Culture Sh

A Younger Female Veteran Population is Changing the Focus of Health Care at the VA

BY ASHLEY KENT

IN 2008, PA MARY LAXTON joined the staff of the Coatesville Veterans Affairs Medical Center's community-based outpatient clinic in Springfield, Pa. She had previously worked in private practice, but felt a calling to serve veterans. Not only had she grown up an "Army brat," but she also had three brothers who served, and she worked as a PA performing pre- and post-deployment medical evaluations for soldiers in Germany during Operation Iraqi Freedom. "[The VA] is where I want to spend the rest of my career," she said.

PA Zola Ferguson (opposite page) is the Women Veterans Program Manager at the VA Sierra Nevada Health Care System in Reno, Nev. She says the VA's recent focus on women's health care is vastly different from her early days at the VA when female veterans were told to go elsewhere for their gender-specific needs.

Most of Laxton's patients are in their 60s and older, but increasingly, she has noticed her patients are getting younger and that a growing number of them are female. In fact, according to the Department of Veterans Affairs, women in 2008 made up 11 percent of Operation Enduring Freedom and Operation Iraqi Freedom veterans. Of that group, 44 percent of them are enrolled in health care benefits through the VA. But it's not older female veterans who are seeking VA benefits. Of the female OEF/OIF veterans who used VA care during fiscal years 2002-2008, nearly 67 percent of them were under the age of 30.

The VA's response to this recent demographic shift is evident at the outpatient clinic where Laxton works. The facility is on the verge of launching a comprehensive women's health care program there. "Up to this point, [that service has] only been available at our main hospital in Coatesville," Laxton said.

A Cultural Change

This commitment to women's health care is a relatively new movement within the VA, according to some providers who have worked there for years.

"When I first started working at the VA [in 1993], I was in primary care, and we did not have really any designated women's health care including being able to find a speculum or a pap smear slide," said PA Zola Ferguson, who works at the VA Sierra Nevada Health Care System in Reno, Nev. "[I remember] actually having front desk people say, "No, we don't do women's health care here."

VA centers across the country have come under fire for not being prepared to treat female veterans, prompting Congress to ask the Government Accountability Office to examine the issue. According to a preliminary report issued in July 2009, the GAO's investigation included interviews with VA officials, and visits to nine VA medical centers, 10 community-based outpatient clinics, and 10 VA counseling centers.

Perhaps the most attention-grabbing portion of the report has been its findings about privacy issues. The report stated that, "none of the VAMCs or CBOCs we visited were fully compliant with VA policy requirements related to privacy for women veterans."

The report noted that in exam rooms where gynecological exams are conducted, "only one of the nine VAMCs and two of the eight CBOCs we visited were fully compliant with VA's policy requiring exam tables to face away from the door."

The report went on to say that, "in two CBOCs where exam tables were not properly oriented, there was no privacy curtain to help assure visual privacy during women veterans' exams." According to the report, even those VAMCs with plans to renovate or build new facilities to expand services for female veterans have not incorporated VA's privacy policies for women veterans in their design and construction plans.

In response to these findings, the VA has required facilities to report more information on their compliance with these policies. But the GAO report noted that "facility reporting on privacy policies has, in the past, been inaccurate, and VA's oversight process does not include a means to validate the information facilities report."

PHOTOS: KEVIN CLIFFORD

"We went from no women's health care to comprehensive women's health care in the past 15 years," said Ferguson.

Laura Herrera, MD, MPH, director of comprehensive women's health for the Women Veterans Health Strategic Health Care Group, acknowledges that the VA has had its problems with providing needed services to female veterans.

"Unfortunately there are points of contact where women veterans are accessing services and we have not been prepared to meet their needs," said Herrera, a former major in the Medical Corps of the U.S. Army Reserves who served in both OEF and OIF in the U.S. and Iraq. "Those facilities are working fast and furiously to put in the privacy curtains, to get the equipment that they need, to train their providers, so that all veterans receive equal care regardless of gender."

The change is coming from the top. The momentum shift began in 2007, when the Women Veterans Health Program was elevated to a Strategic Health Care Group within the Office of Public Health and Environmental Hazards. The next year, right around the time Laxton began working for the VA, facilities across the country began receiving their portions of a $32.5 million dollar investment in women's health equipment, training and supplies such as mammography machines, ultrasound and biopsy equipment. In addition, the VA's 2011 budget includes $217.6 million in funding for the gender-specific needs of women veterans, an increase of $18.6 million over the 2010 level.

The Women Veterans Health Strategic Health Care group is working to fulfill its mission is to be "a national leader in the

In July, the Department of Veterans Affairs will host "Women Veterans: An Education and Empowerment Forum." For more information, visit www.va.gov.

provision of health care for women" by operating under six strategic priorities.

Comprehensive Primary Care for Women Veterans: The VA's goal here is to include gender-specific care at every VA site, with the ultimate goal of having comprehensive care delivered by a single provider in the same location. According to the GAO report, officials at the VA medical facilities visited since the primary care for women veterans' initiative was introduced reported that they were at various stages of implementing the new initiative. VA has not set a deadline by which all VAMCs and CBOCs are required to demonstrate their compliance with the initiative.

