VA | U.S. Department of Veterans Affairs

Study of Barriers for Women Veterans to VA Health Care

FINAL REPORT
February 2024

Altarum

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1.0 Executive Summary

Purpose

The Office of Women's Health of the Department of Veterans Affairs (VA) awarded a contract to Trilogy to conduct an independent study of the barriers to comprehensive health care for women who are Veterans in response to Public Law 116-315, Sec. 5402 – "Study of Barriers for Women Veterans to Receipt of Health Care from Department of Veterans Affairs." Trilogy partnered with Altarum and American Directions Research Group to conduct the study and report findings.

Per Sec. 5402, this current study is to build on the previous study, "Study of Barriers for Women Veterans to VA Health Care 2015." The aim of the proposed study is to better understand barriers women Veterans face accessing VA care, the comprehensiveness of care, and progress made in reducing barriers to VA healthcare for women Veterans since the previous study was conducted in 2015. The data collected will allow VA to plan and provide better health care for women Veterans and to support reports to Congress about the status of women Veterans' health care.

1.1 Background

As of 2023, there are more United States female military Service Members and Veterans than at any other time in history—both in number and percentage—and their growth in these figures will continue for the foreseeable future. About 17.5 percent of Active Duty Service Members of the Armed Forces is female and about 21.6 percent of Reserve Members is female,[1] up from just 2 percent combined in 1950[2]. As these Active and Reserve Service Members transition into Veteran status, women now make up the fastest growing cohort within the Veteran community. Over 2 million Veterans (11% of the 18 million Veterans) in the United States are women. This is up from 4% in 2000; the projected percentage of Veterans who are female for 2040 is 18%.[3]

Additionally, as more women become Service Members and Veterans, there is an increase in the utilization of VA health care benefits or services. According to the VA Utilization Profile report[4], "female Veterans who used VA benefits increased from 36% in 2008 to 50% in 2017." Historically, gender-based disparities were noted in VA care, leading to a decade of innovations and enhancements to the provision of women Veterans health care in VHA. This included training over 11,000 VHA clinicians through a women's health mini-residency program; ensuring there are women Veteran program managers at every facility; assignment of women Veterans

to specially trained women's health providers, and; expansion of reproductive health services including gynecology, maternity, and fertility care.

The Study of Barriers for Women Veterans to VA Health Care, overseen by the Office of Women's Health, will further our understanding of this health care for women Veterans, both by continuing to quantify it and by looking at the needs and barriers to care that female Service Members and Veterans have experienced, both past and present. The results inform decision-makers how women interact with the current VA system and identify actionable opportunities for improvement.

[1] 2021 Demographics Report: Profile of Military Community (PDF)

[2] 2012 Report: Strategies for Serving Our Women Veterans (PDF)

[3] Women Veterans in Focus (PDF)

[4] VA Utilization Profile FY2017: Prepared by the National Center for Veterans Analysis and Statistics (May 2020) (PDF)

[5] Women and LGBTQ+ veterans say VA facilities 'weren't built with us in mind'

[6] Understanding Gender Sensitivity of the Health Care Workforce at the Veterans Health Administration

1.2 Scope

Altarum developed a survey in collaboration with a team from the Office of Women's Health to update the 2015 Barriers to Care survey. Altarum worked with the VA to identify stakeholders to provide input for the 2023 survey. The goal was to collect at least 400 surveys from women who received care in each of the 18 Veteran Integrated Service Networks (VISNs) for a minimum of 7,200 completed responses.

The 2023 survey included a modification to the fielding methodology by offering a multi-mode survey to women Veterans, providing women Veterans the option to complete the survey online or over the phone. This survey took about 60 minutes to complete if all questions were applicable to a respondent, and data were collected about barriers to the provision of comprehensive health to women Veterans in compliance with the requirements of Public Law Public Law 116-315, Sec. 5402, Veterans Health Care and Benefits Improvement Act of 2020.

To be responsive to the legislation requirements, the survey addressed the following barriers (ordered as listed in the Public Law):

- The barriers associated with seeking mental health care services, including with respect to provider availability, telehealth access, and family, work, and school obligations.

- The effect of driving distance or availability of other forms of transportation to the nearest medical facility on access to care.
- The effect of access to care from non-Department providers.
- The availability of childcare.
- The satisfaction of such veterans with the provision by the Department of integrated primary care, women's health clinics, or both, including perceptions of quality of care, safety, and comfort.
- The understanding and perceived accessibility among such veterans of eligibility requirements for, and the scope of services available under, hospital care and medical services.
- The perception of such veterans of personal safety and comfort in inpatient, outpatient, and behavioral health facilities.
- The gender sensitivity of health care providers and staff to issues that particularly affect women.
- The effectiveness of outreach for health care services available to women veterans.
- The location and operating hours of health care facilities that provide services to women veterans.
- The perception of such veterans of the motto of the Department.
- Such other significant barriers as the Secretary considers appropriate.

The VA motto in use when the legislation was passed was retired during survey development. Because of this, the VA determined this requirement was no longer applicable, as the motto was no longer used.

1.3 Summary of Methods

The sample of women Veterans was drawn from the Veterans Experience Office (VEO) Profile database. The sample was designed to include similar proportions of women Veterans who had used the VA in the past 24 months and those who had not, evenly distributed across all VISNs. Participants received a letter inviting their response with a web link to complete the survey. Non-responders were contacted by phone 5 to 10 days after the mailing with the option to complete the survey over the phone. The final completed sample included N=7359 cases, with at least 200 users and non-users from each VISN, yielding a response rate of 11.1%. All results

are weighted to be representative of the national population of women Veterans. Survey methods are described more fully in section 2.0 of this report and in Appendix A.

1.3 Summary of Results

Information Sources About VA Eligibility and Care

- **People, such as VA representatives and providers, have been the most common source of information for VA Users, while letters and brochures have been the most common source of information for VA Non-Users.**
- **Women Veterans reported receiving more information in 2023 than in 2014,** including receiving information about eligibility requirements, available health services, women's health services, and how to receive care. **This suggests current communications campaigns have been effective at reaching more women Veterans.**
- **While women Veterans have received more information, the demand for information has also increased.** The share of women Veterans who have "enough" information decreased for every category. **Women Veterans want more detailed information of all types, with the biggest increases in demand being available health services and women's services specifically.**
- VA information feels "made for people like me" similarly for all ages and service eras. Those with lower income, higher disability ratings, or who were Black were most likely to say VA communications felt made for them. **This suggests VA communications are doing well at feeling inclusive to a wide range of demographics, especially those who have been historically marginalized.**
- **The best modes of information about VA eligibility are email (37%), mail (34%), and telephone (26%)**, with almost no one preferring websites (2%), social media (1%), or newspapers and television (0%). **VA users rated telephone as best (35%), while VA non-users rated mail as best (40%).**

Travel Distance

- **Travel times were much shorter for Non-VA care (81% within 30 minutes) than VA care (52% within 30 minutes).** These longer travel times are part of the reason "distance" was the fourth most-cited barrier overall (19.8%).

- While 24% reported VA travel assistance would help them use VA more, **those with incomes under $20,000 (53%) and who were Black (44%) were especially likely to use the VA more if they had travel assistance.**
- **Most women Veterans did not know if they were eligible for bene-travel (65%)** especially those with low disability rating (74%) or no disability rating (76%) and those ages 18-34 (78%). **Increased communications could help with awareness of eligibility for bene-travel.**
- **75% of bene-travel users reported the service was helpful,** indicating a relatively high level of value to its users.

Location and Hours

- **About one in four women Veterans have switched to a non-VA provider because of limited hours of operation at the VA.** The difference between current users (27%) and non-users (23%) was small. However, the difference in reported convenience of appointment times was very large, with 49% of non-users saying VA appointment times are convenient, compared to 85% of users. **Some of this large difference in reported convenience between users and non-users may be because of assumptions about hours or appointment times.**
- **More than half (53%) of VA Users say extended hours would be helpful.** Users say the most helpful times would be weekends (84%), weekday evenings (80%), and early weekday mornings (55%). **The most helpful extended hours would be on weekends and weekday evenings.** Weekends were more appealing than weekday evenings especially to women Veterans who were over the age 65, those with incomes below $20,000, and those who are Black.

Availability of Childcare

- While only 14% of women Veterans overall have a child needing care during medical appointments, **42% of women Veterans ages 18 to 34 and 36% of those ages 35 to 44 have a child in need of childcare during medical appointments.** Of those with children needing care, **40% said it was difficult to find care and 46% had cancelled a medical appointment in the past 12 months because of childcare.**
- **Women Veterans had the highest preference for needing childcare for mental health visits (63%), compared to primary care (52%) and telehealth (25%).** These preferences were similar between users and non-users.

- **Women Veterans are most likely to accept childcare at a VA facility (51%) or reimbursement for their own childcare (50%),** and much less likely to accept childcare near but not at a VA facility, regardless of whether it is run by the VA (32%) or not (30%). **This suggests women Veterans are much more likely to accept childcare if it is inside the VA facility rather than nearby.**

Acceptability of Integrated Care

- **Women's clinics are used much more by VA users (30%) than non-users (9%).** Women's clinics are especially widely used by those who have incomes of less than $20,000 (24%), are Black (26%), and have disability ratings of 70% to 100% (30%)
- Most women Veterans believe it is important to receive primary care and women's care from the same provider (74%) and have a woman provider (70%), but only half believe getting primary care from a women's clinic is important (53%). **This suggests women Veterans value a woman provider who provides primary care and women's care more than they value a women's clinic.**
- **The share of women Veterans who value a woman provider increased 6% since 2014, from 64% to 70%.** Those who said it was important to get primary care from a women's clinic increased 3%, from 50% to 53%. Those who said it was important to have just one provider did not change over time (74% to 75%).
- **About 8% of women Veterans avoided the VA because they could not see a woman provider,** but this was higher for those ages 18-34 (14%) and those with disability ratings of 70% to 100% (11%).

Gender Sensitivity

- Satisfaction with providers was similar in 2023 than in 2014, except for general medical knowledge, which increased from 79% satisfaction in 2014 to 86% satisfaction in 2023. **This suggests women Veteran's provider satisfaction is stable over time, but with improvements in general medical knowledge.**
- **Women Veterans are more likely to feel respected by VA staff in 2023 than in 2014, suggesting current efforts have been effective, especially among nursing and office staff.** Those feeling respected by primary care providers increased from 79% to 83%, respect from specialists increased from 75% to 81%, and respect from nursing and office staff increased from 69% to 80%.

- Satisfaction with a quality of care composite was 49% overall, **but satisfaction with quality of care was highest among traditionally marginalized groups, including income below $50,000 (56%), those who were Black (55%), and those with disability ratings of 70% to 100% (76%).**

Mental Health Stigma

- The share of women Veterans reporting "fair" or "poor" mental health was especially **high among VA users (36%), those who are ages 18-34 (43%), have an income of less than $20,000 (40%), are Black (41%), and have disability ratings of 70% to 100% (47%).**
- **VA users had much higher rates of mental health diagnoses than non-users,** including more than double the rate of traumatic brain injuries (7% vs 3%) and PTSD (42% vs 17%). Depression rates were also much higher (60% vs 40%).
- Matching national trends, **demand for mental health care has increased greatly since 2014, from 41% to 62%. Likewise, those who feel hesitant to receive mental health care increased from 24% to 42%.**
- **The top concern about receiving mental health care is worry about medications (63%).** VA may want to increase communications about non-medication mental health services.
- **The share of women Veterans reporting lifetime unwanted sexual attention and sexual assault increased greatly since 2014,** with unwanted sexual attention increasing from 44% to 64% and sexual assault increasing from 25% to 37%. Of those who had been assaulted, the share who reported it occurred while in the military increased from 57% to 64%. Because these are lifetime events, and many would have already occurred at the time of the 2014 survey, these increases may reflect greater public awareness and likelihood to report sexual harassment and assault over time. **Of those women who had reported a past sexual assault, 19% reported avoiding the VA because of it in 2023, up from 11% in 2014.**

Safety and Comfort

- While 83% of current users feel safe at the VA, only 67% of prior users feel safe at the VA. **Although only 4% of women Veterans cited safety as a barrier to care, this suggests there are large differences in safety perceptions between users and non-users.**

- **While just over half (54%) of women Veterans felt they belonged at the VA, this was much higher for VA users (74%) and for historically marginalized groups**, including those with income less than $20,000 (61%), those who are Black (61%), and those with disability ratings of 70% to 100% (67%).
- **The aspects of safety and comfort with the lowest scores were check-in privacy (54%), wait area welcoming (64%), and caregiver waiting area (67%).** These may be relatively easy to improve because they apply to specific areas within a facility, rather than an entire facility. **These were also highly correlated with overall safety and feeling like they belong at the VA as a woman Veteran and may improve overall sense of safety and comfort.**
- **Many aspects of overall safety and comfort improved since 2014,** including facilities being clean and well-equipped (70% to 80%), accessible parking (51% to 68%), safe parking (71% to 79%), privacy at check-in (46% to 54%), and a welcoming waiting area (55% to 64%). The only drop in safety and comfort was the availability of caregiver waiting area (decreased from 73% to 67%).
- **Inpatient safety and comfort did not significantly change since 2014**, with all measures remaining at the same level in 2023 as in 2014.

Access to Care from Non-Department Providers

- **Almost 1 in 3 woman Veterans (29%) have used Community Care, including 60% of current VA users.** Community Care was used more by those with lower incomes, in rural areas, and those with disability ratings of 70% to 100%.
- **Among those who used Community Care, 69% were satisfied with VA interoperability, and 85% were satisfied with the quality of providers.**
- Some provider satisfaction questions were asked about both VA providers and Community Care providers. **VA users rated community care providers as having better medical knowledge** (91%) compared to VA providers (86%), but **VA providers had a better understanding of women's health needs** (79%) than community care providers (74%), **and a better understanding of women Veterans** (78%) than community care providers (71%).

Comparison of Barriers Overall

- **For women Veterans, the most frequent barrier to VA care is not understanding their benefits (37%).** This was especially true for non-users of the VA (49%). **The second biggest barrier was not having information on how to use health care (27%),** which was also higher for non-users (40%). **The third most frequent barrier to care overall was waiting time for an appointment (23%),** but this was the most frequent barrier for current users of the VA (31%).
- **Some barriers to care occur with low frequency, such as childcare (4%) and transportation (3%), but these barriers to care can disproportionately affect certain groups.** Childcare is a barrier for 17% of women Veterans ages 18 to 34, while transportation is a barrier for 12% of those with an income under $20,000.
- **The top two most frequent barriers to care decreased greatly since 2014,** with those not understanding their benefits decreasing from 47% to 37% and not having information about how to use care decreasing from 40% to 27%. **This suggests communication efforts since 2014 have been effective in reducing these top barriers.**

Recommendations

- A wide range of barriers to care for women Veterans show improvement between 2014 and 2023, suggesting VA efforts have been effective at reducing many barriers to care.
- While more women Veterans have received information about VA care than previously, the demand for more detailed information has also increased. VA information campaigns should have more detailed information or the option to get more detailed information about VA care and eligibility.
- VA information often does not feel inclusive to non-users, and may play a role in why non-users do not use the VA. The VA may want to conduct a deep-dive analysis to understand why VA non-users do not feel VA information is inclusive.
- The most popular modes of information for receiving eligibility information were email, mail, and telephone, with telephone being most popular among VA users. Social media, newspapers, and TV all rated very low, and are unlikely to be effective.
- Word of mouth was the most common source of information for VA users, while printed information was the most common for VA non-users. The VA may want to create printed materials designed for VA users to share with non-users.

- For those with children needing care, women Veterans were much more likely to use reimbursement for their own childcare or a VA childcare facility within the building. Childcare off site was much less likely to be used and should not be offered where other options are available.
- Women Veterans expressed a much stronger preference for extended hours on weekends and weekday evenings over early morning weekdays. VA should prioritize weekend and evening extended hours over early mornings.
- The three safety and comfort questions with the lowest ratings all relate to waiting areas and check-in. This may provide easy improvement options, such as wall art, magazines, and fresh paint in waiting areas. Check-in areas can use physical and acoustic barriers to promote patient privacy.
- The share of women Veterans seeking mental health care increased by 50% since 2014 and is now more than half of women Veterans. The VA should ensure mental health awareness is integrated into a wide range of care to raise awareness of mental health care and referral options.
- Women Veterans reported a strong preference for women providers, including four out of five women Veterans under 35. VA users also expressed a preference for women's clinics. The VA should continue to provide women providers and women clinics where possible.
- Open comments revealed many women Veterans had barriers using the phone, including disconnected and unanswered phones. The VA should seek to understand these barriers better, such as by studying the barriers with the VA phone system.

More detailed recommendations are listed in section 4.0.

2.0 Methods

A dynamic approach to sampling and fielding was applied to the VA Women's Barriers to Care Survey. Initially, a sampling frame was created using the Veterans Experience Office (VEO) Profile data. The VEO profile data was the most authoritative source of beneficiary address information as the Profile data draws address and contact information from multiple sources for Veterans. The VEO profile data contains person specific contact information including: Correspondence and residence addresses; home and mobile cell phone numbers; email addresses; veteran name (first, last); and veteran unique identifiers which are applied and used across VA data sets. The Profile data also undergoes an evaluation process assessing the level of confidence and accuracy of the information contained for each veteran. VEO supplied an initial data set comprising the sampling frame containing contact information for 1,022,740 women Veterans.

The Barriers to Care survey was conducted utilizing Computer Assisted Telephone Interviewing (CATI), administered by experienced and trained interviewers, and by web survey. The web survey was offered to women through the use of a short, easy-to-type vanity link that is connected to a secure survey server. Offering both CATI and web programs ensured that women Veterans with any visual or hearing impairments or literacy challenges, could access the survey in a manner that was best for them.

Retention and survey completion are especially important with longer surveys, such as the one used for this study. To ensure the highest participation rate possible, a pre-notification letter which explained the purpose of the study was sent to each woman Veteran in the sample. The letter included the vanity link with unique login instructions for women Veterans to access the survey online. The letter also provided details on how to complete the survey over the phone. To ensure survey validation, the VA also posted study details on its website. The letter also explained that each survey participant would receive $25 as a thank you for their time. A copy of the pre-notification letter and the website banner for this study can be found in Appendices B and C.

2.1 Data Source and sampling

To achieve the analytic goals of the study, The VEO profile data was then merged with the VA Master Person Index file to obtain unique identifiers required to match to the USVETS data (note: US VETS data is in the process of adding MPI number so this process may not be

necessary in the future) to obtain user/non-user status for each woman Veteran. In addition, deduplication of records and exclusion of records that had death indicated was applied to the data. Only records that represented non-duplicated living female veterans with valid address information with corresponding records in the USVETS data files were retained. Further, the USVETS data records retention required populated user/non-user status information to allow for identification of which women Veterans used VA health care services within the last 24 months. The data extraction and inclusion/exclusion criteria process resulted in a final sample frame file containing 941,488 observations. The final sample frame represented almost half of all living women Veterans. This data was then stratified by VISN and user status applying a zip code to VISN mapping by person. Strata were then defined as the combination of VISN and user status resulting in a total of 36 strata across 941,488 women Veterans.

Initial sample requirements were derived applying observed response rates from the previous VA Women's Barrier to Care Survey with adjustments. Adjustments included a conservative approach anticipating slightly lower response rates for the current survey. This resulted in an expected final sample estimate of 86,000 beneficiaries to achieve 200 completes per strata. It was anticipated that differences in response rates by strata relative to the previous survey would be observed. Further, to maximize efficiency of fielding and minimize resource requirements, a dynamic sampling approach was applied in which response rates were tracked in near real time for each stratum. Samples were then dynamically constructed from the sample frame applying most current information on observed response rates by strata and response mode (web vs phone), projecting trends and requirements to final completion.

The survey design represented a disproportionate to size stratified random sampling complex survey design aimed to collect a minimum of 200 completes across 36 strata resulting in a target total of 7,200 completed interviews: 400 per VISN, with 200 users and 200 non-users within each VISN.

Just prior to fielding each sample batch, Altarum worked to update the contact information, addresses and phone numbers for women Veterans contained within the given sample batch. This dynamic process resulted in the most recent available information for each Veteran as the timing of address information was closely tied to the start of fielding for each batch.

At the completion of fielding, target objectives were met or exceeded for all strata. The dynamic sampling process allowed for the most efficient use of resources while meeting or exceeding requirements. The total final sample supplied for fielding comprised 66,403 individuals (77% of initial expected sample requirement size) and 7,359 completed cases were collected– exceeding the target objective of 7,200 cases by 159 cases while minimizing sample requirements.

2.2 Survey development

Altarum developed a survey in collaboration with the Office of Women's Health to address the 11 barriers stated in Public Law 116-315, Sec. 5402 and build upon the 2015 Barriers to Care Survey. Questions were developed in consultation with other VA stakeholders and subject matter experts in women's health. Response scales and questions from the existing 2015 survey were used where possible and appropriate. The near-final instrument was tested by conducting a pilot study to collect 50-100 cases from real participants. A sample of 1,000 Veterans were selected to contact. Sampling for the pilot study was done at the same time as sampling for the main study. The sample was created to match stratum level sampling goals, and then organized into batches to allow for a slow release of sample into the field. The pilot study included the survey protocol that was used for the main study. A total of 176 surveys were collected, 74 by web and 102 by CATI between April 15, 2023 and May 11, 2023. The total, raw response rate was 18%. Based on the performance of the pilot study, Altarum recommended proceeding with the fielding protocol for subsequent batches without changes to the instrument or data collection procedures.

The final questionnaire included 91 questions (some of which were multi-part). Filter questions (yes/no response) were developed to guide respondents through each section of the survey. Within each section, respondents were asked a series of closed-ended questions. Questions not well supported by the literature had an *other-specify* answer choice. One open-ended question at the end of the survey allowed women Veterans to report, in their own words, anything else upon which they wished to comment. The survey includes questions related to each of the eleven barriers to care as well as questions related to women Veterans' preferences, experiences, and attitudes toward VA initiatives. A copy of the Barriers to Care questionnaire can be found in Appendix D
Annotated Questionnaire.

The Office of Management and Budget (OMB) approved the survey in January 2023. The OMB Control number is 2900-0795. Internal Review Board (IRB) approval was also received in January 2023.

2.3 Fielding

The Barriers to Care survey began fielding in April 2023 and was completed in December 2023. The study was performed utilizing LimeSurvey (web option) and Computer Assisted Telephone Interviewing (CATI), with a pre-notification letter mailed at least five-ten days before calls were placed to each woman Veteran. The pre-notification letter (on VA letterhead and signed by the

director of the VA Office of Women's Health) included an easy-to-type survey link with instructions on how to complete the survey online. The first pre-note mailings were sent out on April 12, 2023, and fielding was completed on December 14, 2023.

Three screener questions were used to determine survey eligibility. The woman Veteran had to indicate that she was a woman who had either:

- Ever served (as a woman) in the active U.S. armed forces, or
- A National Guard/Reserve member who was called to active duty through a Federal Order and completed a full call-up period or
- The woman Veteran had to indicate she was not currently employed by the Department of Veterans Affairs to be eligible for the survey.

Given the sensitive nature of some of the questions in the survey, such as experience of military sexual trauma, only women interviewers were used for CATI. Additionally, all interviewers received extensive training and monitoring during interviews and passed a low-level VA clearance background check. Respondents were read an introductory script about the survey and asked for verbal permission to start the interview. Respondents had the option to skip any question that they felt uncomfortable with. Also, an agreement was put in place with The Veterans Crisis Line to allow study interviewers to provide a "warm transfer" for any respondent showing signs of distress and agreeing to be transferred to the Crisis Line. This protocol was available, but not used during the fielding period. Interviewers could also provide the Crisis Line number to respondents in the event they desired the phone number.

To obtain a completion, up to 10 telephone contact attempts at various times of the day, during different days of the week were attempted with each potential respondent that did not already complete the survey online. A completed case was defined as one where the respondent was taken through the entire instrument, receiving all applicable questions based on skip patterns. Of the 91 total questions, some questions were specific to users of VA health care; non-users were skipped to the next section. The time it took a respondent to complete the survey was dependent on how many survey questions applied to them. For users of VA healthcare, the average survey took 50 minutes to complete by phone and 32 minutes to complete by web. For non-users the average survey took 33 minutes to complete by phone and 23 minutes to complete by web.

The sample was organized into batches and replicates, each representative of the sample, so that fielding could be controlled and dynamic. With this method only the minimum number of women Veterans necessary were contacted to achieve 200 completed cases per strata without going significantly over the target of 7,200.

2.4 Weighting

Given the complex survey design which applied a disproportionate to size stratified random sampling methodology, it was necessary to develop and apply survey weights which accounted for both differential response rates as well as the disproportionate to size sampling design. Final weights were developed taking these observed differentials into consideration, and when applied resulted in the best available estimates of survey results representing the women Veterans' experience for the entire women Veteran population.

Population totals by strata were obtained from the most recent available USVETS data for living female Veterans. USVETS did not contain zip code information for all female Veterans. Missing zip code information was assumed to be missing at random and so records with missing zip code were proportionately and randomly assigned across VISNs to align most accurately with VA women Veteran population totals. Approximately 9.5% of women Veterans were missing zip code information within the USVETS database.

Final weights were derived by strata and were calculated as the inverse of the probability of response taking into consideration final response counts and population size by strata. Mathematically, this can be defined as the population count divided by the final number of respondents for each stratum, by stratum.

Estimates of survey results used the final weights in conjunction with the complex survey design (stratification) in calculations to obtain the most accurate and unbiased estimates. The variance estimate methodology applied for this survey used the generally accepted statistical methodology of Taylor Linear Expansion.

2.5 Statistical analysis

The stratified sample design used for this study required a multi-stage weighting design that accounted for the survey design effects, initial probability of response, and differential non-response rates encountered during fielding of the survey. The final weights when applied to the survey response data result in estimates that best reflect the VA women's population, by strata and VA women Veteran population as a whole. Because estimation is used when calculating results with weights, 95% confidence intervals were used for all results with variance estimation techniques that account for the complex survey design, weighting scheme, differential non-response rates, and likelihood of being included within the survey sample.

Altarum employed survey-specific analysis techniques as contained within Stata, SAS-callable SUDAAN, and SAS which incorporate the complex survey design and weighting scheme within the survey. Several statistical tests were used to analyze results. Questions with response

options that are nominal (i.e., no order), such as modes of communication, were assessed via Rao-Scott chi-square analysis. Questions with ordinal or continuous response options (i.e., order of magnitude) such as level of satisfaction were assessed via t-tests or ANOVA. Because this report is designed for a general audience, 95% confidence intervals and p-values are not included within this report. Detailed statistical results, such as standard errors, confidence intervals, and p-values are included with the Comparison Report tables which supplement this report. Statistical significance is indicated within this report through descriptions in the text that accompany each exhibit.

While many questions in the survey assessed a woman Veteran's relationship with VA, one question was used to define user status for analyses. This question was "In the past 24 months, have you received any care in a VA site of care?" (yes or no). Women Veterans who indicated *no* or *don't know* to this question were taken through the survey as a non-user.

Where appropriate, barriers to care are measured by subgroups of interest. Subgroups include VA user status, service era, age group, household annual income, race/ethnicity, service-connected disability rating, and urban/rural status.

3.0 Results

3.1 Interpreting results

Results within this report are organized by specific barriers to care for women Veterans. Most results are reported out by key demographic differences, including VA user status, service era, age, income, race/ethnicity, service-connected disability rating, and urban/rural status. Significant differences are noted within text alongside exhibit descriptions. Comparisons between demographic groups use a Rao-Scott Chi-Square test to determine significance. Comparisons over time to the 2014 survey use a comparison of 95% confidence intervals to determine reliable differences. Full statistical results are reported in the Comparison Report.

Most values in this report are expressed as percentages, such as the percent of women Veterans who agree with a statement or who encountered a barrier to care. These percentages are population estimates weighted to be representative of the whole population of women Veterans. These percentages are always out of the share of participants who answered the question; participants who declined to answer a question are not included in these percentages. Similarly, participants who did not receive a question because it was not applicable to them are not included in percentages. For example, childcare follow-up questions were only asked of women Veterans with children who needed care. While 39.2% reported finding childcare during medical appointments was difficult, this was within the 13.6% of

women Veterans who had children needing care. Question skip logic is noted within the survey in Appendix D and with the interpretations that accompany each exhibit.

3.2 Final Survey Participants

A total of 7,359 female veterans took part in the study out of the 66,372 invitations that were sent out, for a response rate of 11.1%. Of the 7,359 participants, 4,522 took the Web survey (61%) and 2,837 took the CATI survey (39%), while 3,691 female Veterans (50%) had received care at a VA site of care in the past 24 months (VA Users) and 3,668 did not (VA Non-Users). The survey had a target of at least 200 completed surveys for users and non-users within each of the 18 VISNs. All strata of VISN and user status had between 200 and 218 participants.

A table of demographic characteristics of final survey participants is included in Exhibit 1. This includes VA user status, service era, age, household annual income, education, race/ethnicity, service-connected disability rating, and urban/rural status. Demographic sub-groups with fewer than 100 participants are not reported individually within results because of decreased statistical precision.

Exhibit 1. Survey Participant Characteristics

Survey Participant Characteristics	N	Percent
Overall	7359	100.0
VA User: Non-User in Past 24 Months	3668	49.8
VA User: User in Past 24 Months	3691	50.2
Service Era: Up to 1965	46	0.6
Service Era: 1966 to 1989	2017	27.4
Service Era: 1990 to 2000	1850	25.1
Service Era: 2001 to Present	3319	45.1
Service Era: Unanswered	127	1.7
Age: 18-34	524	7.1
Age: 35-44	1354	18.4
Age: 45-64	3413	46.4
Age: 65+	1858	25.3
Age: Unanswered	210	2.9
Income: Less than $20,000	703	9.6
Income: $20,000-$49,999	2169	29.5
Income: $50,000-$99,999	2308	31.4
Income: $100,000 or more	1658	22.5
Income: Unanswered	521	7.1
Education: High School or Less	720	9.8
Education: Some College/Vocational/Associates	3047	41.4
Education: College Degree	1851	25.2
Education: Graduate Degree	1699	23.1
Education: Unanswered	42	0.6
Race/Ethnicity: Asian Alone (Non-Hispanic)	80	1.1
Race/Ethnicity: Black Alone (Non-Hispanic)	1390	18.9
Race/Ethnicity: Hispanic (Any Race)	657	8.9
Race/Ethnicity: White Alone (Non-Hispanic)	4615	62.7
Race/Ethnicity: Multiple/Other/Unanswered	617	8.4
Service-Connected Disability: No Rating	4016	54.6
Service-Connected Disability: 0-20%	641	8.7
Service-Connected Disability: 30-60%	842	11.4
Service-Connected Disability: 70-100%	1679	22.8
Service-Connected Disability: Unanswered	181	2.5
Rural Status: Urban (ZIP code in MSA)	5450	74.1
Rural Status: Rural (ZIP code not in MSA)	1459	19.8
Rural Status: Unanswered	450	6.1

3.3 Information Sources About VA Eligibility and Care

Survey Questions Related to this Topic
Full Survey Text Available in Appendix D

C1. Do you recall receiving information about...

A. the eligibility requirements for VA health care services
B. how to enroll for VA services
C. the health services at the VA that are available to you
D. the health services at the VA that are available to women veterans specifically
E. How to get health care services at the VA

C2. Did you get this information from...

C1Ca. How would you rate the helpfulness of information from the VA about women's health services?

C4. Do you have as much information as you would like about...

A. the eligibility requirements for VA health care services
B. how to enroll for VA services
C. the health services at the VA that are available to you
D. the health services at the VA that are available to women veterans specifically
E. How to get health care services at the VA

C6. Do you feel confident you can find information about?

A. How to make an appointment
B. How to talk to someone if you have questions

C7. When you have seen information from the VA, does it feel like it was made for people like you?

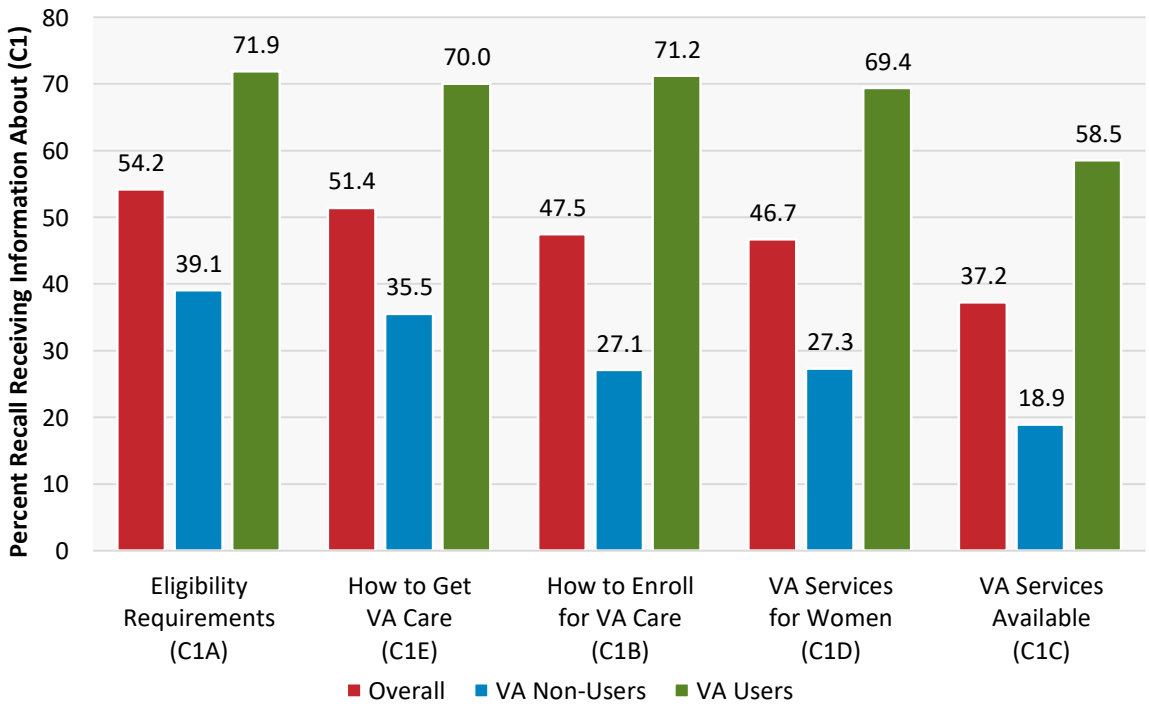
C5. If the VA were trying to reach you to provide information about eligibility for VA health care, what would be the BEST way? Would it be...

C8. What information would help you choose VA for your healthcare?

Recall Receiving Information About VA Care (C1)

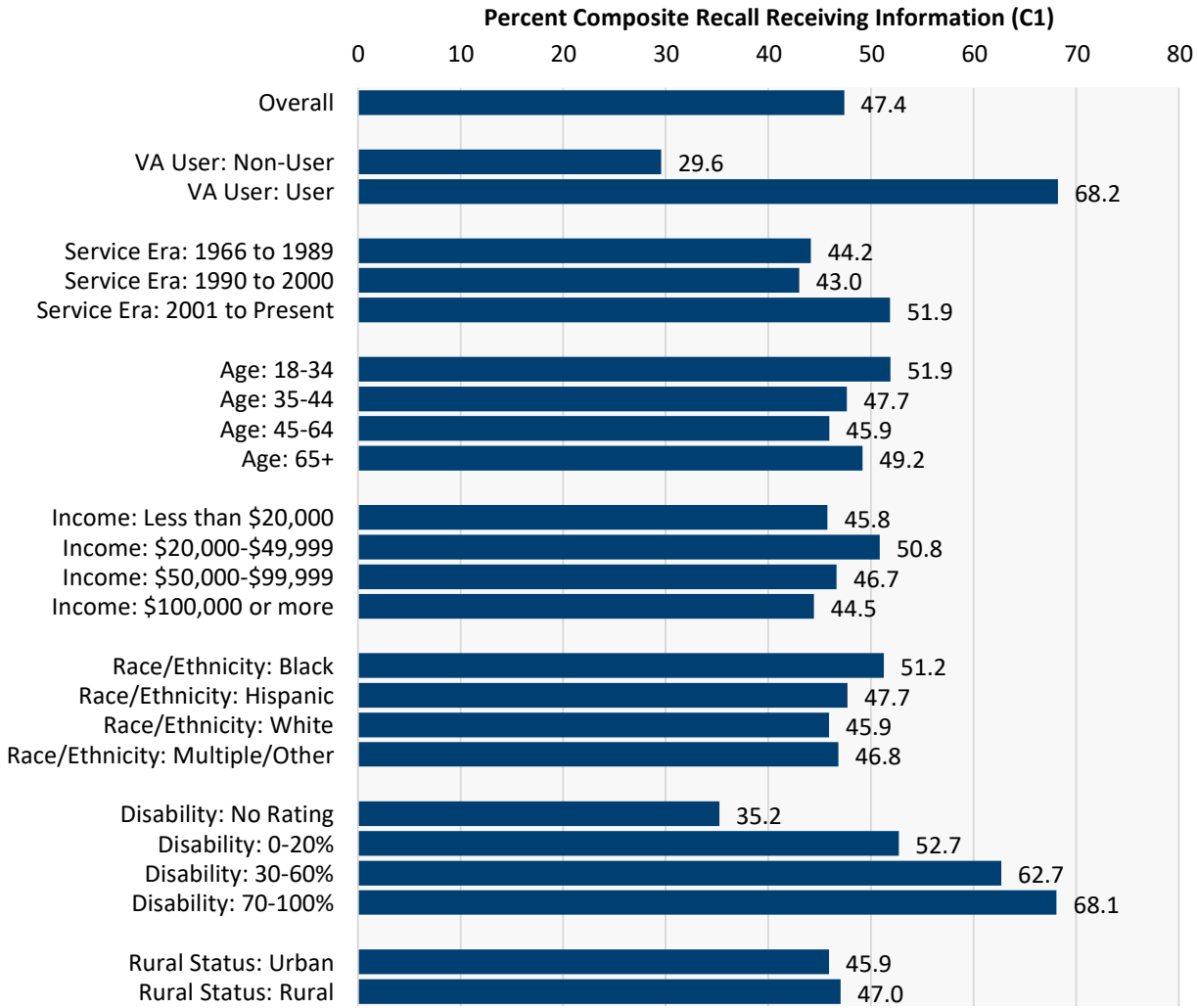
Women Veterans were asked if they had seen a range of information about VA information. **The most encountered information was eligibility requirements (54.2%), how to get VA care (51.4%), how to enroll for VA care (47.5%), VA services specifically for women (46.7%), and VA services available (37.2%).** In all cases, VA users were much more likely to encounter the information than VA non-users.

Exhibit 1.Types of Information Women Veterans Recall Receiving (C1), VA User Status



A composite of the five types of information was created to explore Veteran characteristics in exposure to VA information. **On average just under one in three non-users (29.6%) and two in three (68.2%) VA users had been exposed to any one type of VA information.** Those with service eras after 2001 were more likely to encounter VA information, as were those under 35 or over 65. Women Veterans who made at least $20,000 but less than $50,000 were more likely to be exposed to VA information, as were those who are Black. Exposure to VA information increased with disability rating but did not differ by urban/rural status.

Exhibit 2.Composite Recall Receiving Information, Veteran Characteristics



Information Sources About VA Care (C2)

For each of the five types of VA information, **talking to a VA representative or reading a brochure or letter were the most common sources of information overall.** VA users were more likely to get their information verbally from a person, such as a VA representative, friend/family, or a health provider. Non-VA users were more likely to get their information in writing from a brochure/letter or a website/blog. Other sources of information, such as other organizations, VA outreach events, call centers, newspapers/magazines/TV, or social media, reached very few women Veterans, accounting for between 1% and 5% exposure for all types of information.

Exhibit 3. Received Information About Eligibility Requirements (C2A) by User Status

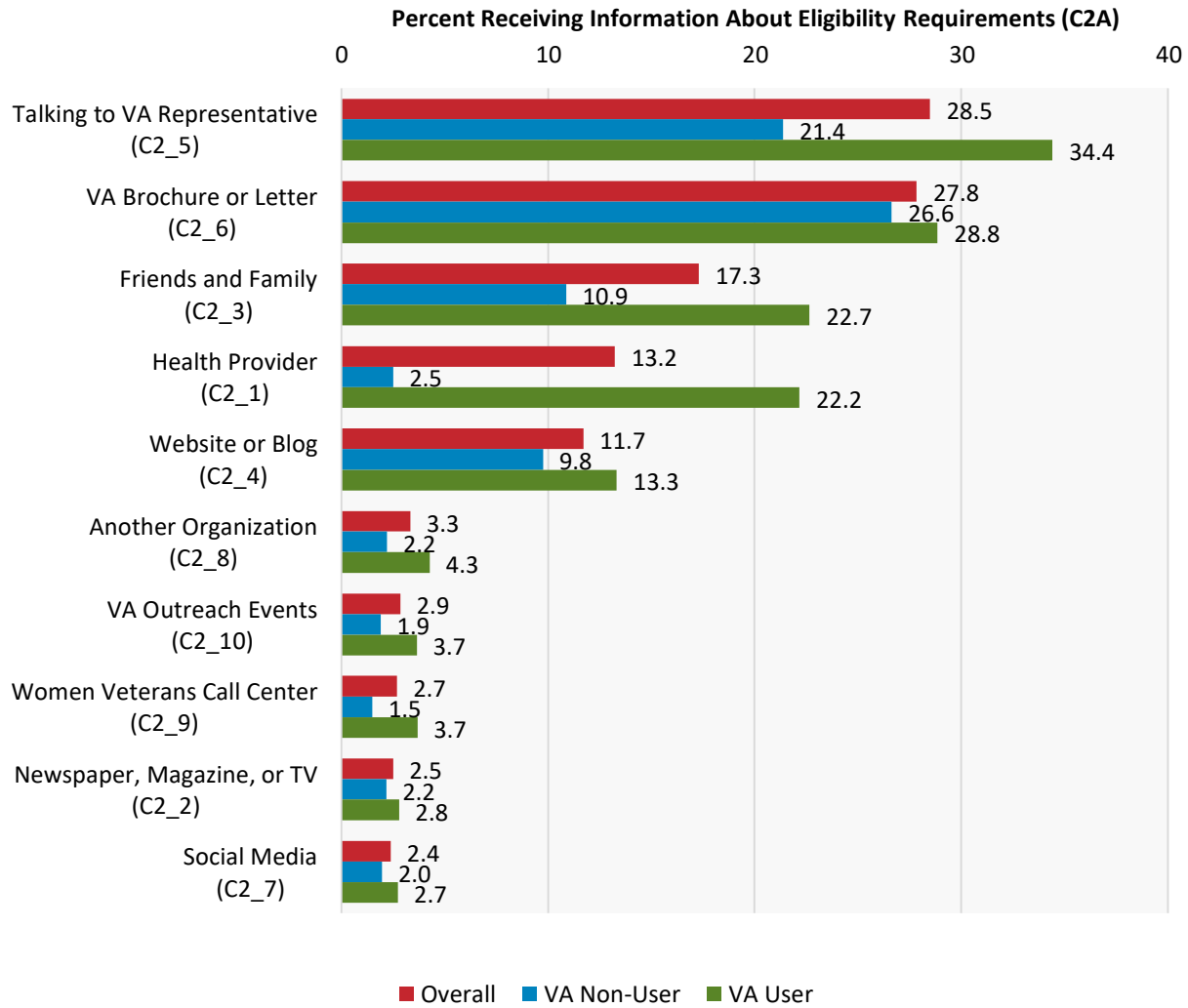


Exhibit 4. Received Information About How to Enroll (C2B) by User Status

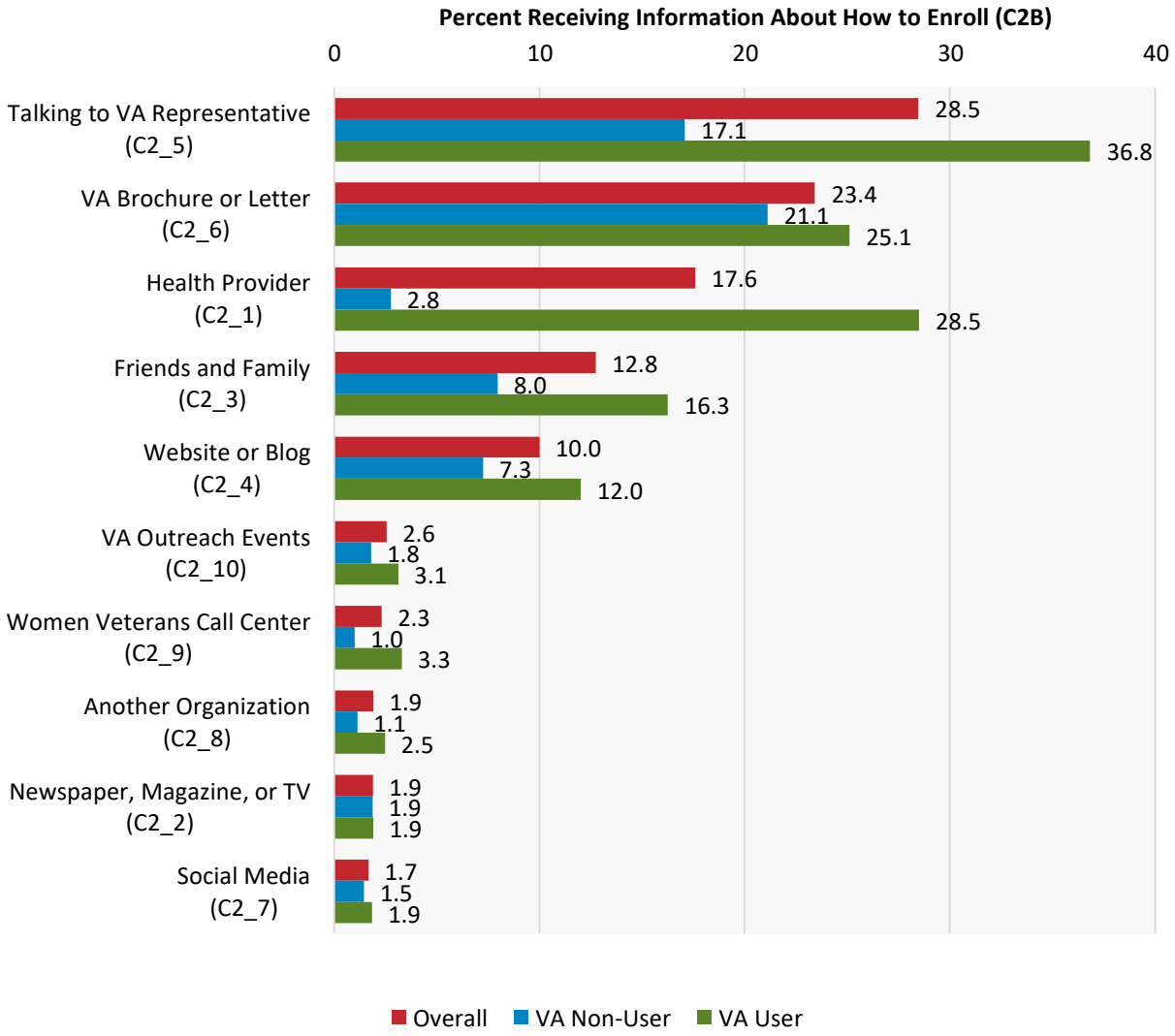


Exhibit 5. Received Information About Available Health Services (C2C) by User Status

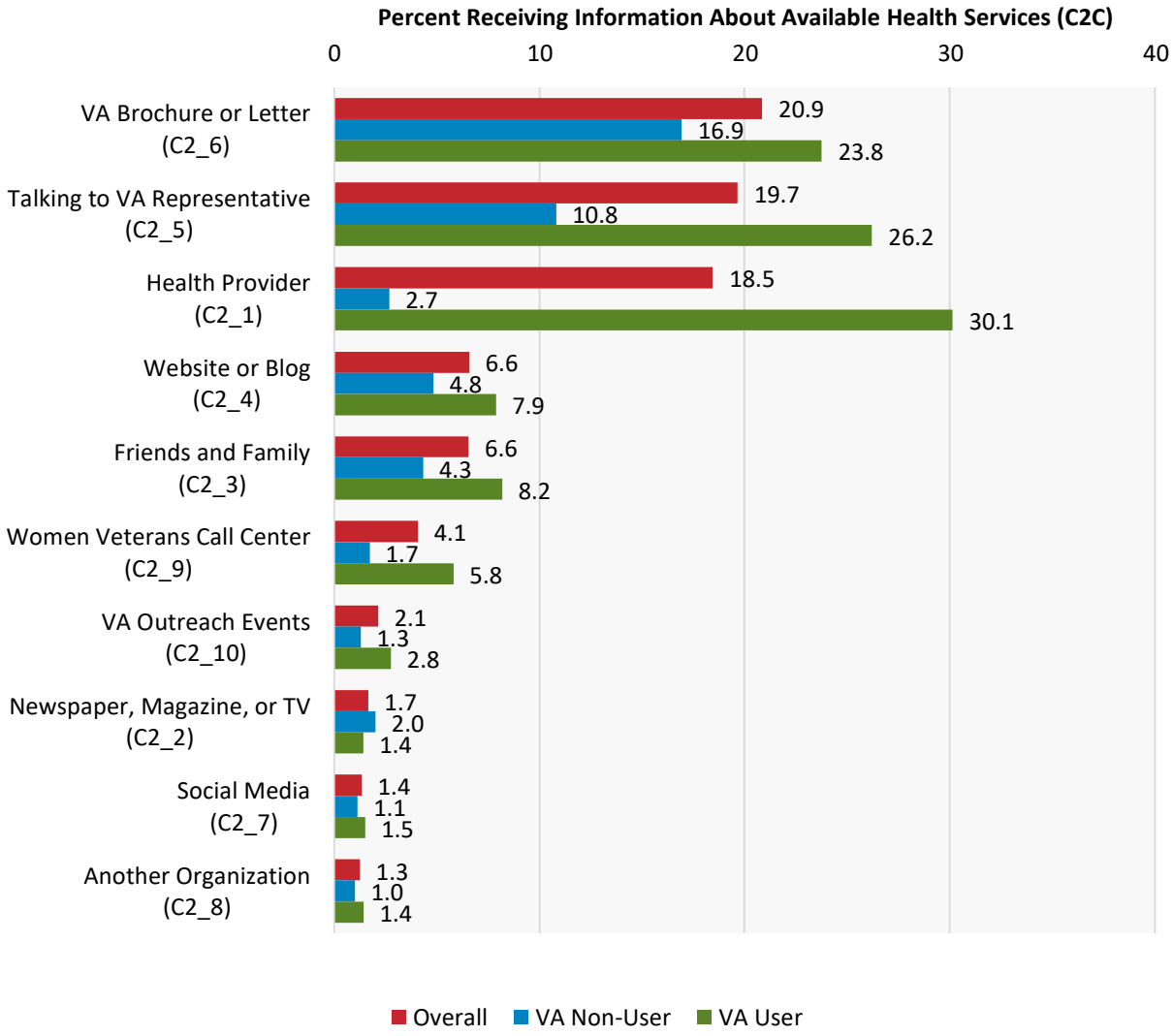


Exhibit 6. Received Information About Women-Specific Services (C2D) by User Status

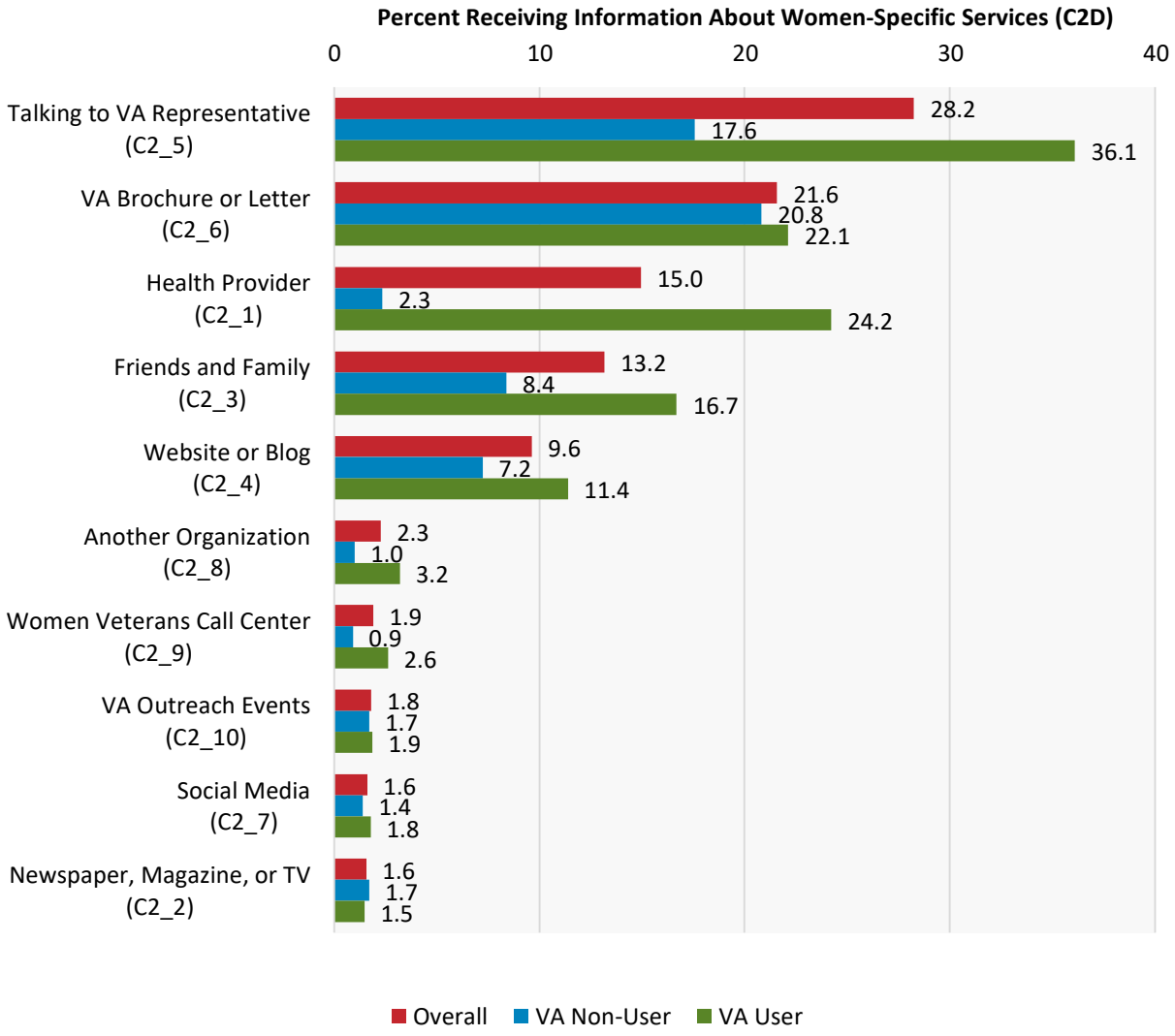
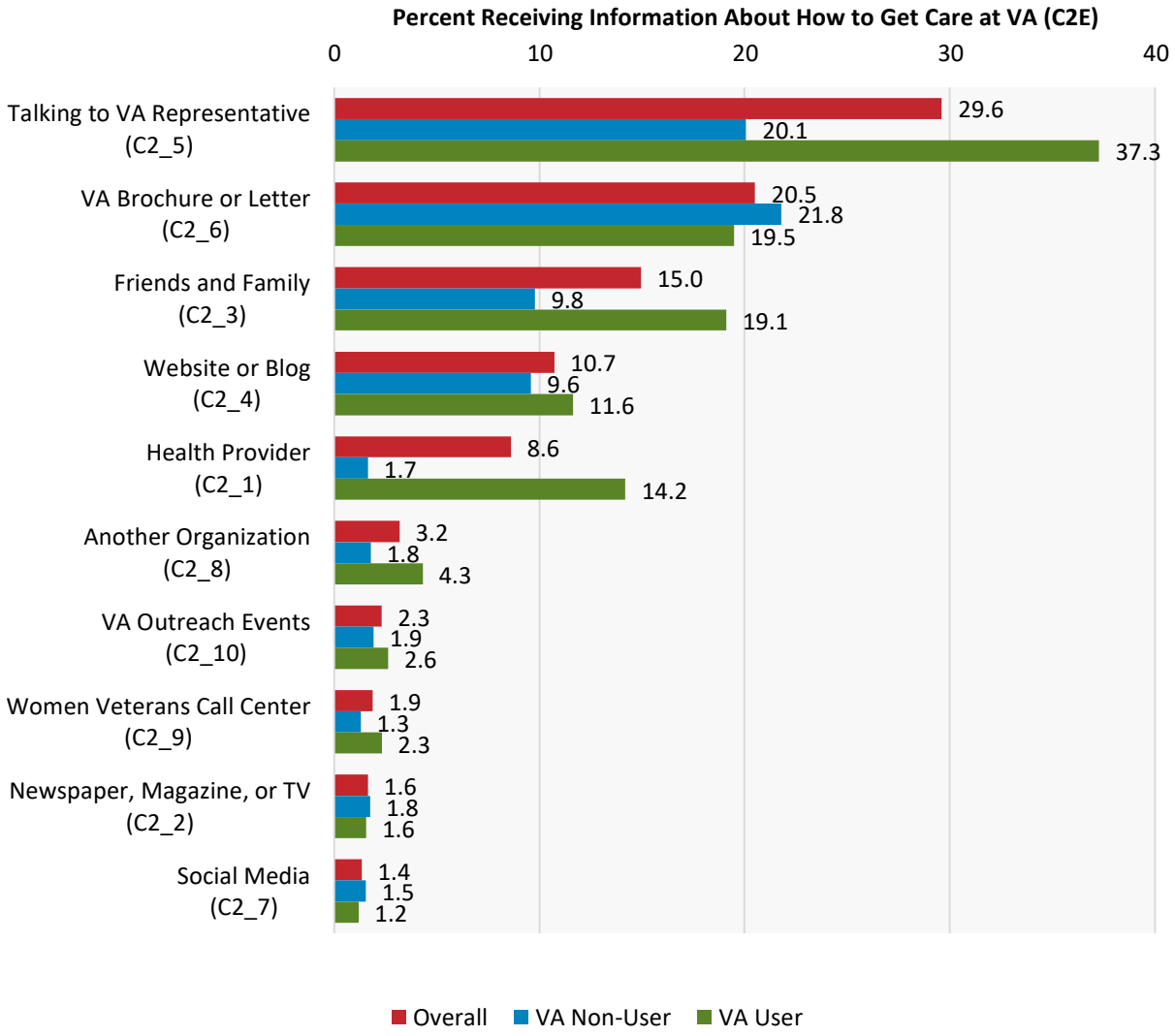


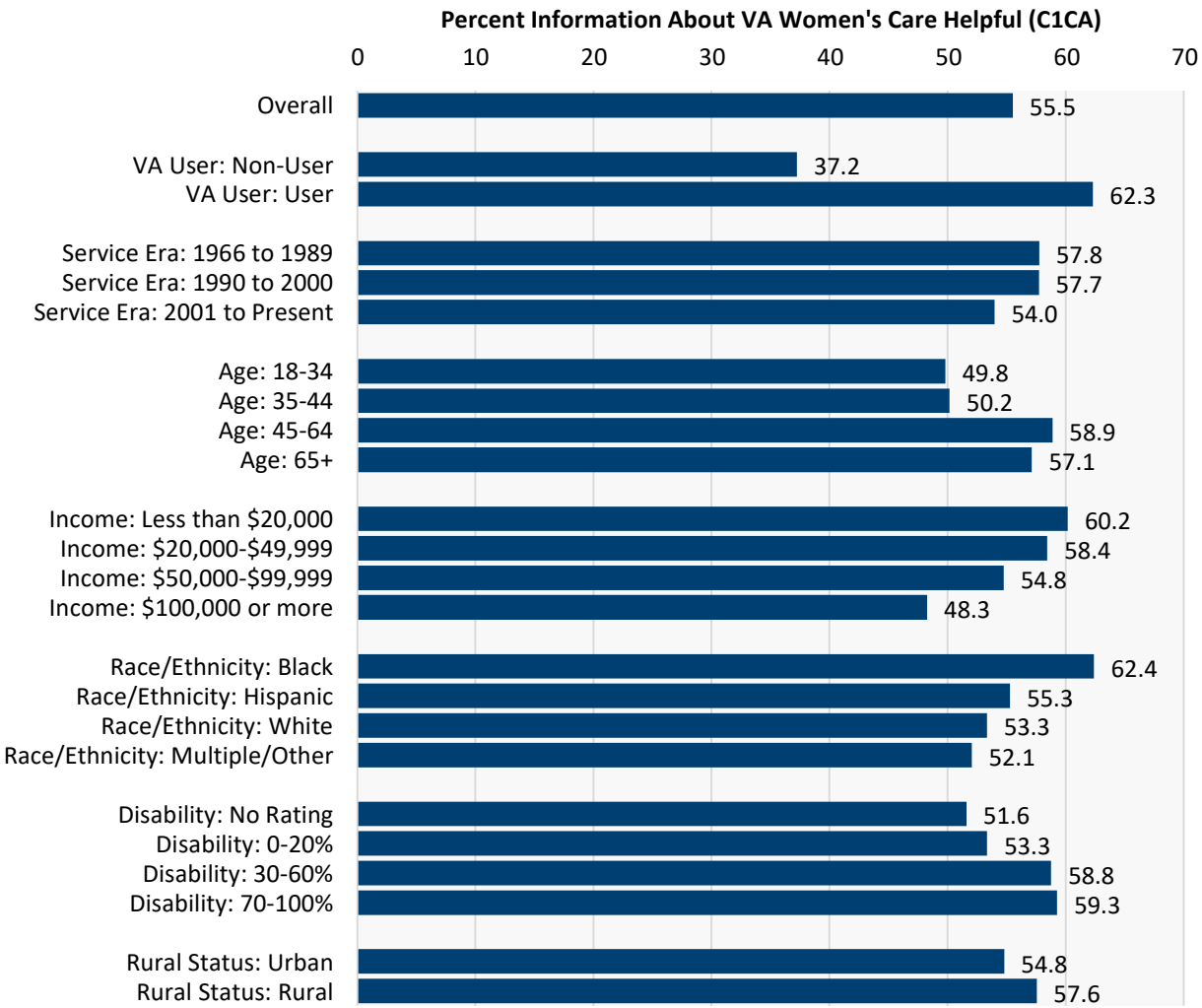
Exhibit 7. Received Information About Eligibility Requirements (C2E) by User Status



Helpfulness of Information about Women's Care (C1CA)

Overall, **three out of five (62.3%) VA users said the information they had received about women's care was "very helpful" compared to just 37.2% of non-users.** This increased substantially when including the "Somewhat helpful" response option. Those in older service eras and those over the age of 45 were more likely to rate the information as helpful. Those with lower incomes, women Veterans who are Black, and those with higher disability ratings rated the information about women's care as most helpful. There was no difference by urban/rural status.

