA 2002-2007 (n=36,645)

Adjustment reaction	58%
Depressive disorders	47%
Neurotic disorders	36%
Nondependent drug abuse	31%
Affective psychosis	28%

Mental Health Clinical Reminders

★ Post-Deployment Screen

1. PTSD

- Re-experiencing, hyper vigilance, avoidance

2. Depression

- Loss of interest, sadness

3. Alcohol Use

- Frequency of use, amount

4. Traumatic Brain Injury

★ Tobacco Use/Counseling Screen

★ MST Screen

Case Example

Katlin is a veteran who served stateside. She presents in your clinic to establish care at the VA.

You learn that she served in a very technical role, and endured repeated sexual harassment by her co-workers. She wonders if she would have stayed in the military if she hadn't been harassed.

She is unemployed and having trouble transferring her skills to a new job.

MST as a Risk Factor

MST is associated with...

- ★ Increased suicide risk
 - ★ Major depression
 - ★ PTSD
 - ★ Alcohol/drug abuse
 - ★ Disrupted social networks
 - ★ Occupational difficulties
 - ★ Sexual dysfunction
 - ★ Asthma
 - ★ Breast cancer
 - ★ Heart attacks
 - ★ Obesity
 - ★ Somatization
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MST Rates

- ★ Annual incidence among active duty women
 - Sexual assault 3%
 - Sexual harassment 54%
 - ★ Among users of VA healthcare system
 - Sexual assault 23%
 - Sexual harassment 55%
 - ★ Preliminary evidence indicates prevalence of MST among deployed OEF/OIF women veterans is 15%
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MST Screening

- ★ Screening rates overall among women is 74%
- ★ Prevalence among all women veterans is 1 in 5
- ★ Positive MST screen indicates likelihood of mental health care
- ★ Re-screening is acceptable
 - Veteran may not have been ready to disclose previously
 - Positive screen increases access to care

Post Traumatic Stress Disorder

- ★ Prevalence of 15-17% among OEF/OIF veterans
 - ★ High co-morbid rates of substance use
 - Preliminary evidence suggests OEF/OIF veterans engage in binge drinking
 - ★ High proportion of suicidal ideation
 - Increased risk for suicide
 - ★ Often present with medical complaints (e.g., sleep difficulties) or psychosocial stressors
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Depression and Anxiety

- ★ Women are twice as likely as men to be diagnosed with PTSD, panic, and depression
 - Panic is often co-morbid with PTSD
 - Preliminary evidence that OEF/OIF female veterans more likely to be diagnosed with depression than men
 - ★ Two-thirds of patients with generalized anxiety disorder (GAD) are female
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Skilled and Caring Evaluation

- ★ Create a comfortable environment
 - Privacy
 - ★ Undivided attention
 - Eye contact
 - Slow down
 - ★ Validate concerns raised
 - ★ Communicate your concerns
 - Be clear, honest, respectful, non-judgmental
 - ★ Provide next steps
 - Seek confirmation
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Addressing Mind & Body Health

★ Stress-Related Symptoms?

- Headaches
- High blood pressure
- Stomach cramping, changes in appetite
- Skin problems
- Colds, flu, infections
- Diminished sex drive
- Fatigue and/or sleep disturbance

★ Stay rigorous

★ Consider including multiple disciplines in your primary care clinic

Screening Algorithm for Women Veterans

- ★ Pre-military life
 - Recent life events
- ★ Military experiences
 - Role, deployment/separation, trauma exposure
- ★ Post-deployment experiences
 - Living environment, employment, school, relationships
- ★ Anxiety vs. disorder
 - Depression, anxiety (PTSD, panic, GAD)
- ★ Substance use patterns
 - Binge drinking
- ★ Disordered eating patterns

Facilitating a Mental Health Referral

- ★ Patients with mental health issues often hesitate to seek care (i.e., avoidance or stigma). Don't reinforce this behavior.
 - ★ Addressing health behaviors or functional difficulties may help facilitate the referral
 - ★ Treatment should start as soon as possible, before co-morbidities develop
 - ★ Refer to a specific provider
 - ★ Arrange a specific appointment time
 - ★ Provide education about empirically-supported treatment
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Resources for Providers

- ★ Seamless Transition
 - OEF/OIF Case Managers
 - ★ Military Sexual Trauma Coordinator
 - ★ Women Veteran Program Managers
 - ★ National Center for PTSD
 - Iraq War Clinician's Guide
 - ★ Polytrauma Network
 - ★ Vet Centers
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Women's Prevention, Outreach & Education Center (WPOEC)