Along with those changes came a requirement that all VA facilities hire a full-time women veterans program manager to facilitate the changes. Remember Zola Ferguson, the PA whose front desk staff in the 1990s told female veterans to look elsewhere for their gender-specific health care needs? In January, she was hired as the WVPM at the VA Sierra Nevada Health Care System in Reno, Nev. "We went from no women's health care to comprehensive women's health care in the past 15 years," said Ferguson, a lieutenant colonel with the Nevada Air National Guard who has served as a PA both in Iraq and Afghanistan. "I think certainly women should have been treated equally to men who would have served equally to men all along, but that's just historically not been the case. So it is a job to try to ensure the progression of the culture to integrate women's health care into the VA."

Part of Ferguson's job involves making sure providers at her facility get the training they need to provide gender-specific care to women, which is another priority of the WVH Strategic Health Care Group.

Women's Health Education: Since 2008 the VA has trained almost 400 primary care providers in women's health services such as contraception, abnormal uterine bleeding, post-deployment health issues, and others, Herrera said. The VA is also is developing online training for providers to increase their proficiency.

"For those [providers] who have been in the VA for some time, the ones who were treating women were mostly treating older women, so it had been a long time since they had done, let's say, pelvic exams, or prescribed contraception," Herrera said.

The Changing Needs of Female Veterans

Ferguson says the VA is changing the services it offers to female veterans in part because of thew changing role of women in the military.

"We're seeing a lot of women come back with actual combat injuries, and then on top of that we're seeing, because there are more women with the troops, more traumatic brain injury from concussions."

Another startling statistic: According to the VA, 22 percent of women veterans who used the VA for health care screened positive for military sexual trauma. "I think it's a blight on the Department of Defense," said Ferguson. "What other job would you have that you would have a quarter of women reporting that they've been subject to sexual trauma or sexual harassment?"

According to Susan J. McCutcheon, RN, EdD, director of family services, women's mental health and military sexual trauma, at the VA's Office of Mental Health Services, the VA has been tracking the screening of MST since 2002. The office formed a National Military Sexual Trauma Resource Team in 2007. McCutcheon explained that every VA has a provider trained in the treatment of MST and that the VA provides free, confidential counseling and treatment for mental and physical health conditions related to experiences of MST.

In 2006 and 2007, two of the top three diagnostic categories for women veterans treated by the VA were post-traumatic stress disorder and depression, according to the VA. The other was hypertension. And McCutcheon noted that of the 57,358 female OEF/OIF Veterans that have been evaluated at a VA health care facility between fiscal years 2002 and June 2009, 46 percent received mental health diagnoses. She says the growing number of female veterans involved in combat operations in Iraq and Afghanistan has prompted the VA to increase its focus on treating mental health issues such as PTSD and depression.

Reproductive Health: A third priority for the WVH Strategic Health Care Group, which is especially crucial for young female veterans, is caring for reproductive health. Ferguson says the $32.5 million in VA funding for women's health care helped pay for a women's health clinic at her facility with a separate waiting room and private bathroom, and training the staff gynecologist. According to its Web site, VA covers pregnancy care for eligible women veterans through arrangements with community providers, but has no authority to provide care to newborn infants.

The VA's Web site lists reducing the risk of birth defects due to teratogenic medications as a top priority, as well as improving follow-up of abnormal mammograms, tracking the timeliness of breast cancer treatment, and developing specific clinical action strategies for women with human papillomavirus.

From Policy to Practice

Women are expected to make up 10.5 percent of the veteran population by 2020, according to the VA. And statistics say they're going to be turning to the VA for their health care. The VA reports that over a quarter million of the 1.8 million female veterans visited the VA for health care in fiscal year 2009. And although they only make up about 5 percent of all VA users, they make up 12 percent of all Operation Enduring Freedom/Operation Iraqi Freedom VA users.

But some are asking, should this comprehensive effort to revolutionize women's health care at the VA have happened years ago?

While acknowledging that she can't speak for what went on at the VA before she started there in 2008, Laxton noted, "It's only in the last 10 years perhaps that women have represented such a strong force in the uniformed services. I think the VA has not lagged behind in their response. I think we are keeping pace with, and in fact getting out ahead of the response for women," said Laxton, who also works part-time performing post-deployment medical screenings for the Pennsylvania National Guard.

"Are women veterans still falling through the cracks? Probably," said Ferguson. "But there's effort and a lot of focus on it right now. And I think the word is getting out that women can get appropriate health care at their VA, and they're entitled to it."

Both Ferguson and Laxton agree that the VA, the largest employer of PAs with 1,832 at last count, needs PAs now more than ever. "I wouldn't be in a place that I didn't think provided the level of medical care and support that PAs like to provide," said Laxton. "As the VA grows, I think they're going to see that adding to the PA ranks is only going to be in the best interest of the veterans." **PA**