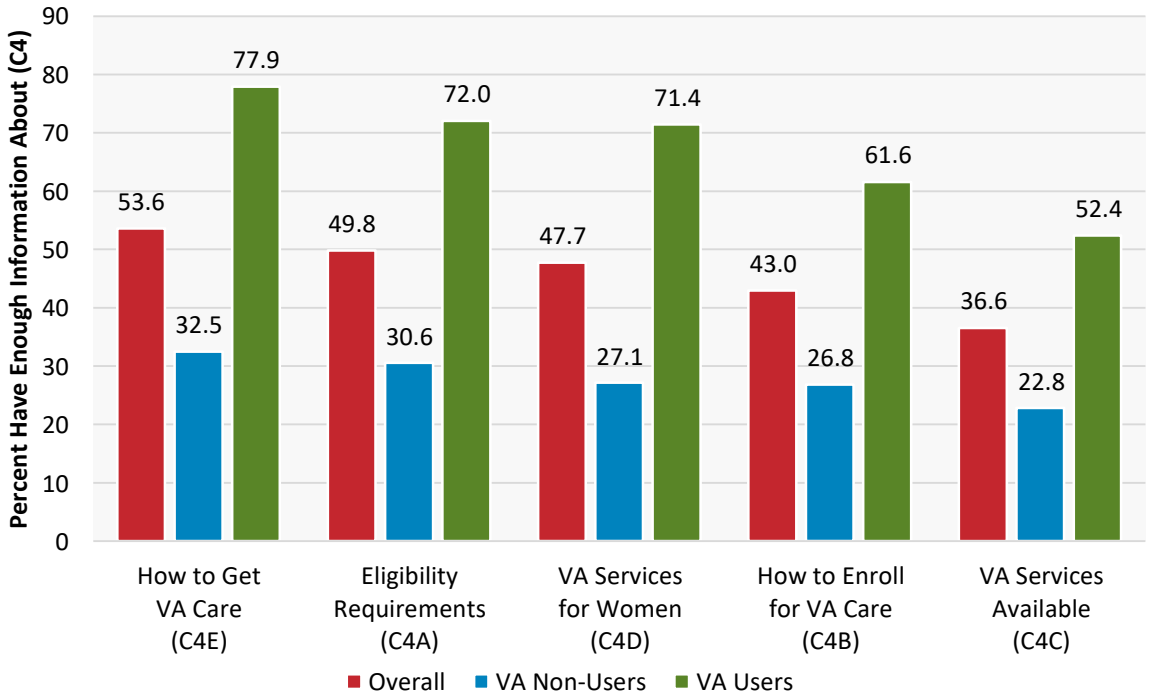
Exhibit 8. Helpfulness of Information About VA Women's Care (C1CA), Veteran Characteristics



Have Enough Information About VA Care (C4)

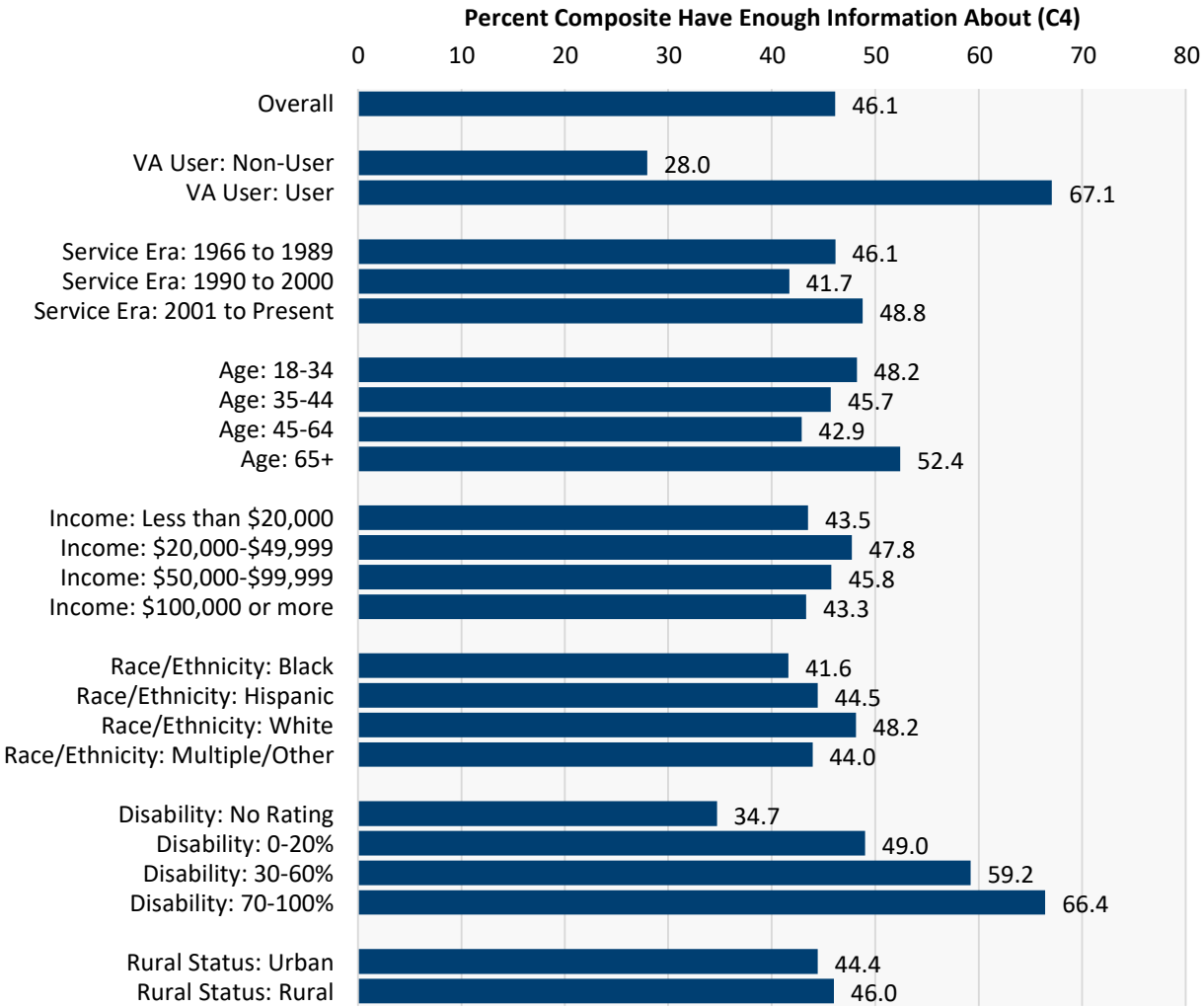
For each of the five types of VA information, participants were asked if they had enough information. **Women Veterans were most likely to have enough information about how to get VA care (53.6%), eligibility requirements (49.8%), VA services for women specifically (47.7%), how to enroll for VA care (43.0%), and VA services available (36.6%).** In all cases, VA users were more than twice as likely to say they have enough information compared to non-users.

Exhibit 9. Have Enough Information by Topic, VA User Status (C4)



A composite of the five types of information was created to explore Veteran characteristics in having enough VA information. **Overall, two thirds (67.1%) of VA users felt they had enough of any one type of VA information, compared to less than one third (28.0%) of non-users.** Having enough information was more likely for those under 35 or over 65, and for middle income levels. Women Veterans who are White were more likely to feel they had enough information. Those with higher disability ratings were much more likely to have enough information. There was no difference by urban/rural status.

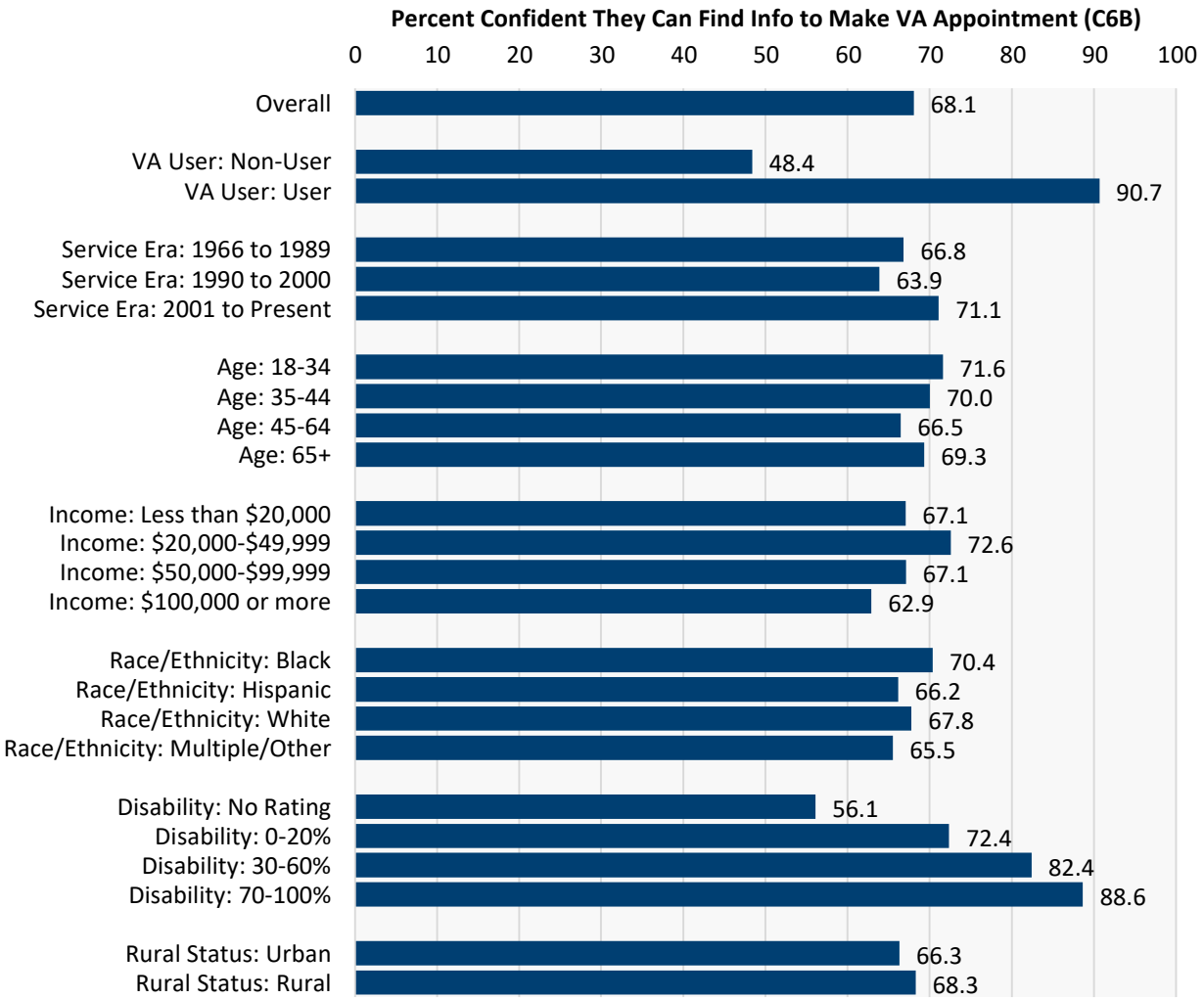
Exhibit 10. Composite Have Enough Information About (C4), Veteran Characteristics



Confidence in Finding Information to Make VA Appointments (C6B)

Nine out of ten VA users (90.7%) are confident they could find information to make an appointment at the VA, compared to just half (48.4%) of non-users. Those serving after 2001 and younger than 45 were the most confident, as were those with an income between $20,000 and $49,999. Confidence did not vary by race/ethnicity. Those with a higher disability rating were much more confident they could make an appointment. Confidence did not vary by urban/rural status.

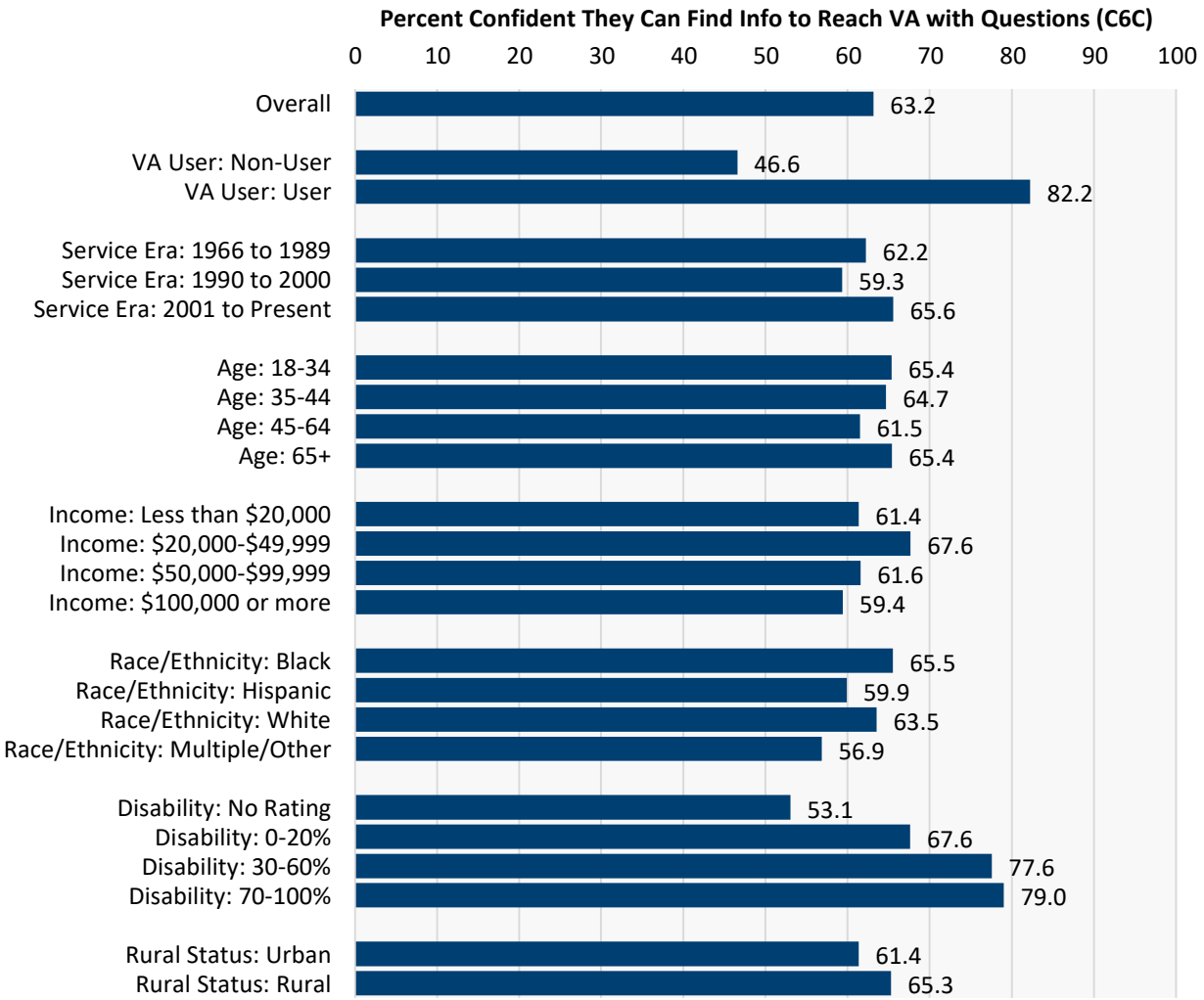
Exhibit 11.Confidence in Finding Info to Make VA Appointments (C6B), Veteran Characteristics



Confidence in Finding Someone to Ask Questions (C6C)

Four out of five VA users (82.2%) are confident they could find someone at the VA to ask questions, compared to less than half (46.6%) of non-users. Those serving between 1990 and 2000 were less confident, as were those ages 45 to 64. Women Veterans with incomes between $20,000 and $49,999 were more confident than others, as were those who were Black or White. Those with a higher disability rating were much more confident they could find someone at VA to ask questions, as were those in rural areas.

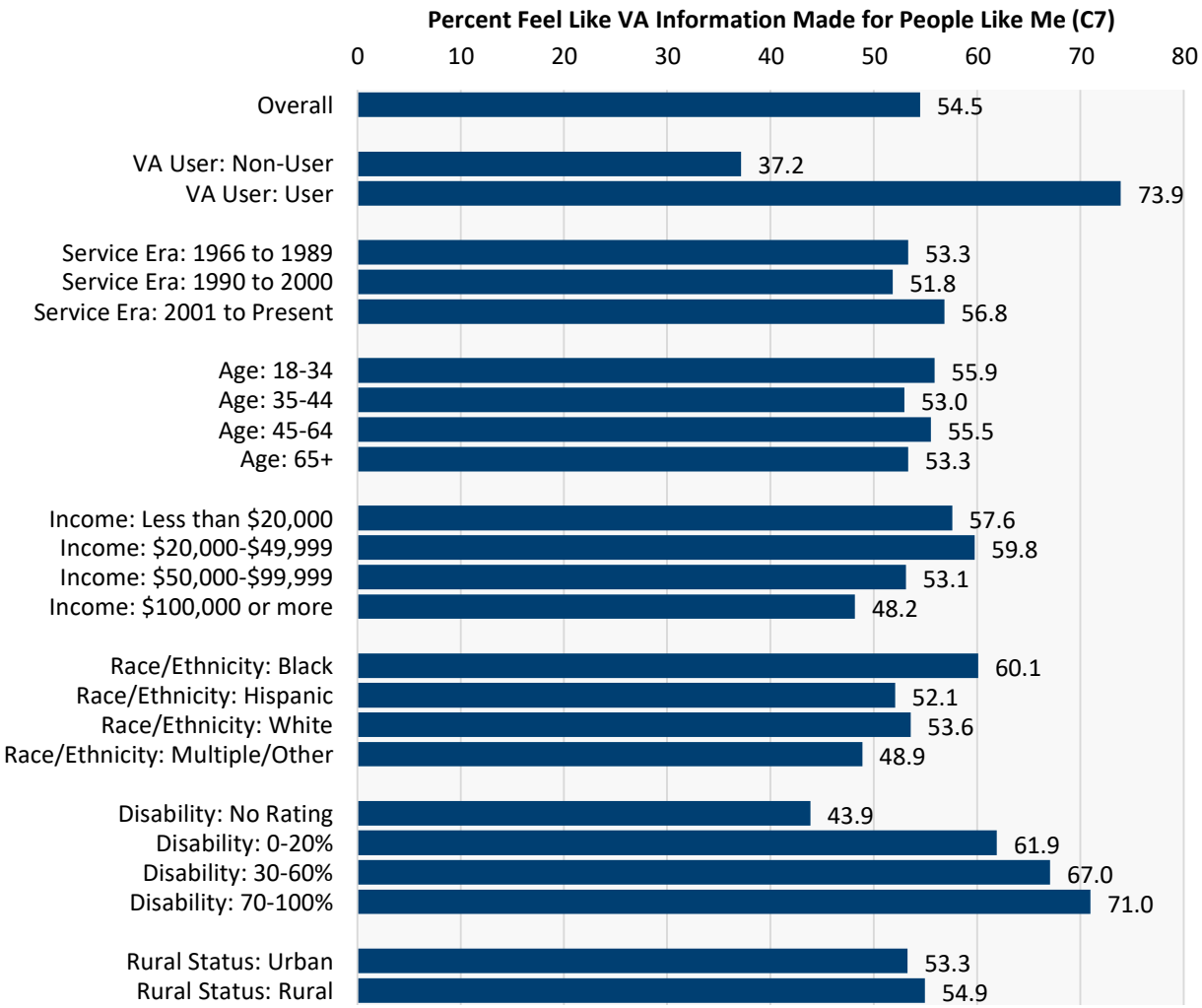
Exhibit 12. Confidence in Finding Someone to Ask Questions (C6C), Veteran Characteristics



VA Information Feels Made for People Like You (C7)

Almost three out of four VA users (73.9%) say VA information feels like it is made for them, compared to just 37.2% of non-users. Those with service eras after 2001 were most likely to feel VA information was made for them, though age was not significant. Women Veterans with incomes below $50,000 were more likely to feel included, as were those who are Black. Those with higher disability ratings were much more likely to feel VA information was for them. This did not differ by urban/rural status.

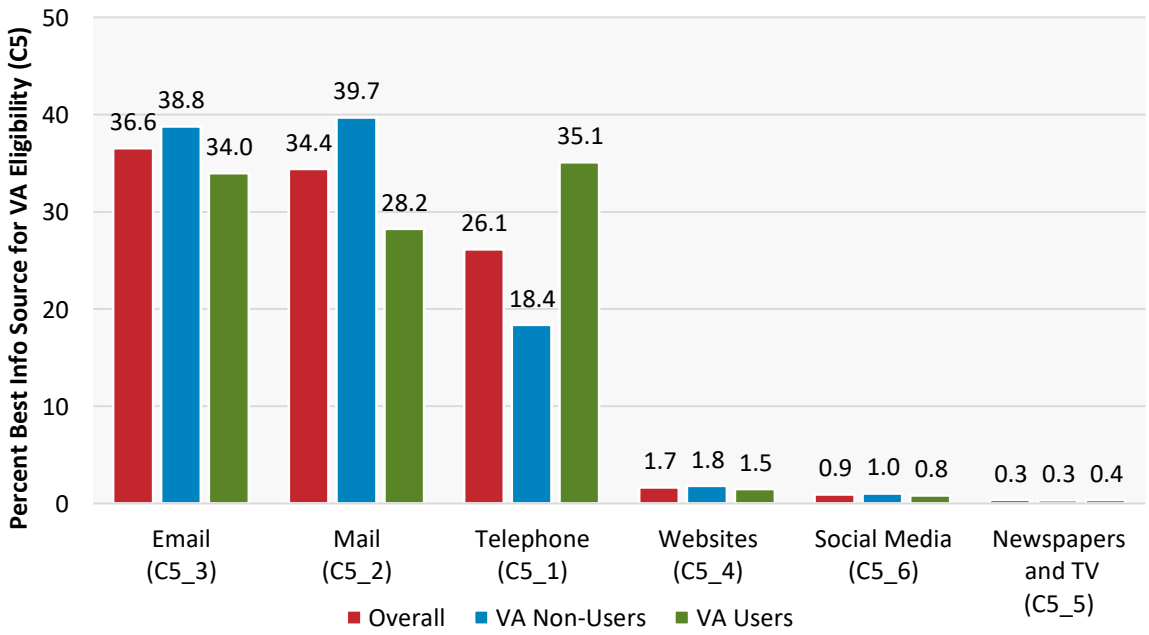
Exhibit 13. VA Information Feels Made for People Like You (C7), Veteran Characteristics



Best Information Source About Eligibility (C5)

Women Veterans were asked the single best source of information about VA eligibility. **The best sources of information for eligibility were email (36.6%), mail (34.4%), and telephone (26.1%).** Non-users were more likely to prefer email and mail, while VA users were more likely to prefer telephone. **Almost no women Veterans preferred to get eligibility information from websites (1.7%), social media (0.9%), or newspapers, magazines, or TV (0.3%).**

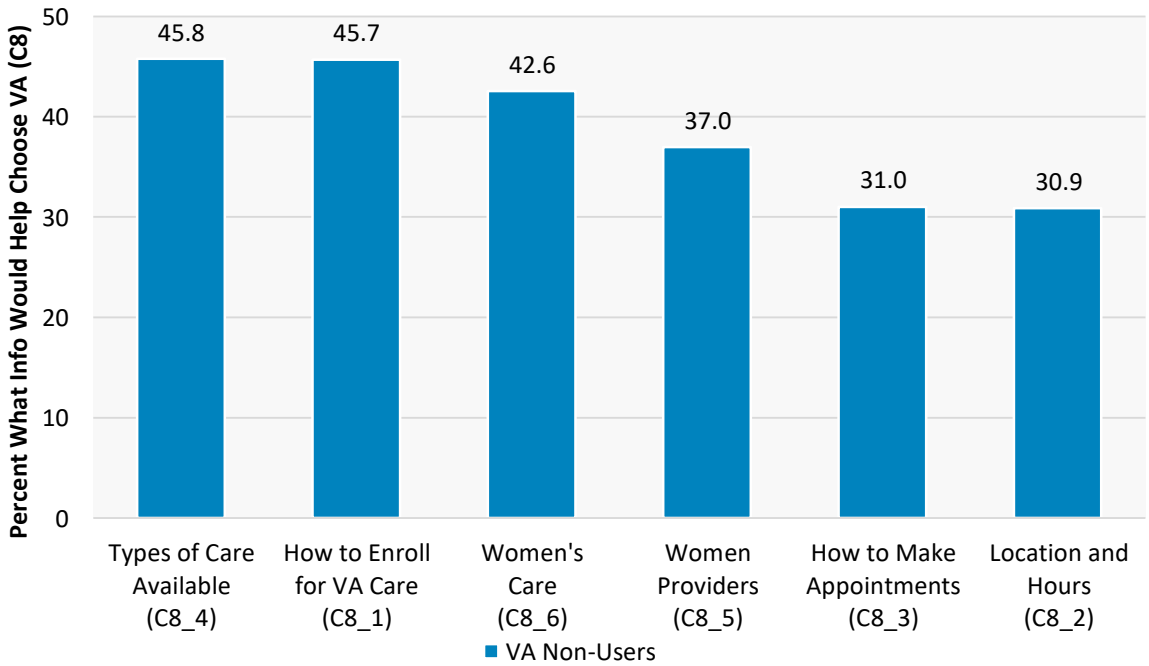
Exhibit 14. Best Information Sources About VA Eligibility (C5) by VA User Status



Best Type of Information to Help Non-Users Choose VA (C8)

Non-users of the VA were asked what information would best help them choose the VA and could select all types that apply. **Non-users reported the best information would be the type of care available (45.8%), how to enroll for VA care (45.7%), and more information about women's care (42.6%).** Less frequently selected information types include the availability of women providers (37.0%), how to make appointments (31.0%), and more information about location and hours (30.9%).

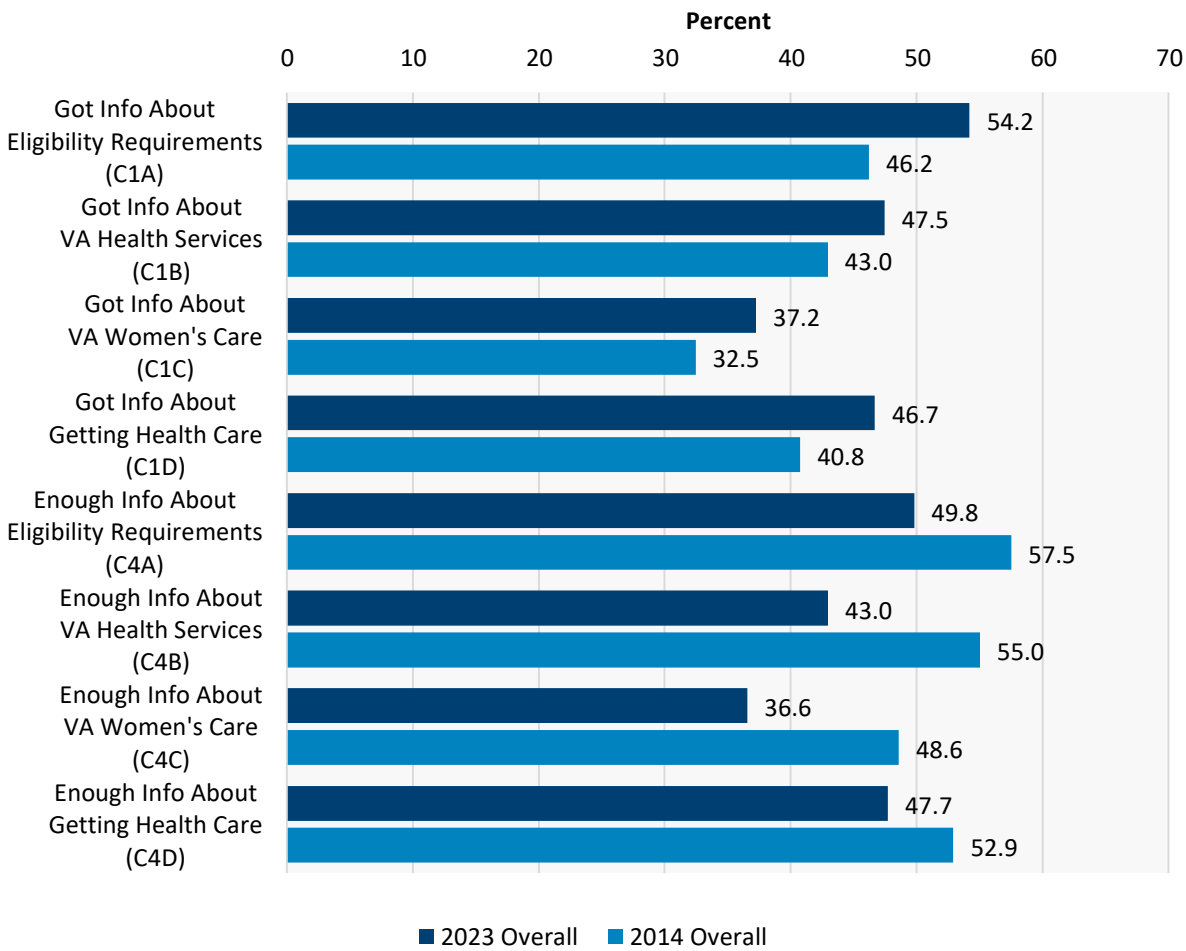
Exhibit 15. Best Type of Information to Help Non-Users Choose VA (C8)



Trends Over Time for Information Sources (C1, C4)

Exposure to information from VA and having enough information from VA were included in both 2014 and 2023 surveys. **Trends over time show that exposure to all types of information about the VA increased from 2014 to 2023.** Information about eligibility requirements increased from 46.2% to 54.2%. Info about VA health services increased from 43.0% to 47.5%, information about women's care increased from 32.5% to 37.2%, and information about getting health care increased from 40.8% to 46.7%. **While information exposure increased, demand for more information also increased. Those who felt they had enough information decreased across all information types.** Having enough about eligibility requirements decreased from 57.5% to 49.8%; having enough information about VA health services decreased from 55.0% to 43.0%; having enough information about women's care decreased from 48.6% to 36.6%; and having enough information about getting health care decreased from 52.9% to 47.7%.

Exhibit 16. Trends Over Time for Information Sources (C1, C4), 2014-2023



3.4 Travel Distance

Survey Questions Related to this Topic
Full Survey Text Available in Appendix D

E3. How long does it typically take you to get to your VA Primary Care site?

E3A. How long does it typically take you to get to your Primary Care doctor's office?

E3B. Would help from the VA in accessing transportation to medical care help you choose VA for future care?

E6. This question asks about transportation for you to get to your VA SITE OF CARE. Would you say that finding transportation to your medical care is...

E8. Please indicate the mode of transportation you usually use when you have an appointment for your health care at a VA site of care. Do you...

1. Drive yourself
2. Have a family member, friend, or significant other drive you
3. Take public transportation
4. Use shuttle services, such as a vehicle from the VA picking you up
5. Ride sharing services, like Uber or Lyft
6. Use some other mode of transportation

E25. Some Veterans are eligible for the Beneficiary Travel system. Do you know whether you are eligible for "bene-travel" services?

E25a. Have you ever used the VA's beneficiary travel or "bene-travel" service?

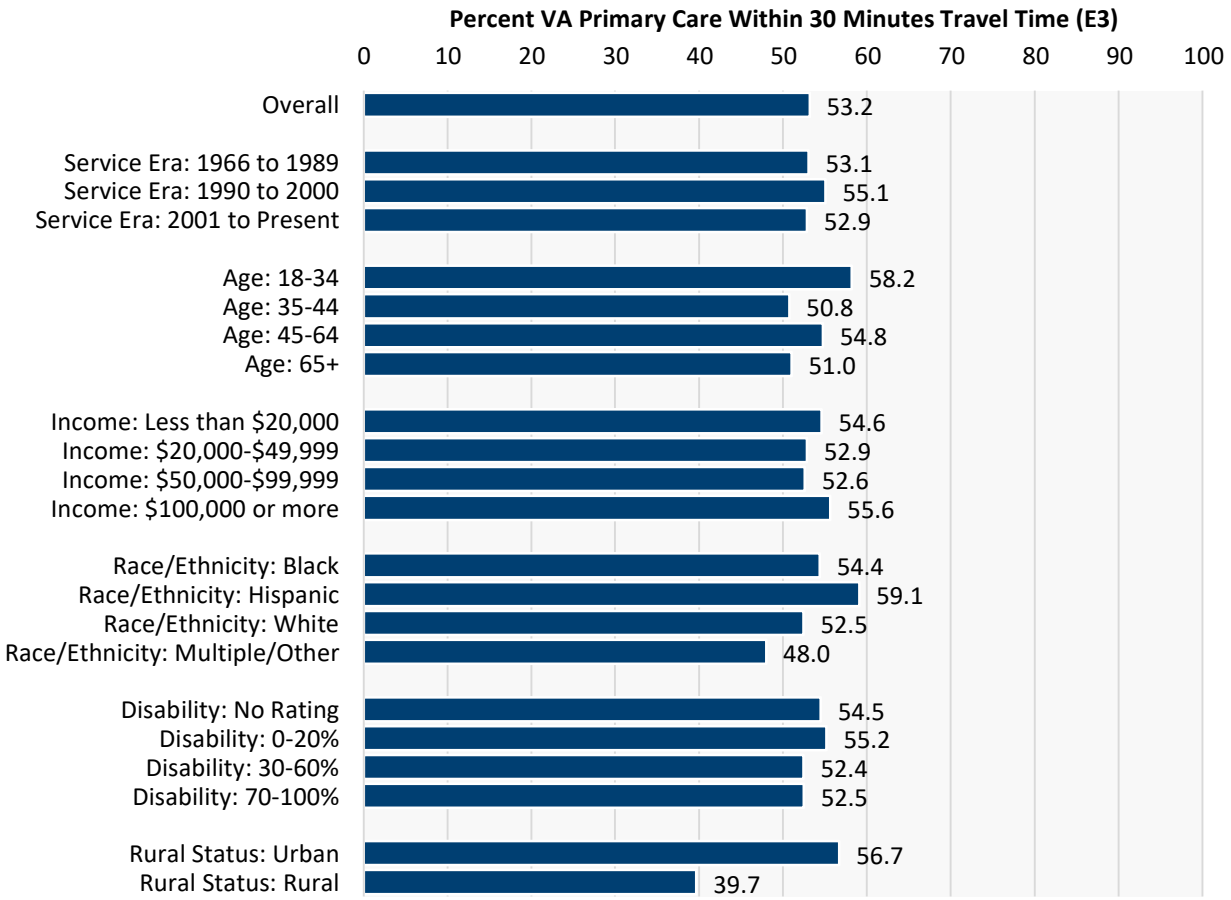
E25b. Has using this service made it easier to access VA care?

E26. If you had access to the "bene-travel" service, would it make accessing VA care easier for you?

Travel Time to Primary Care for VA Users (E3)

Just over half (53.2%) of VA users reported the travel time to their VA primary care provider was less than 30 minutes. This was not significantly different by service era, age, income, race/ethnicity, or disability rating. Travel time did differ substantially by rural/urban status, with urban women Veterans much more likely to have a VA facility within 30 minutes than those in rural areas.

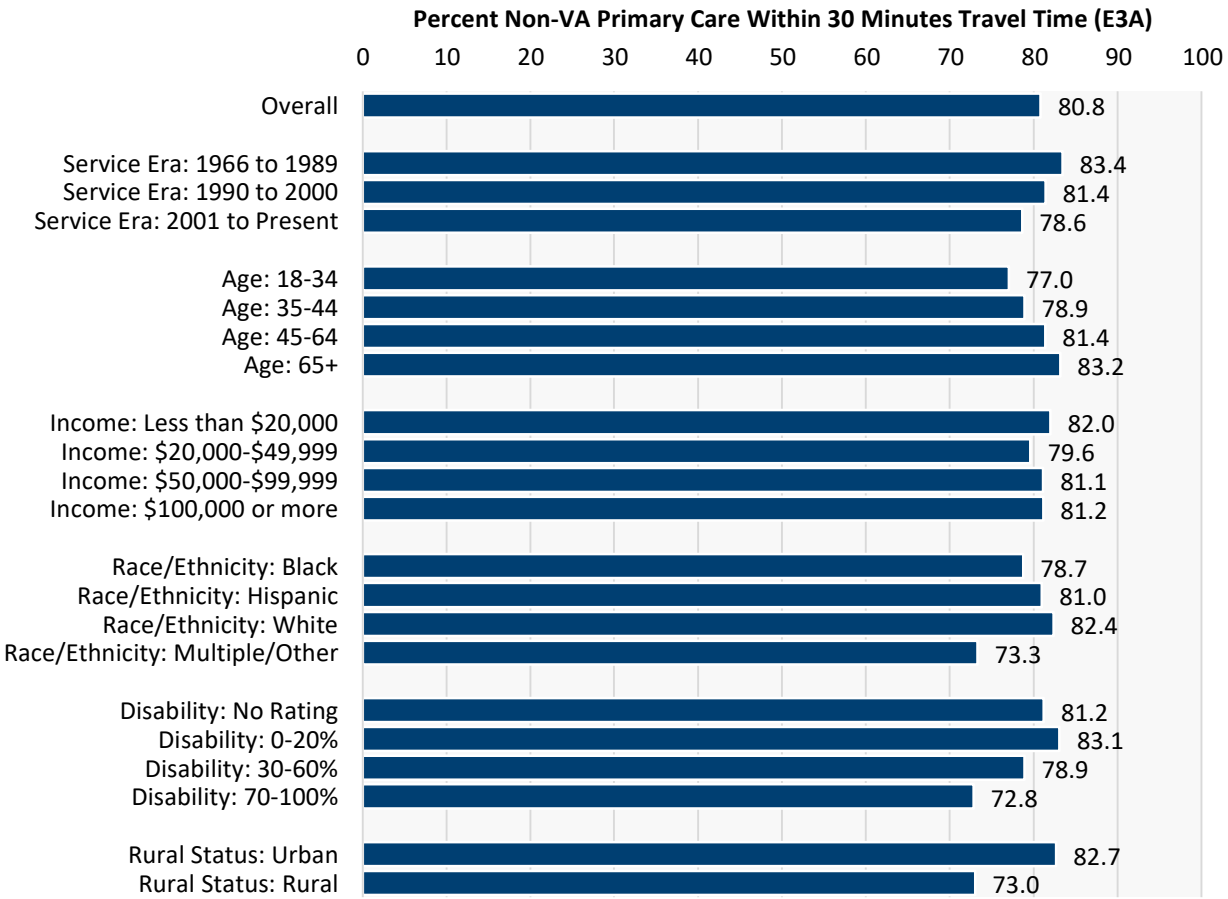
Exhibit 17. Travel Time to Primary Care for VA Users (E3), Veteran Characteristics



Travel Time to Primary Care for Non-VA Users (E3A)

Four out of five (80.8%) of VA non-users reported the travel time to their non-VA facility was less than 30 minutes. Those who served before 1990 had a slightly shorter travel time, though age was not significantly different. Travel time did not differ by income. White women Veterans had the shortest travel time, while those who were multiple/other races had longer travel times. Travel time differed by rural/urban status, with those in urban areas more likely to have their primary care provider (PCP) within 30 minutes.

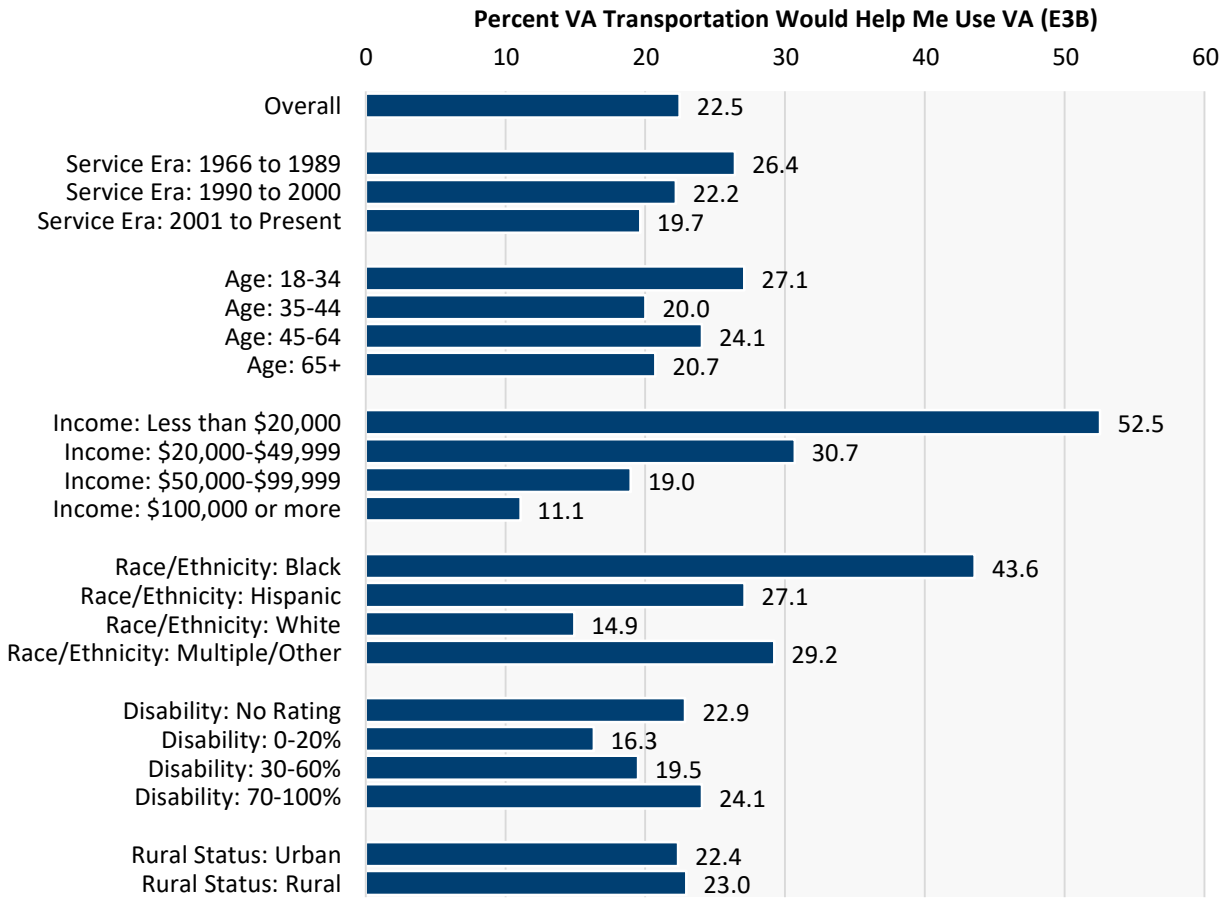
Exhibit 18. Travel Time to Primary Care for Non-users (E3A), Veteran Characteristics



VA Transportation Would Help Me Use VA (E3B)

Among VA non-users, almost one in four (22.5%) say VA-sponsored transportation would be helpful to them. Women Veterans who served before 1990 were most likely to say this would be helpful, though the trend was not clear across age groups. Income was an especially strong driver, with half of those making under $20,000 finding assistance with transportation helpful. Black women Veterans were also likely to rate transportation as especially helpful. This did not differ significantly by disability rating or urban/rural status.

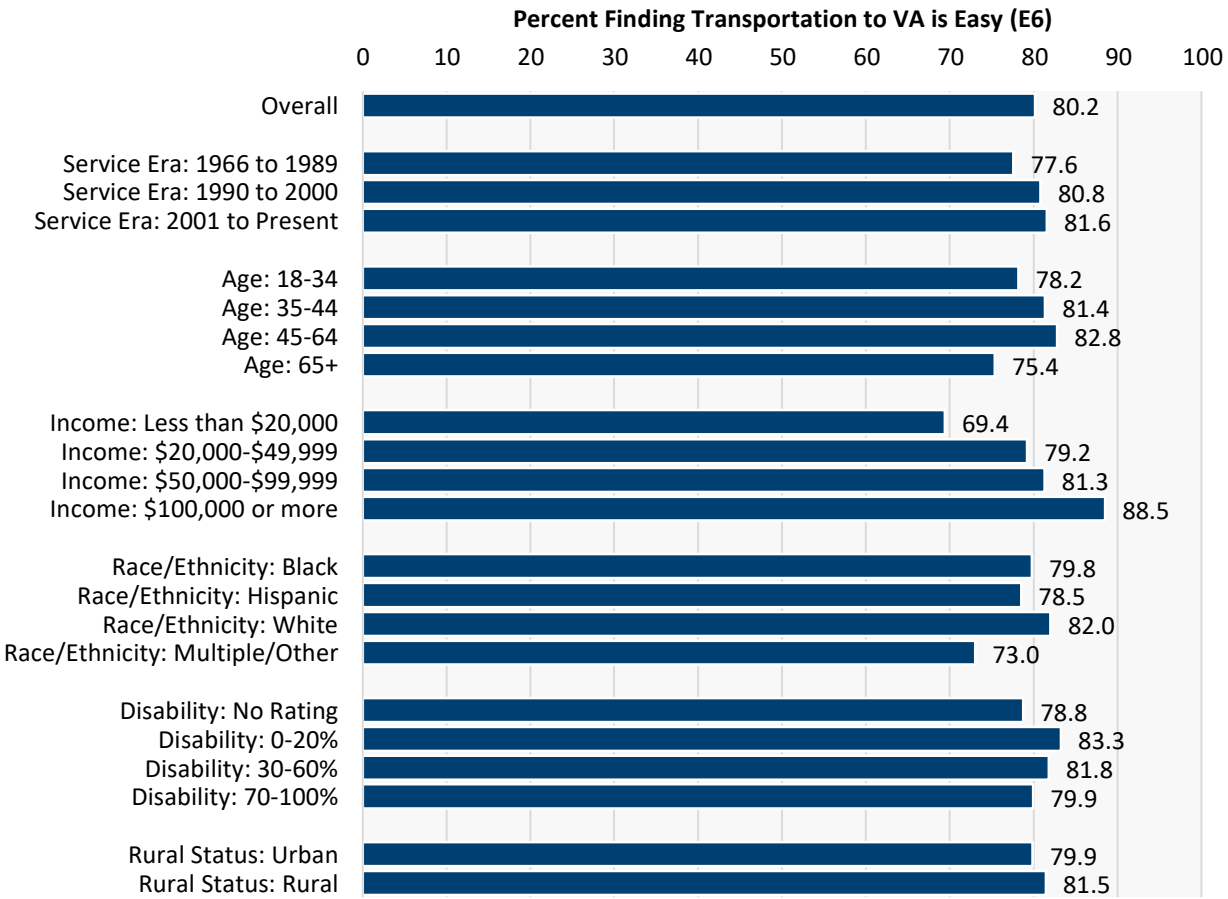
Exhibit 19. VA Transportation Would Help Me Use VA (E3B), Veteran Characteristics



Ease of Finding Transportation to VA (E6)

Among VA users, four out of five (80.2%) say finding transportation to the VA is easy, which includes responses of "very easy" and "somewhat easy." This did not differ significantly by service era, but women Veterans under the age of 65 found transportation easier than those over 65. Ease of transportation also increased with income and for those who are White. Disability status and urban/rural status did not differ significantly for ease of finding transportation.

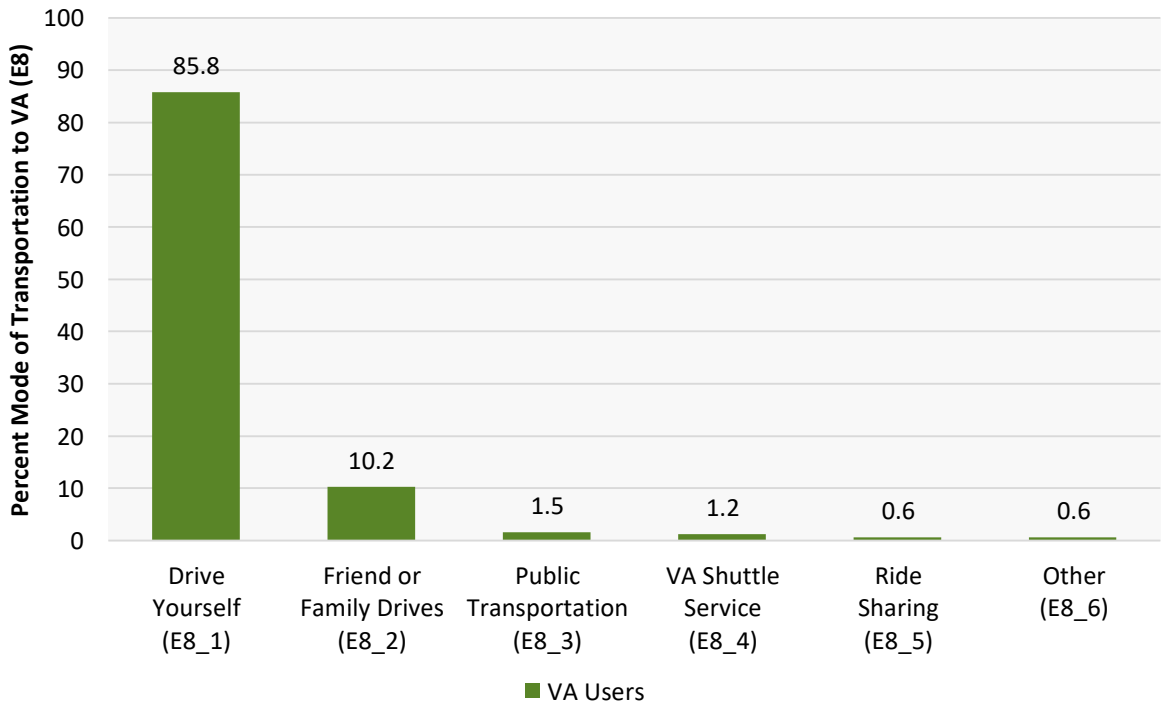
Exhibit 20. Ease of Finding Transportation to VA (E6), Veteran Characteristics



Mode of Transportation to VA (E8)

VA users were asked to select their typical mode of transportation to the VA. **Nearly seven out of eight (85.8%) VA users reported they typically reached the VA by driving themselves.** Another 10.2% had a friend of family member drive. Other options were rare, including public transportation (1.5%), VA shuttle service (1.2%), ride sharing (0.6%), and other options (0.6%). Note this question asked about the most typical mode of transportation, and VA users may have used these other transportation options on occasion.