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Clement J. Zablocki Milwaukee VA Medical Center (VAMC) Women's Health Services



Comprehensive Primary Care

- ★ Treatment of acute and chronic illness
- ★ Cervical and breast cancer screening
- ★ Mental health services
- ★ Health Promotion
- ★ Disease Prevention
- ★ Immunization – HPV

Gynecology Specialty Care

- ★ Board Certified Physicians of Obstetrics and Gynecology
- ★ Affiliated with the Medical College of Wisconsin (MCW) and Froedtert Memorial Hospital
- ★ Care of female veterans across their life span – infertility, family planning, menopause management
- ★ Transgender services

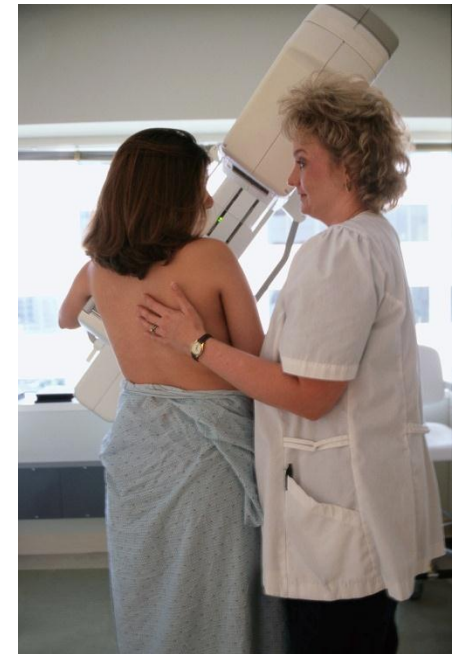
Breast Care

Off Site

- ★ Genetic testing and counseling
- ★ Mammography
- ★ Ultra Sound
- ★ Biopsy

On Site Care for Breast Cancer

- ★ Surgery
- ★ Chemotherapy
- ★ Radiology



Maternity Care

- ★ VA provides pre-natal lab work including HIV testing
- ★ VA pays for maternity care in community
- ★ Veteran can choose any provider who agrees to VA rate of reimbursement.
- ★ Veteran returns to VA after post natal OB visit



Military Sexual Trauma (MST)

- ★ Sexual harassment and sexual assault that occurs in military settings.
- ★ Both men and women can be victims or perpetrators



Military Sexual Trauma-Definitions

Harassment - unwelcome verbal or physical conduct of a sexual nature including gender harassment (e.g. putting someone down because of his/her gender), unwanted sexual attention (e.g. making offensive remarks about someone's sexual activities or body) and/or sexual coercion (e.g. implying special treatment in return for sexual cooperation)

Assault - any sort of sexual activity in which one of the people is involved against his or her will and where physical force may or may not be used. The sexual activity involved can include unwanted touching, grabbing, oral sex, anal sex, sexual penetration with an object and/or sexual intercourse.

MST Federal Legislation Authorizes:

- ★ Outreach, counseling, and treatment programs for male and female veterans who experienced incidents of sexual trauma while on active duty and active duty for training (ADUTRA) service members.
- ★ Not time limited
- ★ Includes medication, physical care as well as mental health interventions

MST - Benefits

- ★ Disability claim or evidence of the sexual trauma not necessary to receive MST counseling and services
- ★ Veterans can apply for disability compensation for an emotional (Stress disorder, depression, substance abuse, eating disorder) or physical disability (i.e.. Gynecological damage) resulting from MST
- ★ Women Veterans Outreach Coordinator at each VA regional office can assist them with their compensation claims. Martha Bates 414 902 5671
- ★ VA Home Page web address (www.va.gov) and phone number (1-800-827-1000) to access more information.

Military Trauma among Female Veterans

- ★ OEF/OIF female veterans may experience both MST and combat trauma
 - ★ 20% of female OEF/OIF veterans accessing VA healthcare screened positive for MST
 - ★ 1% of male OEF/ OIF veterans reported experiencing MST
 - ★ Combat trauma rates not yet known
 - ★ Survivors of childhood abuse are at risk for re-traumatization, depression and substance use
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Milwaukee VAMC Women's Health Clinic

- ★ Milwaukee VAMC opened its Women's clinic 1994
- ★ Comprehensive, cost effective medical and psychosocial services for all eligible women veterans