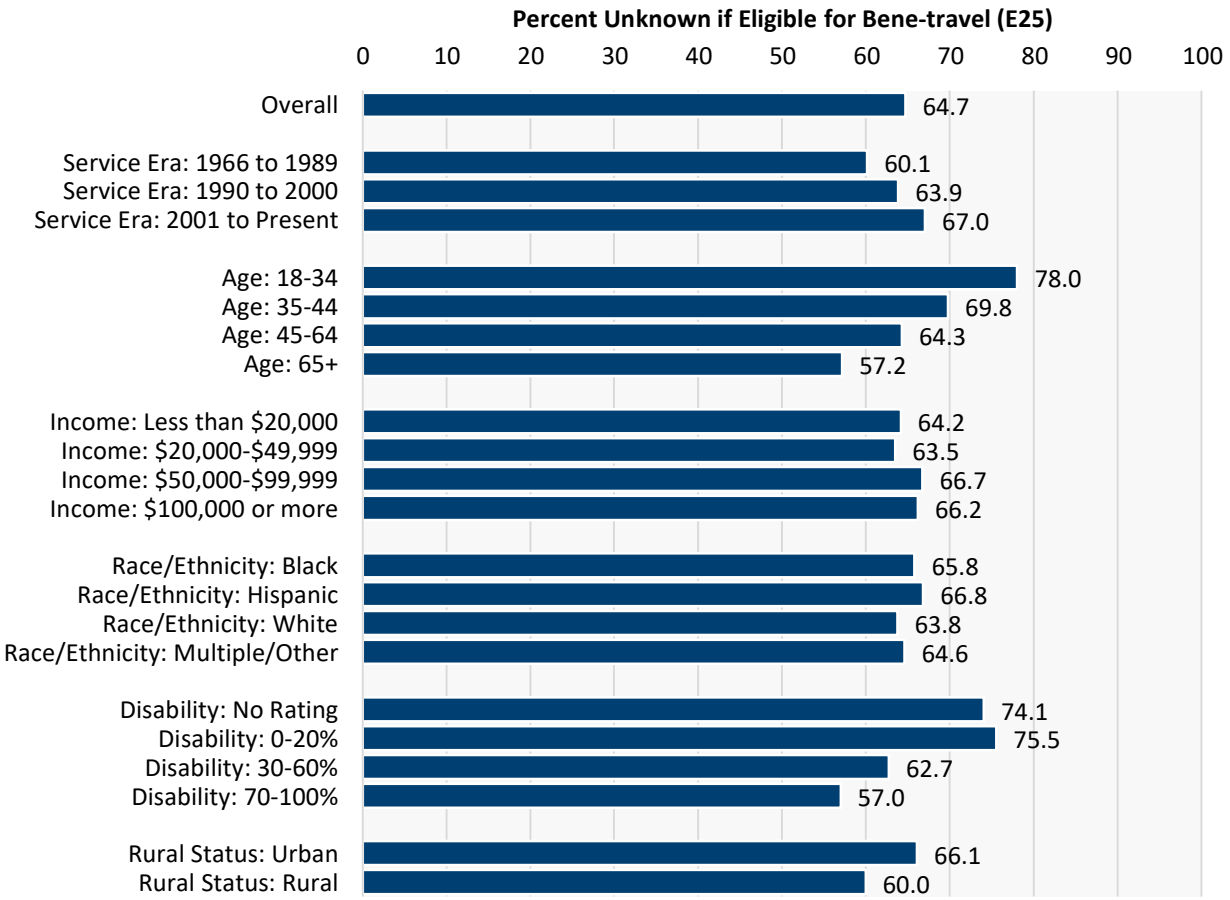
Exhibit 21. Typical Model of Transportation to VA (E8)



Unknown Eligibility for Bene-travel Service (E25)

Among VA users, almost two out of three (64.7%) women Veterans did not know if they were eligible for bene-travel (VA assisted transportation). Those who served more recently and younger women Veterans were less likely to know if they were eligible. Knowing bene-travel eligibility did not differ by income or race/ethnicity. Those with lower or no disability rating and those living in urban areas were less likely to know if they were eligible for bene-travel services.

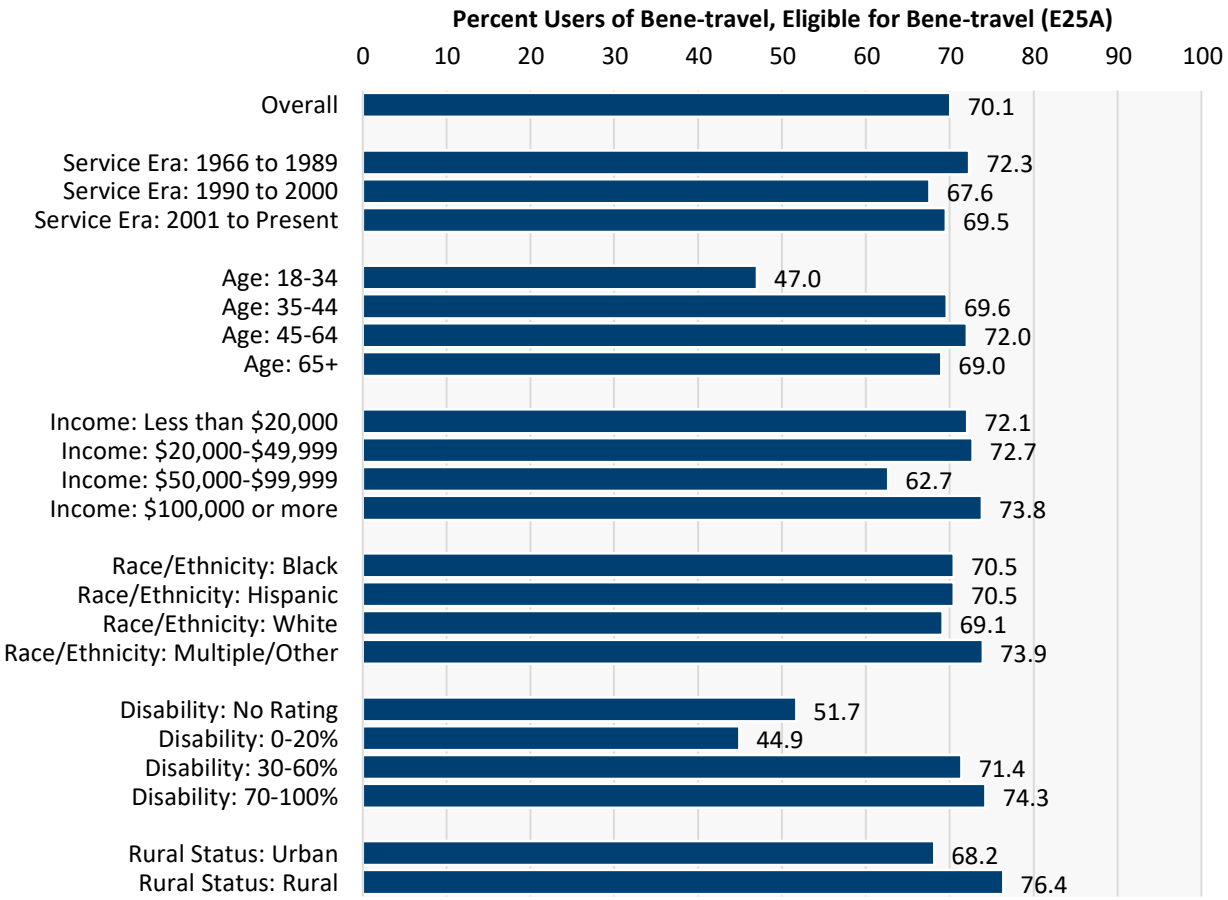
Exhibit 22. Unknown Eligibility for Bene-travel Service (E25), Veteran Characteristics



Use of Bene-travel Service (E25A)

Among women Veterans who know they were eligible for bene-travel, seven in ten (70.1%) had used the bene-travel service. This did not differ by service era, but those under 35 were less likely to have used bene-travel, as were those with an income of $50,000 to $99,999. Use of bene-travel did not differ by race/ethnicity. Those with low or no disability rating were less likely to use the service, as were those in urban areas.

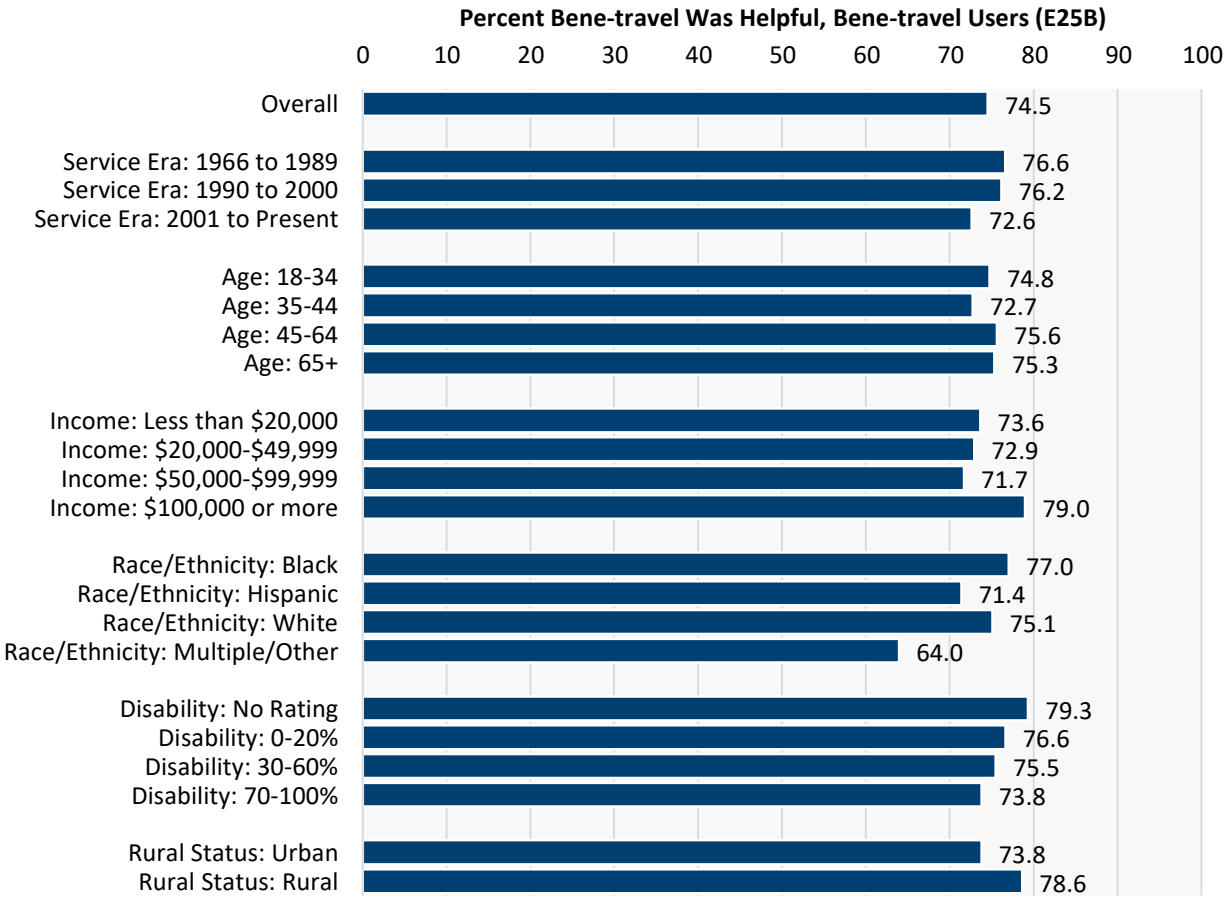
Exhibit 23. Use of Bene-travel Service (E5A), Veteran Characteristics



Helpfulness of Bene-travel for Bene-travel Users (E25B)

Among women Veterans who had used the bene-travel service, three in four (74.5%) said it helped them access VA care. The helpfulness of bene-travel did not differ significantly by any demographic, include service era, age group, income, race/ethnicity, disability rating, or urban/rural status. However, only 650 women Veterans had used the bene-travel service and answered this question, providing less statistical precision than in most other questions.

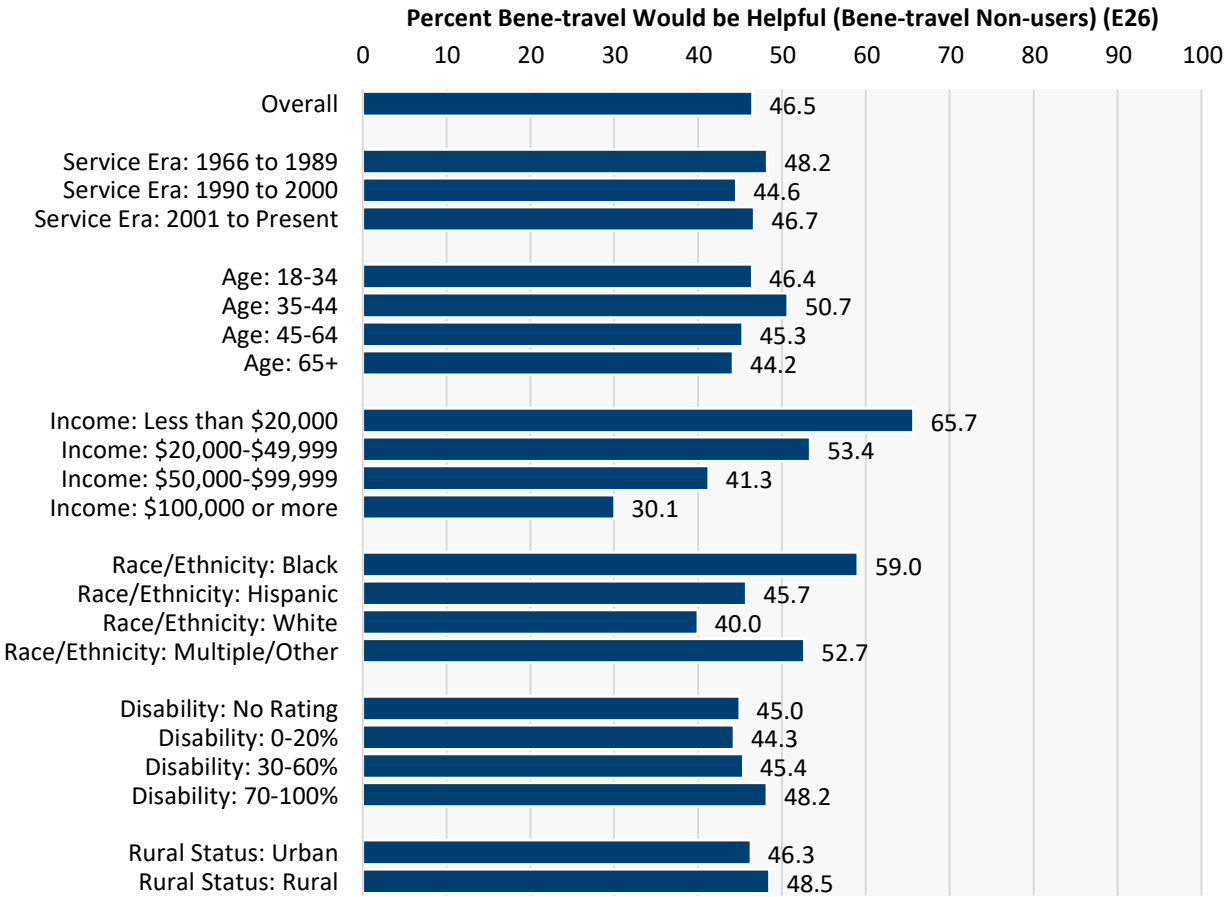
Exhibit 24. Helpfulness of Bene-travel for Bene-travel Users (E25B), Veteran Characteristics



Helpfulness of Bene-travel for Bene-travel Non-users (E26)

Among those who had not used the bene-travel service, about half (46.5%) thought it would help them access VA care. This did not differ by service era or age group. Those with lower incomes were much more likely to say bene-travel would help them access care, as did women Veterans who were Black or multiple/other race. Helpfulness of bene-travel among those who had not used the service did not differ by disability rating or urban/rural status.

Exhibit 25. Helpfulness of Bene-travel for Bene-travel Non-users (E26), Veteran Characteristics



3.5 Location and Hours

Survey Questions Related to this Topic
Full Survey Text Available in Appendix D

E18. In general, does your VA site of care have appointment times that are convenient for you to get care?

E29. Have the hours of operation at your closest VA facility ever caused you to choose a care provider other than the VA?

E30. In the last 24 months, when you contacted the VA to get an appointment for primary care, how often were long appointment wait times a barrier to receiving the care as soon as you needed?

E31. Would extended hours beyond daytime business hours at a VA site of care allow you to get care you would not be able to get during business hours?

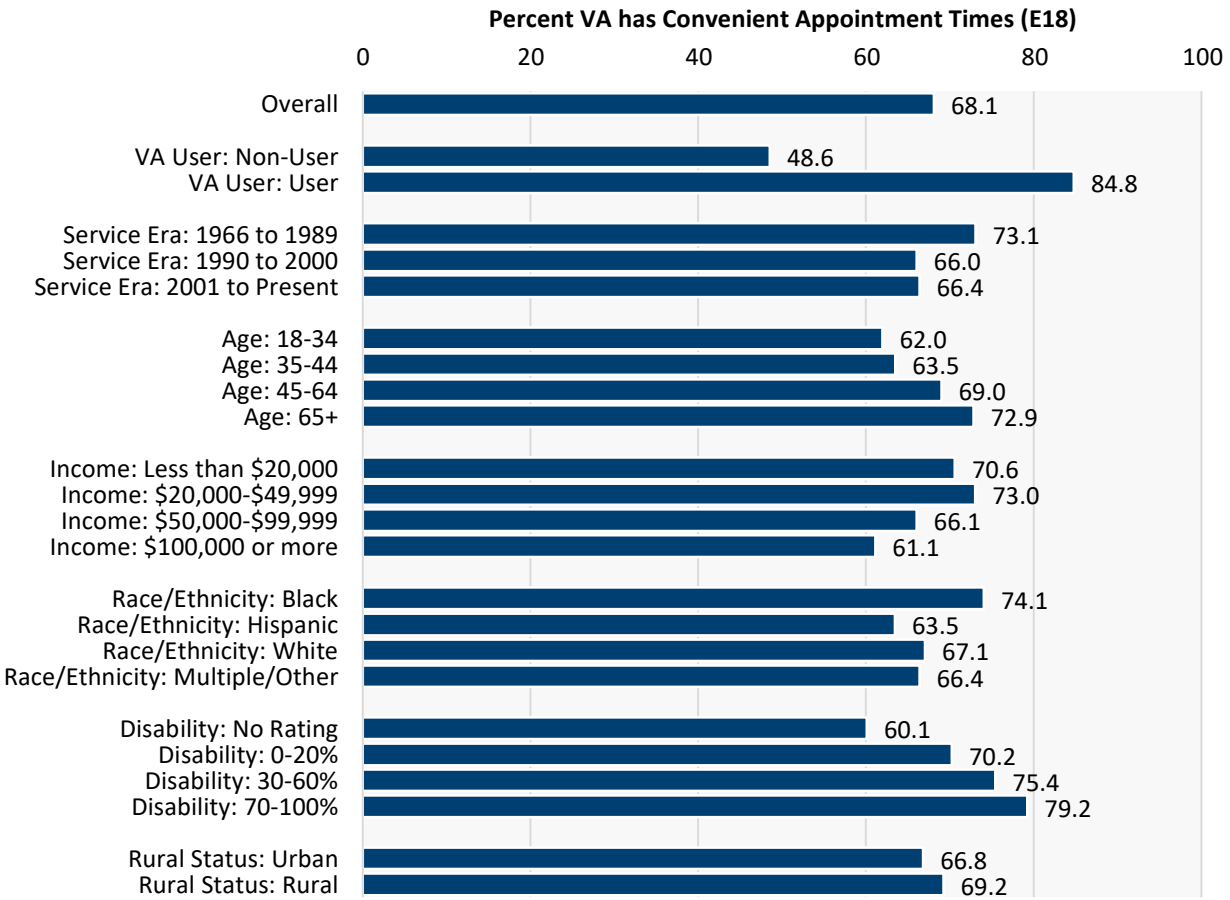
E31a. If your VA had extended appointment hours when would you prefer to come for an appointment?

E32. Has the location of your closest VA site of care ever caused you to choose a care provider other than the VA?

Convenient Appointment Times at the VA (E18)

Six out of seven (84.8%) VA users said the VA had convenient appointment times, though only 1 out of 2 (48.6%) of non-users said appointment times were convenient. Those who served before 1990 were more likely to agree appointment times were convenient, as were older women Veterans. Those with lower incomes were more likely to say appointment times were convenient, as were Black women Veterans and those with higher disability ratings. There was no difference by urban/rural status.

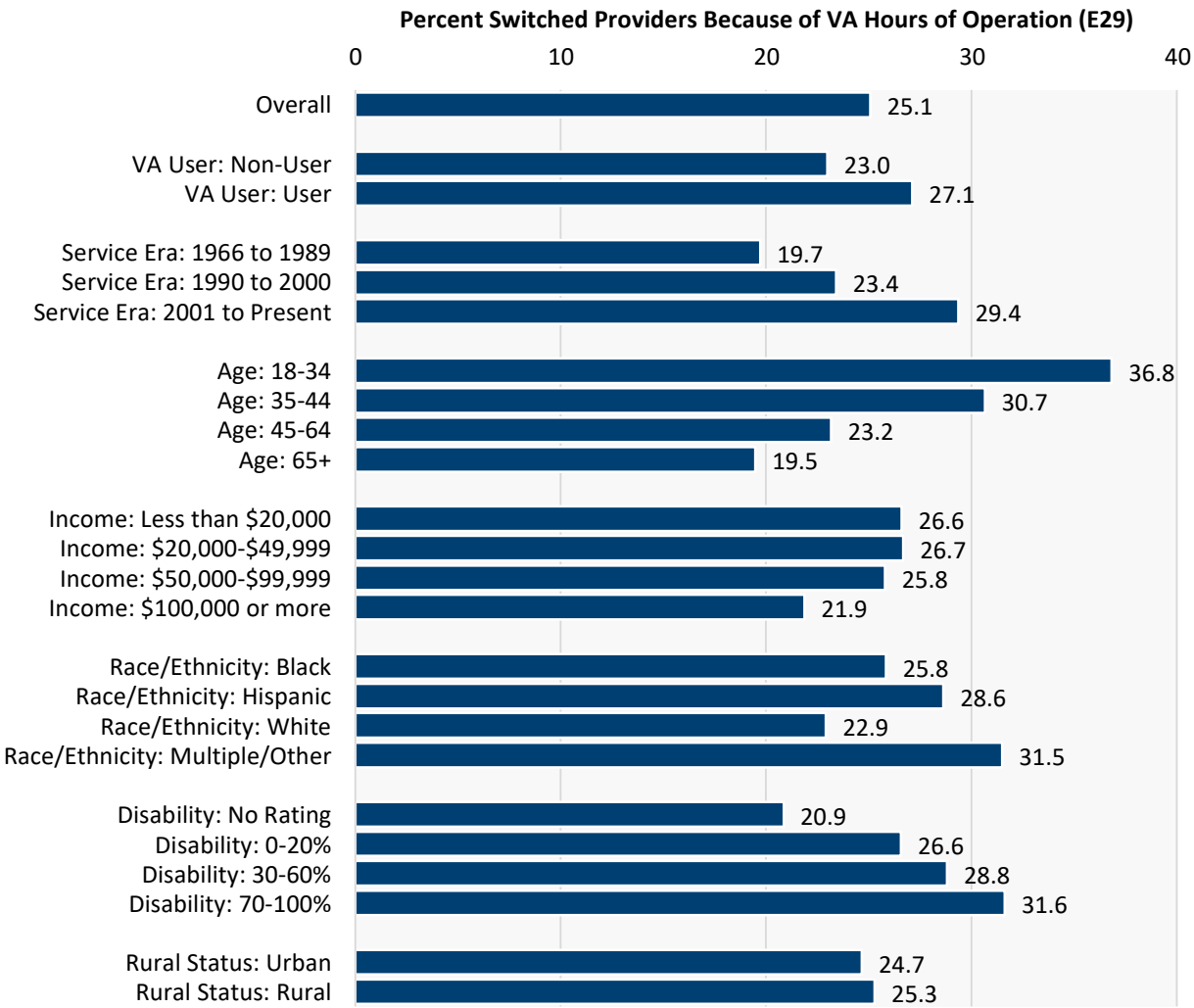
Exhibit 26. VA Has Convenient Appointment Times (E18), Veteran Characteristics



Switched Providers Because of VA Hours (E29)

One in four (25.1%) women Veterans said they had switched providers from the VA because of hours of operation. Users were more likely to have switched than non-users, as were those in more recent service eras and those under the age of 35. Those who made less than $100,000 were more likely to switch, as were those who were not White. Switching providers because of hours of operation increased with disability rating. There was no difference by rural/urban status.

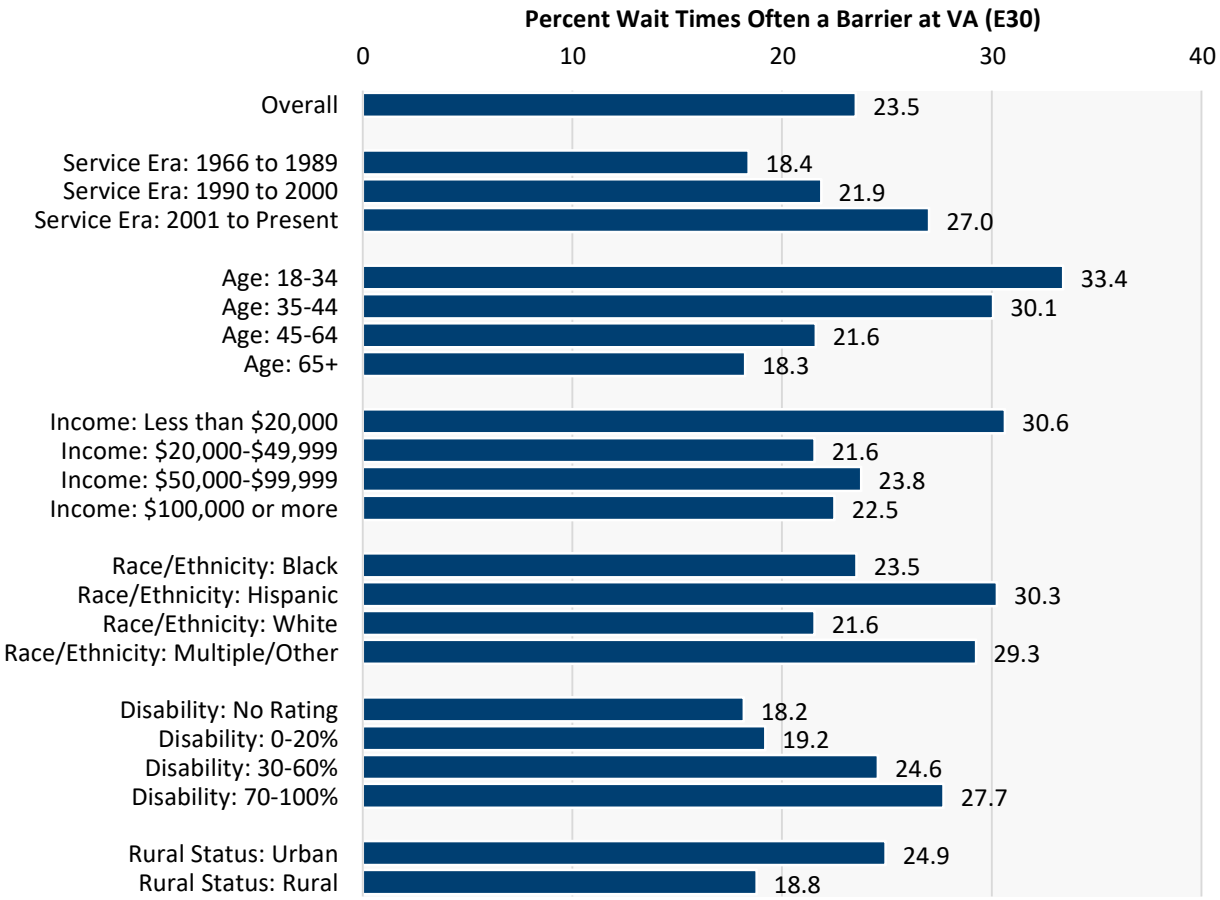
Exhibit 27. Switched Providers Because of VA Hours of Operation (E29), Veteran Characteristics



How Often Have Wait Times Been a Barrier at VA (E30)

Just under one in four (23.5%) women Veterans said wait times for an appointment have been a barrier to care. Those in more recent service eras and those who are younger were more likely to report wait times as a barrier. Those with incomes less than $20,000 were more likely to report wait time as a barrier, as were those who are Hispanic or multiple/other race, had higher disability ratings, or lived in urban areas.

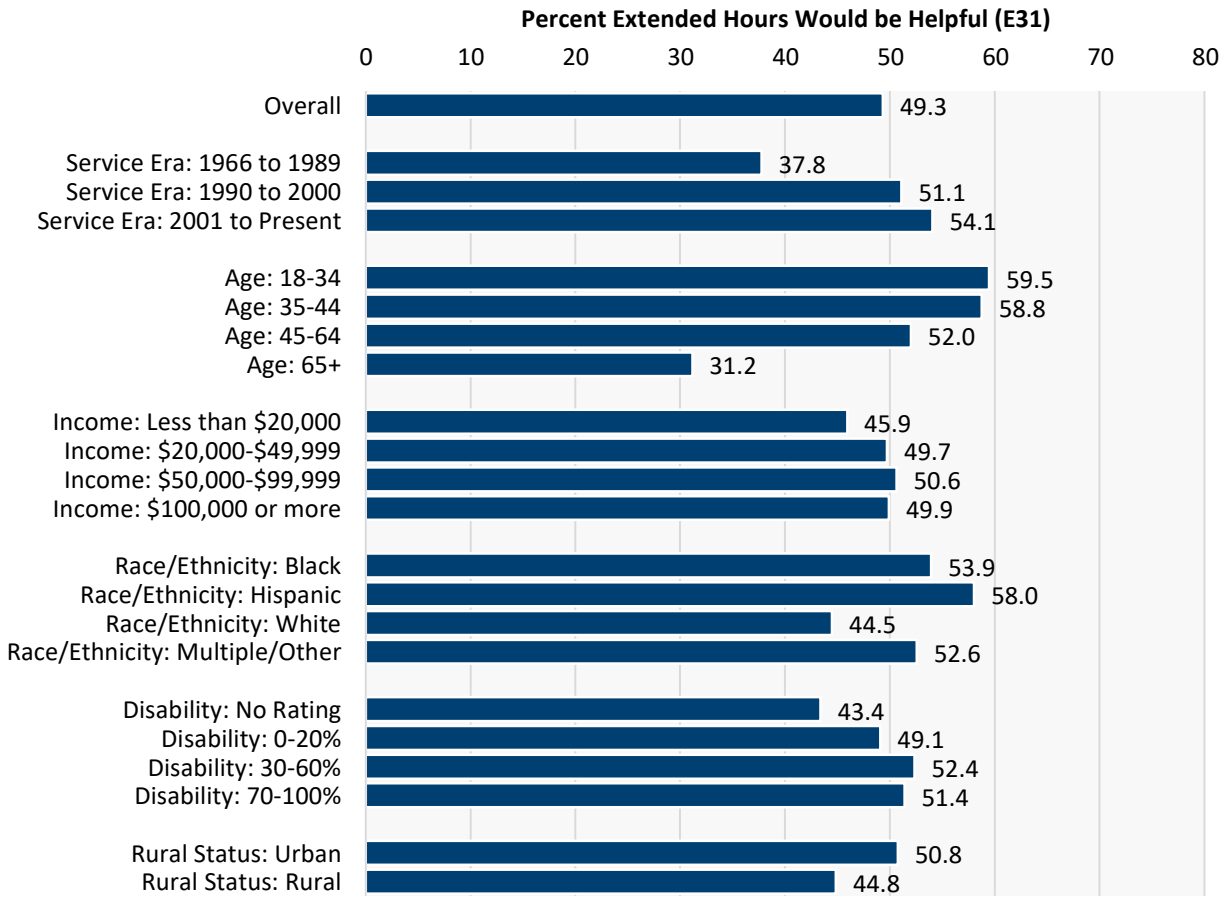
Exhibit 28. How Often Wait Times Have Been a Barrier at VA (E30), Veteran Characteristics



Helpfulness of Extended Hours (E31)

Among VA users, half (49.3%) say extended hours of operations would help them access VA care. Those who served after 1990 were more likely to agree extended hours would be helpful, as were those under the age of 65. There was no significant difference by income. Those who were not White were more likely to say extended hours would be helpful, as did those with a disability rating. Urban women Veterans were more likely to say extended hours would be helpful than those in rural areas.

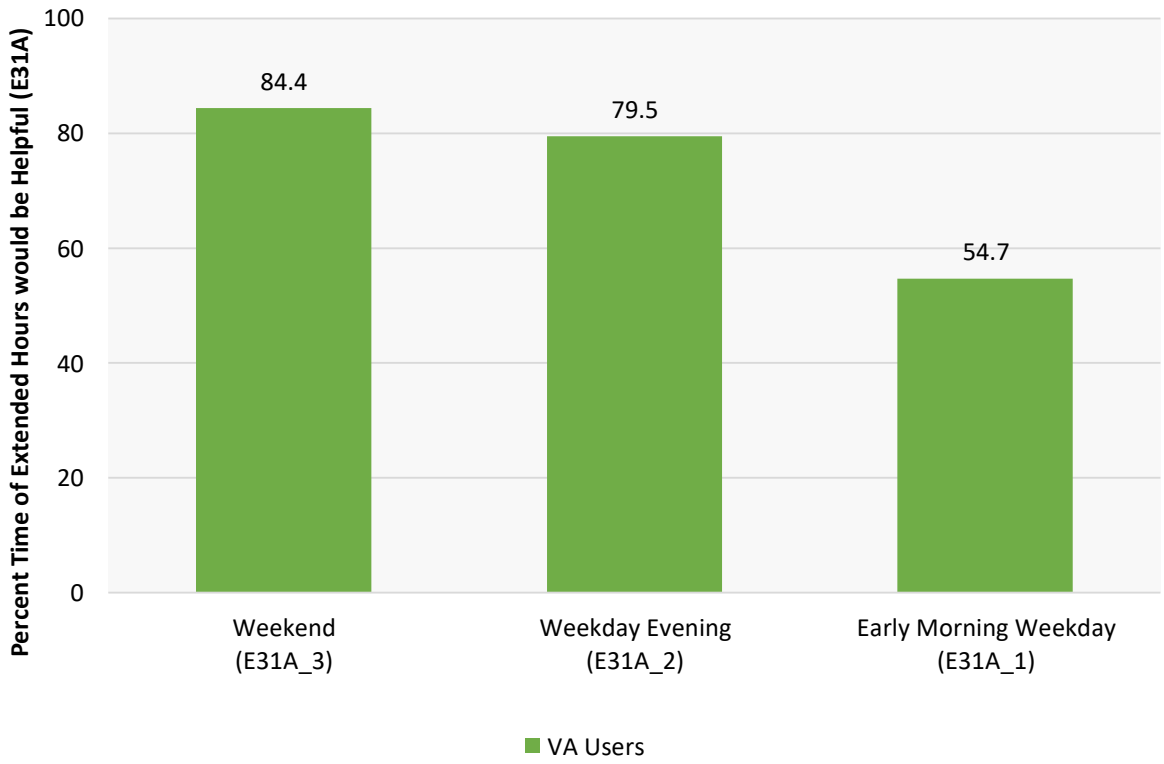
Exhibit 29. Helpfulness of Extended Hours (E31), Veteran Characteristics



Preference for Time of Extended Hours (E31A)

Of those who said extended hours would be helpful, **most said weekend hours would be helpful (84.4%), followed by weekday evening hours (79.5%), and then early weekday morning hours (54.7%).** Most women Veterans who said early weekday morning hours would be helpful also said evening or weekend hours would be helpful.

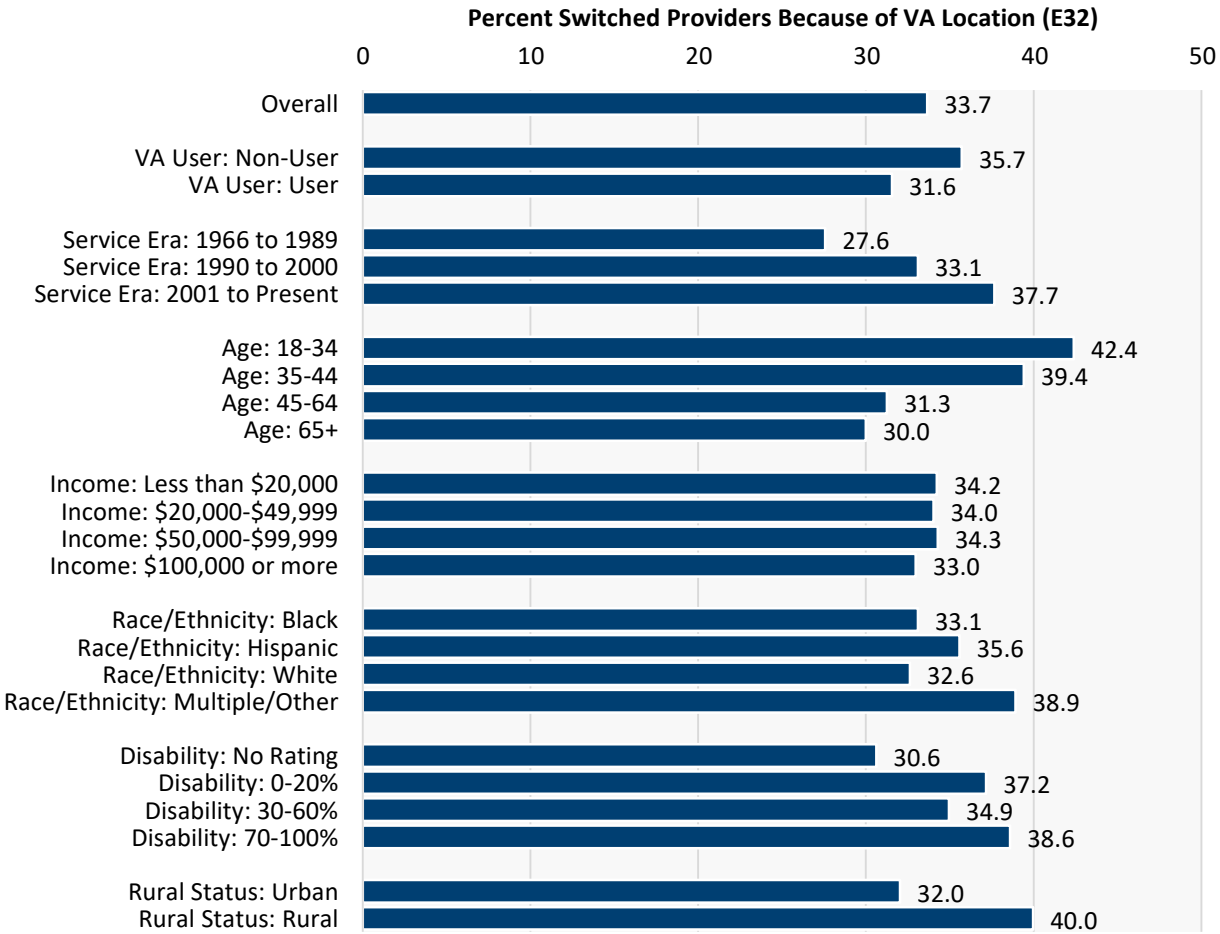
Exhibit 30. Helpfulness of Time of Extended Hours (E31A)



Switched Providers Because of VA Location (E32)

Overall, one in three (33.7%) women Veterans said they have switched providers because of the VA location. Non-users were more likely to have switched than users. Those in more recent service eras were more likely to switch, as were those under the age of 45. There was no significant difference by income. Those who were multiple/other race were more likely to switch because of location, as were those with a disability rating. Women Veterans in rural areas were also more likely to switch providers because of VA facility location.

Exhibit 31. Switched Providers Because of VA Location (E32), Veteran Characteristics



3.6 Availability of Childcare

Survey Questions Related to this Topic
Full Survey Text Available in Appendix D

E20. Are you a parent or guardian for a child or children that need care when you attend medical appointments?

E35. On a scale of 1 to 5, please rate how difficult it is for you to find childcare when you have a medical appointment?

E36. In the past 12 months, have you missed or cancelled a scheduled medical appointment because you were unable to find childcare or your childcare fell through at the last minute?

E37. In the past 12 months, have you experienced a situation in which you had to bring your child(ren) with you to your medical appointment?

E38. On a scale of 1 to 5, rate how important it is to you in general that VA provide childcare assistance while you attend a medical appointment?

E39. And for each type of visit, how important is childcare assistance to you on a scale of 1 to 5?

A. Primary care
B. Mental health care
C. Telephone or video visit

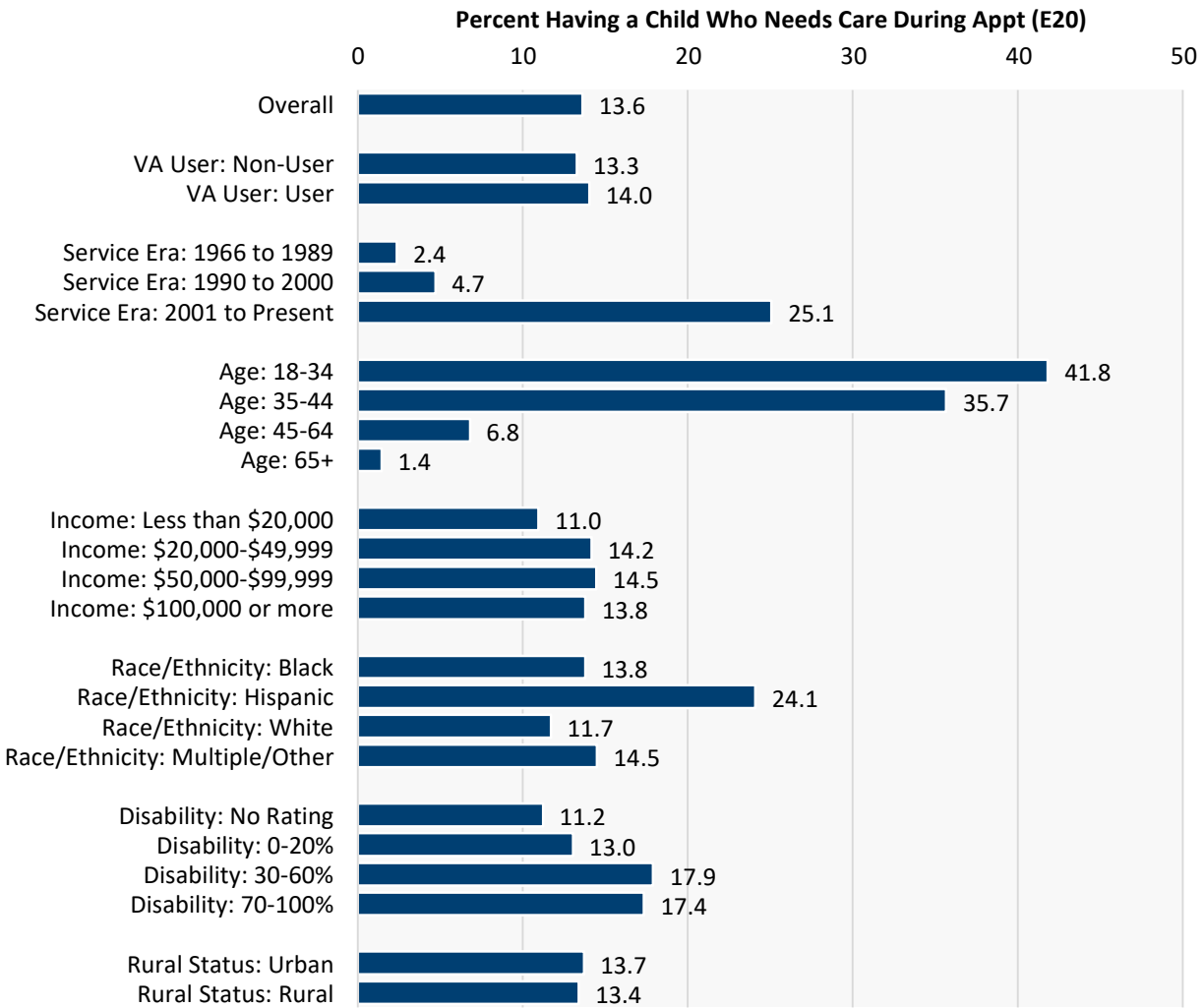
E40. On a scale of 1 to 5, rate how likely you would be to use the following childcare assistance options during your medical appointments:

A. VA to reimburse me for my own childcare arrangement
B. VA to provide access to a VA operated childcare site at the VA medical center
C. VA to provide access to a VA operated childcare site near, but not at the VA medical center
D. VA to offer access to a non-VA operated, but childcare site at a location separate from VA

Having a Child who Needs Care During Medical Appointments (E20)

Overall, **13.6% of women Veterans have a child who needs care during medical appointments**. Having a child needing care was not significantly different between users and non-users. Women Veterans under the age of 45 were much more likely to have children needing care than older Veterans. Income was not significantly different. Disability rating was significantly different, with women Veterans with higher disability ratings more likely to have a child who needs care during an appointment than a lower disability rating or no rating. There was no significant difference by urban/rural status.

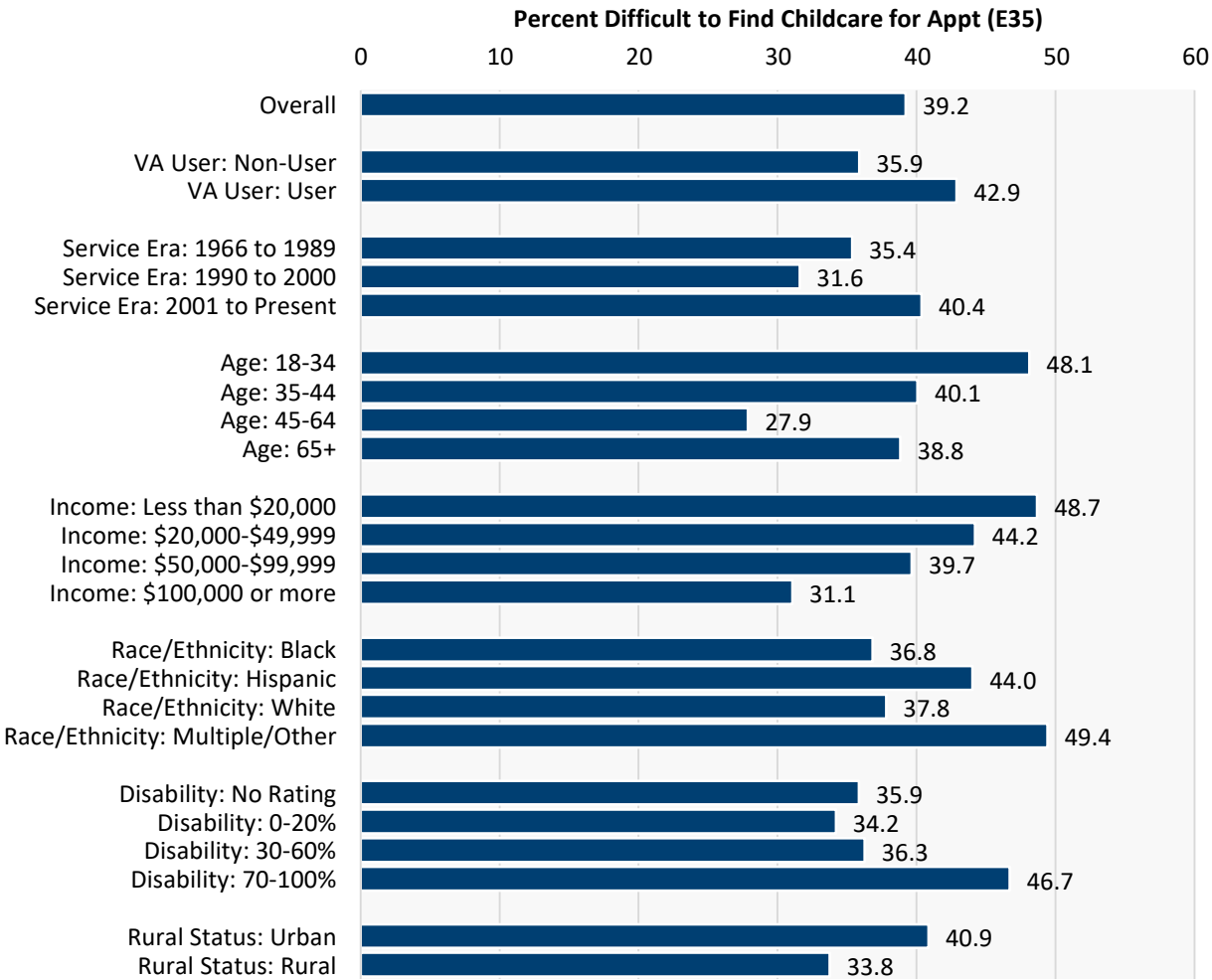
Exhibit 32. Having a Child Who Needs Care During Appointment (E20), Veteran Characteristics



Difficult to Find Childcare for Medical Appointments (E35)

Among those who had children needing care during medical appointments, **42.9% of VA users and 35.9% of non-users reported difficulty in finding childcare for these appointments**. "Difficulty" was measured as a 4 or 5 on a 1 to 5 scale, with 5 being "Extremely difficult." Childcare was also more difficult for women Veterans ages 18-34. Income was strongly related to difficulty, with lower incomes facing much more difficulty in findings childcare. Disability rating was also related to difficulty, with higher disability ratings having more difficulty in finding childcare. There was no significant difference in difficulty of childcare by urban/rural status.

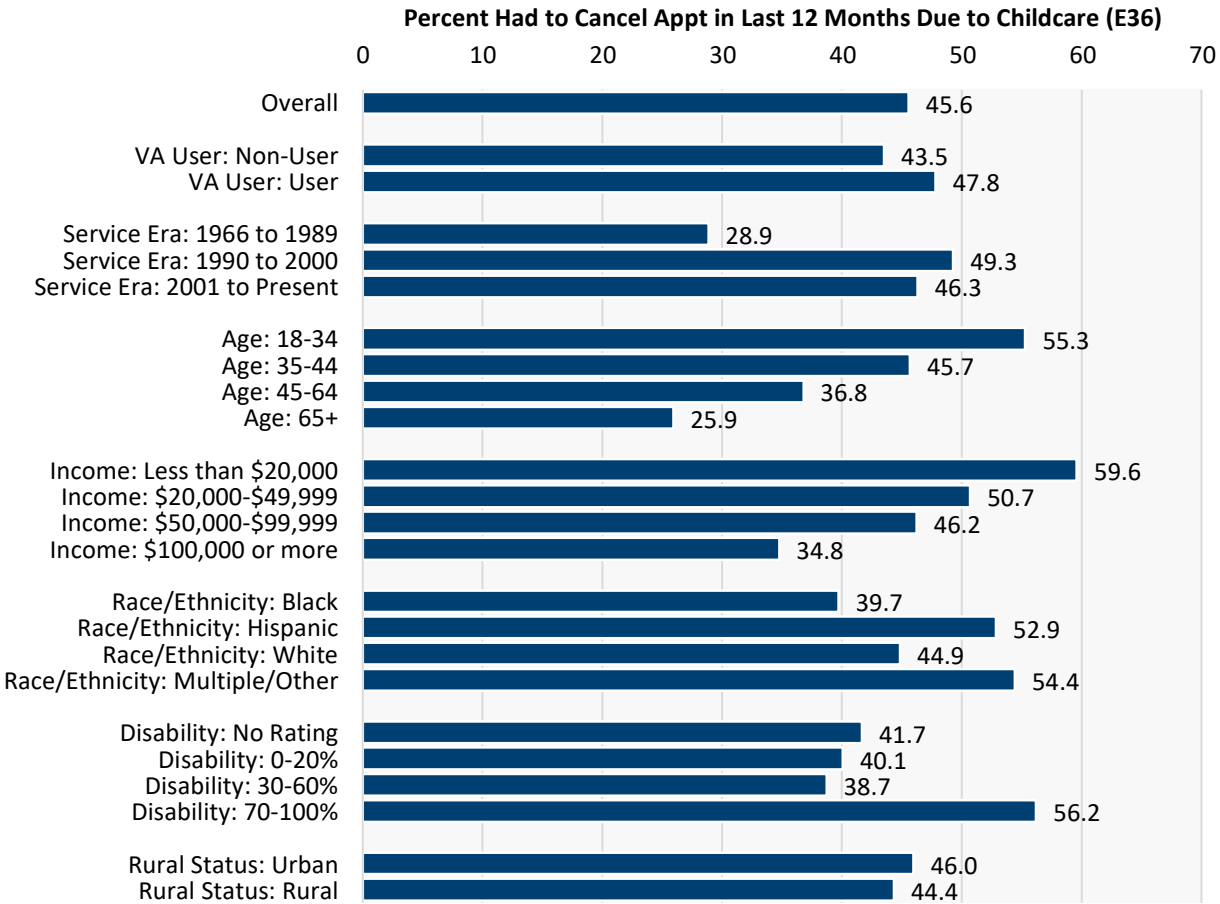
Exhibit 33. Difficult to Find Childcare During Appointments (E35), Veteran Characteristics



Cancelled Medical Appointment in Last 12 Months for Childcare (E36)

Among those with children needing care during medical appointments, **45.6% of women Veterans had to cancel a medical appointment in the last 12 months because of lack of childcare**. The likelihood of having canceled an appointment did not differ significantly by VA user status. Younger women with children were much more likely to need to cancel appointments than older women with children. Lower income women were also much more likely to have canceled an appointment, as were those with disability ratings of 70% and above. There was no significant difference by urban/rural status.

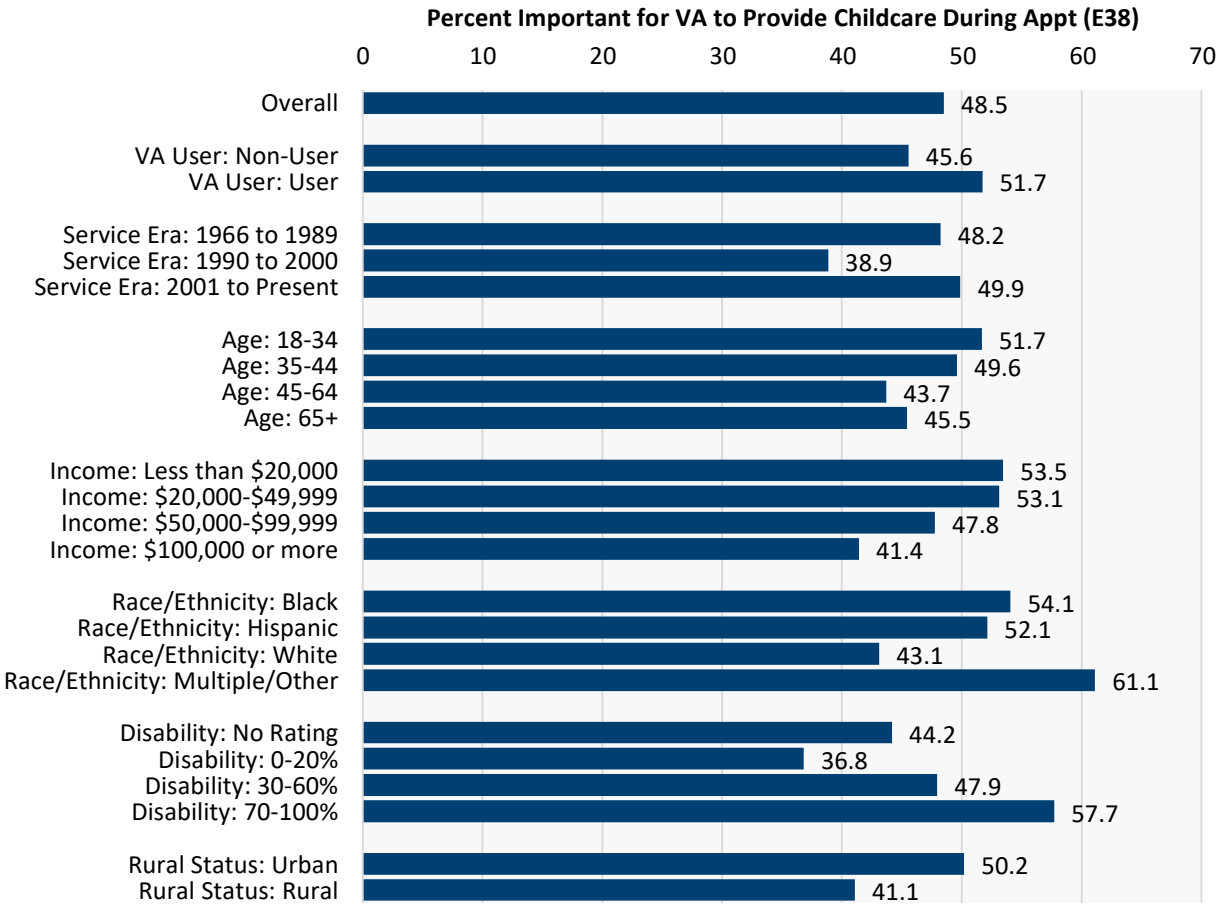
Exhibit 34. Had to Cancel Medical Appt for Childcare (E36), Veteran Characteristics



Important for VA to Provide Childcare During Appointments (E38)

Among those with children needing care during medical appointments, **48.5% of women Veterans said it was important for the VA to provide childcare during appointments**. "Importance" was measured as a 4 or 5 on a 1 to 5 scale, with 5 being "Extremely important." There were no significant differences by VA user status, age, or income. Those with higher disability ratings and those in urban areas were significantly more likely to say it is important for the VA to provide childcare during medical appointments.

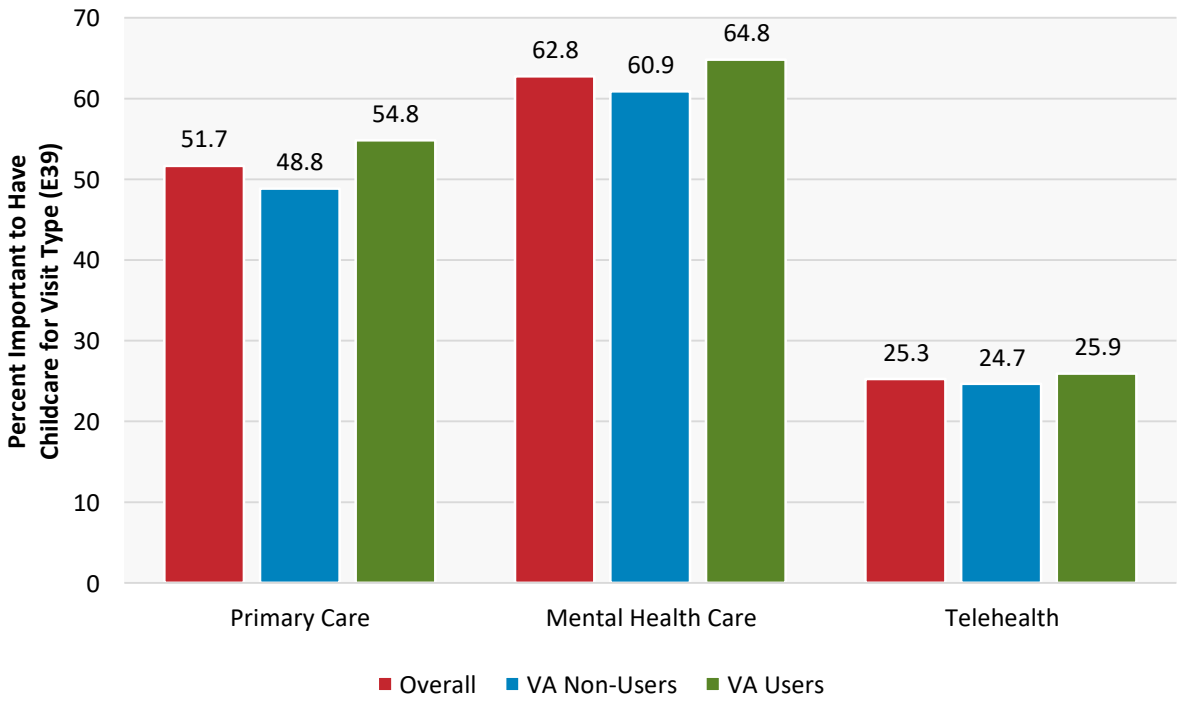
Exhibit 35. Important for VA to Provide Childcare During Appt (E38), Veteran Characteristics



Important to have Childcare Assistance by Visit Type (E39)

Those with children needing care during appointments were asked to rate the importance of having childcare assistance by visit type. **The most importance visit type for having childcare was mental health (62.8%), followed by primary care (51.7%), and then telehealth (25.3%).** "Important" was measured as a 4 or 5 on a 1 to 5 scale, with 5 being "Extremely important." Mental health was significantly higher importance than primary care, which was significantly higher importance than telehealth. The differences by VA user status were not significantly different.

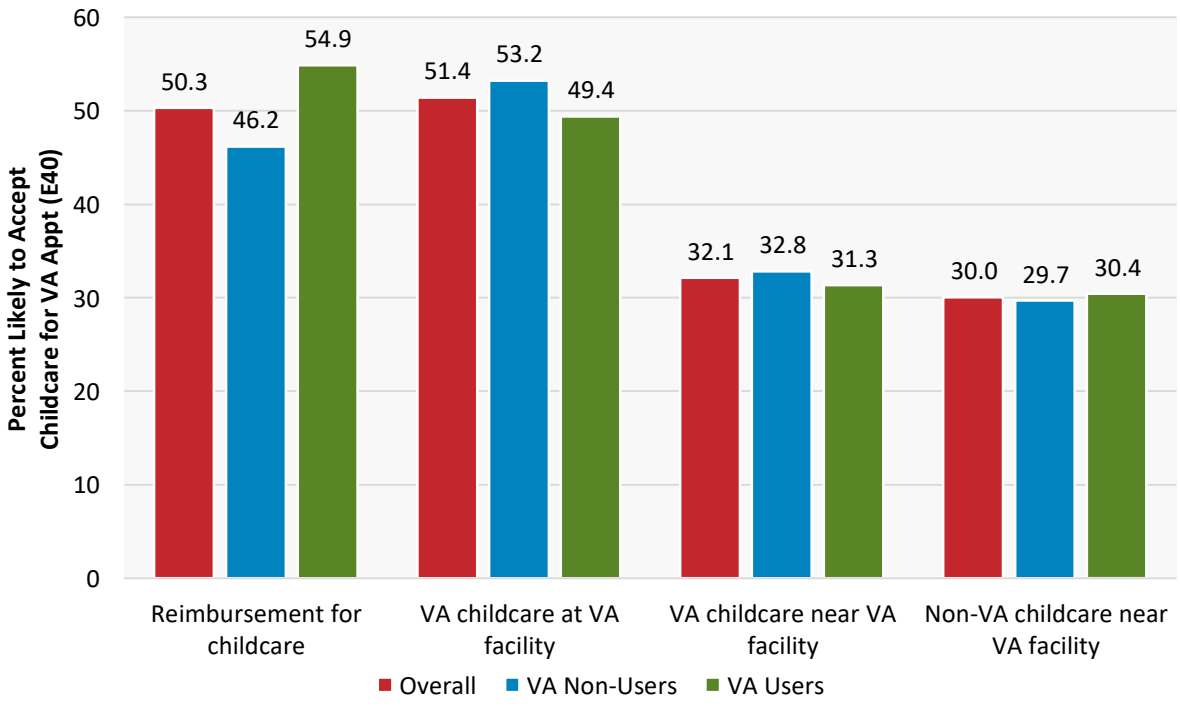
Exhibit 36. Important to have Childcare Assistance for Visit Type (E39) by VA User Status



Likely to Accept Childcare Assistance for VA Appointment (E40)

Those with children needing care during appointments were asked to rate the likelihood they would accept four types of childcare assistance from the VA. **The type of care most likely to be accepted is VA childcare at a VA facility (51.4%), followed closely by reimbursement for childcare (50.3%). Less popular options were VA childcare near the medical facility (32.1%) and non-VA childcare near the facility (30.0%).** "Likely" was measured as a 4 or 5 on a 1 to 5 scale, with 5 being "Extremely likely." Reimbursement for childcare was significantly more likely to be accepted by VA users than non-users, but all other types of childcare assistance did not differ by VA user type. Reimbursement for childcare and VA childcare at a VA facility did not differ from each other, but both were significantly more likely to be accepted than both types of childcare near a VA facility.

Exhibit 37. Likely to Accept Childcare Assistance for VA Appointment (E40) by VA User Status



3.7 Acceptability of Integrated Care

Survey Questions Related to this Topic
Full Survey Text Available in Appendix D

W1. Are you currently getting both primary care including general medical care and routine women's health care, such as Pap smears, contraception, and menopause care from the same individual provider?

W16. Do you receive your primary care at a clinic only for women patients?

W6. How important to you is it to receive all or MOST of your primary care, including women's specific care, from a clinic that is just for women?

W7. How important to you is having just one provider provide your primary care, including your women's specific care?

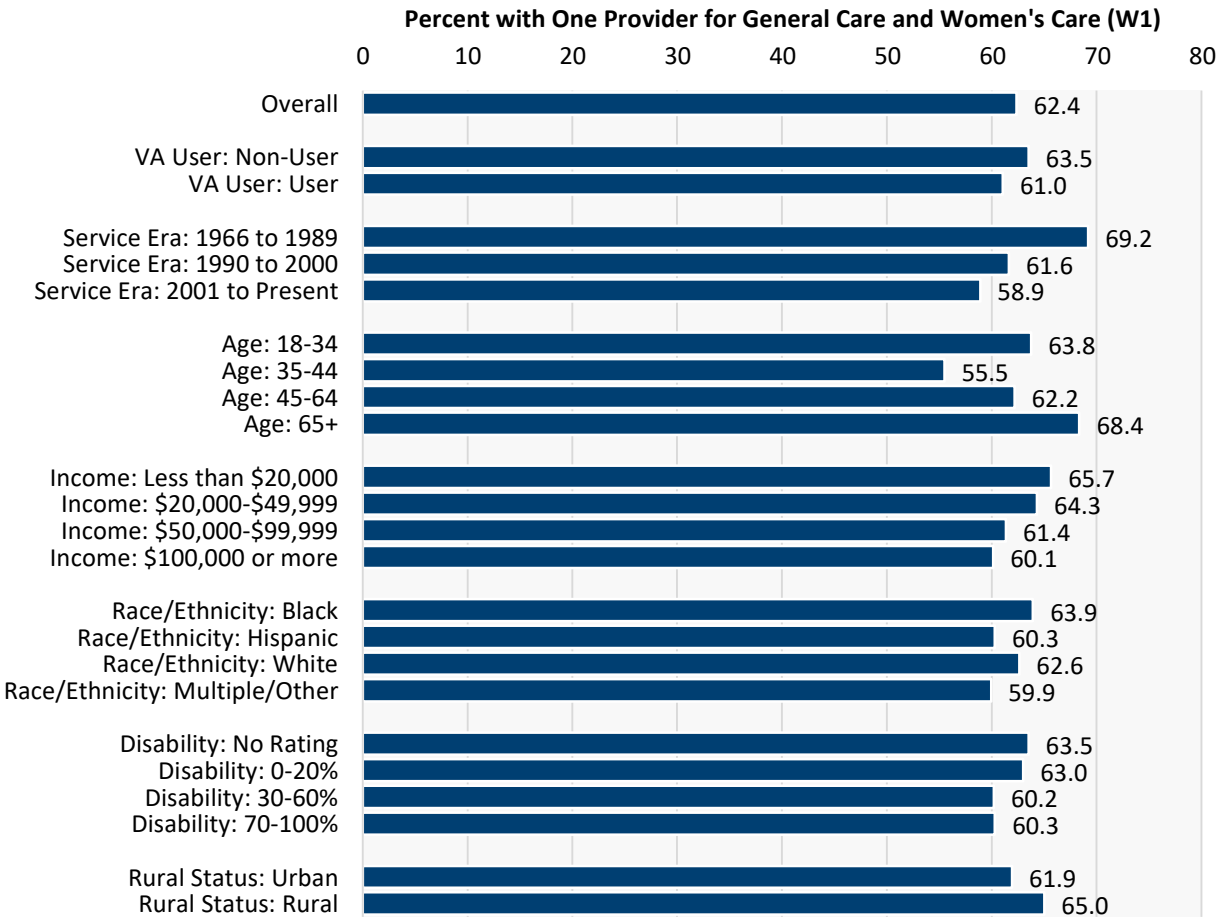
W8. How important to you is having a female provider for your primary care, including women's specific care?

W17. Within the past 24 months, have you ever avoided seeking care at the VA because you could not have a female provider?

Receiving General Care and Women's Care from One Provider (W1)

Overall, **62.4% of women Veterans reported they have one provider for general care and women's care.** VA non-users were slightly more likely to have a single provider than VA users. Those in earlier service eras were more likely to have a single provider, as were those over age 65. Those with lower income were also more likely to have a single provider. Results were not significantly different by race/ethnicity or disability rating. Those in rural areas were slightly more likely to have a single provider.

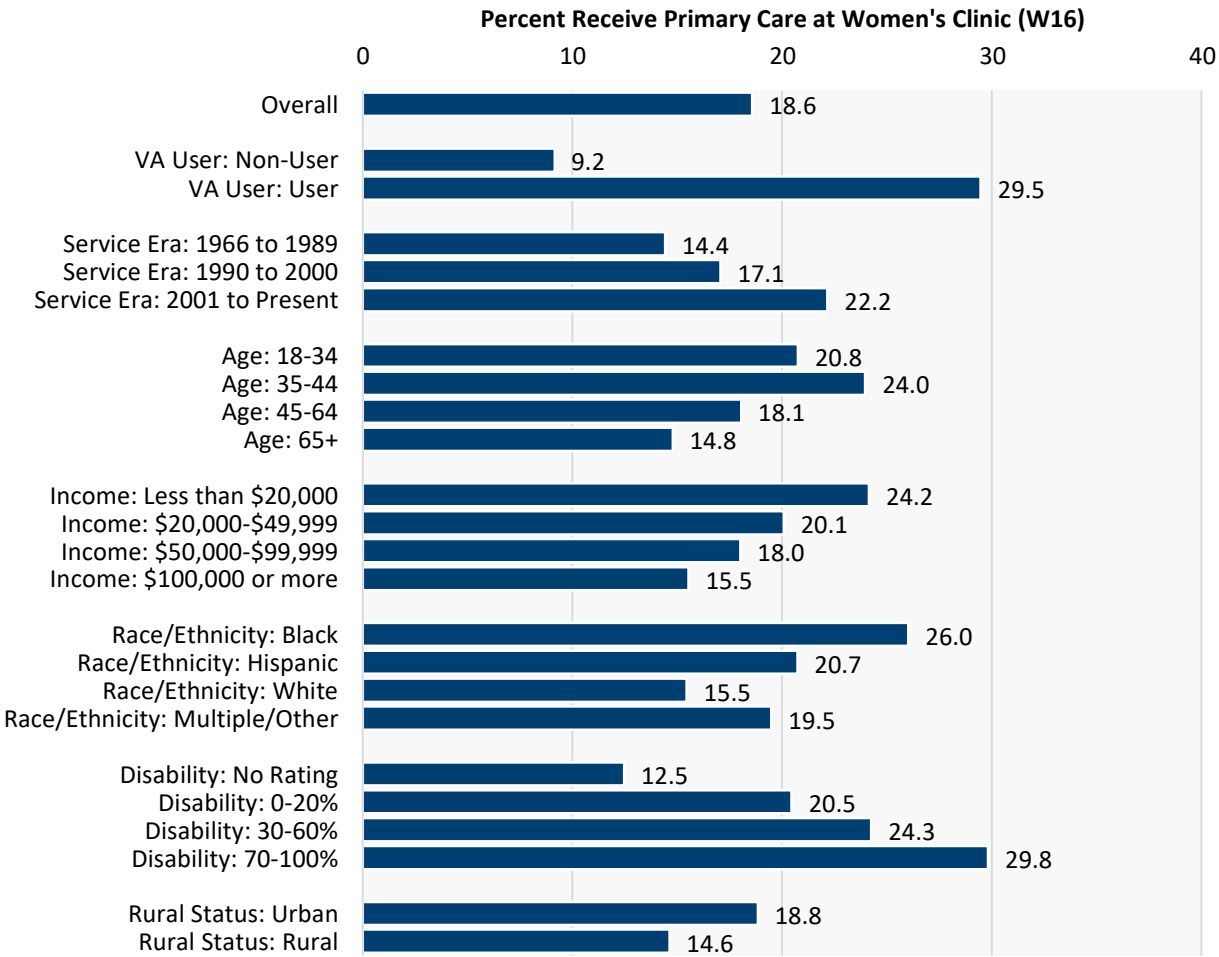
Exhibit 38. One Provider for General Care and Women's Care (W1), Veteran Characteristics



Receiving Primary Care at a Women's Clinic (W16)

Almost one in three (29.5%) VA users received their primary care at a clinic that is just for women patients, compared to just one in ten (9.2%) non-users. Those in more recent service eras and those who were younger than 45 were more likely to use a women's clinic. Those with incomes below $20,000 and those who were Black were more likely to use women's clinics, as were those with higher disability ratings. Those in urban areas were slightly more likely to use women's clinics.

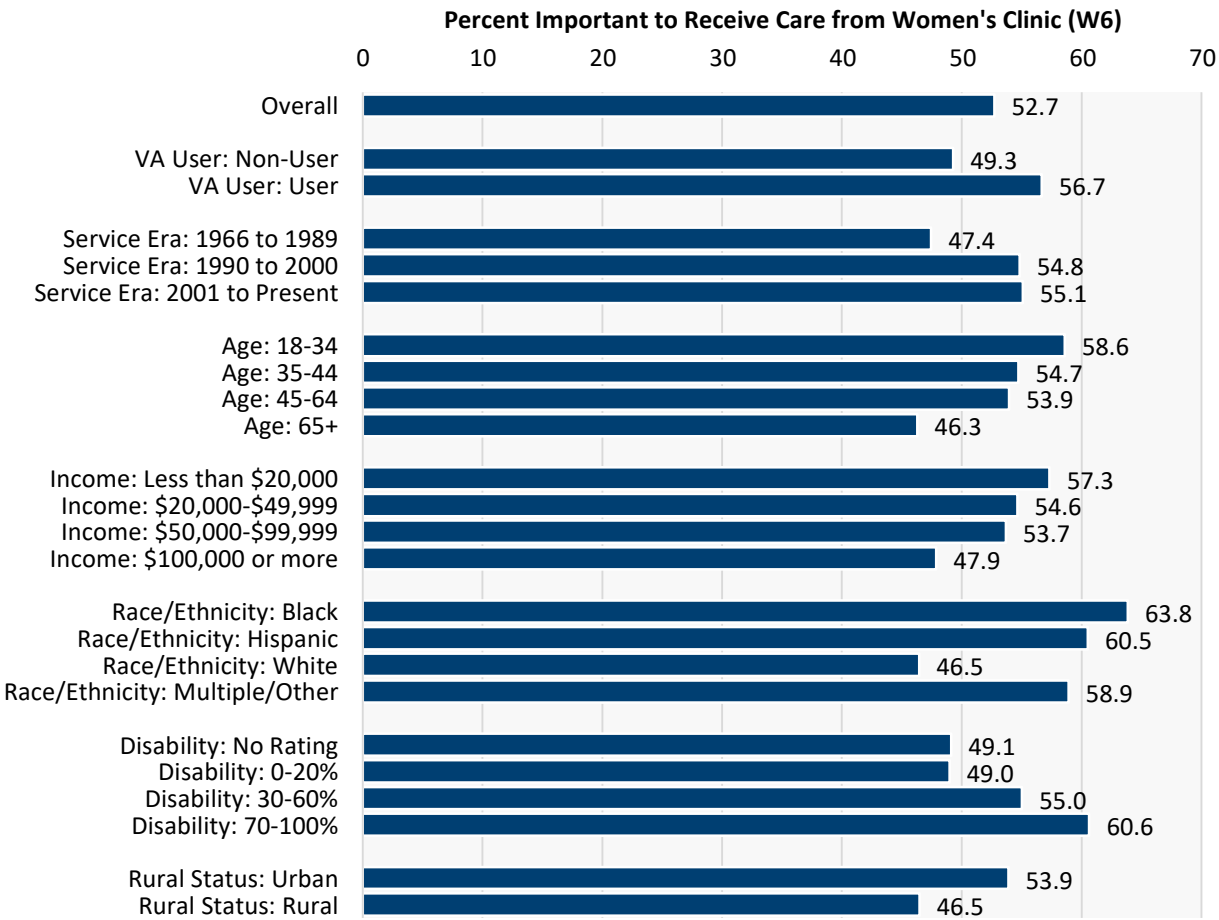
Exhibit 39. Receive Primary Care at Women's Clinic (W16), Veteran Characteristics



Importance of Receiving Primary Care from Women's Clinic (W6)

Just over half (52.7%) of VA users believe it is important to receive most or all primary care from a clinic that is just for women patients, compared to just under half (49.3%) of non-users. "Importance" included responses of "Somewhat Important" and "Very Important." VA users were more likely to believe this was important than non-users, as were those in more recent service eras and those who were younger than 45, and with lower incomes. White respondents reported less importance for women's clinics. Those with higher disability ratings and in urban areas gave more importance to women's clinics.

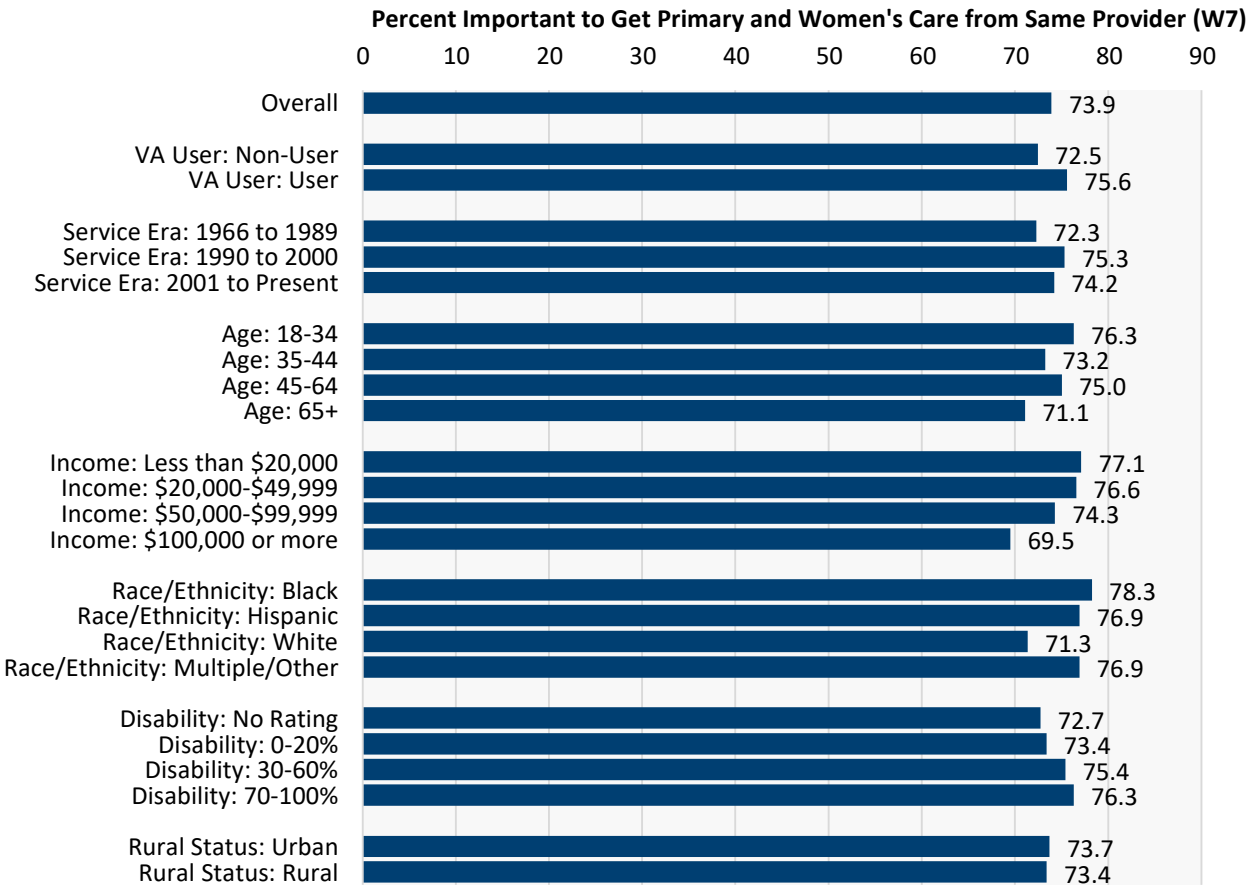
Exhibit 40. Important to Receive Care from Women's Clinic (W6), Veteran Characteristics



Importance of Primary and Women's Care from Same Provider (W7)

Nearly three in four (73.4%) women Veterans believe it is important to receive primary and women's care from the same provider. "Importance" included responses of "Somewhat Important" and "Very Important." VA users were slightly more likely to believe this was important than non-users. Service era and age did not show a clear trend in preference. Those with lower incomes and those who were not White gave higher ratings of importance. Those with higher disability ratings valued getting their primary care and women's care from the same provider. There was no difference by urban or rural status.

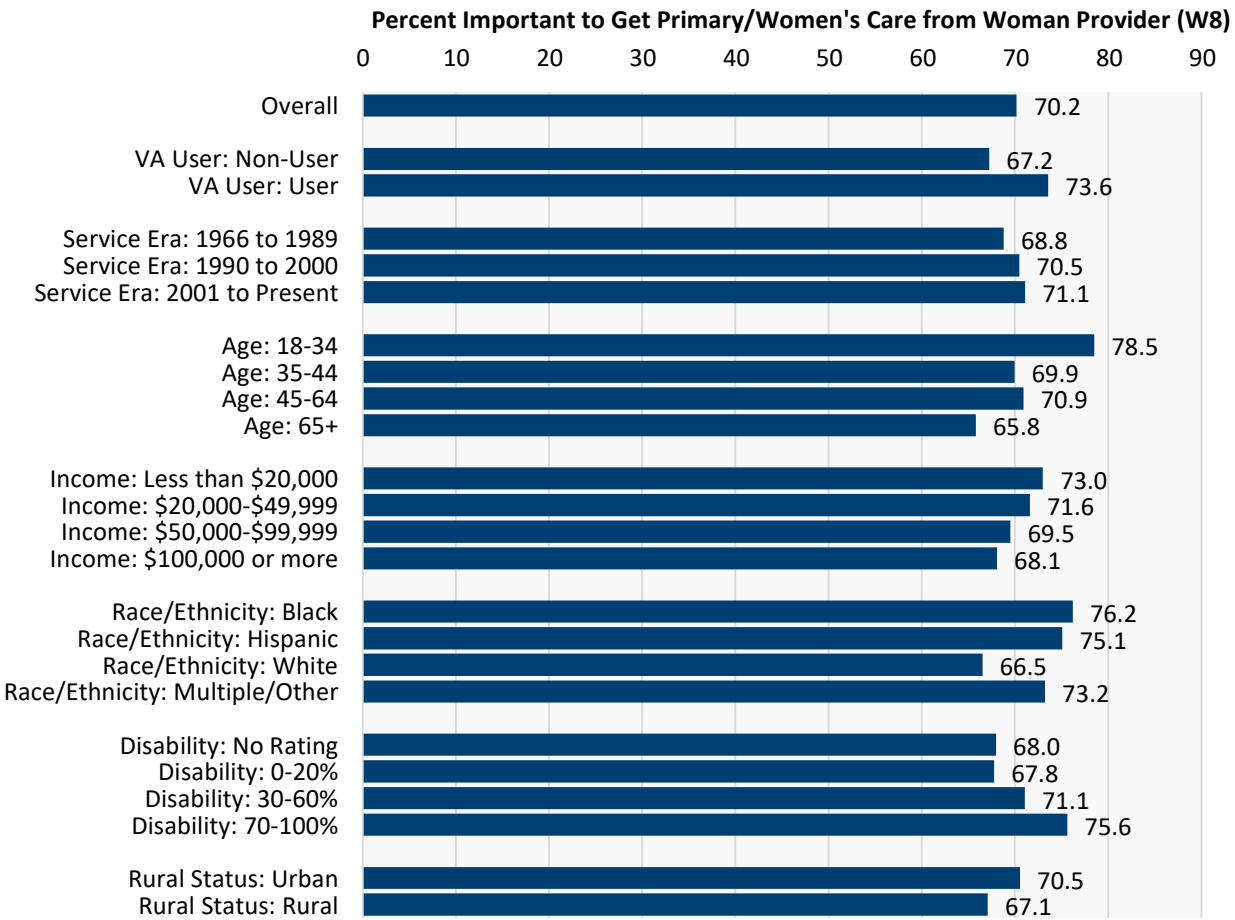
Exhibit 41. Important for Primary/Women's Care One Provider (W7), Veteran Characteristics



Importance of Primary and Women's Care from Woman Provider (W8)

Seven out of ten (70.2%) women Veterans believe it is important to receive primary and women's care from a woman provider. "Important" included responses of "Somewhat Important" and "Very Important." VA users were more likely to believe this was important than non-users. Those in more recent service eras and those under the age of 35 reported higher levels of importance. Those with lower incomes and those who were not White gave higher ratings of importance, as did those with disability ratings of 70% to 100%. Urban women Veterans rated women providers as more important than those in rural areas.

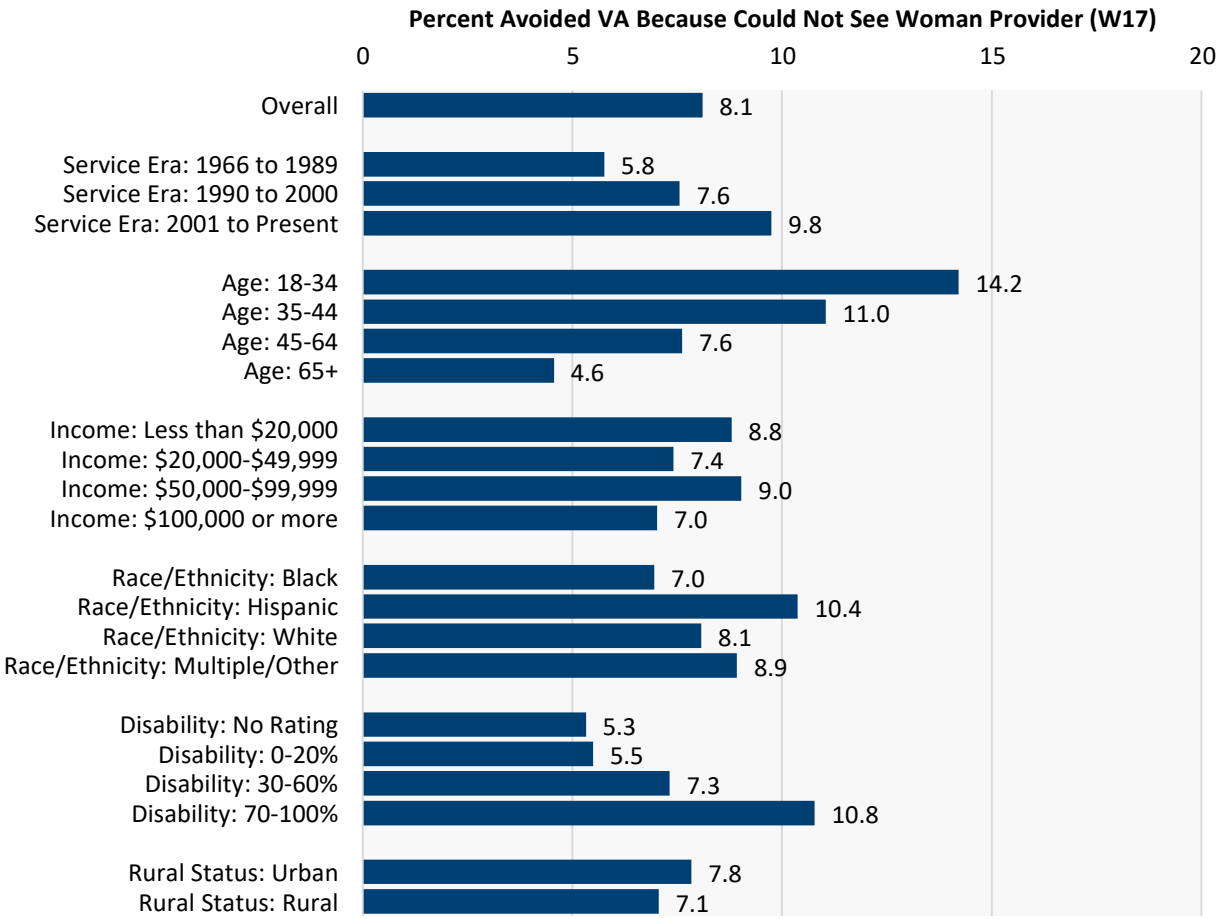
Exhibit 42. Important to get Care from Woman Provider (W8), Veteran Characteristics



Avoided VA Because Could Not See a Woman Provider (W17)

Among users of the VA, one in twelve (8.1%) women Veterans have avoided the VA in the past 24 months because they could not see a woman provider. Those in more recent service eras and those who were younger were more likely to avoid the VA because they could not see a woman provider. These results did not differ significantly by income or race/ethnicity. Those with disability ratings of 70% to 100% were more likely to avoid the VA if they could not see a woman provider. There was no difference by urban or rural status.

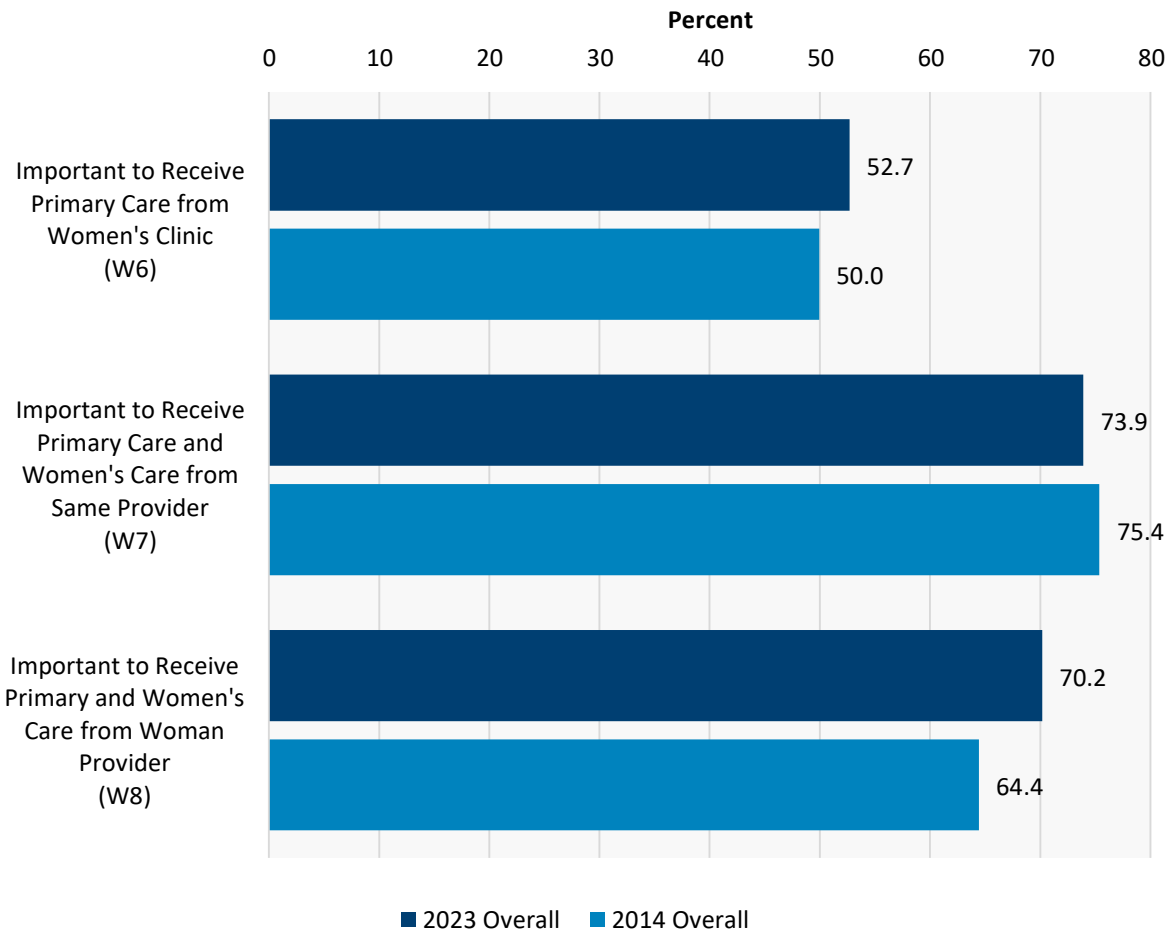
Exhibit 43. Avoided VA Because Could Not See Woman Provider (W17), Veteran Characteristics



Trends Over Time for Importance of Integrated Care (W6, W7, W8)

The share of women Veterans who believe it is important to receive primary care from a clinic just for women patients increased significantly between 2023 (52.7%) and 2014 (50.0%). Likewise, **women Veterans were more likely to say it was important to receive primary care and women's care from a woman provider in 2023 (70.2%) than in 2014 (64.4%).** About three in four women Veterans said it was important to receive primary care and women's care from the same provider in both 2014 and 2023.

Exhibit 44. Trends Over Time for Acceptability of Integrated Care, 2014-2023



3.8 Gender Sensitivity

Survey Questions Related to this Topic
Full Survey Text Available in Appendix D

Now thinking only about your primary care experience(s) at your VA site of care in the past 24 months...

W10. How satisfied are you with...

A. your provider(s)' general medical knowledge?
B. your provider(s)' knowledge of women's specific health needs?
C. how well your provider(s) understands your needs and concerns as a woman veteran?
D. the amount of time your provider(s) spent with you?
E. the amount of information you received from your provider(s)?

W (11-13). Considering all of your health care experiences at your VA site of care in the past 24 MONTHS, please indicate the level of respect you were shown by…

W11. your primary care provider.

W12. any other specialists you may have seen.

W13. nursing or office staff at your clinic or facility.

W19. In your experience, would you say VA is sensitive to the health care needs of women Veterans?

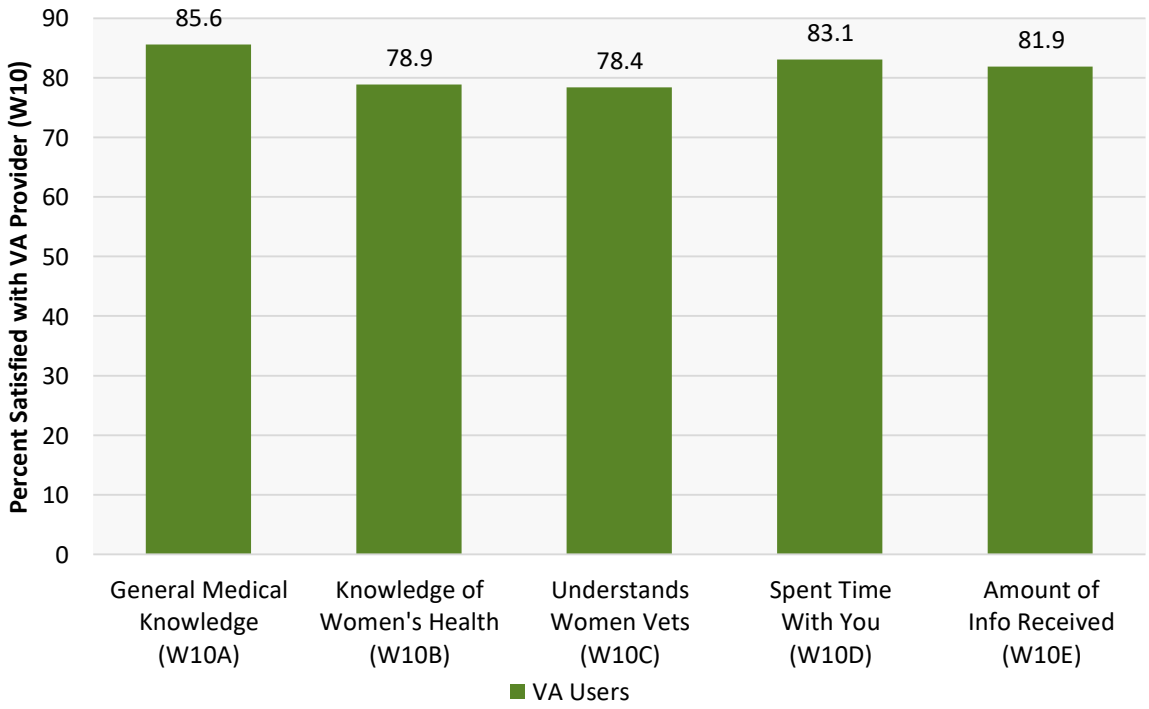
W15. How much would you agree or disagree with the following statements:

A. The VA health care system provides quality health care.
B. The VA health care sites of care are welcoming to women.
C. The VA providers' skills are equal to or better than private sector.
D. The VA health care system provides specialized services for women.

Satisfaction with Provider (W10)

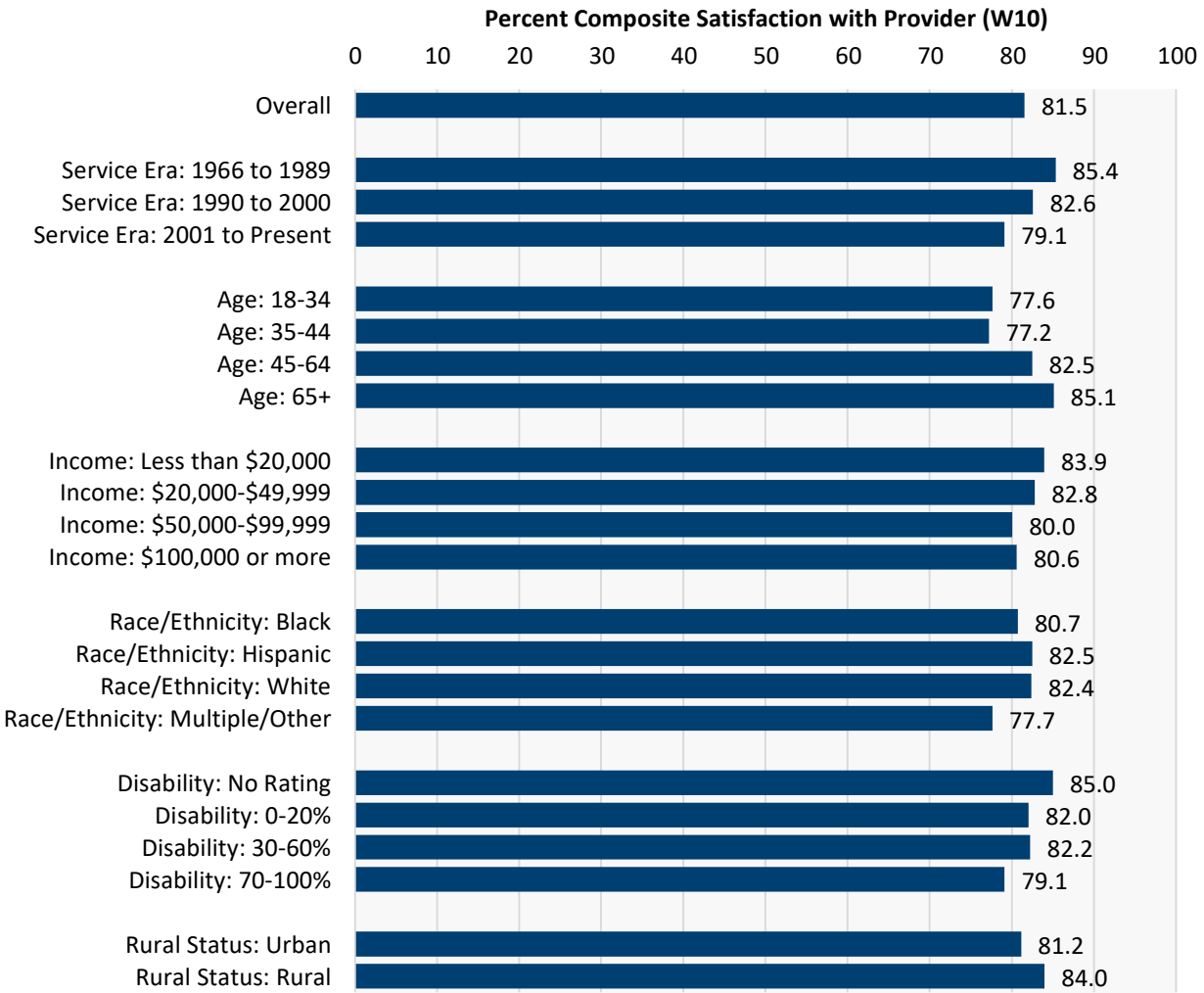
Five questions assessed satisfaction with VA providers. **For each of these satisfaction measures, approximately four in five VA users was satisfied with their VA provider**, including responses of "completely satisfied" and "somewhat satisfied." This includes satisfaction with general medical knowledge (85.6%), knowledge of women's health (78.9%), understanding women Veterans (78.4%), spending time with you (83.1%), and the amount of information received (81.9%).

Exhibit 45. Aspects of Satisfaction with VA Provider (W10), VA Users Only



A composite of the five provider satisfaction measures was created by averaging all five scores in W10. **Overall, eight in ten (81.5%) women Veterans were satisfied with their VA providers.** Those in less recent service eras and those over age 45 were more satisfied. Income and race/ethnicity were not significantly different. Those with lower or no disability ratings were more satisfied. There was no significant difference in satisfaction by urban or rural status.

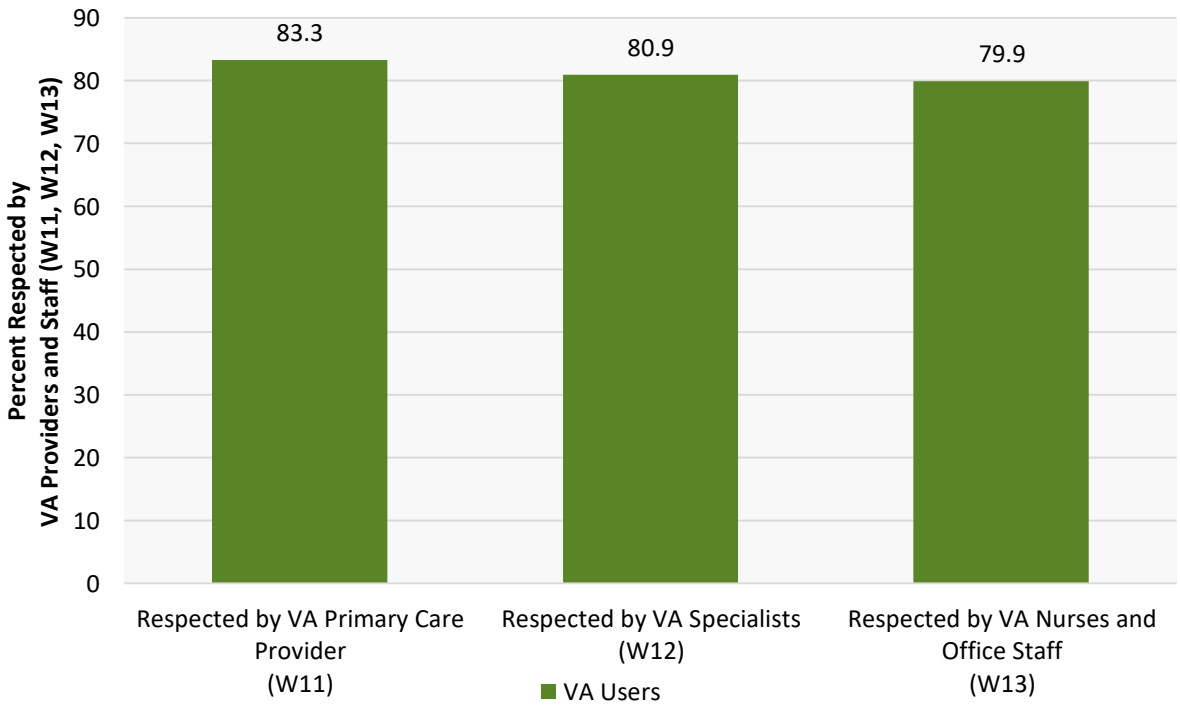
Exhibit 46.Composite Satisfaction with Provider, Veteran Characteristics



Respect from VA Staff (W11, W12, W13)

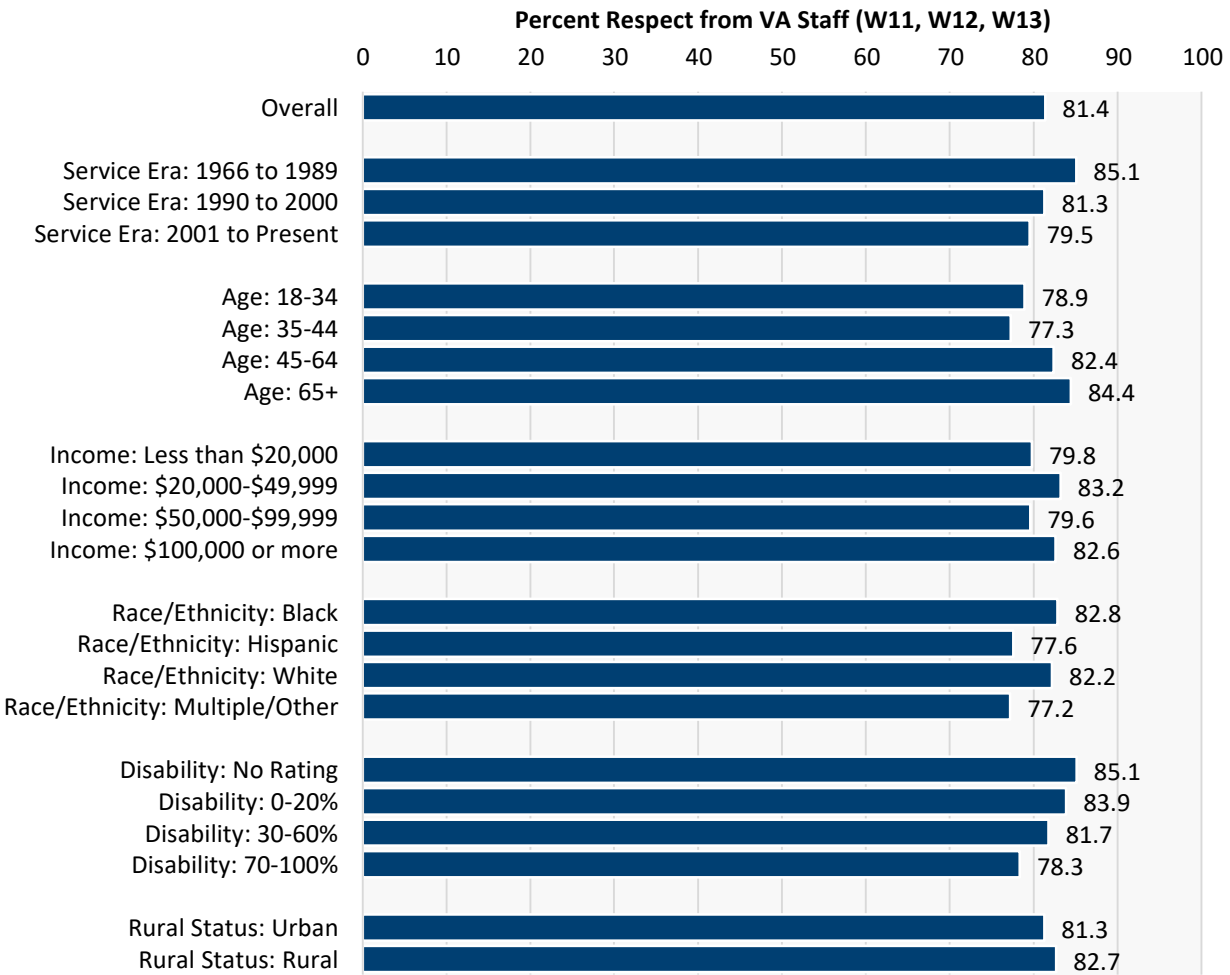
Among VA users, four five in feel respected "a lot" by their VA providers and staff. This includes 83.3% feeling respected by their VA primary care provider, 80.9% respected by VA specialists, and 79.9% respected by VA nursing staff and office staff.

Exhibit 47. Aspects of Respect from VA Providers and Staff (W11, W12, W13), VA Users Only



A composite of the respect from VA providers and staff measures was created by averaging all three scores in W11, W12, and W13. **Overall, eight in ten (81.4%) women Veterans felt respected by VA providers and staff.** Women Veterans in older service eras and over age 45 felt more respected. Income and race/ethnicity were not significantly different in how respected they felt. Those with lower or no disability ratings felt more respected. There was no significant difference in respect by urban or rural status.

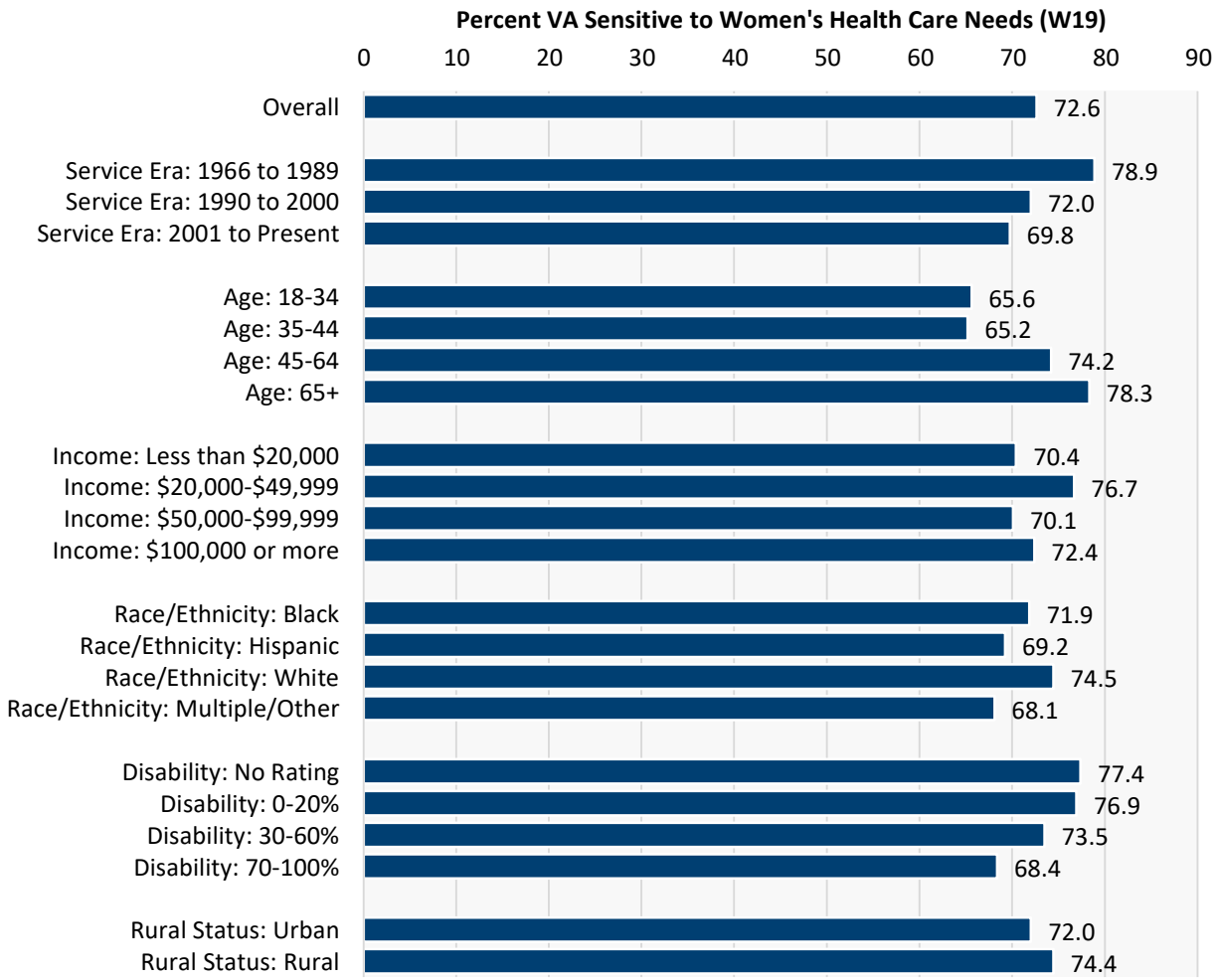
Exhibit 48.Composite Respect from VA Staff (W11, W12, W13), Veteran Characteristics



VA Sensitivity to Women's Health Care Needs (W19)

Almost three in four (72.6%) women Veterans who use the VA reported the VA is sensitive to women Veteran's health care needs. "Sensitive" included responses of "Almost always" and "Often." Those in less recent service eras and those over age 45 felt the VA was more sensitive to women's health care needs. Income was significantly different, with those earning $20,000 up to $49,999 feeling the VA is most sensitive to women's needs. There was no significant difference by race/ethnicity. Those with lower or no disability ratings felt the VA was more sensitive to women's needs. There was no significant difference by urban or rural status.

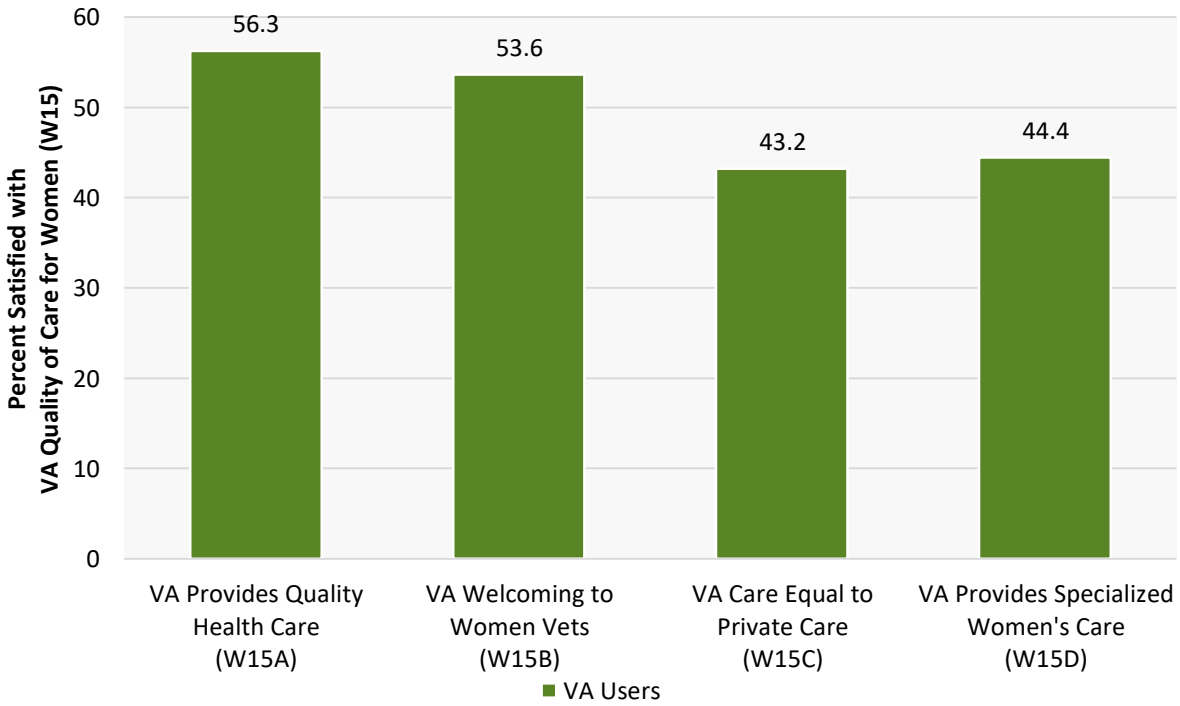
Exhibit 49. VA Sensitivity to Women's Health Care Needs, Veteran Characteristics



Quality of VA Care for Women (W15)

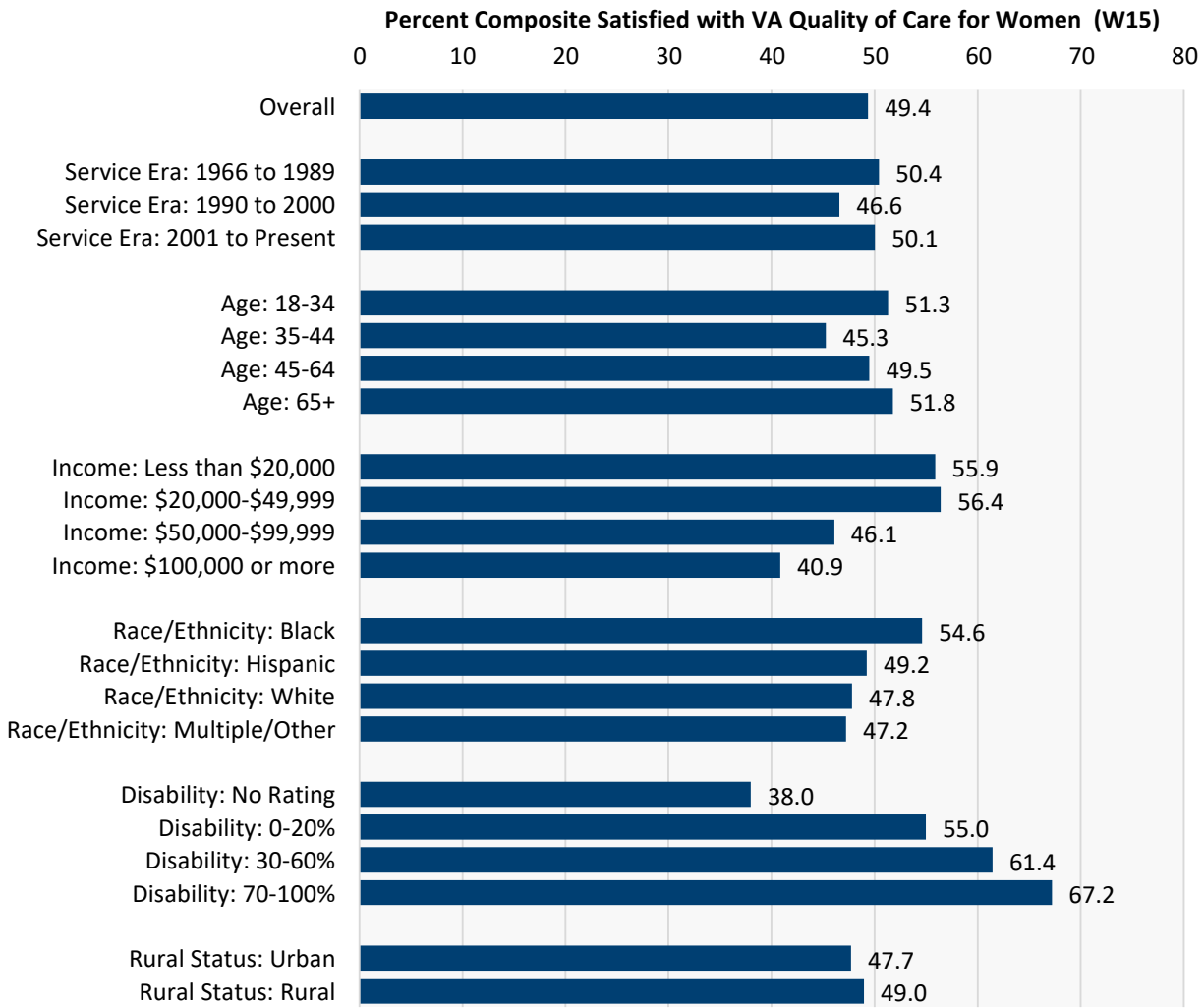
Four questions assessed satisfaction with VA quality of care for women. **For these quality of care measures, approximately half of VA users agreed that the VA provided high quality care**, including responses of "strongly agree" and "somewhat agree." This includes agreement with statements that the VA provides quality healthcare (56.3%), the VA is welcoming to women Veterans (53.6%), VA care is equal to private care (43.2%), and the VA provides specialized care for women (44.4%).

Exhibit 50.Aspects of Satisfaction with VA Quality of Care for Women (W15), VA Users Only



A composite of VA quality of care for women Veterans was created by averaging the four scores in W15. **Overall, half (49.4%) of women Veterans felt the VA provides quality care for women Veterans.** Women Veterans who served prior to 1990 or after 2000 felt the VA was of higher quality than those who served from 1990 to 2000. Similarly, those ages 35 to 44 reported lower VA quality than those younger or older. Those with incomes under $50,000 felt the VA was of higher quality, as did women Veterans who were Black or had higher disability ratings. There was no significant difference in perceived quality of the VA by urban or rural status.

Exhibit 51.Satisfaction with VA Quality of Care for Women (W15), Veteran Characteristics



Correlations of Satisfaction with VA Care and Gender Sensitivity

For all satisfaction questions relating to gender sensitivity and VA quality of care, Pearson Correlations were calculated. These correlations were used to calculate the percent shared variance (r^2) between each variable. The higher the value of shared variance, the closer the relationship, with a value of 100% indicating maximum similarity. **The top predictors of the VA providing quality care are the VA being equal to private care (51.9%), the VA being welcoming to women (51.5%), the VA offering specialized care for women (41.4%), and the VA being sensitive to the needs of women (38.5%).** All variables in the correlation matrix were significantly correlated. In the table below, the color saturation is an indicator of the strength of the relationship, with a deeper color indicating a strong relationship between those two variables.

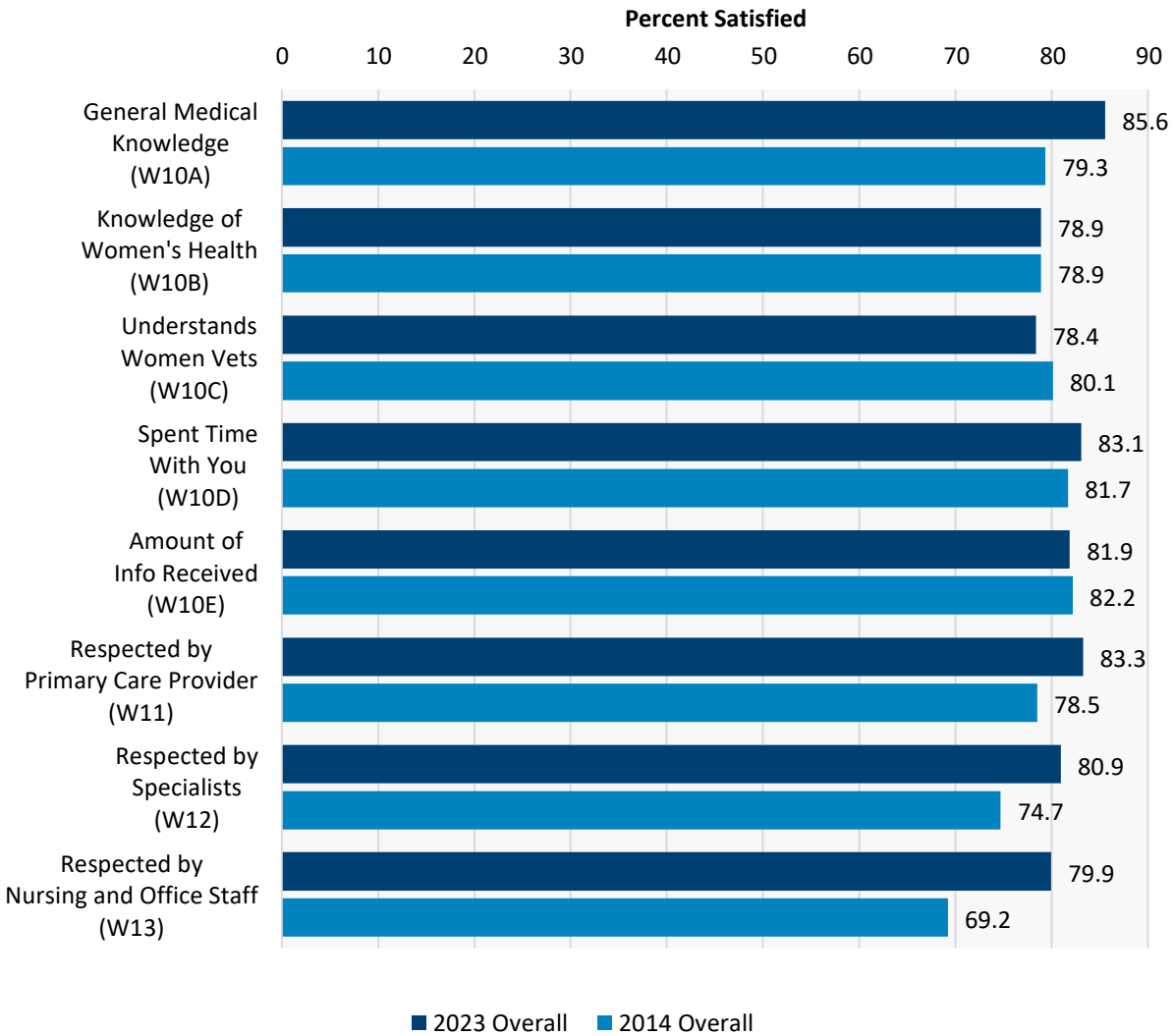
Exhibit 52. Percent Shared Variance for VA Care and Gender Sensitivity Questions

Gender Sensitivity Survey Questions	W15A	W15B	W15C	W15D	W10A	W10B	W10C	W10D	W10E	W11	W12	W13	W19
VA Provides Quality Care (W15A)	--	51.5%	51.9%	41.4%	25.7%	23.7%	25.7%	24.0%	27.4%	11.7%	7.2%	11.4%	38.5%
VA Welcoming to Women (W15B)	51.5%	--	40.7%	49.6%	18.9%	20.6%	25.2%	20.9%	22.6%	11.4%	7.3%	14.2%	47.0%
VA Care Equal to Private (W15C)	51.9%	40.7%	--	42.7%	27.0%	24.7%	29.0%	24.6%	28.1%	11.5%	5.3%	8.9%	30.2%
VA Specialized Women Care (W15D)	41.4%	49.6%	42.7%	--	16.3%	21.3%	23.0%	17.4%	20.9%	7.4%	5.6%	8.1%	35.5%
General Medical Knowledge (W10)	25.7%	18.9%	27.0%	16.3%	--	55.0%	57.9%	50.9%	58.4%	24.9%	4.4%	9.5%	22.4%
Knows Women's Needs (W10B)	23.7%	20.6%	24.7%	21.3%	55.0%	--	62.5%	41.9%	49.8%	20.8%	4.0%	8.1%	25.6%
Understand Women Vets (W10C)	25.7%	25.2%	29.0%	23.0%	57.9%	62.5%	--	54.4%	61.0%	25.1%	5.4%	9.8%	30.8%
Spent Time With You (W10D)	24.0%	20.9%	24.6%	17.4%	50.9%	41.9%	54.4%	--	66.6%	22.4%	4.5%	9.5%	24.7%
Received Enough Info (W10E)	27.4%	22.6%	28.1%	20.9%	58.4%	49.8%	61.0%	66.6%	--	23.5%	4.9%	9.8%	27.5%
Respected by VA PCP (W11)	11.7%	11.4%	11.5%	7.4%	24.9%	20.8%	25.1%	22.4%	23.5%	--	7.4%	14.3%	12.0%
Respected by Specialists (W12)	7.2%	7.3%	5.3%	5.6%	4.4%	4.0%	5.4%	4.5%	4.9%	7.4%	--	13.2%	8.6%
Respected by VA Staff (W13)	11.4%	14.2%	8.9%	8.1%	9.5%	8.1%	9.8%	9.5%	9.8%	14.3%	13.2%	--	15.3%
VA Sensitive to Women (W19)	38.5%	47.0%	30.2%	35.5%	22.4%	25.6%	30.8%	24.7%	27.5%	12.0%	8.6%	15.3%	--

Trends Over Time for Gender Sensitivity

For satisfaction with provider, **the share of women Veterans satisfied with their provider's general medical knowledge increased from 79.3% in 2014 to 85.6% in 2023.** The other three provider satisfaction measures remained at the same level over time. **All three measures of respect from VA providers and staff increased over time.** Respect from primary care providers increased from 78.5% in 2014 to 83.3% in 2023. Respect from specialists increased from 74.7% in 2014 to 80.9% in 2023. Respect from nursing and office staff increased from 69.2% in 2014 to 79.9% in 2023.

Exhibit 53. Trends Over Time for Gender Sensitivity, 2014-2023



3.9 Mental Health Stigma

Survey Questions Related to this Topic
Full Survey Text Available in Appendix D

G2. How would you describe your mental health status?

MH (1-3). Have you ever been diagnosed with...

1. a traumatic brain injury (TBI)?
2. post traumatic stress disorder (PTSD)?
3. depression?

MH4. Have you ever felt you needed or wanted mental health services related either to your military service or to any other life situation?

MH5. Have you ever felt hesitant to seek or receive needed mental health care services?

MH6. How much do you agree or disagree that this is a reason you felt hesitant to seek care for mental health care services?

A. Others would think less of me.
B. It could negatively affect my job.
C. I am not sure that mental health care will help me.
D. I am worried about medicines used to treat mental health problems.
E. I prefer to try spiritual or religious counseling.
F. I am worried about confidentiality of what I disclose during mental health visits.

MH7. In your life, did you ever receive uninvited or unwanted sexual attention such as touching, cornering, pressure for sexual favors, etc.?

MH7A. Did this occur while in the military?

MH8. In your life, did anyone ever use force or the threat of force to have sex with you against your will?

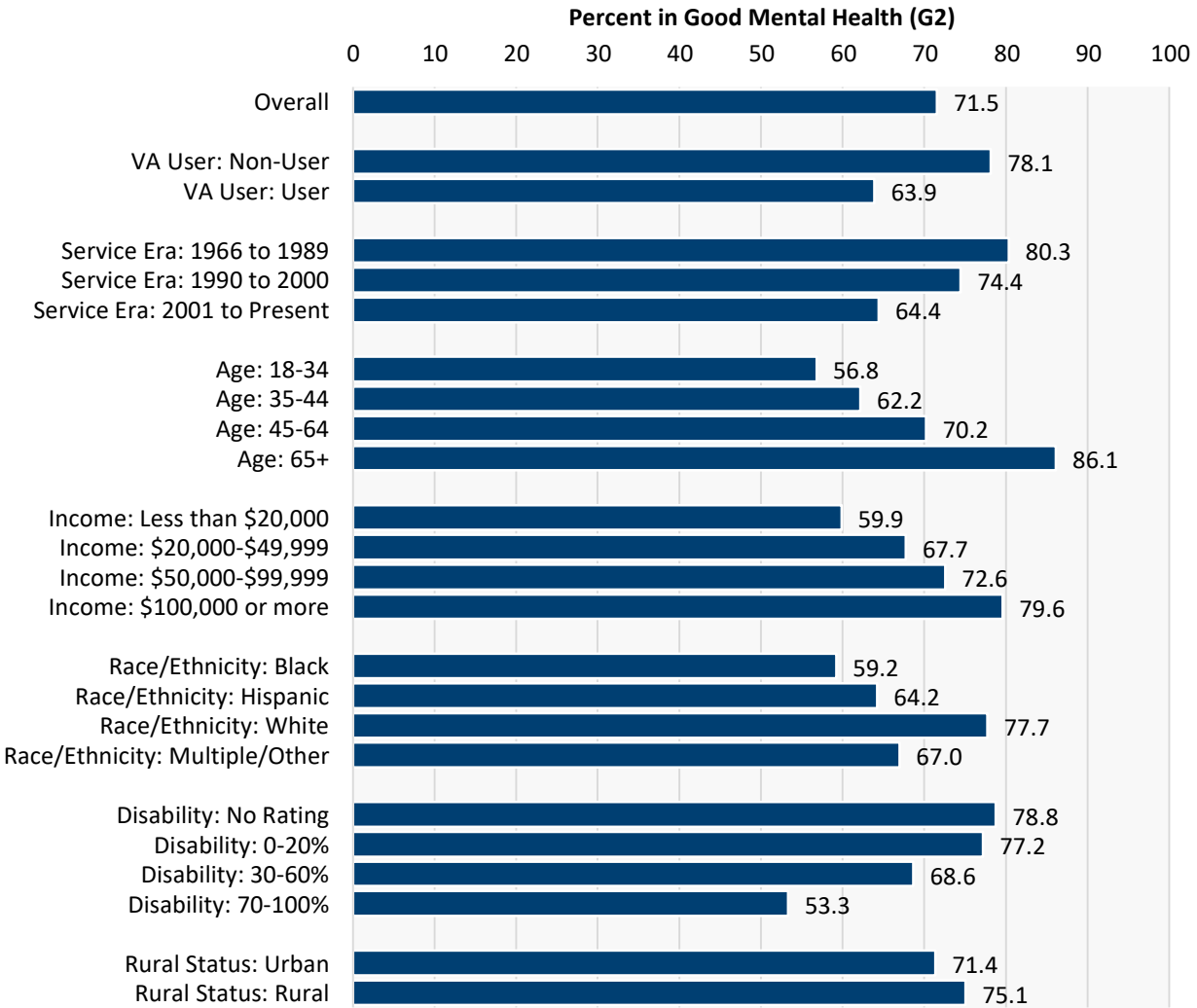
MH8A. Did this occur while in the military?

MH9. Did you ever avoid using the VA because of this(these) experience(s)?

Quality of Overall Mental Health (G2)

Less than two out of three VA users (63.9%) rated their overall mental health as "good, very good, or excellent" compared to almost four out of five (78.1%) non-users. Mental health was significantly better for non-users than users. Quality of mental health was also significantly higher for those in older service eras and older women Veterans. Those with higher income were also in better mental health, as were those with lower or no disability rating. Those in rural areas were in slightly better mental health than urban areas.

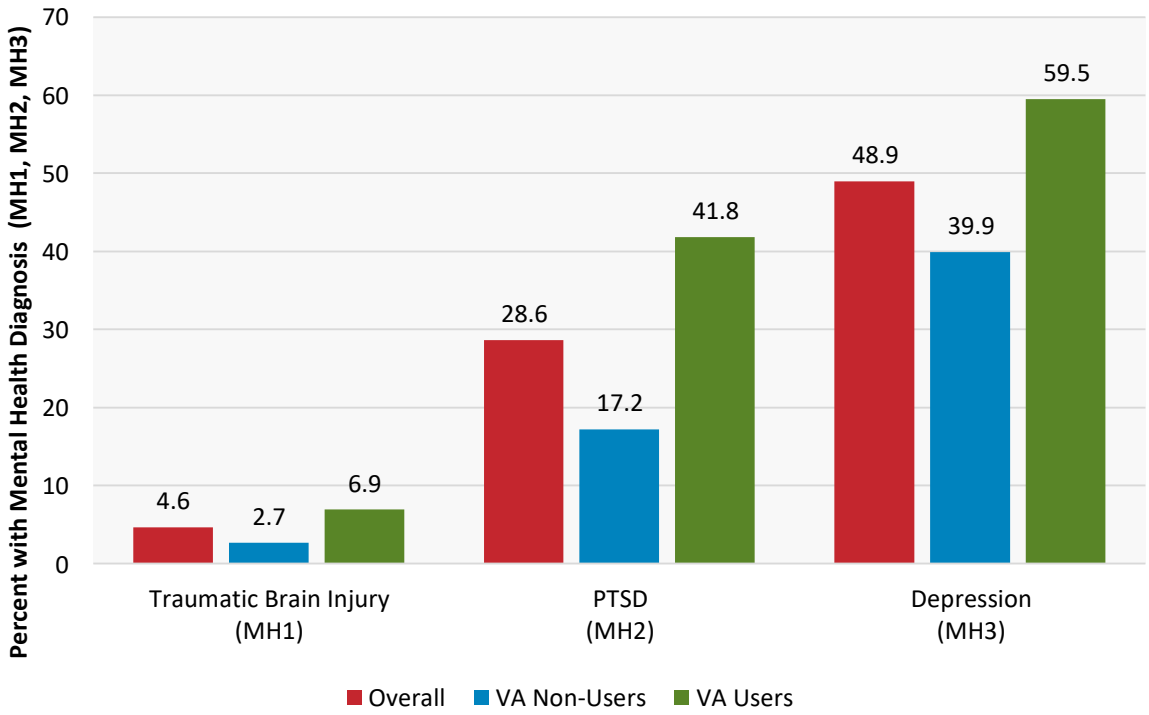
Exhibit 54. Quality of Overall Mental Health (G2), Veteran Characteristics



Mental Health Diagnoses (MH1, MH2, MH3)

Overall, **4.6% of women Veterans reported a diagnosis of a traumatic brain injury, 28.6% reported a diagnosis of PTSD, and 48.9% reported a diagnosis of depression.** In all cases, the rate of diagnosis was much higher for VA users than non-VA users. **For VA users, 6.9% reported a traumatic brain injury, 41.8% reported PTSD, and 59.5% reported depression.** Additionally, for each diagnosis, rates were higher for younger women Veterans than older, higher for lower income than higher income, and higher for high disability ratings than low disability ratings.

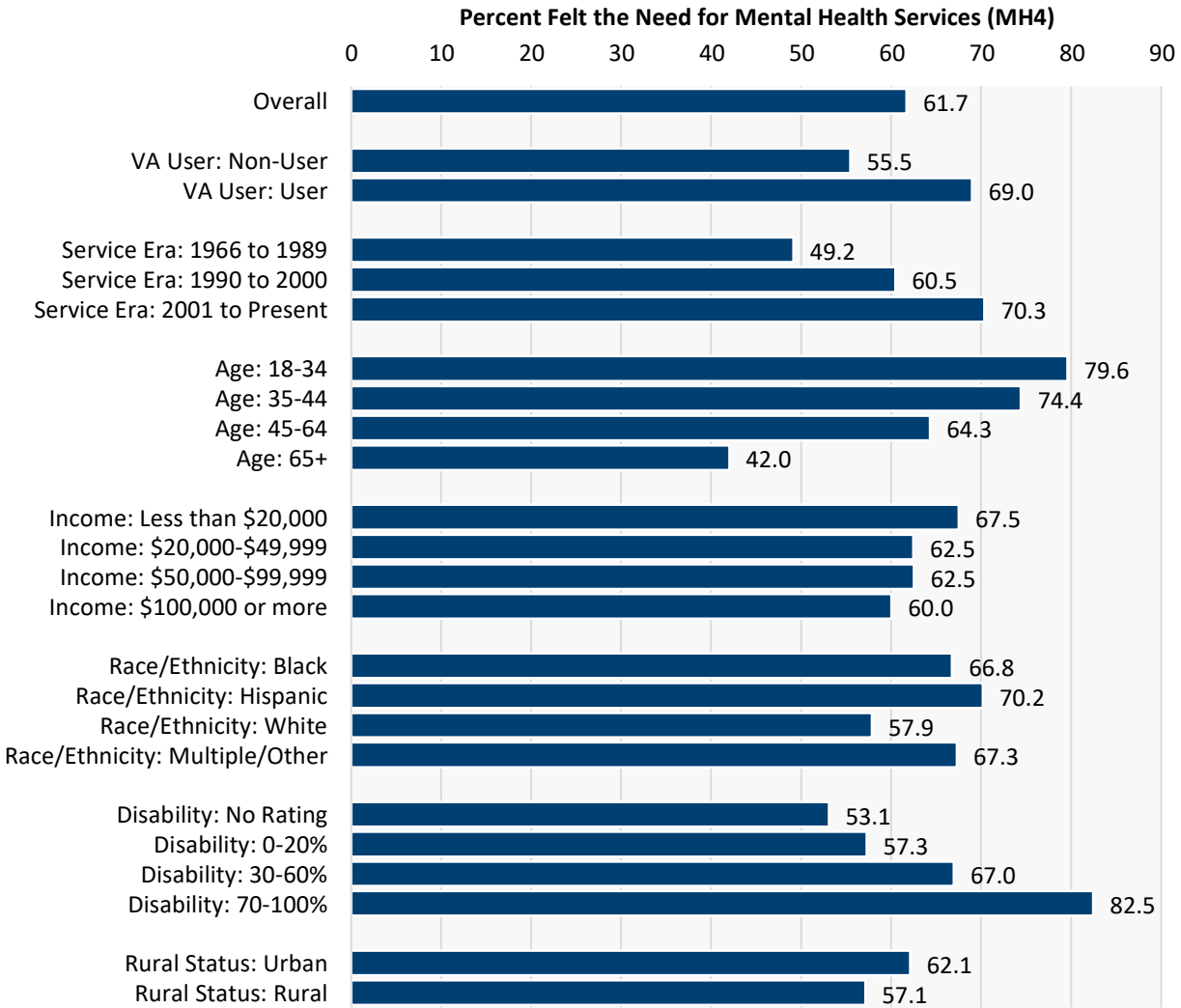
Exhibit 55. Mental Health Diagnoses (MH1, MH2, MH3) by VA User Status



Felt the Need for Mental Health Care Services (MH4)

More than two out of three (69.0%) VA users felt the need for mental health care services, compared to just over half (55.5%) of non-users. Those in more recent service eras and younger women Veterans also reported a much higher need than those who were older. Those with lower income were significantly more likely than those with higher income to need mental health services. Those with higher disability ratings were more likely to need mental health care. Those in urban areas were also more likely to need mental health care.

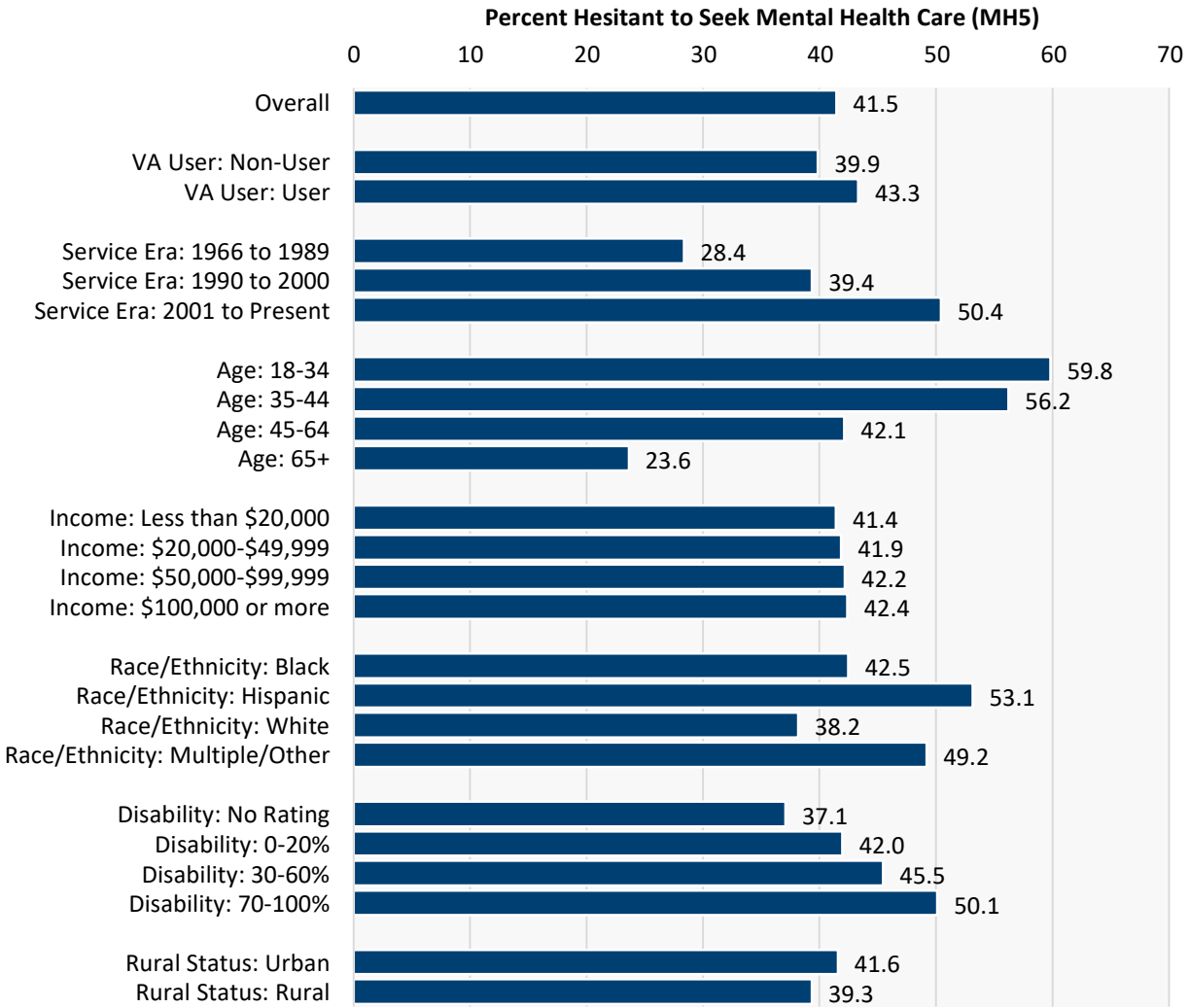
Exhibit 56. Felt Need for Mental Health Care Services (MH4), Veteran Characteristics



Hesitant to Seek Mental Health Care Services (MH5)

Overall, **41.5% of women Veterans have felt hesitant to seek mental health care services.** VA users were significantly more likely to be hesitant to seek mental health care than non-users. Those in more recent service eras and younger women Veterans were also more likely to be hesitant. There was no significant difference by income level. Those with higher disability ratings were more likely to be hesitant to seek mental health care. There was no difference in hesitation to seek mental health care by urban/rural status.

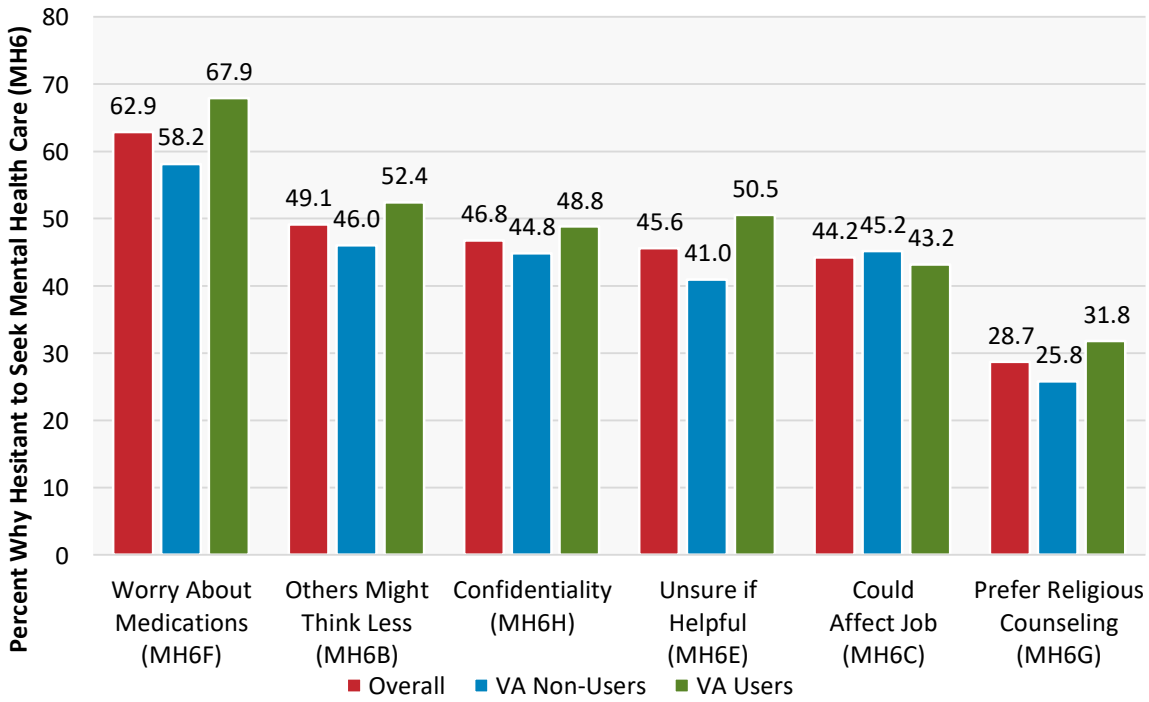
Exhibit 57. Felt Hesitant to Seek Mental Health Care Services (MH5), Veteran Characteristics



Why Felt Hesitant to Seek Mental Health Care Services (MH6)

Respondents who expressed hesitation in MH5 were asked for the reasons why they felt hesitant. **The most cited reasons for hesitating in seeking mental health care were worry about medications (62.9%), worry that others would think less of them (49.1%), concerns about confidentiality (46.8%), unsure if mental health care would be helpful (45.6%), concern that it could negatively affect their job (44.2%), or they preferred spiritual or religious counseling (28.7%).** "Agreement" was measured as "Somewhat Agree" or "Strongly Agree" on a 5-point scale. VA users were more concerned than non-users for all reasons except it could negatively affect their job.

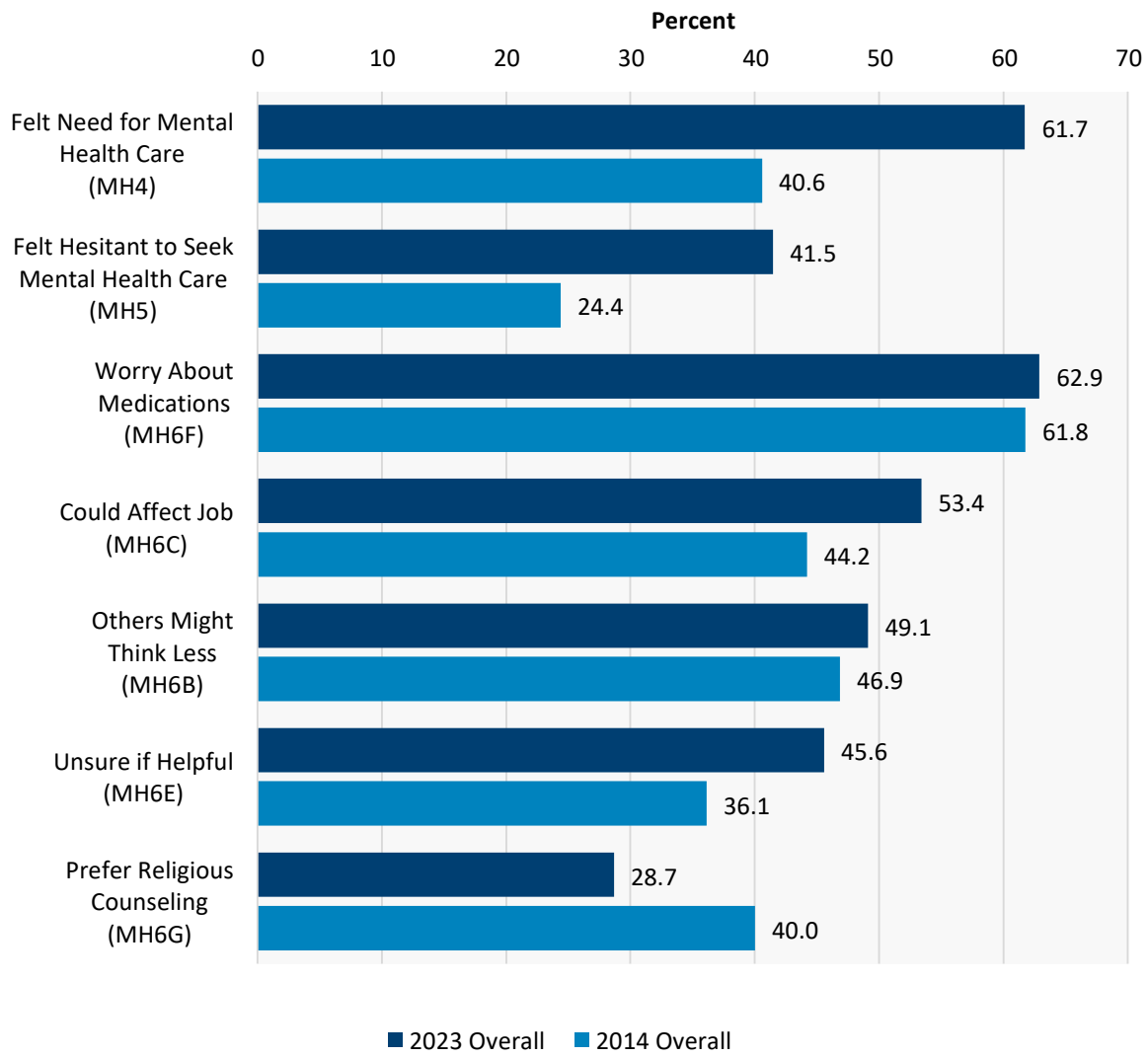
Exhibit 58. Why Felt Hesitant to Seek Mental Health Care Services (MH6) by VA User Status



Trends Over Time for Mental Health Care Stigma

For questions included in both the 2023 and 2014 surveys, comparisons over time were made. The share of women Veterans who **felt the need for mental health care increased from 40.6% in 2014 to 61.7% in 2023.** Likewise, **the share who were hesitant to seek mental health care increased from 24.4% to 41.5%.** The reasons for hesitation did not change as much, though uncertainty of helpfulness increased from 36.1% to 45.6% and could affect job increased from 44.2% to 53.4%. Preference for spiritual or religious counseling decreased from 40.0% to 28.7%.

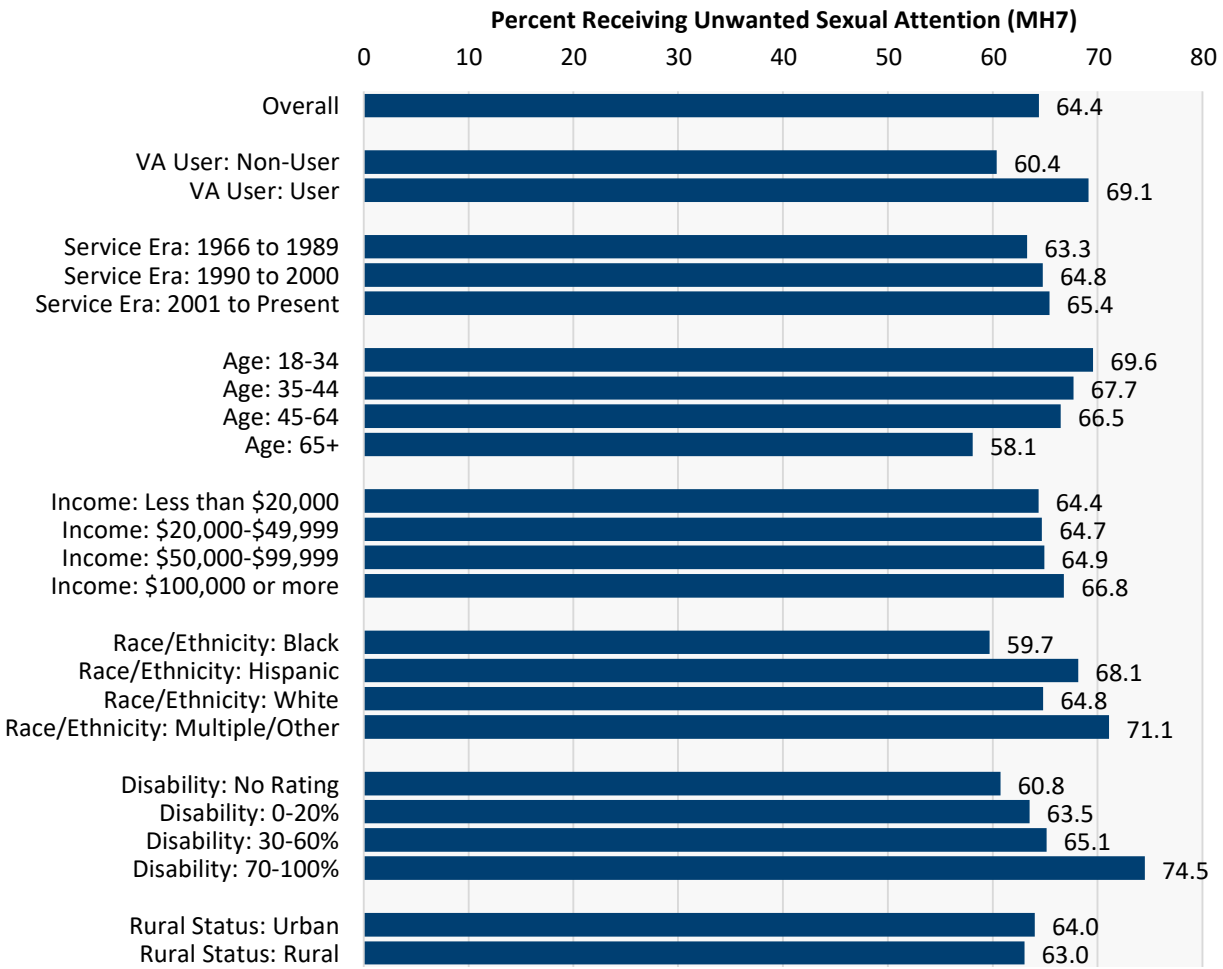
Exhibit 59. Trends Over Time for Mental Health Care Stigma, 2014-2023



Received Unwanted Sexual Attention (MH7)

Nearly seven out of ten (69.1%) of VA users reported receiving unwanted sexual attention during their lives, such as touching, cornering, or pressure for sex, compared to six out of ten (60.4%) non-users. Service era was not significant, but age was, with women Veterans under the age of 65 reporting more lifetime unwanted sexual attention. Income was not significantly different. Race/ethnicity was significant, with Hispanic and multiple race/other race Veterans reporting higher levels of unwanted sexual attention. Those with disability ratings of 70% to 100% were more likely to report unwanted sexual attention. There was no difference by urban/rural status.

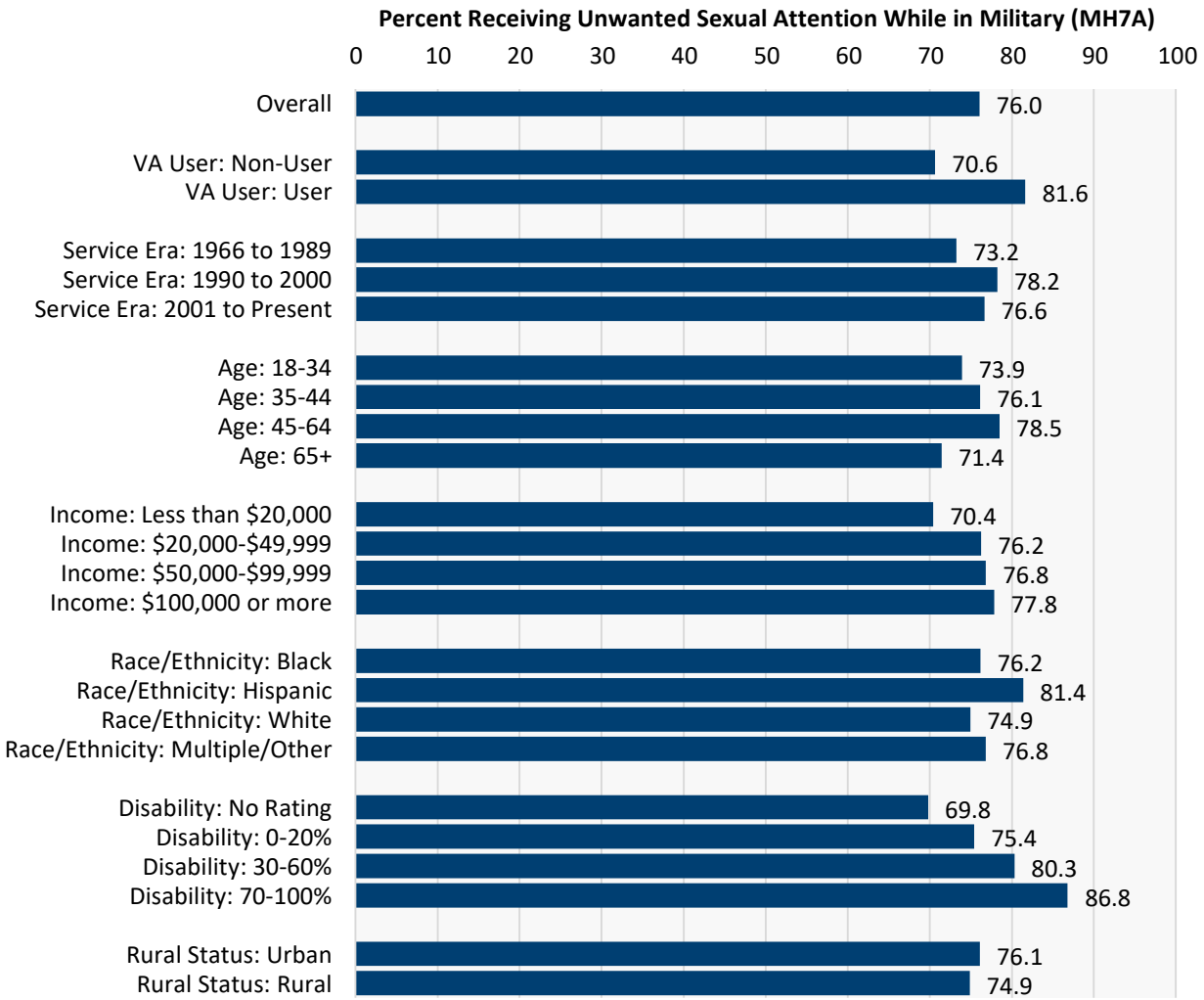
Exhibit 60. Received Unwanted Sexual Attention (MH7), Veteran Characteristics



Received Unwanted Sexual Attention While in the Military (MH7A)

Of those who experienced unwanted sexual attention, **eight out of ten VA users (81.6%) reported that unwanted sexual attention occurred while they were in the military, compared to seven out of ten (70.6%) non-users.** VA users were more likely to report this than non-users, as were those who served after 1990 and those younger than 65. Those with income above $20,000 were more likely to report unwanted sexual attention occurred in the military, as were those who are Hispanic. Unwanted sexual attention in the military increased strongly with disability rating. There was no relationship with urban/rural status.

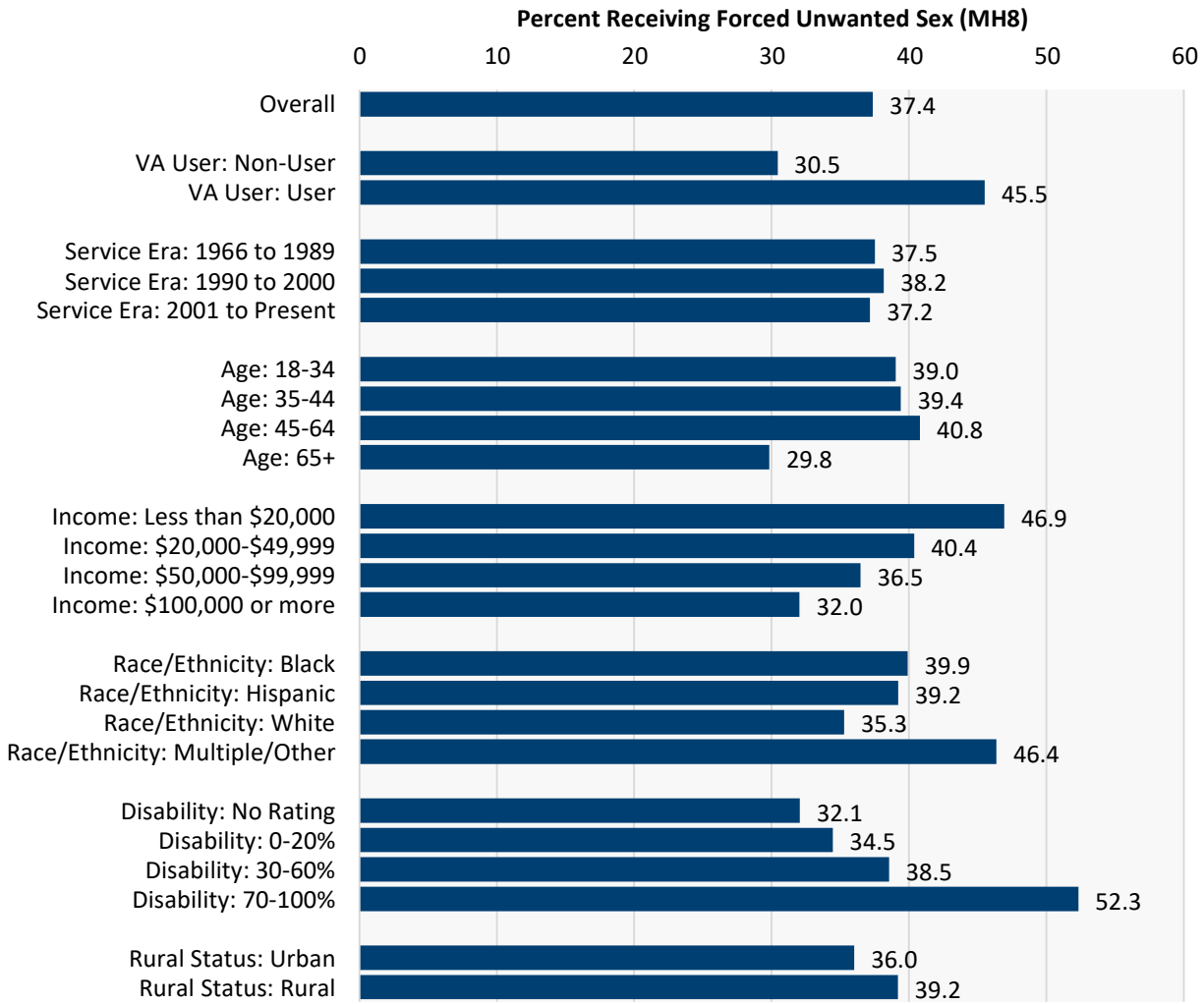
Exhibit 61. Received Unwanted Sexual Attention in Military (MH7A), Veteran Characteristics



Received Forced Unwanted Sex (MH8)

Close to half (45.5%) of VA users reported receiving unwanted forced sex during their lives, compared to less than one in three (30.5%) non-users. Service era was not significant, but women Veterans under the age of 65 were more likely to report unwanted forced sex. Lower income levels experienced much higher rates of forced sex. Race/ethnicity was significant, with multiple race/other race reporting highest levels of forced sex. Those with disability ratings of 70% to 100% were much more likely to report unwanted forced sex. Those in rural areas were slightly more likely to report unwanted forced sex.

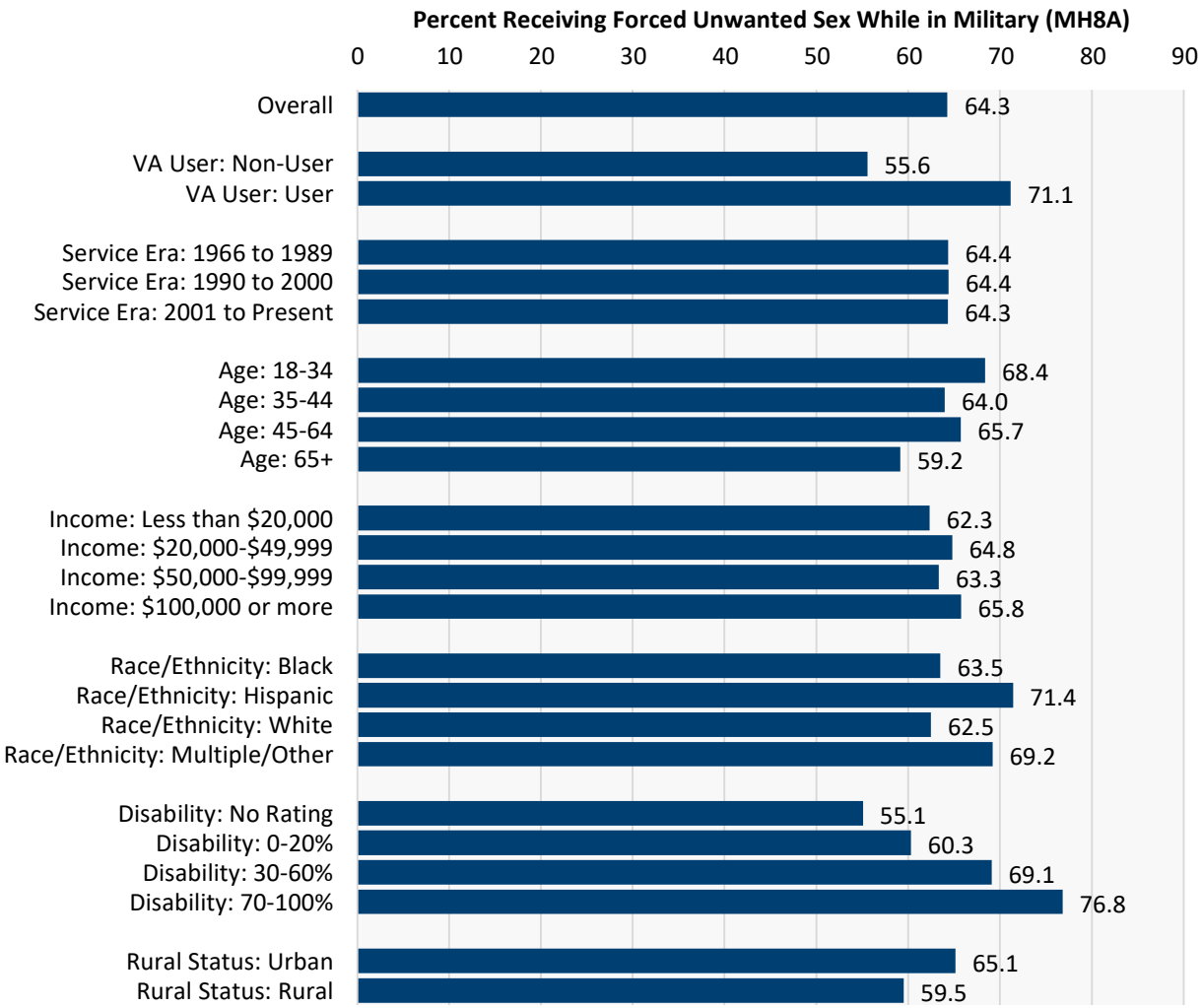
Exhibit 62. Received Forced Unwanted Sex (MH8), Veteran Characteristics



Received Forced Unwanted Sex in While in the Military (MH8A)

Of those who reported unwanted forced sex, seven in ten (71.1%) of VA users reported it occurred while in the military, compared to just over half of non-users (55.6%). There was no significant difference by service era, age, or income. Hispanic women Veterans were most likely to report that forced unwanted sex had occurred in the military, as were those with higher disability ratings. Those in urban areas were also more likely to report this had occurred in the military.

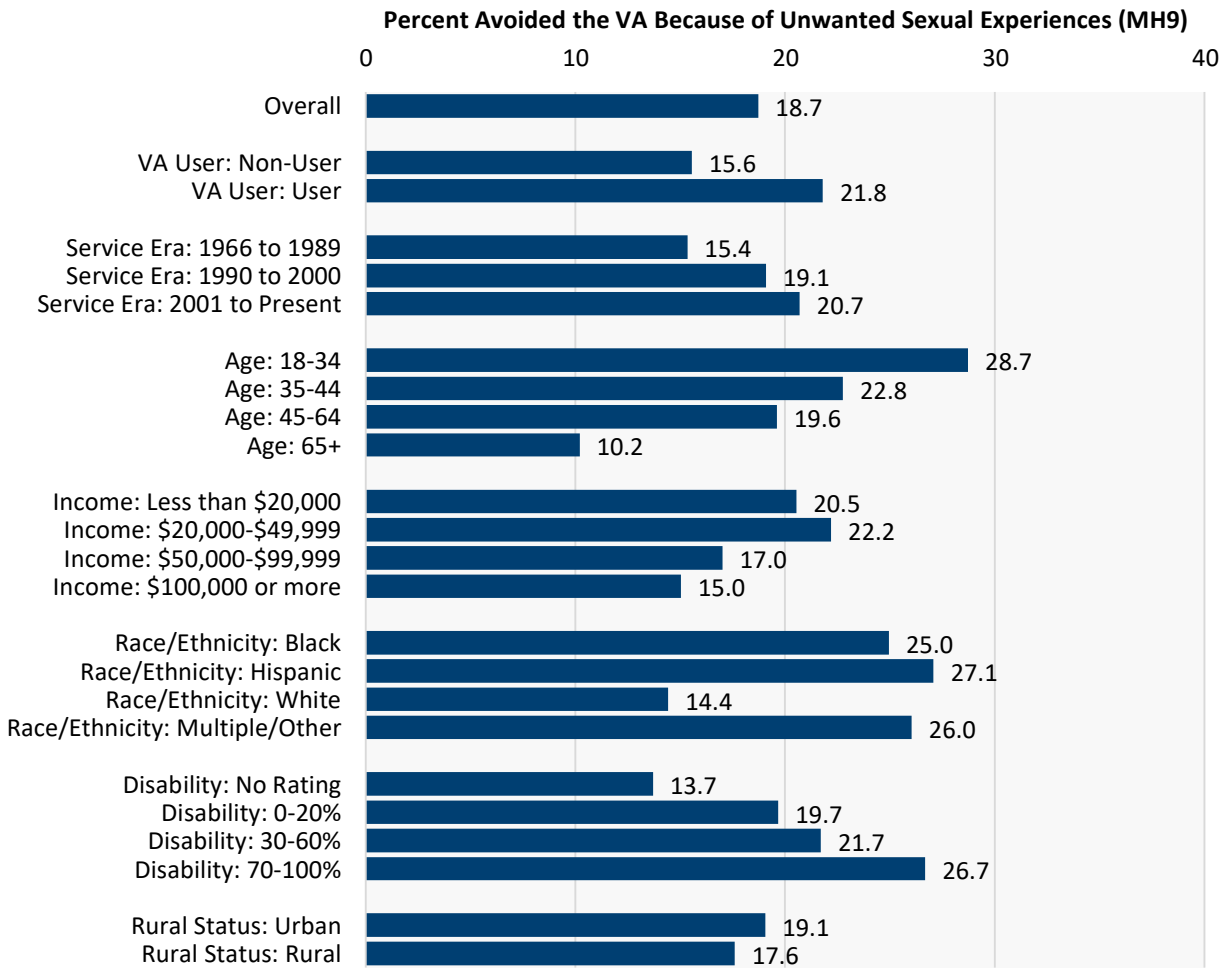
Exhibit 63. Received Forced Unwanted Sex in Military (MH8A), Veteran Characteristics



Avoided the VA Because of Unwanted Sexual Experiences (MH9)

Of those who had ever received unwanted sexual attention or forced sex in their lifetime, one in five (21.8%) VA users reported they had avoided the VA because of that experience, compared to about one in six (15.6%) non-users. Avoidance was more common in more recent service eras, and with those who are younger. Those with incomes below $50,000 were more likely to avoid the VA, as were those who were non-White. Avoidance increased with disability rating but did not differ by urban/rural status.

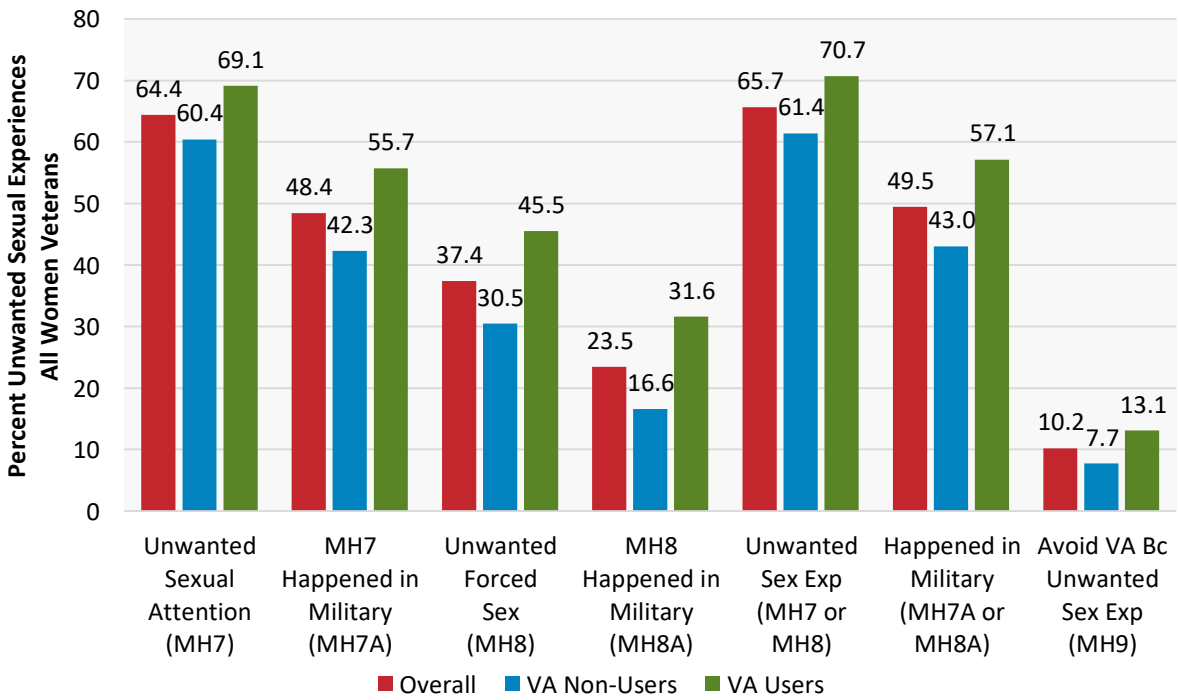
Exhibit 64. Avoid VA Because of Unwanted Sexual Experiences (MH9), Veteran Characteristics



Unwanted Sexual Experiences Among All Women Veterans

Most questions for this survey are reported out of the proportion who answered the question. Because several of the questions about unwanted sexual experiences are follow-up questions, this does not reflect the whole population of women Veterans. This section includes results for unwanted sexual experiences among all women Veterans, even if the follow-up questions did not apply to them. This provides a more complete understanding of the extent to which these experiences are widespread. **Overall, two out of three women Veterans reported a lifetime unwanted sexual experience (65.7%), and one out of two reported this happened in the military (49.5%). One out of ten (10.2%) women Veterans said they had avoided the VA because of previous lifetime unwanted sexual experiences.** In all cases, VA users reported higher rates of unwanted sexual experiences than VA non-users.

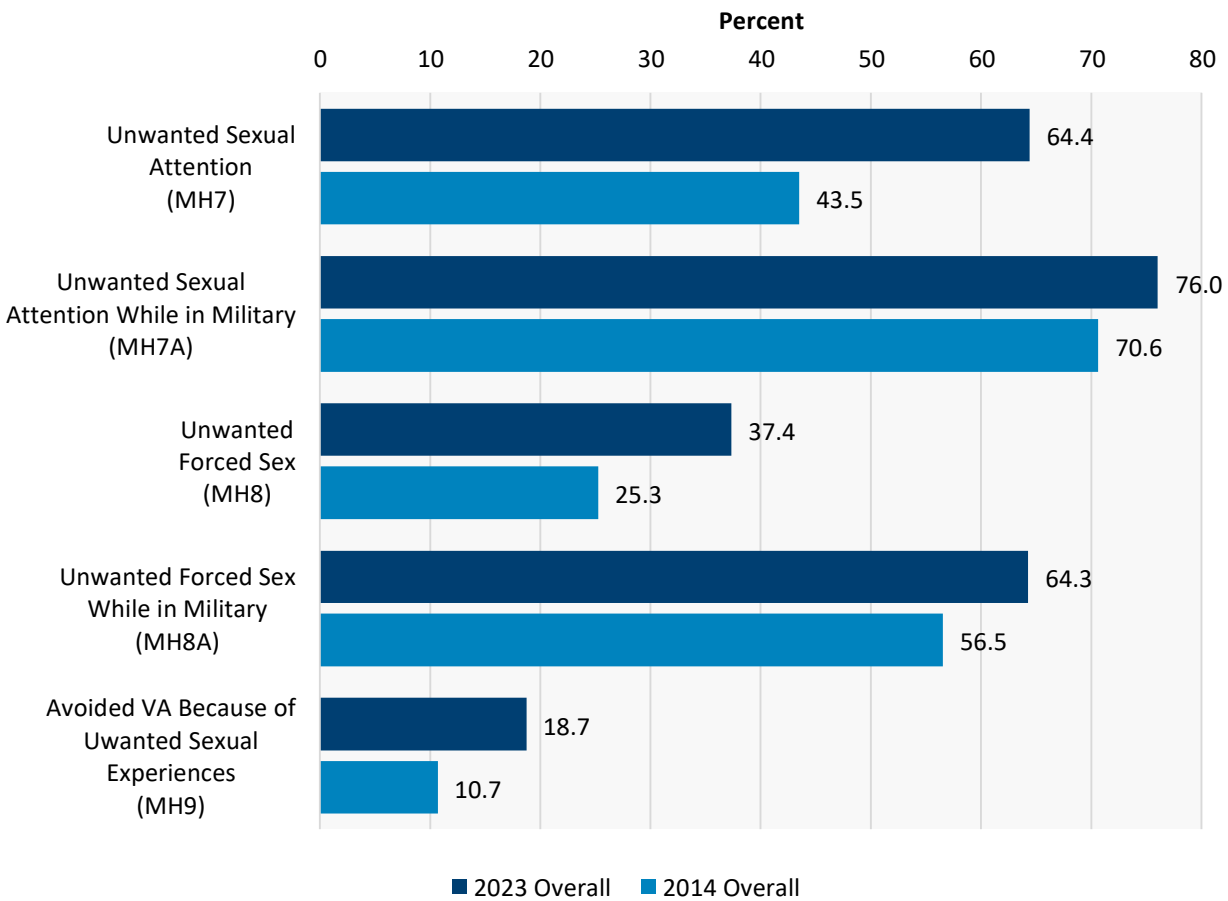
Exhibit 65. Unwanted Sexual Experiences Among All Women Veterans



Trends Over Time for Unwanted Sexual Experiences

The question series about unwanted sexual experiences was also included in the 2014 survey. Compared to 2014, rates of unwanted sexual experiences increased substantially in 2023 for all questions. **The share of women Veterans reporting lifetime unwanted sexual attention increased from 43.5% in 2014 to 64.4% in 2023,** and the portion reporting this occurred while in the military increased from 70.6% to 76.0%. **The share of women Veterans reporting lifetime unwanted forced sex increased from 25.3% in 2014 to 37.4% in 2023.** The portion reporting this happened while in the military increased from 56.6% to 64.3%. **Of those who had unwanted sexual experiences, 18.7% report they now avoid the VA because of this, up from 10.7% in 2014.** Because many of these lifetime events occurred before the 2014 survey, some of these increases over time may be because of wider awareness about unwanted sexual experiences, less stigma in reporting them, and the greater anonymity in the web survey mode.

Exhibit 66. Trends Over Time for Unwanted Sexual Experiences, 2014-2023



3.10 Safety and Comfort

Survey Questions Related to this Topic
Full Survey Text Available in Appendix D

Women's experiences when coming to a VA site of care are very important. In this next section, I will ask you about your experiences at VA sites of care. This set of questions asks about your opinion of the facilities in which care is delivered within the VA. Please indicate how much you agree or disagree with the following statements:

A. The physical facility was well-maintained and clean.
B. The parking areas were accessible.
C. I could safely get from the parking area to the facility.
D. The check-in areas had adequate privacy.
E. The waiting areas were comfortable and welcoming.
F. I had adequate privacy in the exam room.
G. A women's or unisex restroom was accessible.
H. There was a place for my family members or caregivers to wait for me.

SC6. When you have been at a VA site of care within the last 24 months, how safe have you felt overall?

SC7. In the past 24 months, have you requested VA-paid community care or used self-paid care because your VA site of care felt unsafe?

SC8. The last time you were at a VA site of care, how safe did you feel overall?

SC9. As a woman Veteran, do you feel like you belong at the VA?

SC10. Have you ever felt uncomfortable, unwelcome, or not respected at the VA?

SC10a. Did you feel uncomfortable, unwelcome, or not respected for any of these reasons? Please select all that apply.

SC10b. Did anyone at the VA make you feel uncomfortable about these things? Please select all that apply.

SC11. Thinking about the past 24 months, when you were at a VA site of care, how often did you…?

A. Feel uncomfortable or unsafe with other Veterans
B. Feel uncomfortable or unsafe with VA staff

SC12. Thinking about the past 24 months, when you were at a VA site of care, how often have you…?

A. Been harassed by other Veterans

B. Witnessed harassment of other Veterans or VA staff
C. Been harassed by VA staff

SC2. In the last 24 months, did you have an INPATIENT STAY OTHER THAN FOR MENTAL HEALTH REASONS at a VA Medical Center where you were admitted to the hospital and stayed overnight?

Thinking about your INPATIENT STAY at a VA Medical Center within the last 24 months, please indicate you how much you agree or disagree with the following statements:

SC3.

A. My room was clean and had the equipment I needed.
B. I felt safe during my inpatient stay.
C. I had access to a private bathroom during my stay.
D. I was able to secure my door at night during my stay.
E. I felt comfortable while showering.

SC4. In the last 24 months, did you have a MENTAL HEALTH RELATED INPATIENT STAY at a VA Medical Center

Thinking about your MENTAL HEALTH INPATIENT STAY at a VA Medical Center within the last 24 months, please indicate how much you agree or disagree with the following statements:

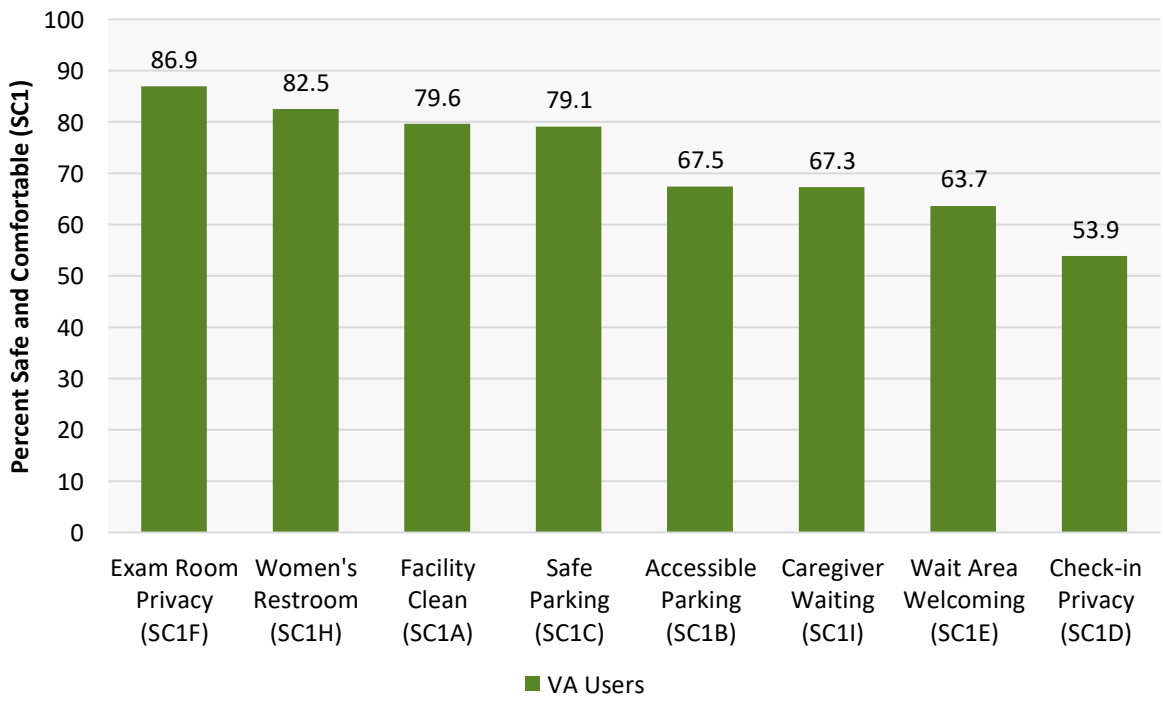
SC5.

A. My room was clean and had the equipment I needed.
B. I felt safe during my inpatient stay.
C. I had access to a private bathroom during my stay.
D. I was able to secure my door at night during my stay.
E. I felt comfortable while showering.

Overall Safety and Comfort (SC1)

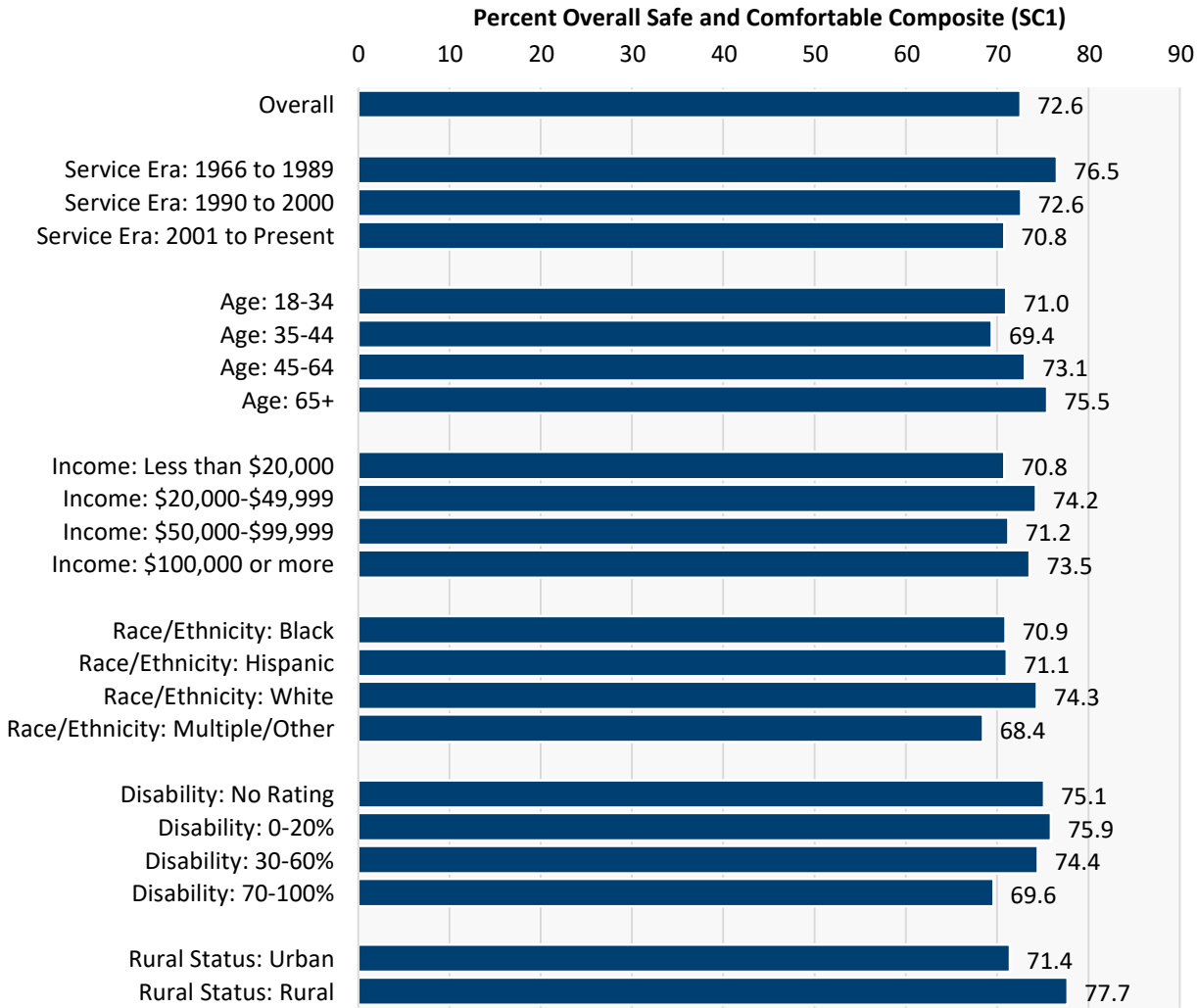
VA users were asked if they agree with eight aspects of safety and comfort at their VA facility. Depending on the measure, **agreement on the safety and comfort measured ranged from just over half (53.9%) for check-in privacy to seven out of eight (86.9%) for exam room privacy.** Agreement included "Somewhat agree" and "Completely agree." VA users were most likely to agree there was exam room privacy (86.9%), there were women's or unisex restrooms available (82.5%), the facility was clean and well-equipped (79.6%), parking was safe (79.1%), parking was accessible (67.5%), there was a caregiver waiting area (67.3%), the waiting area was welcoming (63.7%), and there was privacy at check-in (53.9%).

Exhibit 67. Aspects of Overall Safety and Comfort (SC1), VA Users Only



The eight measures of overall safety and comfort were averaged into one measure. **The average score for overall safety and comfort among VA users was 72.6%.** Those in older service eras and over the age of 65 were most likely to agree the VA facility was safe and comfortable. There was no clear difference by income. White women Veterans were slightly more likely to feel safe and comfortable, as were those with disability ratings below 70%. Those in rural areas also felt slightly safer and more comfortable with their VA facility.

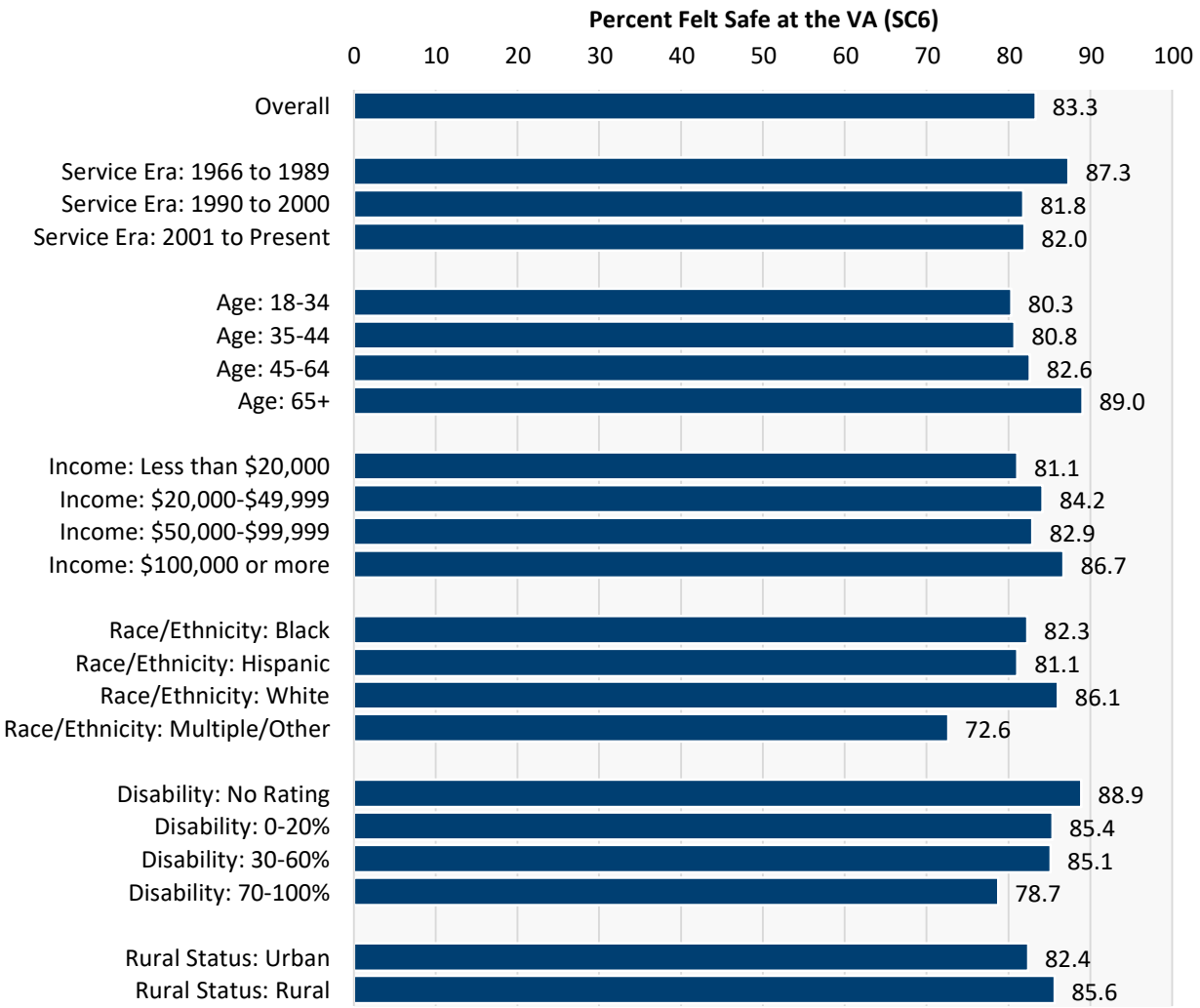
Exhibit 68.Composite Overall Safety and Comfort (SC1), Veteran Characteristics



Current Users Feeling Safe at the VA (SC6)

Among current VA users, five out of six (83.3%) women Veterans feel "very safe" at the VA. Those in older service eras felt safer, as did those over the age of 65. Feeling safe did not vary by income. White women Veterans felt the safest, as did those with lower or no disability ratings. There was no difference by urban/rural status.

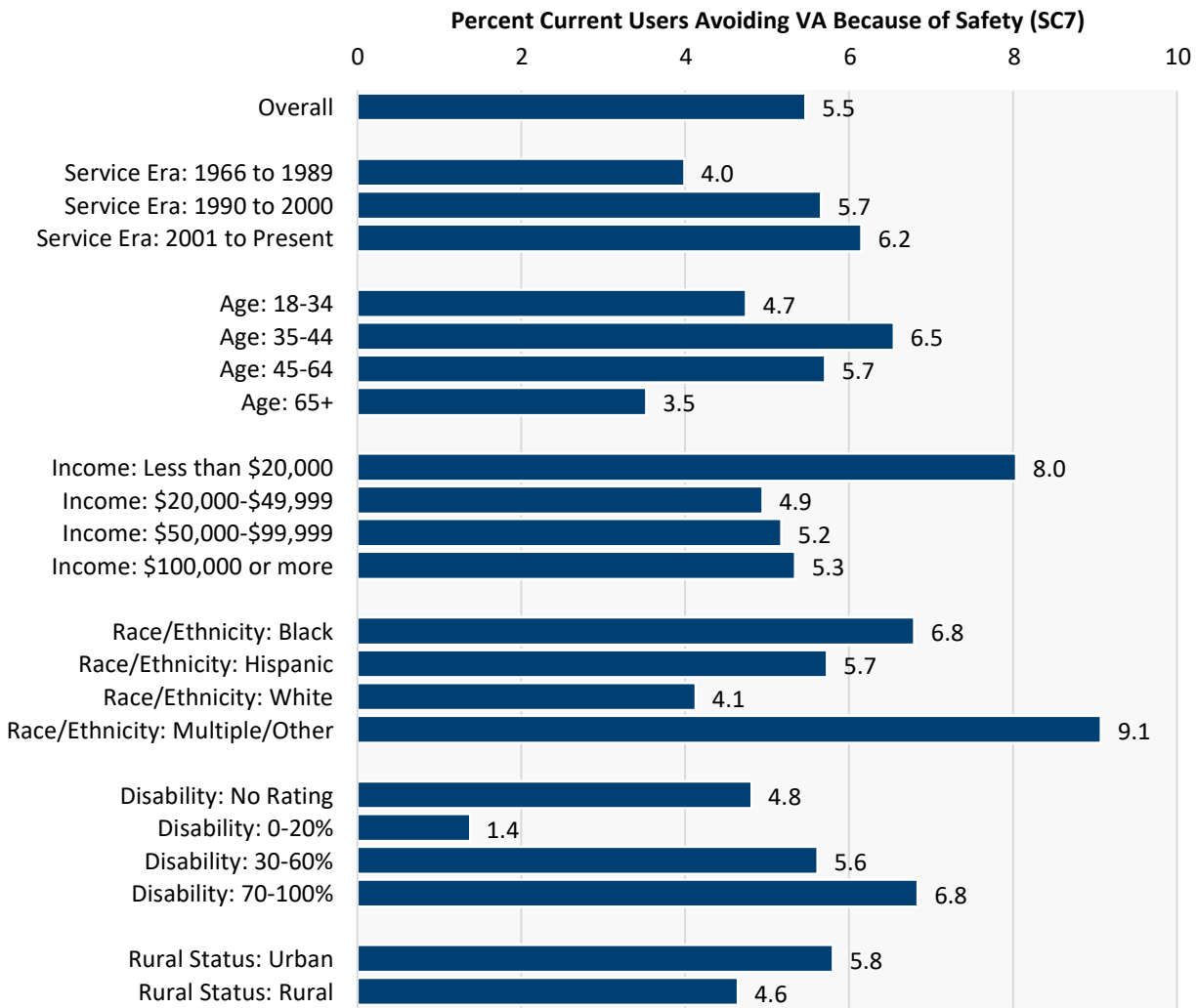
Exhibit 69. Feeling Safe at the VA (SC6), Veteran Characteristics



Current Users Avoiding the VA Because of Safety (SC7)

Among current VA users, one in twenty (5.5%) women Veterans are avoiding the VA because of concerns about safety. Avoiding the VA because of safety concerns did not differ by service era, age, or income. Women Veterans who are multiple/other race were most likely to avoid the VA, while those who are White were least likely to avoid the VA. There was no difference by urban/rural status.

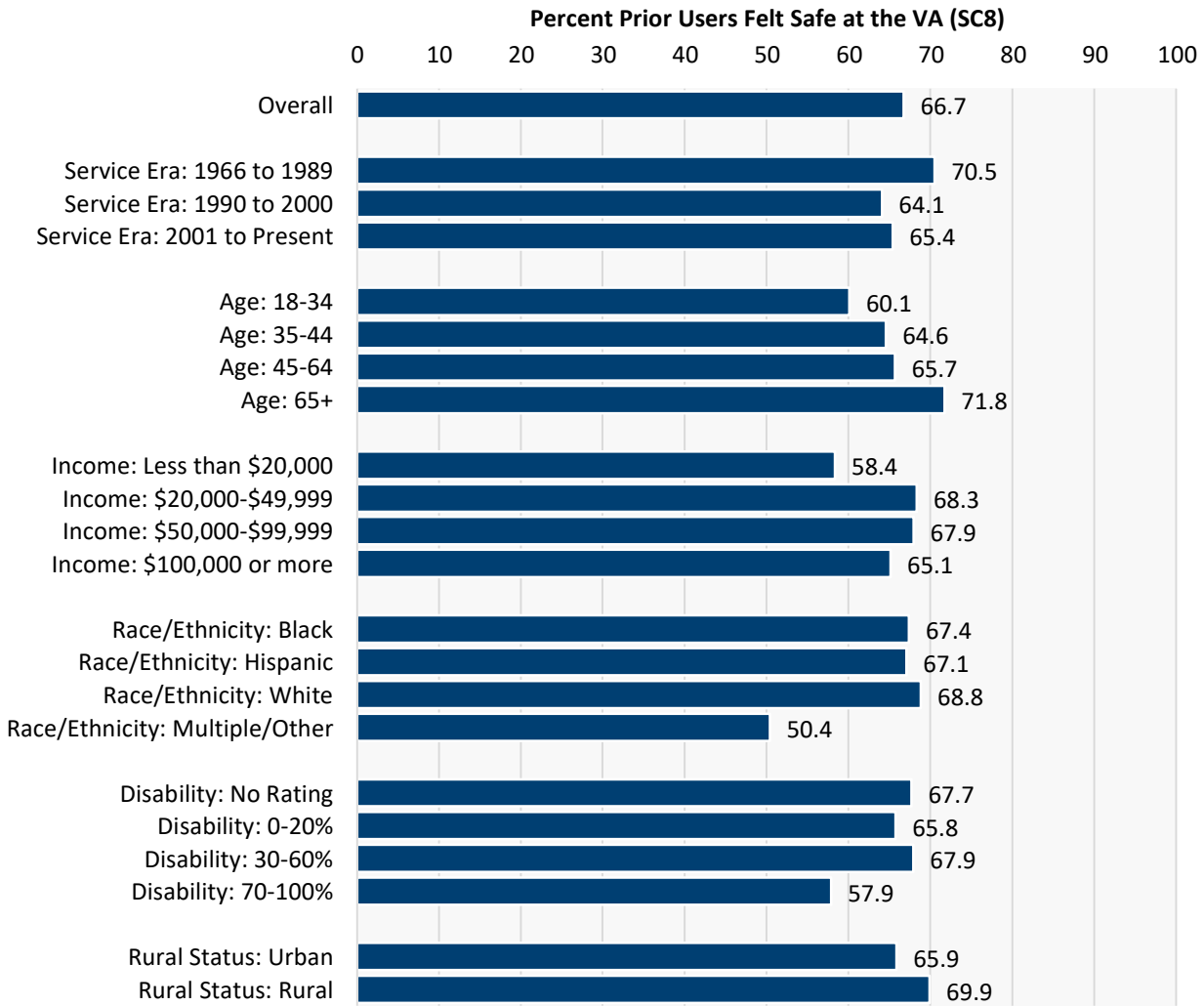
Exhibit 70. Current Users Avoiding VA Because of Safety (SC7), Veteran Characteristics



Prior Users Feeling Safe at the VA (SC8)

Among prior VA users (those who had used the VA more than 24 months ago), two out of three (66.7%) reported feeling "very safe" when last at the VA. Those who served before 1990 felt slightly safer. Age and income were not significantly different. Women Veterans who were multiple/other race reported feeling less safe than others. There was no significant difference by disability rating or rural/urban status.

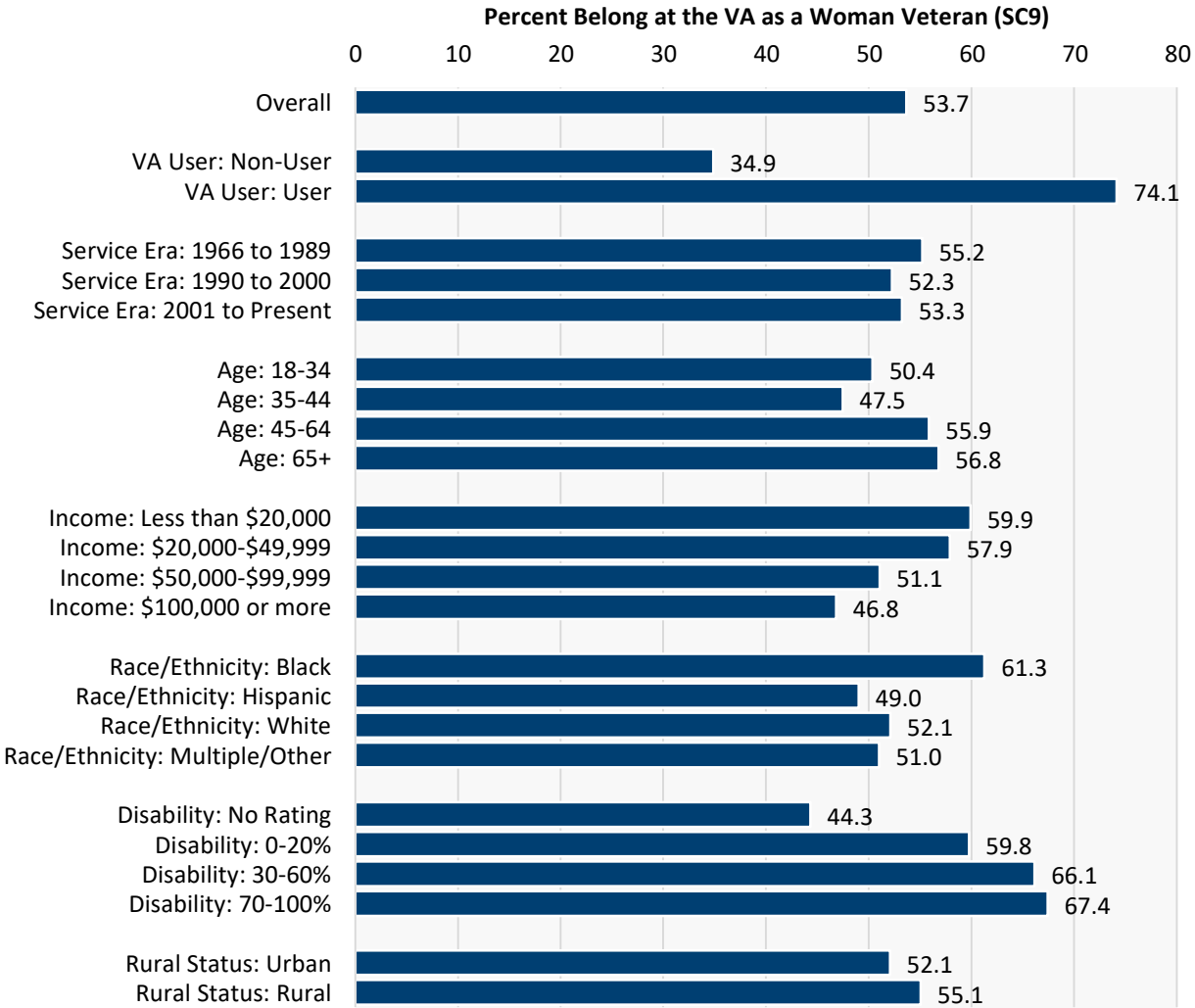
Exhibit 71. Prior Users Feeling Safe at the VA (SC8), Veteran Characteristics



Belonging at the VA as a Woman Veteran (SC9)

All participants were asked if they felt they belonged at the VA as women Veterans. **Three out of four users felt they "almost always" or "often" felt they belonged at the VA (74.1%), but just one in three (34.9%) non-users felt they belonged.** There was no difference by service era, but those over 45 were more likely to feel they belong. Women Veterans with lower incomes were more likely to feel they belong. Black women Veterans were more likely to feel they belonged than others, as did those with higher disability ratings. There was no difference by urban/rural status.

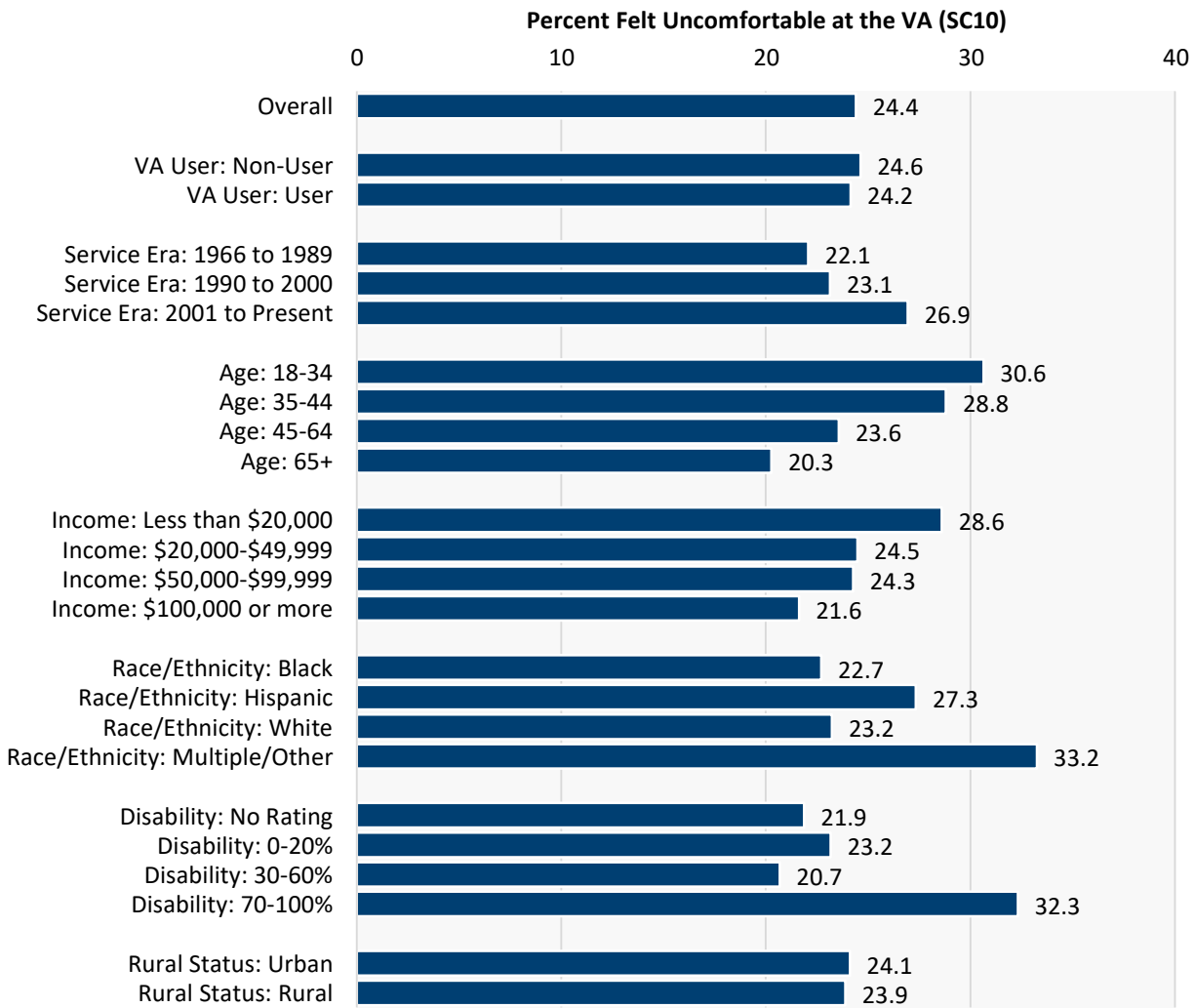
Exhibit 72. Belonging at the VA as a Woman Veteran (SC9), Veteran Characteristics



Feeling Uncomfortable at the VA (SC10)

All participants were asked if they had ever felt uncomfortable at the VA. **One in four (24.4%) women Veterans said they had felt uncomfortable, unwelcome, or not respected at the VA.** This did not differ by service era, but younger women Veterans were more likely to not feel respected, as were those with incomes under $20,000. Women Veterans who were multiple/other race were more likely to feel uncomfortable, as were those with disability ratings over 70%. There was no difference by urban/rural status.

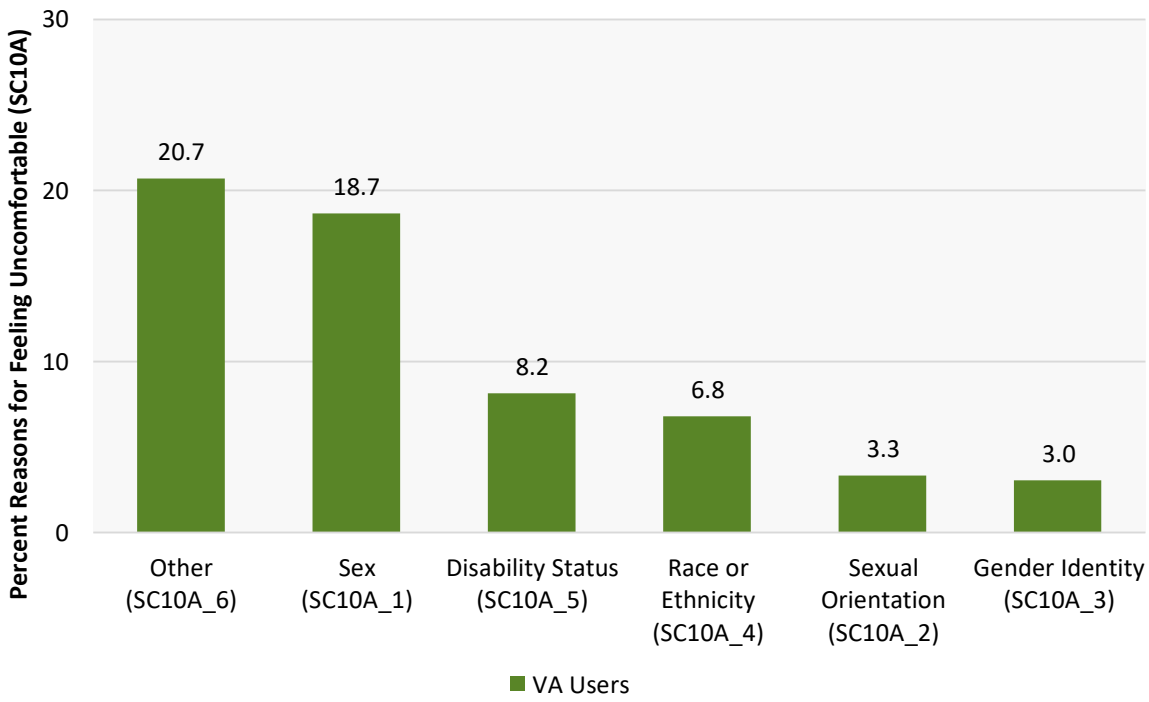
Exhibit 73. Feeling Uncomfortable at the VA (SC10), Veteran Characteristics



Reasons for Feeling Uncomfortable at the VA (SC10A)

Of those who felt uncomfortable at the VA, the most common reasons were "other" (20.7%) and their sex (18.7%). Less frequently cited reasons are disability status (8.2%), race or ethnicity (6.8%), sexual orientation (3.3%), and gender identity (3.0%).

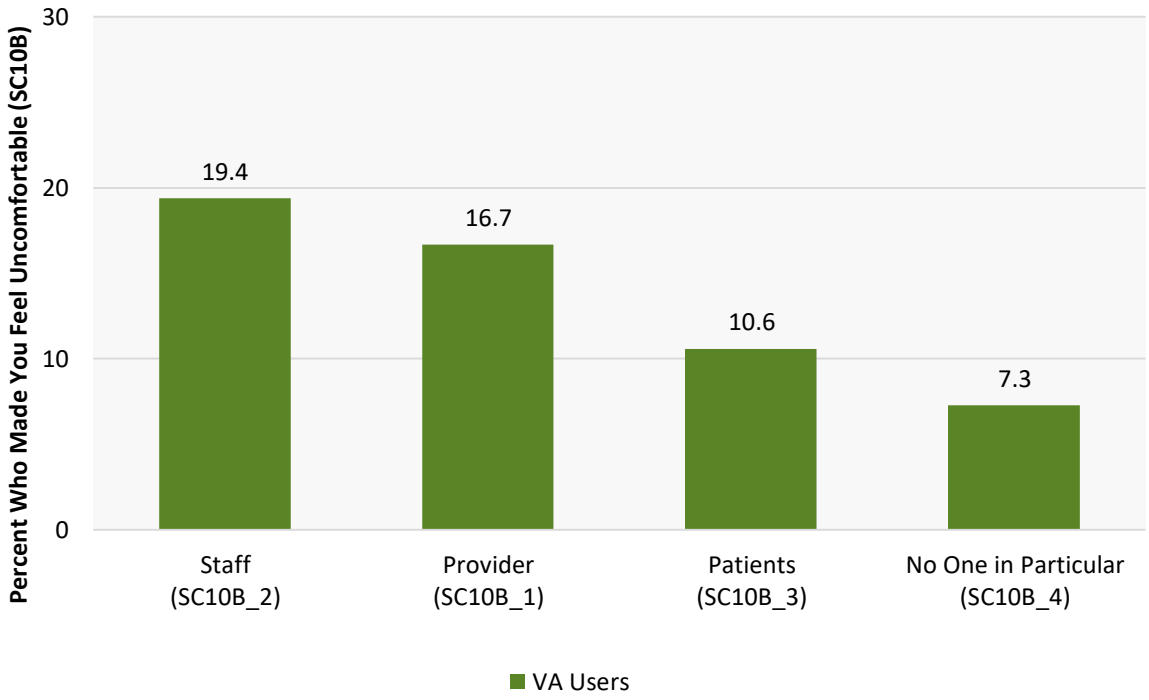
Exhibit 74. Reasons for Feeling Uncomfortable at the VA (SC10A)



Who Made You Feel Uncomfortable (SC10B)

Of those who felt uncomfortable at the VA, the most common source were non-provider staff (19.4%), followed by providers (16.7%), and other patients (10.6%).

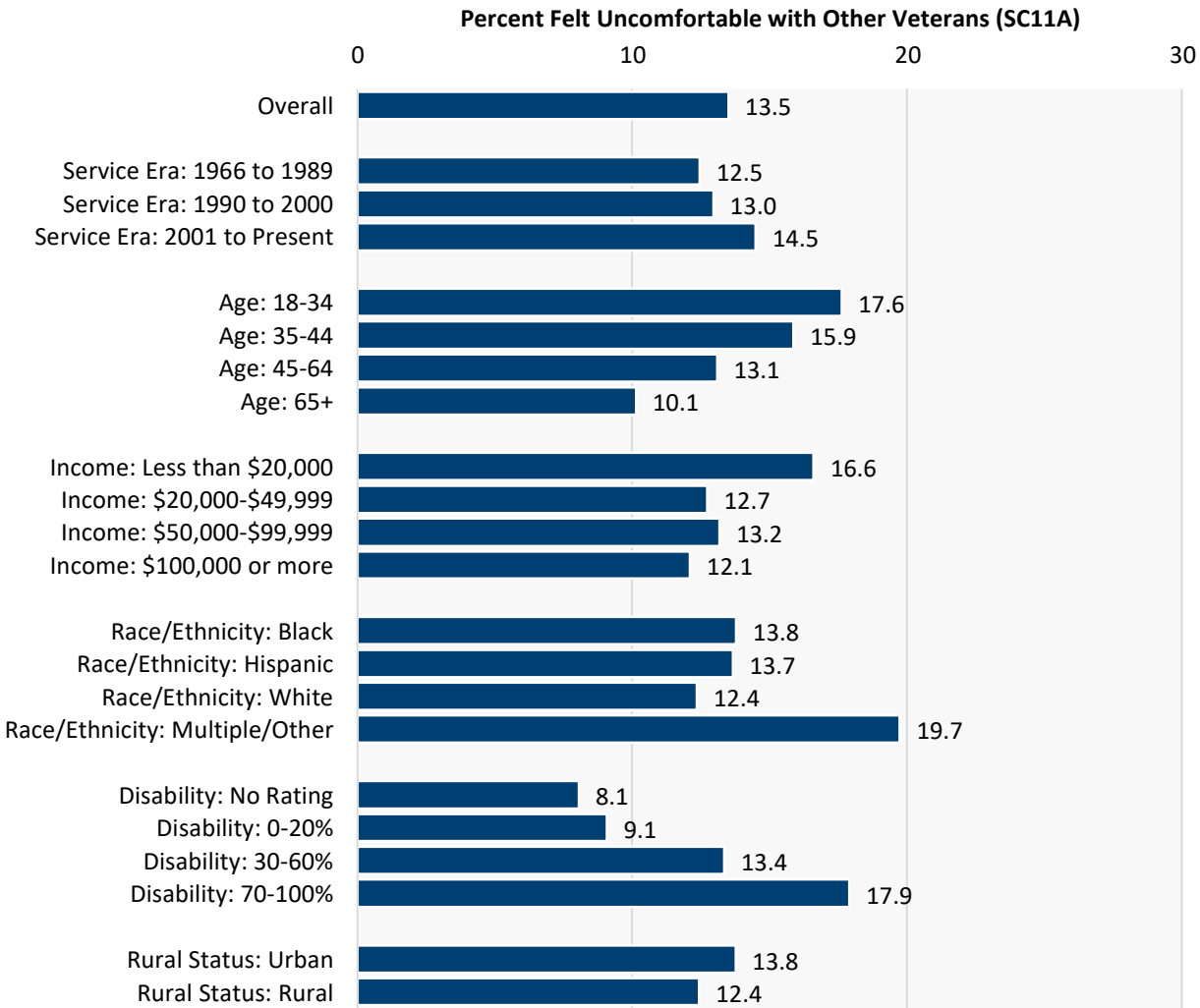
Exhibit 75. Who Made You Feel Uncomfortable (SC10B), Veteran Characteristics



Feeling Uncomfortable with Other Veterans (SC11A)

Among VA users, one in eight (13.5%) said they had felt uncomfortable with other Veterans in the past 24 months. Feeling uncomfortable included the response options "Sometimes," "Often," and "Almost Always." This did not differ by service era, but younger women Veterans were more likely to feel uncomfortable with other Veterans. Findings by income were not significantly different. Those who were multiple/other race were more likely to feel uncomfortable, as were those with disability ratings over 70%. Feeling unwelcome by other Veterans did not differ by urban/rural status.

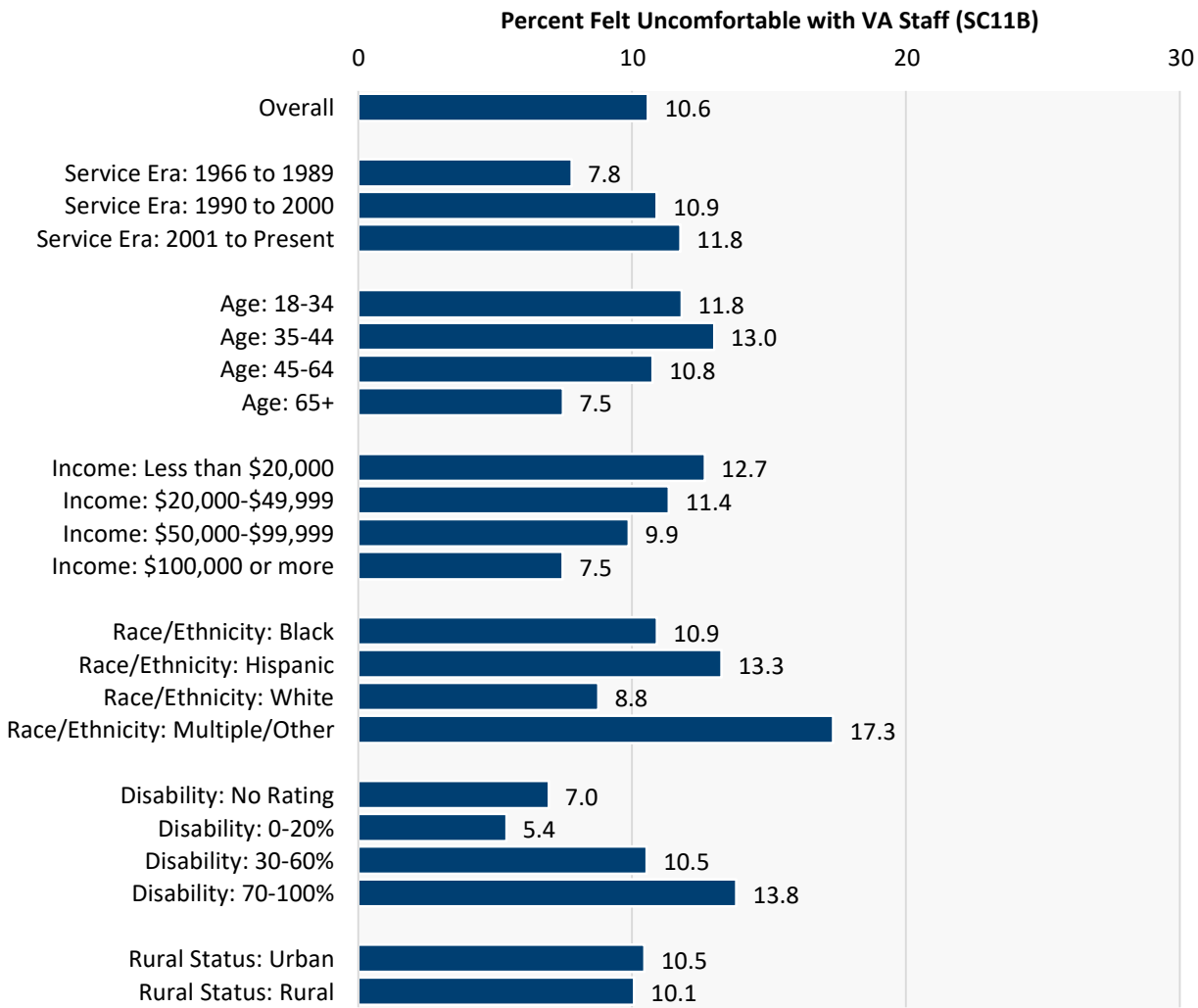
Exhibit 76. Feeling Uncomfortable Other Veterans (SC11A), Veteran Characteristics



Feeling Uncomfortable with VA Staff (SC11B)

Among VA users, one in ten (10.6%) said they had felt uncomfortable with VA staff in the past 24 months. Feeling uncomfortable included the response options "Sometimes," "Often," and "Almost Always." This did not differ by service era, but women Veterans under 45 were more likely to feel uncomfortable with VA staff, as were those with lower income. Those who were multiple/other race were more likely to feel uncomfortable, as were those with disability ratings over 70%. Feeling unwelcome by VA staff did not differ by urban/rural status.

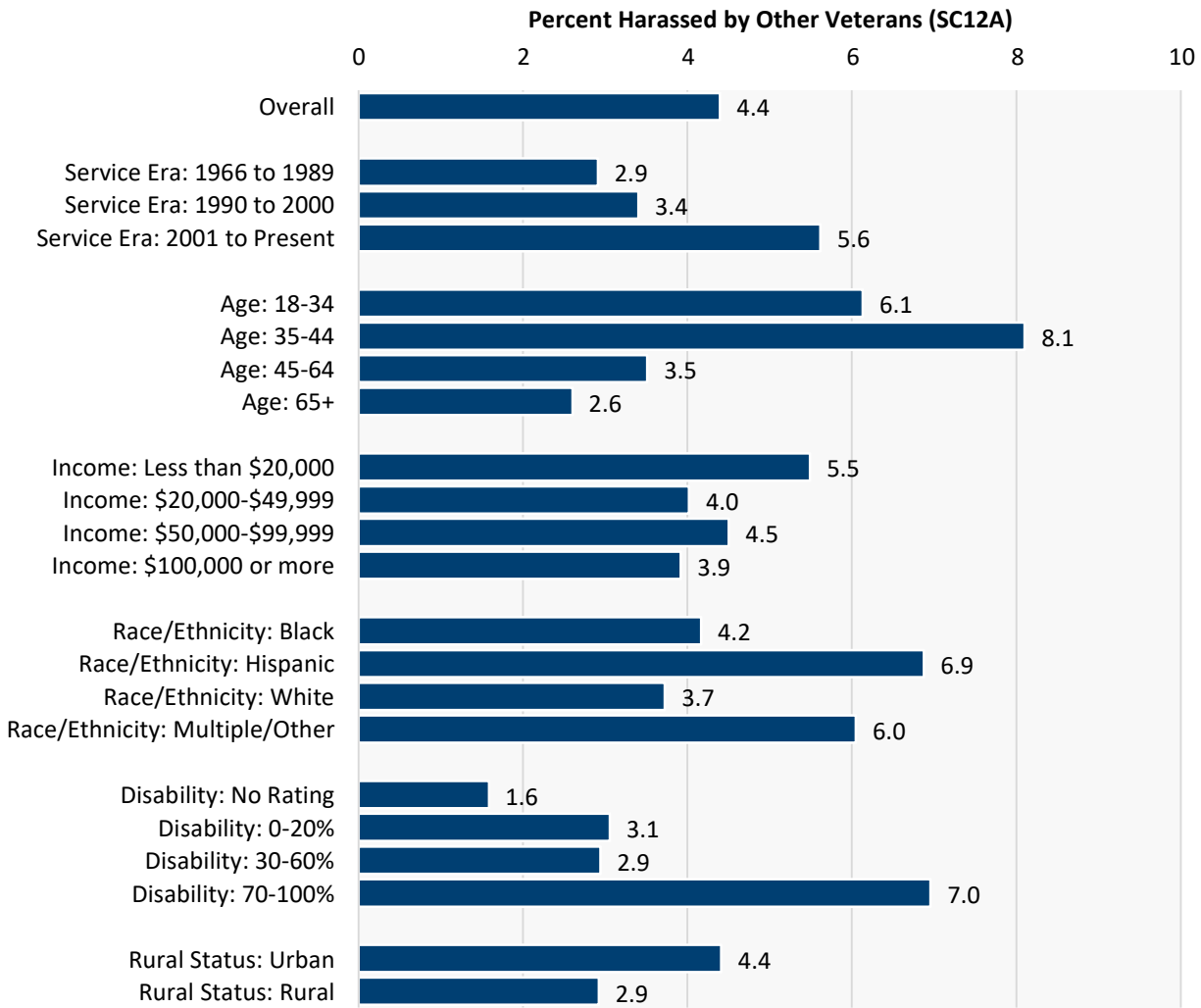
Exhibit 77. Feeling Uncomfortable with VA Staff (SC11B), Veteran Characteristics



Harassment by Other Veterans (SC12A)

Among VA users, about one in twenty-three (4.4%) said they had been harassed by other Veterans. There were no significant differences by service era. Women Veterans under the age of 45 were more likely to report being harassed by other Veterans. There was no significant difference by income, or race/ethnicity. Those with disability ratings over 70% were more likely to have been harassed by other Veterans. There was no difference by urban/rural status.

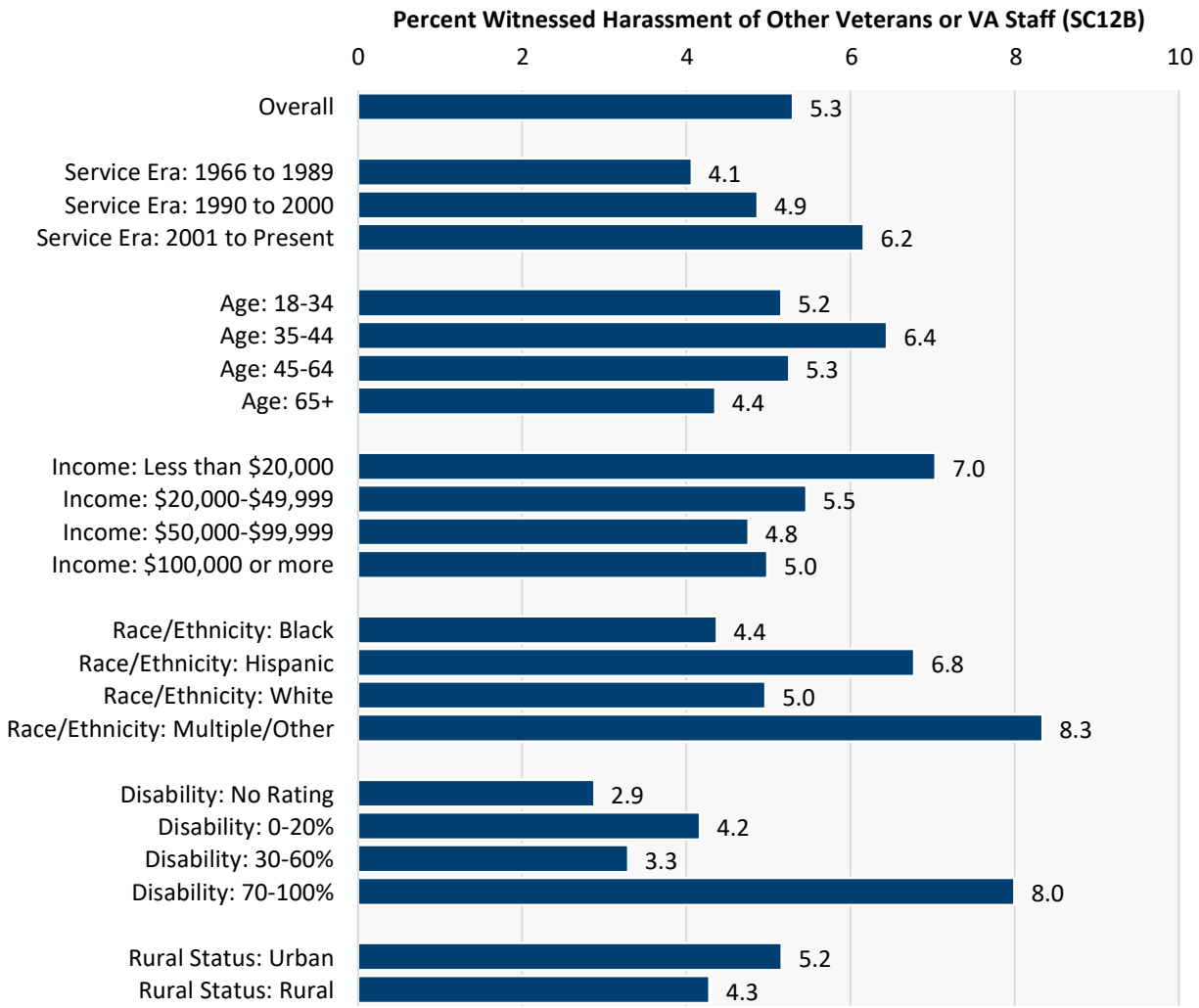
Exhibit 78. Harassment by Other Veterans (SC12A), Veteran Characteristics



Witnessing Harassment of Other Veterans or Staff (SC12B)

Among VA users, about one in twenty (5.3%) said they had witnessed harassment of other Veterans or VA staff. There were no significant differences by service era, age, income, or race/ethnicity. Those with disability ratings over 70% were more likely to have witnessed harassment. There was no difference by urban/rural status.

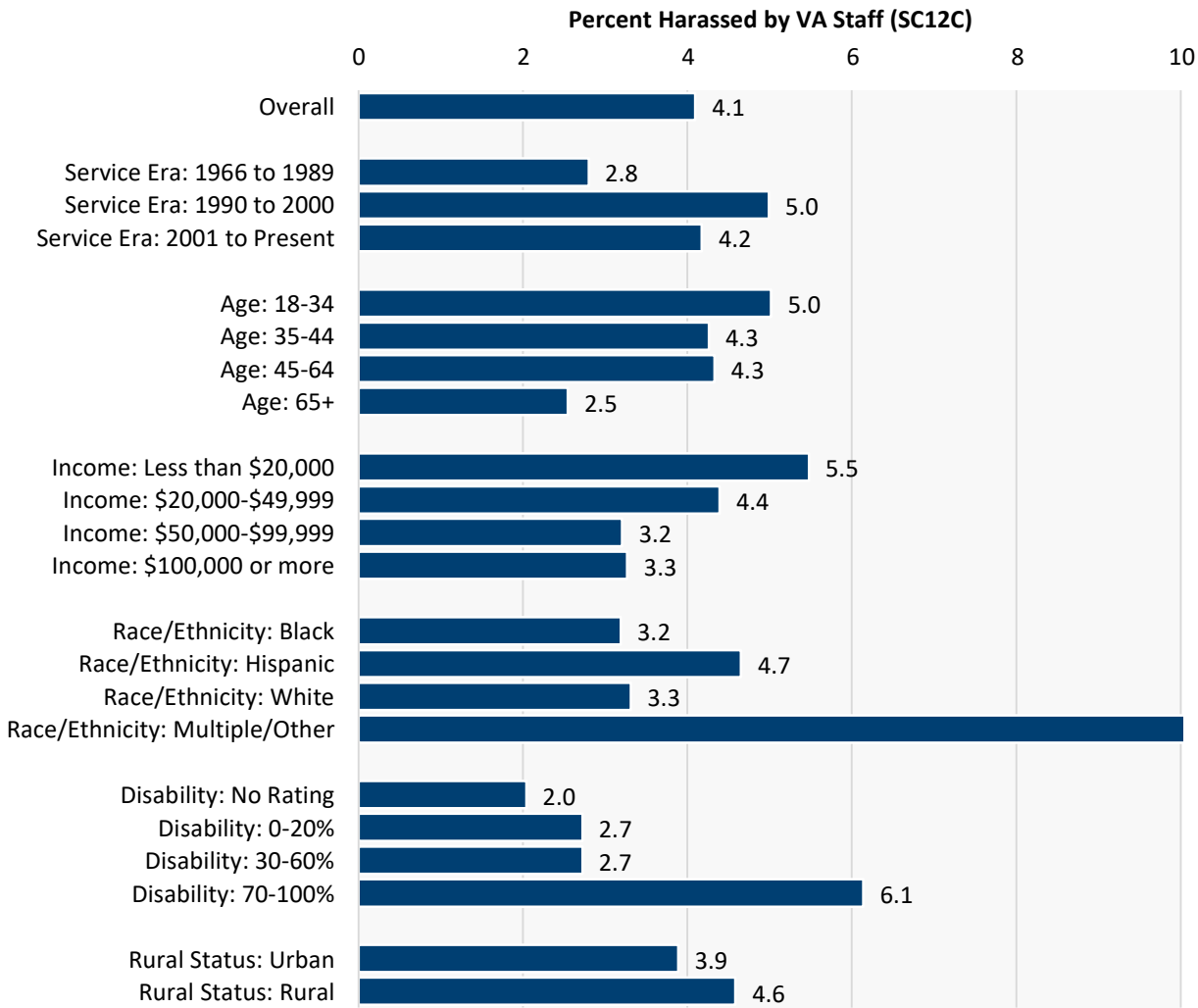
Exhibit 79. Witnessing Harassment of Other Veterans or Staff (SC12B), Veteran Characteristics



Harassment by VA Staff (SC12C)

Among VA users, about one in twenty-five (4.1%) said they had been harassed by VA staff. There were no significant differences by service era, age, or income. Hispanic and multiple/other race were more likely to have been harassed than White or Black women Veterans. Those with disability ratings over 70% were more likely to have been harassed. There was no difference by urban/rural status.

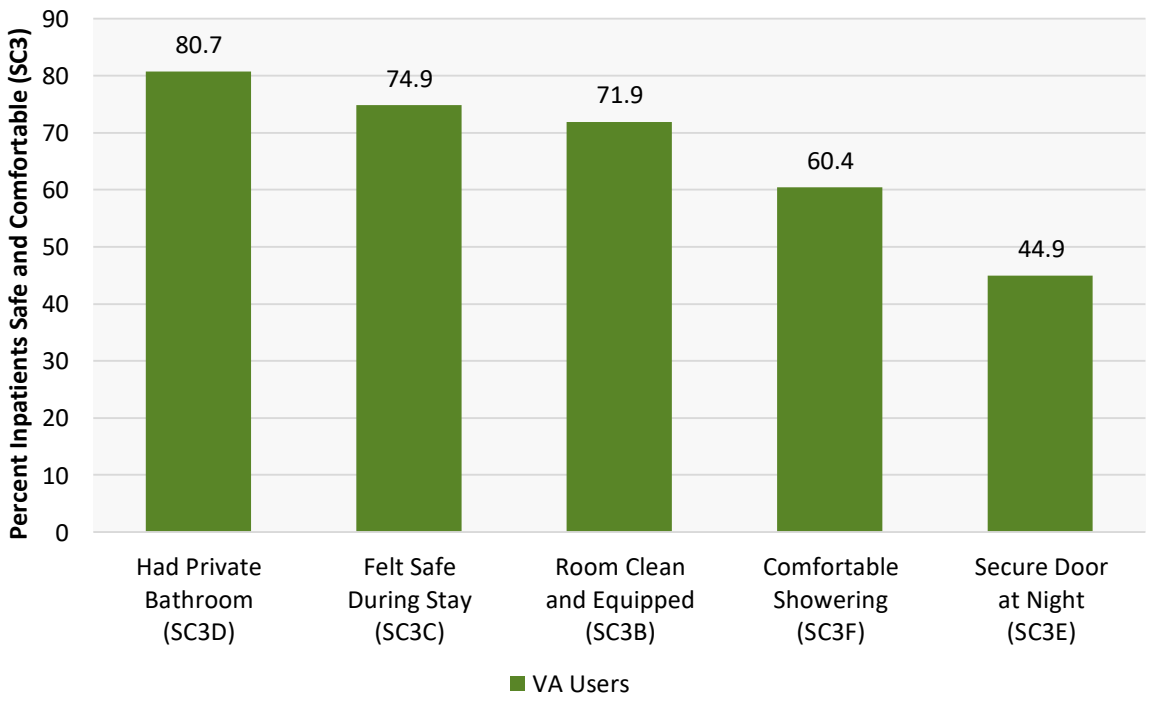
Exhibit 80. Harassment by VA Staff (SC12C), Veteran Characteristics



Safety and Comfort During Inpatient Stay (SC3)

VA users who had an inpatient stay were asked to rate five aspects of safety and comfort by agreeing with statements. **The highest rating was for having a private bathroom (80.7%), followed by felt safe during the stay (74.9%), the room was clean and well-equipped (71.9%), felt comfortable showering (60.4%), and could secure the door at night (44.9%).** Agreement included "Somewhat agree" and "Completely agree." About 250 women Veterans were eligible for these questions, and the margin of error was +/- 6%.

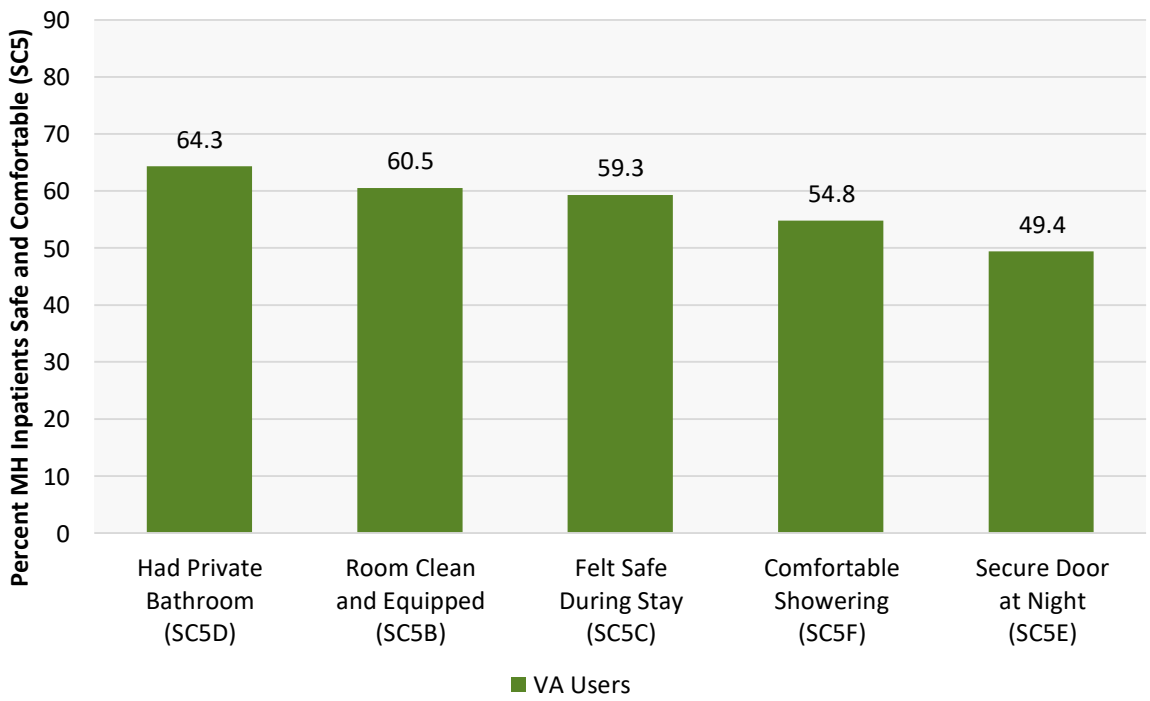
Exhibit 81. Aspects of Safety and Comfort During Inpatient Stays (SC3), VA Users Only



Safety and Comfort During Mental Health Inpatient Stay (SC5)

The inpatient safety and comfort questions were also applied to mental health inpatient stays. However, there were only 60 women Veterans who were eligible for these questions, making the statistical precision low. The highest rating was for having a private bathroom (64.3%), the room was clean and well-equipped (60.5%), feeling safe during their stay (59.3%), was comfortable showering (54.8%), and could secure their door at night (49.4%). Because of the low sample size eligible for these questions, the margin of error is +/- 13%.

Exhibit 82. Aspects of Safety and Comfort During Mental Health Inpatient Stay (SC5)



Correlations of Safety and Comfort

For all questions related to safety and comfort at the VA, Pearson Correlations were calculated. These correlations were used to calculate the percent shared variance (r^2) between each variable. The higher the value of shared variance, the closer the relationship, with a value of 100% indicating maximum similarity. **The top predictors of overall safety at the VA are feeling safe with other vets (16.6%), exam room privacy (15.4%), belonging at the VA as a woman vet (15.3%), feeling safe with VA staff (15.0%), and a welcoming waiting room (13.5%).** All variables in the correlation matrix were significantly correlated. In the table below, the color saturation is an indicator of the strength of the relationship, with a deeper color indicating a strong relationship between those two variables.

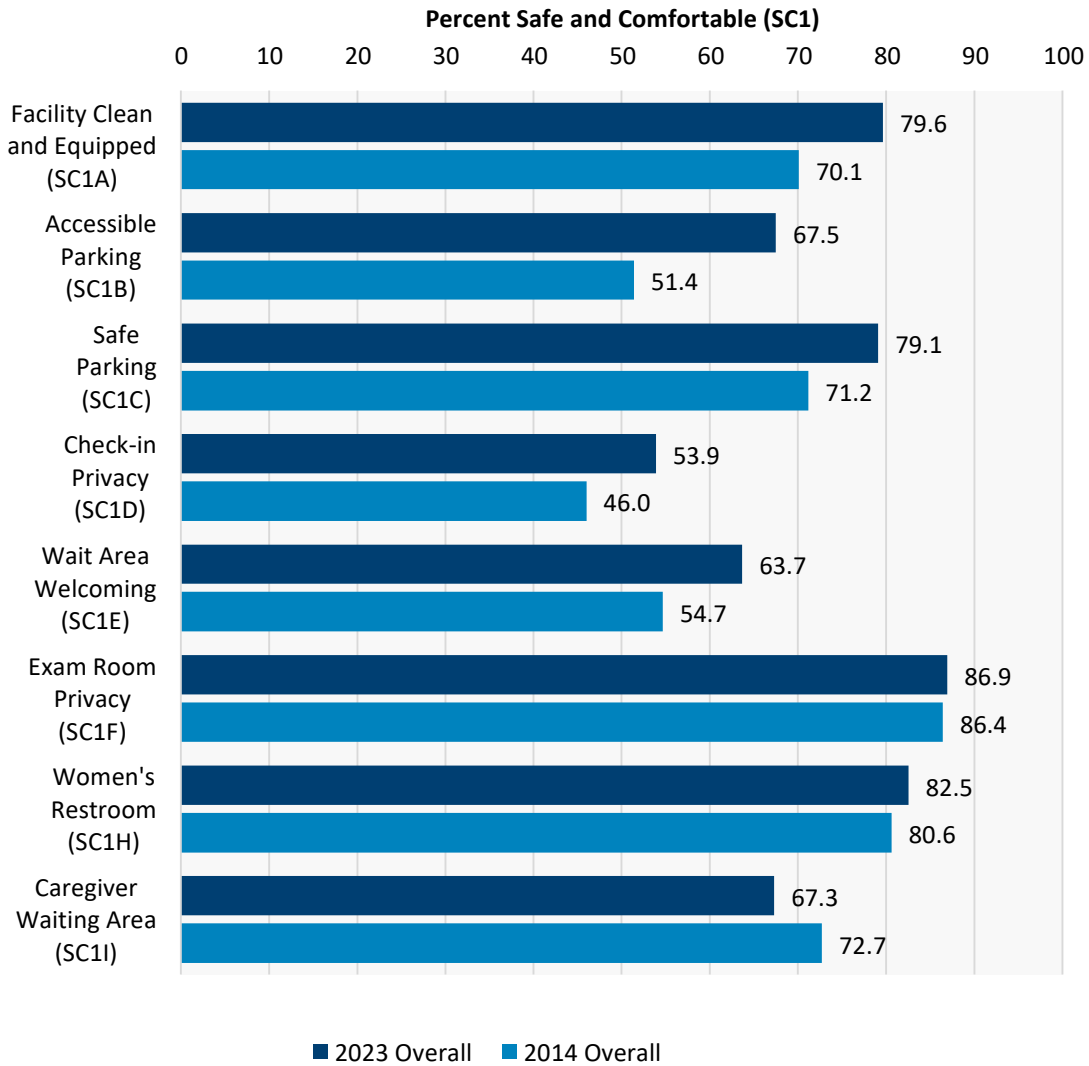
Percent Shared Variance for Safety and Comfort Questions

Safety and Comfort Survey Questions	SC6	SC9	SC11A	SC11B	SC12A	SC12B	SC12C	SC1A	SC1B	SC1C	SC1D	SC1E	SC1F	SC1H
Overall Safety (SC6)	--	15.3%	16.6%	15.0%	10.6%	10.4%	12.9%	14.3%	8.0%	11.9%	10.3%	13.5%	15.4%	4.8%
Belong at VA as Woman Vet (SC9)	15.3%	--	15.0%	15.0%	7.9%	7.2%	8.2%	11.5%	5.5%	6.8%	13.0%	18.7%	9.6%	5.4%
Feel Unsafe with Other Vets (SC11A)	16.6%	15.0%	--	25.0%	25.9%	19.5%	9.8%	5.4%	3.9%	5.3%	6.1%	7.7%	4.0%	1.7%
Feel Unsafe with VA Staff (SC11B)	15.0%	15.0%	25.0%	--	8.9%	14.5%	26.1%	7.5%	4.6%	5.5%	7.4%	9.9%	6.8%	3.0%
Harassed by Other Vets (SC12A)	10.6%	7.9%	25.9%	8.9%	--	37.2%	17.4%	4.0%	2.2%	3.0%	3.6%	4.6%	1.7%	0.9%
Witnessed Harassment (SC12B)	10.4%	7.2%	19.5%	14.5%	37.2%	--	29.2%	4.8%	2.6%	3.6%	6.0%	4.7%	3.2%	1.9%
Harassed by VA Staff (SC12C)	12.9%	8.2%	9.8%	26.1%	17.4%	29.2%	--	5.7%	2.7%	2.8%	4.5%	5.7%	5.5%	1.7%
Facility Clean (SC1A)	14.3%	11.5%	5.4%	7.5%	4.0%	4.8%	5.7%	--	16.6%	16.0%	14.1%	26.0%	19.3%	8.6%
Accessible Parking (SC1B)	8.0%	5.5%	3.9%	4.6%	2.2%	2.6%	2.7%	16.6%	--	38.4%	12.7%	16.6%	6.6%	6.0%
Safe Parking (SC1C)	11.9%	6.8%	5.3%	5.5%	3.0%	3.6%	2.8%	16.0%	38.4%	--	12.4%	15.6%	14.0%	7.1%
Check-in Privacy (SC1D)	10.3%	13.0%	6.1%	7.4%	3.6%	6.0%	4.5%	14.1%	12.7%	12.4%	--	33.9%	10.0%	6.1%
Waiting Area Welcoming (SC1E)	13.5%	18.7%	7.7%	9.9%	4.6%	4.7%	5.7%	26.0%	16.6%	15.6%	33.9%	--	18.2%	9.0%
Exam Room Privacy (SC1F)	15.4%	9.6%	4.0%	6.8%	1.7%	3.2%	5.5%	19.3%	6.6%	14.0%	10.0%	18.2%	--	12.9%
Women's Restroom (SC1H)	4.8%	5.4%	1.7%	3.0%	0.9%	1.9%	1.7%	8.6%	6.0%	7.1%	6.1%	9.0%	12.9%	--

Trends Over Time for Overall Safety and Comfort (SC1)

Since 2014, five measure of overall safety and comfort have improved, two have remained the same, and one has declined. Measures that improved include clean and well-equipped facility (70.1% to 79.6%), accessible parking (51.4% to 67.5%), safe parking (71.2% to 79.1%), check-in privacy (46.0% to 53.9%), and a welcoming waiting area (54.7% to 63.7%). Measures that remained statistically the same include exam room privacy (86.4% to 86.9%) and the availability of women's or unisex bathrooms (80.6% to 82.5%). The measure that declined was having a place for caregivers to wait (72.7% to 67.3%)

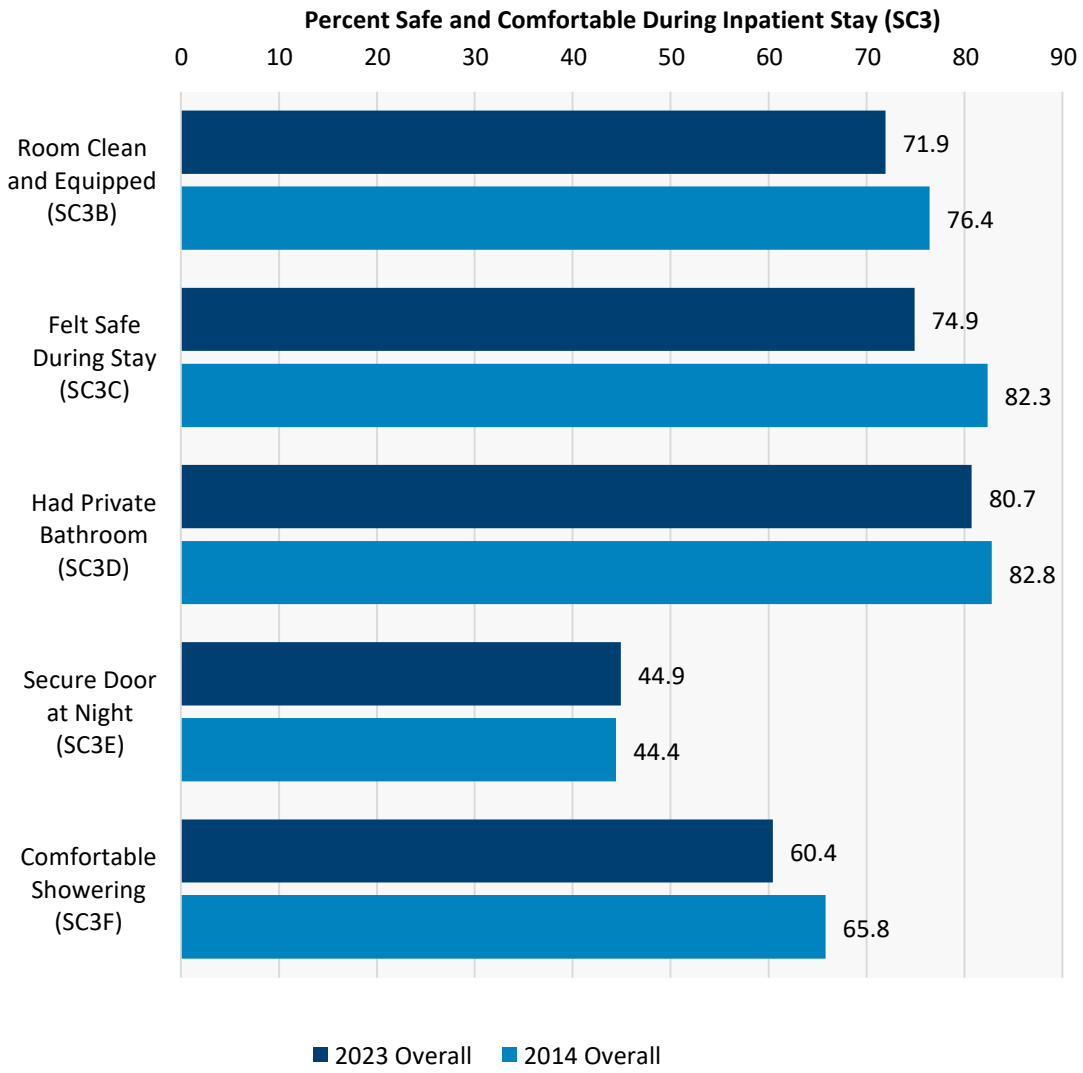
Exhibit 84. Trends Over Time for Overall Safety and Comfort (SC1), 2014-2023



Trends Over Time for Safety and Comfort as an Inpatient (SC3)

Since 2014, all measures of inpatient safety and comfort have remained the same, though there was less statistical precision because only about 500 women Veterans had been inpatients for the 2014 survey and 250 had been inpatients for the 2023 survey and were eligible to answer these questions.

Exhibit 85. Trends Over Time for Inpatient Safety and Comfort (SC3), 2014-2023



3.11 Access to Care from Non-Department Providers (Community Care)

Survey Questions Related to this Topic
Full Survey Text Available in Appendix D

B10. In some cases, the VA pays for a woman to receive care from a non-VA clinic or hospital. This is called VA-paid community care. In the past 24 months, have you received VA-paid community care?

ND1. In the past 24 months, have you been satisfied with how the VA and your VA-paid community care providers have shared your health records with each other?

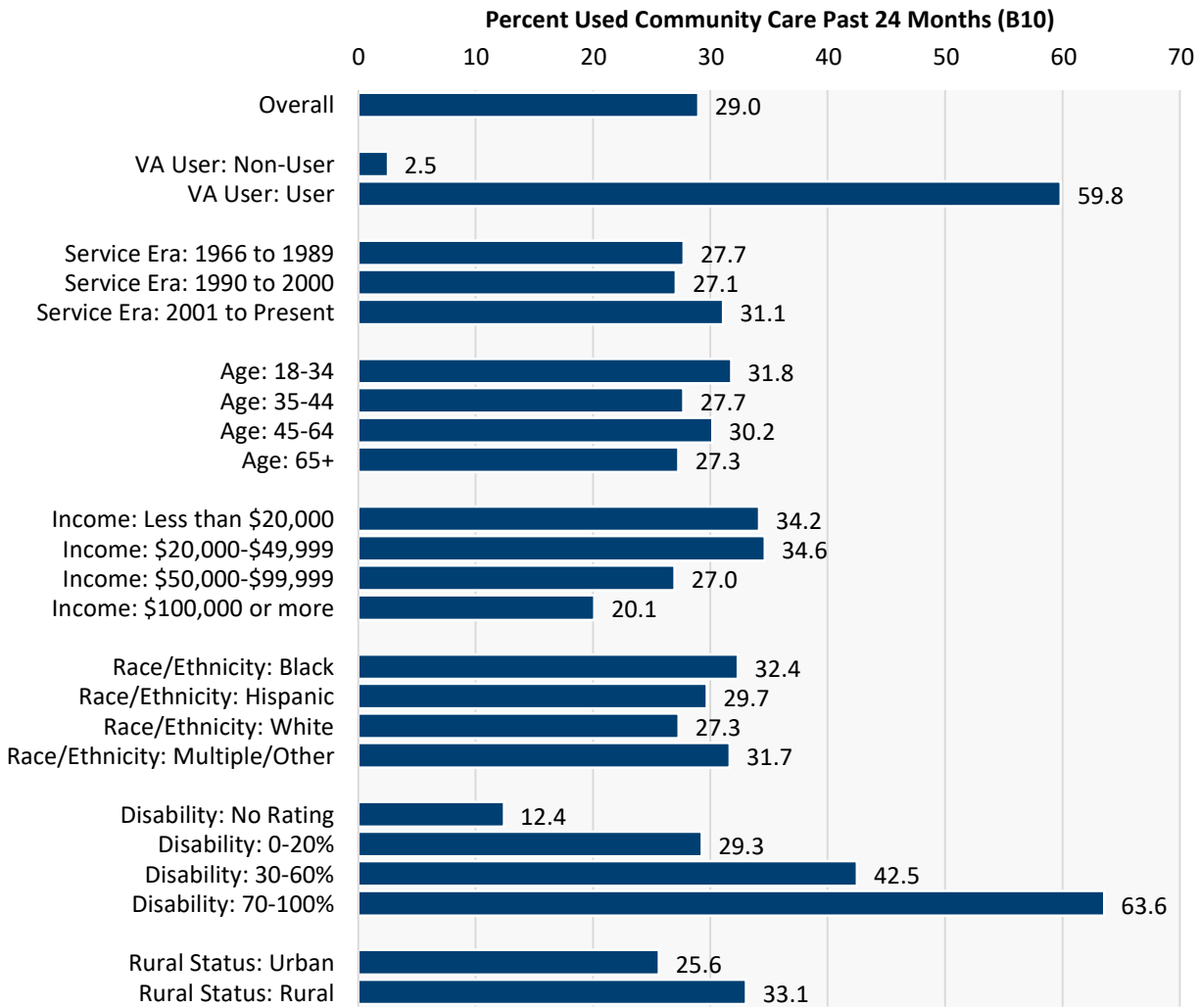
ND2. In the past 24 months, how would you rate the quality of care you received from VA-paid community care providers overall?

ND3. Thinking about the VA-paid community care you received in the past 24 months how satisfied are you with...

Use of Community Care (B10)

Six out of ten (59.8%) VA users had used Community Care in the past 24 months, compared to just one in forty non-users (2.5%). Age was not significantly different by use of Community Care. There was no significant difference by urban/rural status. Those with lower income were significantly more likely to use Community Care, as were those with higher disability ratings, and women Veterans who lived in rural areas.

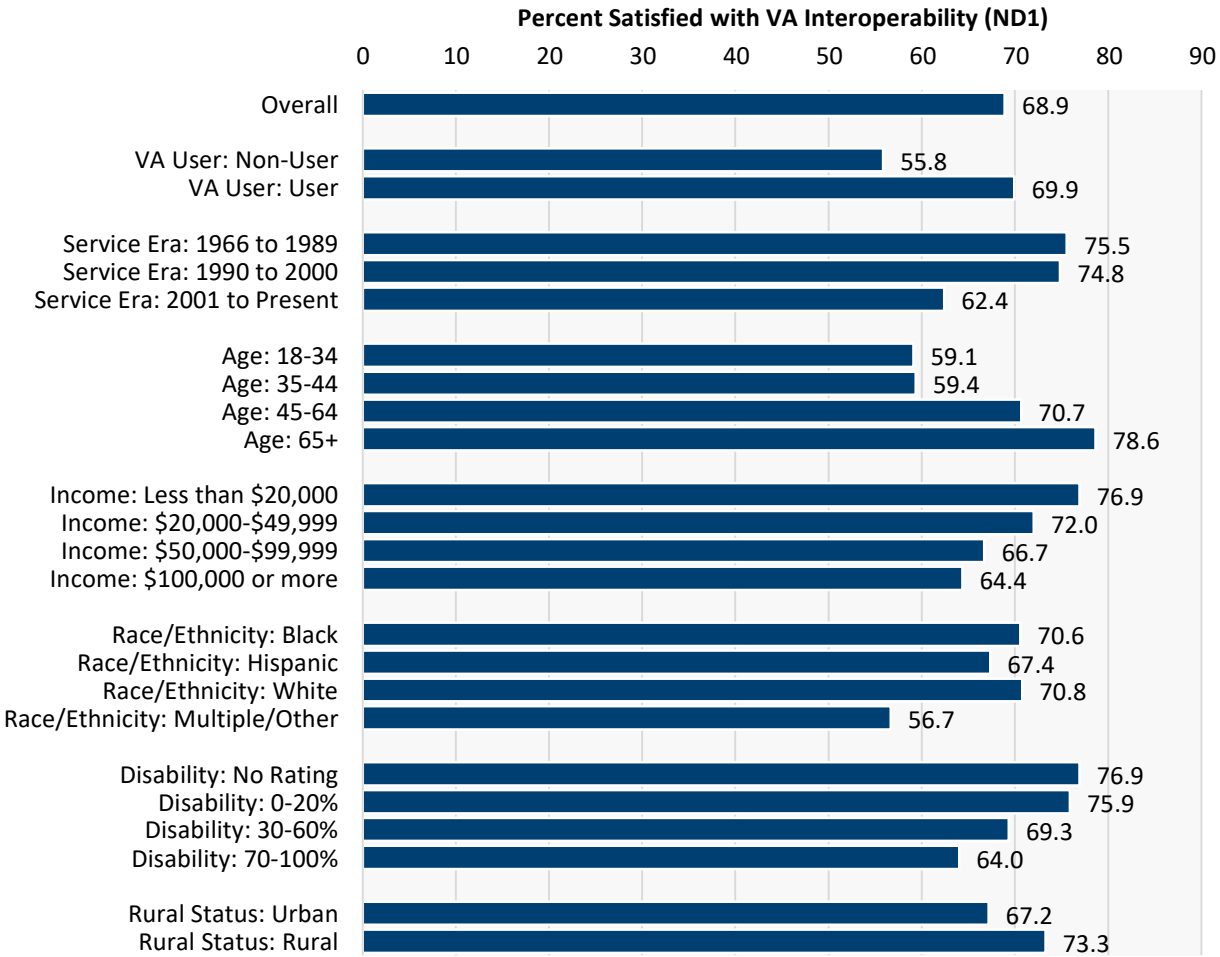
Exhibit 86. Use of Community Care in Past 24 Months (B10), Veteran Characteristics



Satisfaction with VA and Community Care Interoperability (ND1)

Among those who had used Community Care in the past 24 months, **68.9% of women Veterans were satisfied with how the VA and Community Care providers have shared medical records**. "Satisfaction" was measured as "Somewhat Satisfied" or "Completely Satisfied" on a 5-point scale. VA users were significantly more satisfied than non-users. Older women veterans were more satisfied than younger veterans. Those with lower income were significantly more satisfied than those with higher incomes. Those with a lower disability rating were more satisfied. There was no significant difference by urban/rural status.

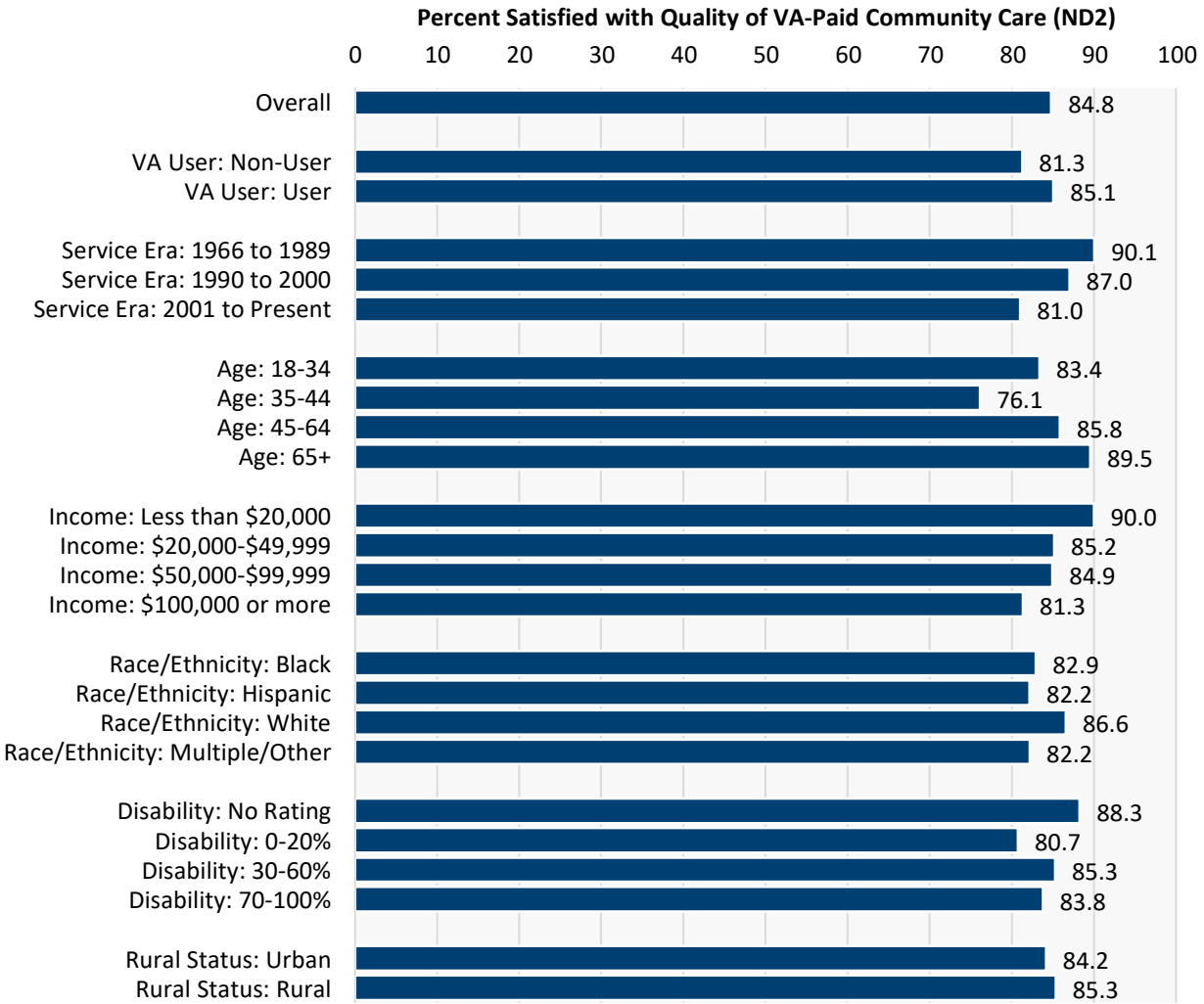
Exhibit 87. Satisfaction with Community Care Interoperability (ND1), Veteran Characteristics



Satisfaction with Quality of VA-Paid Community Care (ND2)

Among those who had used Community Care in the past 24 months, **84.8% of women Veterans were satisfied with the quality of the Community Care they received**. "Satisfaction" was measured as a 4 or 5 on a 1 to 5 scale, with 5 being "Outstanding." VA users and non-users were not significantly different. Those who were 35 to 44 years old were less satisfied than younger and older age groups. There were no significant differences by income, disability rating, or urban/rural status.

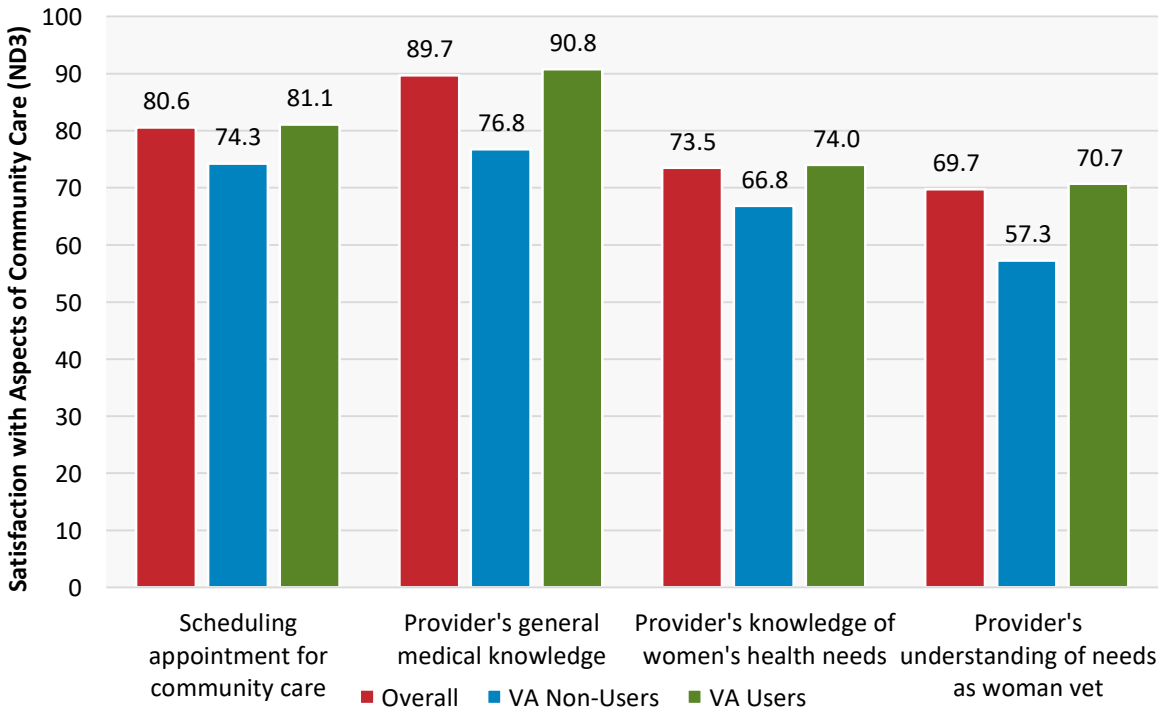
Exhibit 88. Satisfaction with Quality of Community Care (ND2), Veteran Characteristics



Satisfaction with Aspects of VA-Paid Community Care (ND3)

Respondents who had used Community Care were asked to rate their satisfaction with several aspects of their care. **The most highly rated aspect was the provider's general medical knowledge (89.7%), followed by scheduling (80.6%), knowledge of women's health needs (73.5%) and then understanding the needs of the patient as a woman Veteran (69.7%).** "Satisfaction" was measured as "Somewhat Satisfied" or "Completely Satisfied" on a 5-point scale. For general medical knowledge and provider's understanding of needs of women Veterans, VA users were more satisfied than non-users, but for scheduling and provider's knowledge of women's health needs, there were not significant differences by user status.

Exhibit 89. Satisfaction with Aspects of Community Care (ND3) by VA User Status



Correlations of Satisfaction with Community Care (ND2, ND3)

For all satisfaction questions relating to Community Care, Pearson Correlations were calculated. These correlations were used to calculate the percent shared variance (r^2) between each variable. The higher the value of shared variance, the closer the relationship, with a value of 100% indicating maximum similarity. **The top predictor of overall quality in community care was general medical knowledge (18.5% shared variance), followed by scheduling (9.6%), understand women Veterans (9.4%) and knowledge of women's health (7.3%).** Knowledge women's health and understanding the needs of women Veterans were the most closely related survey questions (44.2%). All variables in the correlation matrix were significantly correlated. In the table below, the color saturation is an indicator of the strength of the relationship, with a deeper color indicating a strong relationship between those two variables.

Exhibit 90. Percent Shared Variance for Community Care Provider Satisfaction Questions

Community Care Survey Questions	Overall Quality (ND2)	Scheduling (ND3A)	General Medical Knowledge (ND3B)	Knows Women's Health (ND3C)	Understand Women Vets (ND3D)
Overall Quality (ND2)	--	9.6%	18.5%	7.3%	9.4%
Scheduling (ND3A)	9.6%	--	18.4%	10.3%	14.1%
General Medical Knowledge (ND3B)	18.5%	18.4%	--	24.1%	20.3%
Knows Women's Health (ND3C)	7.3%	10.3%	24.1%	--	44.2%
Understand Women Vets (ND3D)	9.4%	14.1%	20.3%	44.2%	--

3.12 Comparison of Barriers to Care for Women Veterans

Survey Questions Related to this Topic
Full Survey Text Available in Appendix D

E23. There are some common reasons that Veterans use VA for their healthcare services. Please listen to the following list and tell me, what is the main reason you chose to use the VA health care services in the past 24 months.

E24. What is the main reason you chose to use self-paid health care services outside of the VA in the past 24 months?

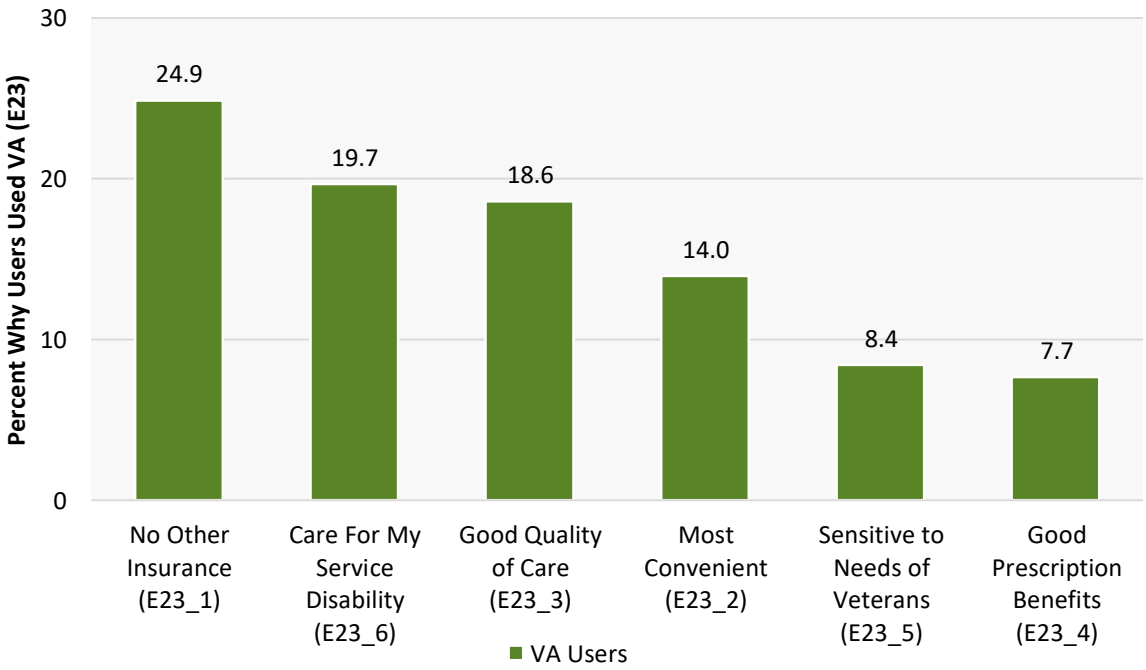
B16. Why haven't you used VA health care services in the past 24 months/ever?

D14. Which of the following statements have been significant barriers that have kept you from using VA care now or in the past?

Reasons Why VA Users Used VA (E23)

VA users were asked for the top single reason they use VA care. **The top reason VA users reported using the VA is they have no other insurance (24.9%)**, followed by the **VA provides specialty care for their service-connected disability (19.7%)** and the **VA provides good quality of care (18.6%).** Other response options include VA care being most convenient (14.0%), the VA is sensitive to the needs of Veterans (8.4%), and the VA has good prescription benefits (7.7%). Because participants could only select one response, a lower percentage should not be interpreted as disagreeing with the response option, but that the response option is not the best response among all options.

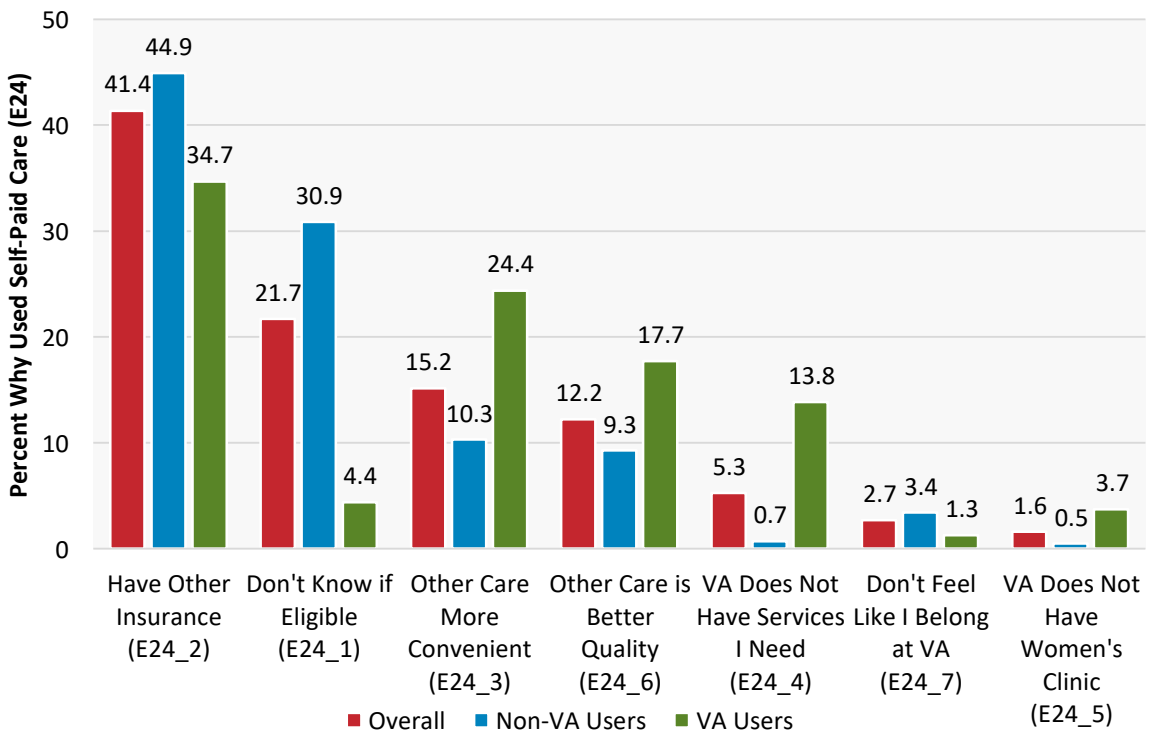
Exhibit 91. Reasons Why VA Users Used VA (E23)



Reasons Why Veterans Used Self-Paid Care (E24)

Those who had used self-paid care were asked for the top single reason they had used self-paid care. **The top reason for using self-paid care was they had other insurance (41.4%)**, followed by **not knowing if they were eligible for VA care (21.7%).** Both of these were more likely to be selected by VA non-users. **Other response options include other care being more convenient (15.2%), other care is better quality (12.2%), and the VA does not have services I need (5.3%).** These responses were more likely to be selected by VA users. **Very few women Veterans said they used self-paid care because they did not feel they belonged at VA (2.7%) or because the VA does not have a women's clinic (1.6%).** Because participants could only select one response, a lower percentage should not be interpreted as disagreeing with the response option, but that the response option is not the best response among all options.

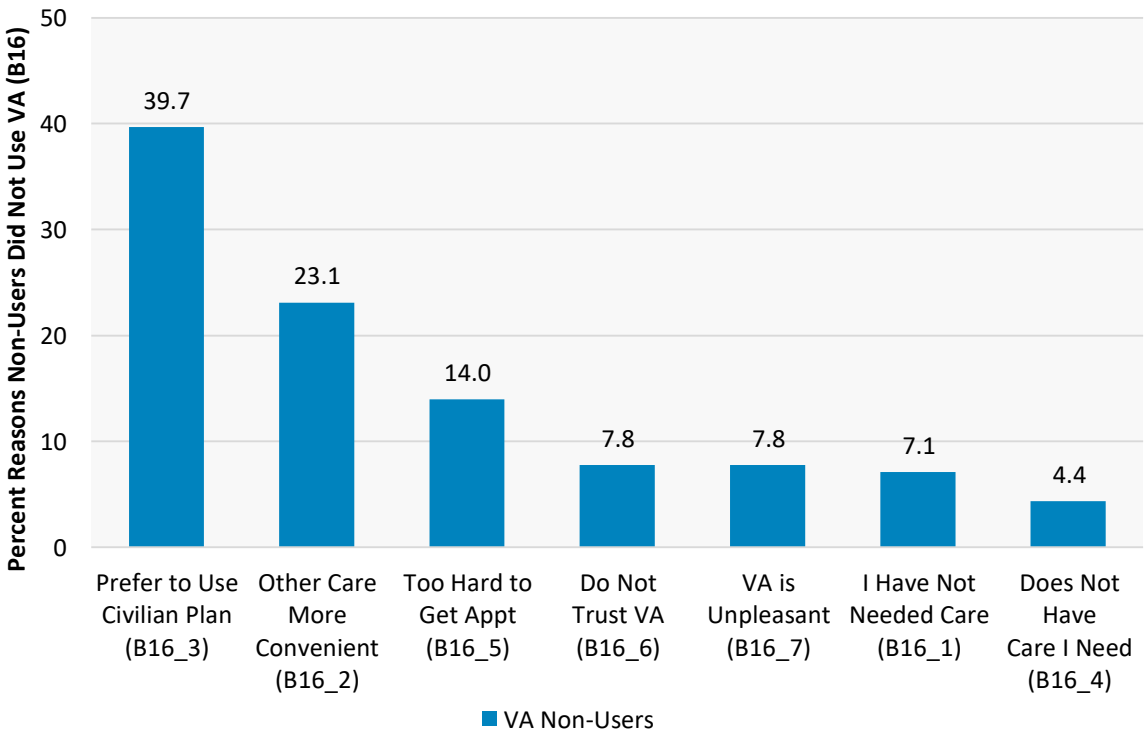
Exhibit 92. Reasons Why Veterans Used Self-Paid Care (E24)



Reasons Why VA Non-Users Did Not Use VA Care (B16)

VA non-users were asked for the top single reason they had not used the VA in the past 24 months. **The top reason for not using the VA was they preferred civilian insurance (39.7%)**. After this, **23.1% said other care was more convenient, and 14.1% said it was too hard to get an appointment at the VA.** Less frequently selected reasons include **not trusting the VA (7.8%), believing the VA is unpleasant to visit (7.8%), not needing any care (7.1%), and the VA does not have the care they need (4.4%).** Because participants could only select one response, a lower percentage should not be interpreted as disagreeing with the response option, but that the response option is not the best response among all options.

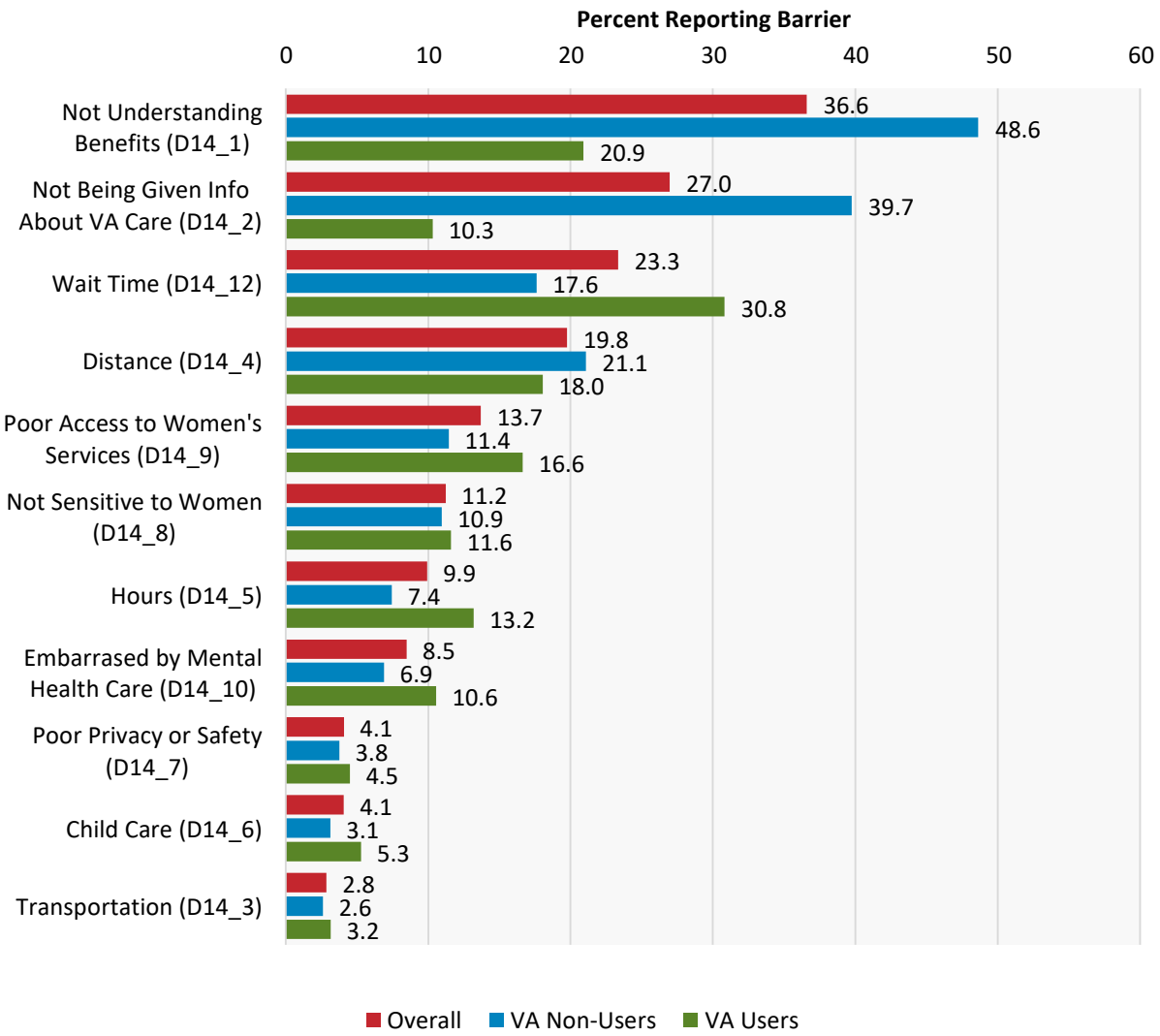
Exhibit 93. Reasons Why VA Non-Users Did Not Use VA Care (B16)



Comparison of All Barriers (D14)

A comparison of all barriers found **not understanding benefits (36.6%) and not being given info about how to use VA care (27.0%) were the most frequently cited barriers** and were much more common among VA non-users than users. **Wait time for an appointment was the third most common barrier (23.3%)** and was more common among VA users than non-users. Additional reasons include distance to a VA facility (19.8%), poor access to women's services (13.7%), not sensitive to women's needs (11.2%), hours of operation (9.9%), embarrassment at seeking mental health care (8.5), poor privacy or safety (4.1%), lack of childcare (4.1%), and lack of transportation (2.8%). Respondents could select as many barriers as were applicable.

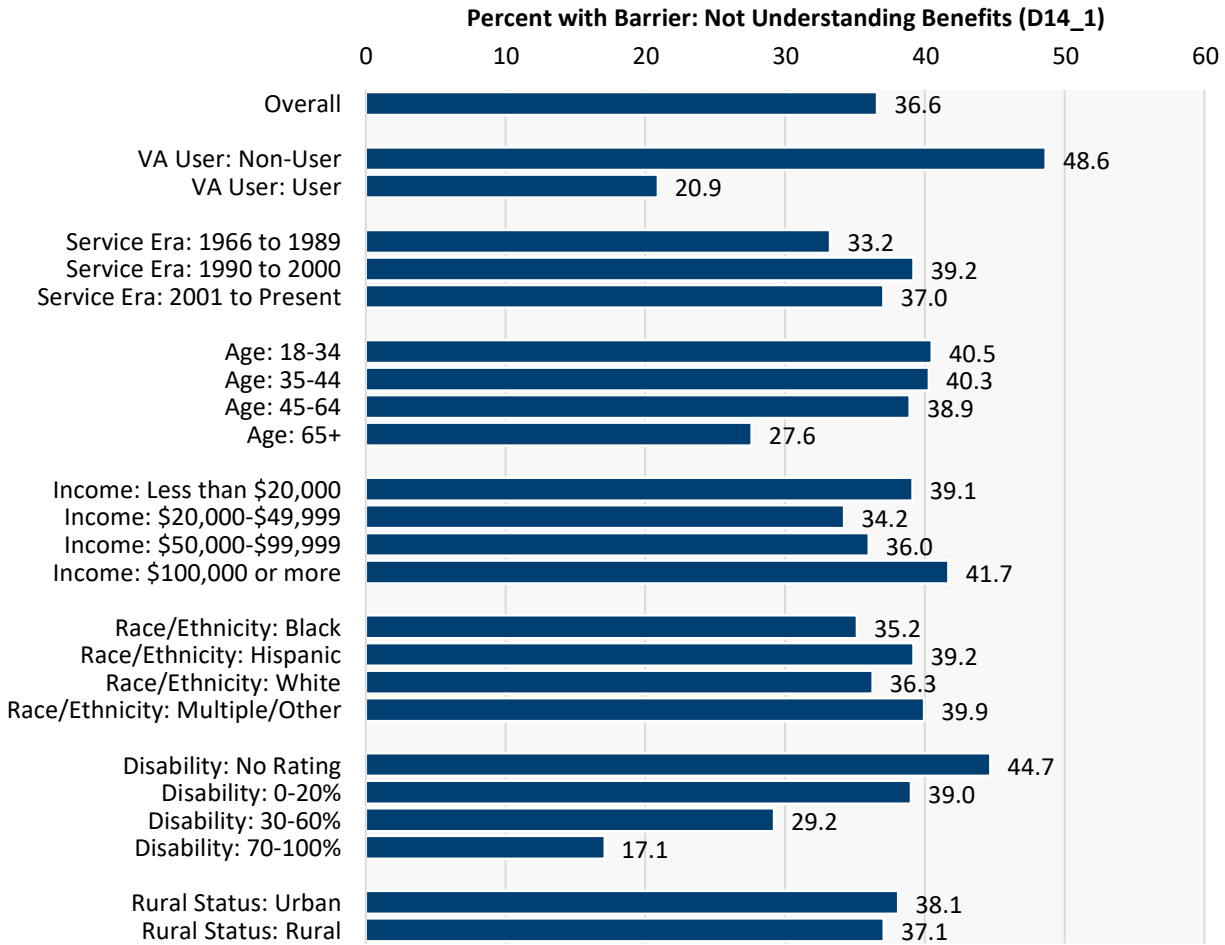
Exhibit 94. Comparison of All Barriers (D14) by VA User Status



Barrier to Care #1: Not Understanding Benefits

The most frequently cited barrier was not understanding benefits (36.6%), affecting more than one in three women Veterans. This was much more likely to be encountered by VA non-users (48.6%) than users (20.9%). Service eras after 1990 and women Veterans under the age of 65 were more likely to encounter this barrier. Income was also significant, with the lowest and highest incomes encountering this barrier more often. Race/ethnicity was not significantly different for understanding VA benefits. Lower or no disability rating were more likely to encounter this barrier. There was no significant difference by urban/rural status.

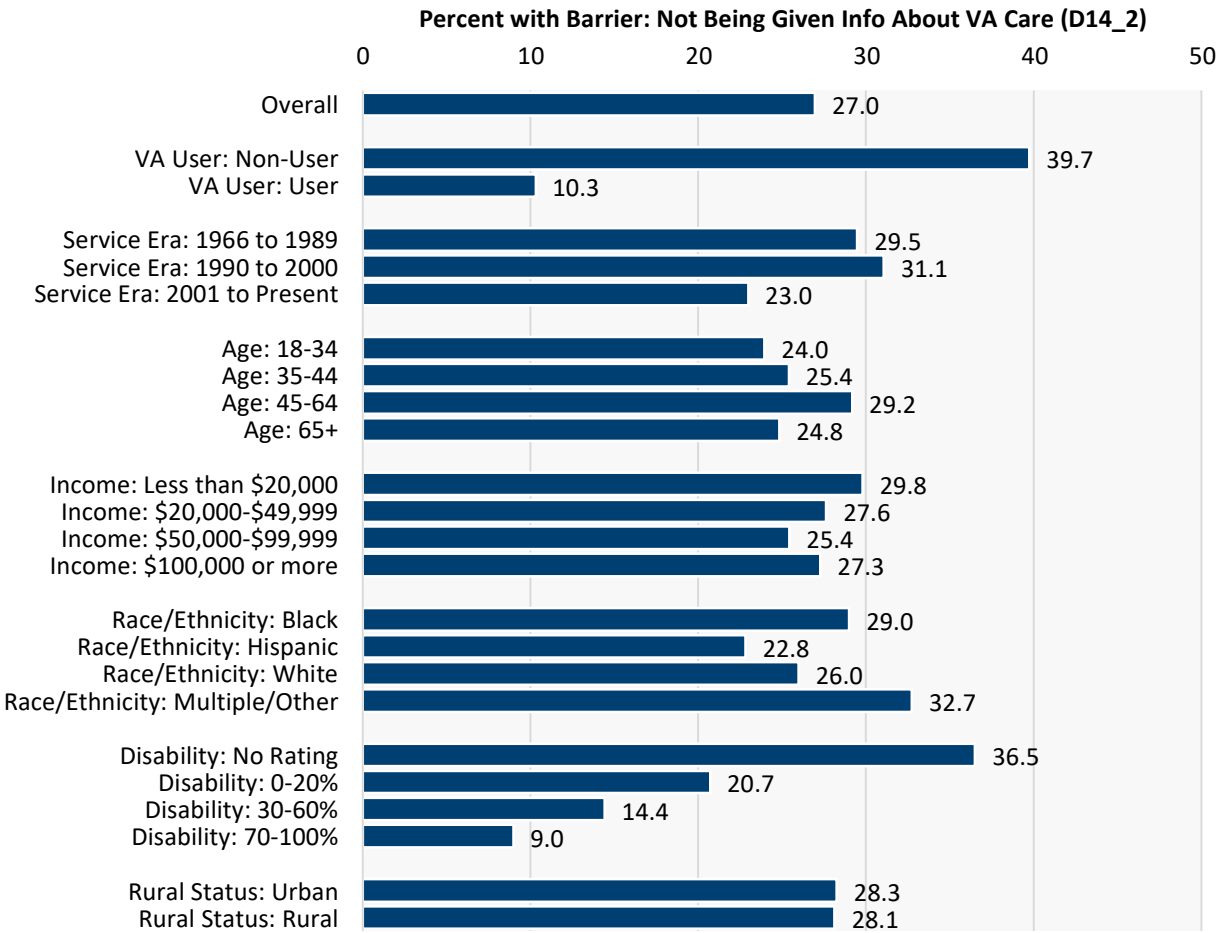
Exhibit 95. Barrier to Care: Not Understanding Benefits (D14_1), Veteran Characteristics



Barrier to Care #2: Not Enough Info About VA Healthcare

The second most encountered barrier was not receiving enough information about VA care, affecting more than one in four women Veterans (27.0%). This was almost four times as likely to be encountered by VA non-users (39.7%) than users (10.3%). Service eras after 1990 were more likely to encounter this barrier, as were women Veterans between the ages of 45 and 64. There was no difference by income level. Race/ethnicity was significant, with Black and multiple/other race encountering this barrier more than Hispanic and White women Veterans. Lower or no disability rating were much more likely to encounter this barrier. There was no significant difference by urban/rural status.

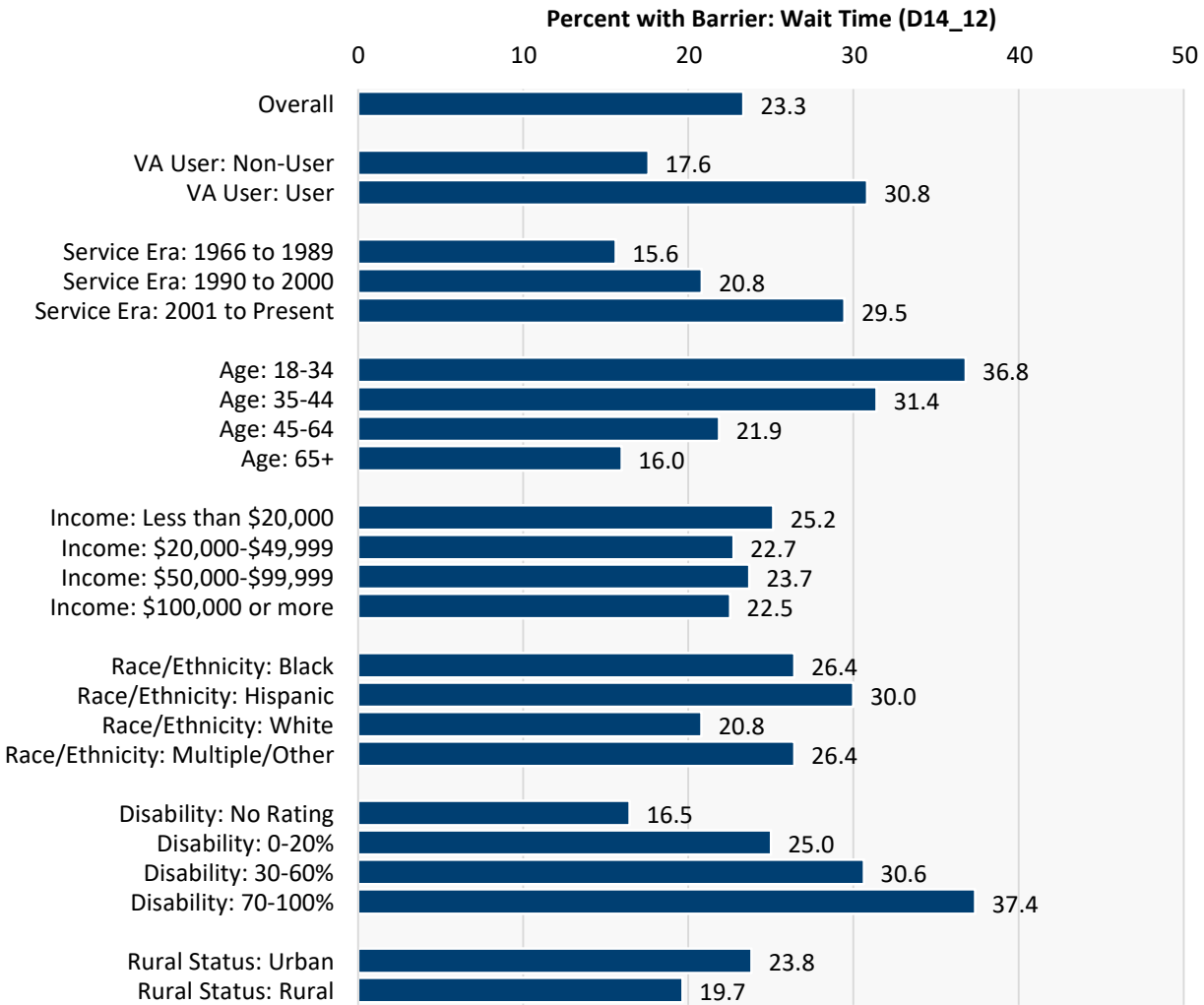
Exhibit 96.Barrier to Care: Not Enough Info About VA Care (D14_2), Veteran Characteristics



Barrier to Care #3: Wait Time

The third most common barrier was wait time for an appointment, affecting almost one in four women Veterans (23.3%). VA users were almost twice as likely (30.8%) to cite this barrier than non-users (17.6%). More recent service eras are more likely to encounter this barrier, as are younger women Veterans. There was no difference by income level. Race/ethnicity was significant, with non-White women Veterans more likely to encounter this barrier. Higher disability ratings were much more likely to encounter this barrier. Those in urban areas were more likely to encounter this barrier than in rural areas.

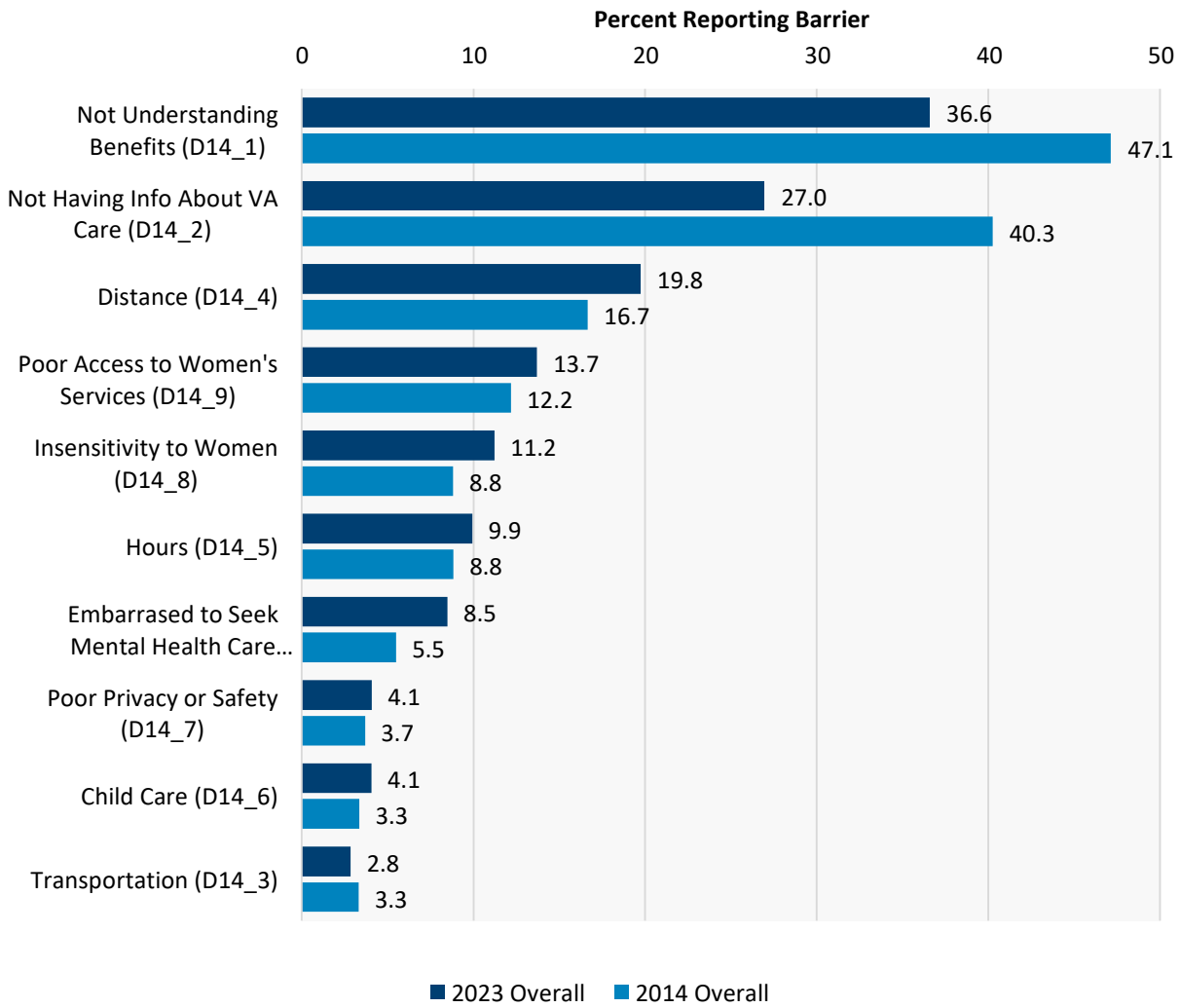
Exhibit 97.Barrier to Care: Wait Time (D14_12), Veteran Characteristics



Trends Over Time for Barriers to Care for Women Veterans

All barriers in D14 were included in 2014, except for wait time, which was added in 2023. **Comparisons over time show the top barriers in 2014 decreased substantially in 2023.** The number one barrier in 2014 and 2023, **not understanding benefits, decreased from 47.1% to 36.6%.** The second most common barrier, **not having enough information about VA care, decreased from 40.3% to 27.0%.** This suggests VA efforts have been effective at increasing communication of benefits and care use since 2014. Most other barriers were at similar levels as in 2014. Three barriers showed slight increases over time: travel distance increased from 16.7% to 19.8%, not being sensitive to women's needs increased from 8.8% to 11.2%, and embarrassment at seeking mental health increased from 5.5% to 8.5%.

Exhibit 98. Trends Over Time for Barriers to Care for Women Veterans, 2014-2023



4.0 Recommendations

Ratings by Women Veterans Have Improved Over Time, Suggesting VA Efforts Have Been Effective at Removing Barriers to Care

This survey found that for many barriers to care for women Veterans, scores improved in 2023 compared to the 2014 survey. Barriers that showed improvement include the share of women Veterans who have received information from the VA, helpfulness of coordinate of care by VA, satisfaction with VA provider's medical knowledge, feeling respected by VA staff, and several aspects of safety and comfort at VA facilities. These widespread improvements suggest efforts by the VA to reduce barriers to care and improve the patient experience have been successful in several domains. Focused efforts at reducing barriers to care can be effective in a wide range of areas.

Women Veterans Need More Detailed Information About VA Care

While the share of women Veterans receiving information about VA eligibility and care has increased since 2014 (C1), the demand for information also increased (C4). This suggests the VA has improved at reaching more women Veterans, but they are less satisfied with the level of detail they have received. VA information campaigns may need to be concise by necessity of their format, but they should make more detailed information about eligibility and care easily accessible. For example, a brochure may need to be brief, but a QR code within that brochure could link to much more detailed information.

VA Information Could Feel More Inclusive to Non-Users

Just over half (54.5%) of women Veterans said they felt VA information felt made for them (C7), but this varied strongly by user status, with 73.9% of users reporting VA information felt made for them, while only 37.2% of non-users reported VA information felt made for them. This suggests non-users do not feel VA information is inclusive for them and may be a barrier to seeking care. The VA should seek to understand why this information does not feel inclusive to non-users and if improvements can be made for reaching non-users. In contrast, traditionally marginalized groups, such as those with lower incomes, higher disability ratings, and women Veterans who are Black felt most included in VA information.

Email, Mail, and Phone are the Best Way to Reach Women Veterans

When asked about the best way to be reached with eligibility information (C5), the overwhelming majority selected email, mail, or telephone, with telephone being most popular among current VA users. Websites, social media, and newspapers/TV were all selected by fewer than 2% of respondents. Based on this, we recommend eligibility information should not use social media or newspapers or TV. The low popularity of websites for receiving eligibility information was surprising and suggests users may have had negative experiences using online eligibility information. The VA may want to pursue additional studies, such as interviews or focus groups, to better understand why so few women Veterans wanted to receive eligibility information on the web.

VA Users Can be Ambassadors to Non-Users

VA non-users has much less access to information about the VA than users (C2), while VA users had received information from a much wider range of personal sources, including providers, VA representatives, and friends and family. Because VA users are so much better connected, they may be able to serve as ambassadors of information to non-users, helping to guide them into information sources for accessing care. The VA could support this with brochures designed for VA users to give to non-users. The VA could also provide a small token of recognition for Veterans who help other Veterans access care, such as a challenge coin or medallion with a slogan such as “Veterans helping Veterans.”

Keep Childcare Onsite

Women Veterans with children needing care reported they were much more likely to accept (E40) reimbursement for their own childcare arrangements (50.3%) or childcare at the VA (51.4%), but much less likely to accept VA childcare offsite (32.1%) or non-VA childcare offsite (30.0%). Because of this large difference, we recommend childcare should not be offered offsite, as only about 30% of women Veterans with children are likely to use offsite care.

Weekend and Evening Extended Hours Preferred Over Early Mornings

When women Veterans were asked about the most helpful time for extended hours (E31), they expressed a strong preference for weekends (84.4%) and weekday evenings (79.5%) over early weekday mornings (54.7%). Most women Veterans who selected early mornings also selected weekends, weekday evenings, or both. This suggests extended hours will be most helpful during the weekends or weekday evenings.

Waiting Areas May be Easy Improvements

Among the general safety and comfort questions, the lowest scoring items related to waiting areas and check-in, with only 63.7% reporting the waiting area was welcoming (SC1E), and 53.9% saying the check-in area had privacy (SC1D). These may provide easy opportunity for improvement. A waiting area may feel more welcoming with simple improvements such as the addition of wall art, magazines to read, and fresh paint. For check-in, more privacy could be provided with a white noise machine to mask conversation, or the patient could be asked to verify text information on screen or on paper rather than openly discussing private information. Potted plants may make a welcome area both more welcoming and provide a physical barrier to contribute to check-in privacy.

Promote Awareness and Integration of Mental Health Care

The share of women Veterans who felt the need for mental health care increased by 50% since 2014 (MH4), rising from 40.6% to 61.7%; three out of five women Veterans now feel they need mental health care. The share who felt hesitant to seek mental health care (MH5) also rose sharply from 24.4% to 41.5% in 2023. The VA should integrate mental health awareness and care across a wide range of visit types, including primary care. Because the top reason for hesitation in seeking mental health care was concern about medications (MH6F, 62.9%), the VA should emphasize that non-medication options for mental health care are available.

Prioritize Availability of Women Providers

Women Veterans placed high importance on receiving primary care from a women's clinic (W6, 52.7%), receiving primary care and women's care from the same provider (W7, 73.9%), and receiving their care from a woman provider (W8, 70.2%). This preference increased since 2014 and is especially strong for women Veterans under the age of 35, with four out of five believing it is important to have a woman provider. Given the high importance women Veterans place in women's clinics and especially women providers, the VA should continue to provide and expand access to women's clinics and providers where possible.

Improve Access by Phone

Analysis of open-ended responses of women Veterans (G3) found that many had experienced persistent difficulty contacting VA by phone, including phone lines that were not answered or disconnected, voice mails not returned, and staff that were not helpful. This was a significant barrier to care for many women Veterans, as detailed in Appendix E. We recommend a deep

dive analysis to understand what problems are encountered and how they can be improved. For VA users, this may include user interaction design tests observing how Veterans use the phone and the specific barriers they encounter.

Appendix A

Methodology Report

Study of Barriers for Women Veterans to VA Health Care

1.0 Purpose

The Office of Women's Health of the Department of Veterans Affairs (VA) awarded a contract to Trilogy to conduct an independent study of the barriers to comprehensive health care for women who are Veterans in response to Public Law 116-315, Sec. 5402 – "Study of Barriers for Women Veterans to Receipt of Health Care from Department of Veterans Affairs." Trilogy partnered with Altarum and American Directions Research Group to conduct the study and report findings.

Per Sec. 5402, this current study is to build on the previous study, "Study of Barriers for Women Veterans to VA Health Care 2015." The aim of the proposed study is to better understand barriers women Veterans face accessing VA care, the comprehensiveness of care, and progress made in reducing barriers to VA healthcare for women Veterans since the previous study was conducted in 2015. The data collected will allow VA to plan and provide better health care for women Veterans and to support reports to Congress about the status of women Veterans' health care.

2.0 Public Law 111-163, Section 201

SEC. 5402. STUDY ON BARRIERS FOR WOMEN VETERANS TO RECEIPT OF HEALTH CARE FROM DEPARTMENT OF VETERANS AFFAIRS

(a) STUDY REQUIRED.—The Secretary of Veterans Affairs shall conduct a comprehensive study of the barriers to the provision of health care by the Department of Veterans Affairs encountered by women who are veterans.

(b) SURVEY.—In conducting the study required by subsection (a), the Secretary shall—

1) survey women veterans who seek or receive hospital care or medical services provided by the Department as well as women veterans who do not seek or receive such care or services;

2) administer the survey to a representative sample of women veterans from each Veterans Integrated Service Network; and

3) ensure that the sample of women veterans surveyed is of sufficient size for the study results to be statistically significant and is a larger sample than that of the study specified in subsection (c)(1).

(c) USE OF PREVIOUS STUDY.—In conducting the study required by subsection (a), the Secretary shall build on the work of the studies of the titled

(1) ‘‘National Survey of Women Veterans in Fiscal Year 2007–2008’’; and

(2) “Study of Barriers for Women Veterans to VA Health Care 2015”.

(d) ELEMENTS OF STUDY.—In conducting the study required by subsection (a), the Secretary shall conduct research on the effects of the following on the women veterans surveyed in the study:

(1) The barriers associated with seeking mental health care services, including with respect to provider availability, telehealth access, and family, work, and school obligations.

(2) The effect of driving distance or availability of other forms of transportation to the nearest medical facility on access to care.

(3) The effect of access to care from non-Department providers.

(4) The availability of child care.

(5) The satisfaction of such veterans with the provision by the Department of integrated primary care, women’s health clinics, or both, including perceptions of quality of care, safety, and comfort.

(6) The understanding and perceived accessibility among such veterans of eligibility requirements for, and the scope of services available under hospital care and medical services.

(7) The perception of such veterans of personal safety and comfort in inpatient, outpatient, and behavioral health facilities.

(8) The gender sensitivity of health care providers and staff to issues that particularly affect women.

(9) The effectiveness of outreach for health care services available to women veterans.

(10) The location and operating hours of health care facilities that provide services to women veterans.

(11) The perception of such veterans of the motto of the Department.

(12) Such other significant barriers as the Secretary considers appropriate.

(e) DISCHARGE BY CONTRACT.—The Secretary shall enter into a contract with a qualified independent entity or organization to carry out the study and research required under this section.

(f) MANDATORY REVIEW OF DATA BY CERTAIN DEPARTMENT DIVISIONS.—

(1) REVIEW. —

(A) IN GENERAL.—The Secretary shall ensure that the head of each division of the Department of Veterans Affairs specified in paragraph (2) reviews the results of the study conducted under this section.

(B) SUBMITTAL OF FINDINGS. —The head of each such division specified in paragraph (2) shall submit findings with respect to the study under this section to the Under Secretary of the Department with responsibilities relating to health care services for women veterans.

(2) SPECIFIED DIVISIONS.—The divisions of the Department of Veterans Affairs specified in this paragraph are the following:

(A) The Office of the Under Secretary for Health.

(B) The Office of Women's Health established under section 7310 of title 38, United States Code.

(C) The Center for Women Veterans under section 318 of such title.

(D) The Advisory Committee on Women Veterans established under section 542 of such title.

(g) REPORTS.—

(1) IN GENERAL. —Not later than 30 months after the date of the enactment of this Act, the Secretary shall submit to Congress a report on the study required under this section.

(2) ELEMENTS.—The report under paragraph (1) shall include—

(A) the findings of the head of each division of the Department specified under subsection (f)(2); and

(B) recommendations for such administrative and legislative action as the Secretary considers appropriate

3.0 Scope

Altarum developed a survey in collaboration with a team from the Office of Women's Health to update the 2015 Barriers to Care survey. Altarum worked with the VA to identify stakeholders to provide input for the 2023 survey. The goal was to collect at least 400 surveys from women who received care in each of the 18 Veteran Integrated Service Networks (VISNs) for a minimum of 7200 completed responses.

To be responsive to the legislation requirements, the survey addressed the following barriers (ordered as listed in the Public Law, also described full detail above in Section 3.0):

- The barriers associated with seeking mental health care services, including with respect to provider availability, telehealth access, and family, work, and school obligations.
- The effect of driving distance or availability of other forms of transportation to the nearest medical facility on access to care.
- The effect of access to care from non-Department providers.
- The availability of child care.
- The satisfaction of such veterans with the provision by the Department of integrated primary care, women's health clinics, or both, including perceptions of quality of care, safety, and comfort.
- The understanding and perceived accessibility among such veterans of eligibility requirements for, and the scope of services available under, hospital care and medical services.
- The perception of such veterans of personal safety and comfort in inpatient, outpatient, and behavioral health facilities.
- The gender sensitivity of health care providers and staff to issues that particularly affect women.
- The effectiveness of outreach for health care services available to women veterans.
- The location and operating hours of health care facilities that provide services to women veterans.
- The perception of such veterans of the motto of the Department.
- Such other significant barriers as the Secretary considers appropriate.

This survey took about 60 minutes to complete if all questions were applicable to a respondent, and data were collected about barriers to the provision of comprehensive health to women Veterans in compliance with the requirements of Public Law Public Law 116-315, Sec. 5402, Veterans Health Care and Benefits Improvement Act of 2020.

3.1 Changes from 2015

To overcome recent trends in survey non-response and changes to cell phone carrier protections, the 2023 survey included a modification to the fielding methodology by offering a multi-mode survey to women Veterans, providing the option to complete the survey online or over the phone. Nationally, survey response has decreased year over year, especially to

telephone surveys. One reason for decreased response is an increase in overall survey burden as well as changes in customer protections offered by cell phone carriers. For example, many companies now flag calls as likely spam or directly route unknown callers to voicemail. In today's world many people, across all age groups, prefer to use a web option and will often complete their survey before other contact methods, such as telephone, even begin. Respondent burden was reduced by allowing responses to be collected independently and electronically by respondents at their convenience. The web option also reduced project costs as web completes are more economical than telephone completes, and increased survey legitimacy as the web survey can be easily linked to VA-sponsored websites (see VA website banner in Appendix B).

4.0 Instrument Development

Altarum developed a survey in collaboration with the Office of Women's Health to address the eleven barriers stated in Public Law 116-315, Sec. 5402 and build upon the 2015 Barriers to Care Survey. Questions were developed in consultation with other VA stakeholders and subject matter experts in women's health. Response scales and questions from the existing 2015 survey were used where possible and appropriate.

4.1 Subject Matter Expert/Stakeholder Meetings

Soliciting input from subject matter experts (SMEs) and stakeholders was an important element in the research design. On November 15, 2021, SMEs/Stakeholders had a meeting to review the Public Law, the background of the issue, 2015 survey questions (short overview) and the goals and approach to the research at hand. The meeting served to generate ideas on survey questions that would generate data responsive to the Public Law. A total of 35 participants from across VA attended the stakeholder meeting and provided input to the survey. A smaller group of VHA and VA contributors proceeded to work with Altarum to draft the final instrument.

Exhibit 1. Survey Development Team

VHA	Trilogy	Altarum	VA Contributors
LaToya Harris	Ravindra Gupta	Laura Pinnock	Lourdes Tiglao
Sally Haskell		Christopher Duke	Elizabeth Estabrooks
Chelsea Cosby		Jennifer Peterson	
Lynette Adams		Kevy Walker	
Samina Iqbal			

The survey development team met weekly to discuss questions for each barrier. In this way the team worked iteratively to develop the final instrument.

Exhibit 2. Survey Design Calendar

Date	45 minutes (main topic)	15 minutes (intro/follow-up)
12/9/21	Barrier 1 (Eligibility/Perception of Access)	Barrier 2 (Outreach for Women Vets)
12/16/21	Barrier 2 (Outreach for Women Vets)	Barrier 1 (Eligibility/Perception of Access)
12/23/21	No meeting	No meeting
12/30/21	No meeting	No meeting
01/06/22	Barrier 10 (Perception of the Motto of VA)	Barrier 2 (Outreach for Women Vets)
01/13/22	Barrier 3 (Driving Distance)	Barrier 10 (Perception of the Motto of VA)
01/20/22	Barrier 4 (Location & Hours)	Barrier 3 (Driving Distance)
01/27/22	Barrier 5 (Child-Care)	Barrier 4 (Location & Hours)
02/03/22	Barrier 6 (Integrated Care)	Barrier 5 (Child-Care)
02/10/22	Barrier 9 (Safety & Comfort)	Barrier 6 (Integrated Care)
02/17/22	Barrier 11 (Non-Dept Providers)	Barrier 9 (Safety & Comfort)
02/24/22	Barrier 7 (Gender Sensitivity)	Barrier 11 (Non-Dept Providers)
03/03/22	Barrier 8 (Mental Health)	Barrier 7 (Gender Sensitivity)
03/10/22	Overview	Barrier 8 (Mental Health)

The final survey included 91 questions (some of which were multi-part). Filter questions (yes/no response) were developed to guide respondents through each section of the survey. Within each section, respondents were asked a series of closed-ended questions. Questions not well supported by the literature had an *other-specify* answer choice. One open-ended question at the end of the survey allowed women Veterans to report, in their own words, anything else upon which they wished to comment. The survey includes questions related to each of the eleven barriers to care as well as questions related to women Veterans' preferences, experiences, and attitudes towards VA initiatives. A copy of the Barriers to Care questionnaire can be found in Appendix D.

4.2 Final Instrument Approvals

The Office of Management and Budget (OMB) final packet was submitted by the Project Office in October 2022. The packet consisted of the OMB Supporting Statement A and B, a copy the Public Law, the instrument, and the pre-notification letter. Approval of the OMB packet was received in January 2023. The OMB Control number is 2900-0795. Internal Review Board (IRB) approval was also received in January 2023.

4.3 Pilot Testing

As part of the instrument development, a pilot study was also conducted after OMB approval. The purpose of the pilot study was to fully deploy the survey with a small number of participants to observe and review each step of the process to identify and mitigate any unforeseen issues prior to fielding the survey to all participants. Based on observed response rates from 2015, the team estimated a total 10% response rate for the pilot study, across users and non-users of VA healthcare. Thus, we selected a sample of 1,000 Veterans to contact. Sampling for the pilot study was done at the same time as sampling for the main study. The sample was created to match stratum level sampling goals, and then organized into batches to allow for a slow release of sample into the field. Specific details on sampling can be located in section 6.2 of this appendix.

The pilot study followed the same survey protocol, which included:

- Updating of Veteran contact information through a third-party vendor and through the USPS National Change of Address (NCOA) file
- Mailing of a pre-notification letter
- Collection of survey completes by web
- Receipt of telephone calls from Veterans who wished to update their telephone number for interviewing
- Beginning telephone interviewing 10 days after pre-notification mailing
- Monitoring of survey responses
- Mailing a $25 incentive to Veterans who completed a survey

Additional details on survey mode are included in section 6.1.

The pilot study sample of 1,000 cases, referred to as Batch "zero," was mailed on April 12, 2023. The first web survey response was received April 15, 2023. CATI calls began ~10 days after mailing, on April 24, 2023.

A total of 176 surveys were collected, 74 by web and 102 by CATI between April 15, 2023 and May 11, 2023. The total, raw response rate was 18%.

During the first week of fielding the pilot study, four participants reported experiencing a "session timeout" error after completing their survey. The error was an artifact as respondent data was accurately captured. Altarum communicated with respondents and made several updates to the survey platform, including re-naming session cookies. After the updates, no further issues were reported by respondents. No problems were reported for CATI data collection.

The pilot study data was reviewed for any indicators of potential confusion by respondents with the survey questions or issues with the skip logic or data collection. The team did not identify any outliers or unusual levels of "don't know," "refused," or missing data (missing data appears for web only, while CATI is either don't know or refused). All skip patterns worked according to plan. Also, CATI telephone interviewers did not report any instances of respondent confusion with the survey or trouble areas in the instrument.

Based on the performance of the pilot study, the project team was in agreement to proceed with the fielding protocol for subsequent batches without changes to the instrument or data collection procedures.

5.0 Methodology – Sampling and Fielding

5.1 Survey Mode

Like the pilot study, the VA Women's Barriers to Care Survey was conducted utilizing Computer Assisted Telephone Interviewing (CATI), administered by experienced and trained interviewers, and by web survey.

The web survey was offered to women through the use of a short, easy-to-type vanity link that is connected to a secure survey server. As mentioned in section 4.1, offering both CATI and web programs ensured that women Veterans with any visual or hearing impairments or literacy challenges could access the survey in a manner that was best for them.

Retention and survey completion are especially important with longer surveys, such as the one used for this study. To ensure the highest participation rate possible, a pre-notification letter which explained the purpose of the study was sent to each woman Veteran in the sample. The

letter included the vanity link with unique login instructions for women Veterans to access the survey online. The letter also provided details on how to complete the survey over the phone. The letter mailed to respondents is in Appendix C.

5.2 Data Source and Sample Frame Construction

A sampling frame was created using the Veterans Experience Office (VEO) Profile data. The VEO profile data was the most authoritative source of beneficiary address information as the Profile data draws address and contact information from multiple sources for Veterans. The VEO profile data contains person-specific contact information including: Correspondence and residence addresses; home and mobile cell phone numbers; email addresses; Veteran name (first, last); and Veteran unique identifiers which are applied and used across VA data sets. The Profile data also undergoes an evaluation process assessing the level of confidence and accuracy of the information contained for each veteran. VEO supplied an initial data set comprising the sampling frame containing contact information for 1,022,740 women Veterans.

The Department of Veterans Affairs, Veterans Health Administration, maintains a database of all known U.S. Veterans. This database is known as USVETS. The VEO profile data was merged with the VA Master Person Index file to obtain unique identifiers required to match to the USVETS data to obtain user/non-user status for each woman Veteran.

Only records that represented non-duplicated living female Veterans with valid address information with corresponding records in the USVETS data files were retained. Further, the USVETS data records retention required populated user/non-user status information to allow for identification of which women Veterans used VA health care services within the last 24 months. The data extraction and inclusion/exclusion criteria process resulted in a final sample frame file containing 941,488 observations. The final sample frame represented almost half of all living women Veterans. This data was then stratified by VISN and user status applying a zip code to VISN mapping by person. Strata were then defined as the combination of VISN and user status resulting in a total of 36 strata across 941,488 women Veterans.

Initial sample requirements were derived applying observed response rates from the previous VA Women's Barrier to Care Survey with adjustments. Adjustments included a conservative approach anticipating slightly lower response rates for the current survey. This resulted in an expected final sample estimate of 86,000 beneficiaries to achieve 200 completes per strata. It was anticipated that differences in response rates by strata relative to the previous survey would be observed. Further, to maximize efficiency of fielding and minimize resource requirements, a dynamic sampling approach was applied in which response rates were tracked in near real time for each stratum. Samples were then dynamically constructed from the

sample frame applying most current information on observed response rates by strata and response mode (web vs phone), projecting trends and requirements to final completion.

The survey design represented a disproportionate to size stratified random sampling complex survey design aimed to collect a minimum of 200 completes across 36 strata resulting in a target total of 7,200 completed interviews: 400 per VISN, with 200 users and 200 non-users within each VISN.

5.3 Sample Management

In order to effectively manage the sample in the field and to ensure 200 completions per VISN, with an equal split between users and non-users within VISN, the sample was organized into batches and replicates. The first four batches (after the pilot study fielded) consisted of a sample size of 8,500. The remaining batch sizes were determined after closely monitoring the completed case levels by strata relative to targets.

Exhibit 3. Batch Fielding Schedule

Batches in Field	Sample Size	Mail Date	1st Response	CATI Start
Batch 0	1,000	4/12/23	4/29/23	4/24/23
Batch 1	8,500	5/10/23	5/13/23	5/20/23
Batch 2	8,500	5/19/23	5/15/23	5/29/23
Batch 3	8,500	6/2/2023	6/5/2023	6/12/2023
Batch 4	8,500	6/23/2023	6/26/2023	7/3/2023
Batch 5	7,292	8/1/2023	8/9/2023	8/11/2023
Batch 6	5,296	8/1/2023	8/14/2023	8/11/2023
Batch 7	3,180	9/25/2023	9/28/2023	10/3/2023
Batch 8	2,300	9/25/2023	9/28/2023	10/3/2023
Batch 9	1,611	9/25/2023	9/28/2023	10/3/2023
Batch 10	1,333	9/25/2023	9/28/2023	10/3/2023
Batch 11	3,533	11/13/2023	11/15/2023	11/20/2023
Batch 12	2,634	11/13/2023	11/15/2023	11/20/2023
Batch 13	2,194	11/13/2023	11/16/2023	11/20/2023
Batch 14	1,152	11/13/2023	11/15/2023	11/20/2023

Batches in Field	Sample Size	Mail Date	1st Response	CATI Start
Batch 15	847	11/13/2023	11/16/2023	11/20/2023

This allowed for the fielding to be controlled in small batches and additional cases to be released into the field by replicate creating a dynamic process which efficiently conserved resources while effectively supporting target objectives.

At the completion of fielding, target objectives were met or exceeded for all strata. Response rates increased during the latter half of the fielding cycle leading to a reduction in sample size requirements and fielding levels. In total, the study resulted in 7,359 completed cases – exceeding the target objective of 7,200 cases.

The fielded sample comprised of 66,372 individuals (77% of initial expected sample requirement size) resulting in an overall response rate of 11.1%. The survey had a target of at least 200 completed surveys for users and non-users within each of the 18 VISNs (36 strata). All strata of VISN and user status had between 200 and 218 participants. The table displayed below provides the total number of completes by strata.

Exhibit 4. Completed Cases by Strata

VISN	Completed Cases
VISN 01: VA New England Healthcare System USER	218
VISN 01: VA New England Healthcare System NON-USER	204
VISN 02: VA Healthcare Network Upstate New York USER	209
VISN 02: VA Healthcare Network Upstate New York NON-USER	208
VISN 04: VA Stars & Stripes Healthcare Network USER	200
VISN 04: VA Stars & Stripes Healthcare Network NON-USER	200
VISN 05: VA Capitol Health Care Network USER	208
VISN 05: VA Capitol Health Care Network NON-USER	205
VISN 06: VA Mid-Atlantic Health Care Network USER	200
VISN 06: VA Mid-Atlantic Health Care Network NON-USER	203
VISN 07: The Southeast Network USER	206
VISN 07: The Southeast Network NON-USER	203
VISN 08: VA Sunshine Healthcare Network USER	200
VISN 08: VA Sunshine Healthcare Network NON-USER	204

VISN	Completed Cases
VISN 09: VA Mid South Healthcare Network USER	200
VISN 09: VA Mid South Healthcare Network NON-USER	211
VISN 10: VA Healthcare System of Ohio USER	210
VISN 10: VA Healthcare System of Ohio NON-USER	202
VISN 12: VA Great Lakes Health Care System USER	201
VISN 12: VA Great Lakes Health Care System NON-USER	211
VISN 15: VA Heartland Network USER	201
VISN 15: VA Heartland Network NON-USER	207
VISN 16: South Central VA Health Care Network USER	205
VISN 16: South Central VA Health Care Network NON-USER	200
VISN 17: VA Heart of Texas Health Care Network USER	201
VISN 17: VA Heart of Texas Health Care Network NON-USER	203
VISN 19: Rocky Mountain Network USER	200
VISN 19: Rocky Mountain Network NON-USER	205
VISN 20: Northwest Network USER	202
VISN 20: Northwest Network NON-USER	202
VISN 21: Sierra Pacific Network USER	201
VISN 21: Sierra Pacific Network NON-USER	213
VISN 22: Desert Pacific Healthcare Network USER	200
VISN 22: Desert Pacific Healthcare Network NON-USER	210
VISN 23: Midwest Health Care Network USER	206
VISN 23: Midwest Health Care Network NON-USER	200

5.4 Fielding Protocols

Survey fielding was accomplished through Altarum's web survey platform, LimeSurvey and the use of professionally trained interviewers using CATI software.

WEB SURVEY

LimeSurvey is housed on Altarum's FEDRAMP certified servers. The software uses an encrypted https connection with the respondent, storing responses in a fully data at rest (DAR) encrypted database. Automated survey tracking and quality assurance scripts send regular fielding reports to our survey analysts, providing constant situational awareness of survey productivity to be used in coordination with CATI fielding to remove cases form telephone fielding as soon as respondents complete a web survey. The software is fully compatible with all major browsers (e.g., Internet Explorer, Edge, Mozilla Firefox, Chrome, etc.) and all major device types (e.g., computer, tablet, smartphone, etc.). LimeSurvey is also Section 508-compliant and support text-only viewing for visually impaired users.

LimeSurvey features include:

- Providing correct question sequence;
- Automatically executing skip patterns based on prior question answers (which decreases overall burden on respondents);
- Recalling answers to prior questions and displaying the information in the text of later questions;
- Providing random rotation of specified questions or response categories (to avoid bias);
- Ensuring that questions cannot be skipped by the interviewer (i.e., an entry is made to every question, even if the entry is "no response"); and
- Rejecting invalid responses or data entries.

CATI INTERVIEWING

Prior to beginning work on the telephone survey component, all interviewers received extensive training. Interviewer training had two components. First, newly hired interviewers attended an intensive multi-day training program that covered the technical aspects of computerized interviewing, good interviewing techniques, human subject protection and the ethics of research, and proper recording of call results. Second, prior to working on the VA Women's Barriers to Care Survey, all interviewers received additional training specific to this study and the survey questionnaire; this training included the details of the survey protocol and proper interaction with respondents.

During the field period, interviewing calls were monitored as a primary quality assurance check. Monitoring involved field supervisory staff connecting to ongoing telephone interviews with actual respondents. This connection was unobtrusive and unknown to the interviewer and the

respondent. Field supervisors conducted the monitoring and completed a quality control checklist for each monitored interview. After the interview was complete, field supervisors debriefed the interviewer and discuss any detected deficiencies in technique or the rules of the study protocol.

At least ten contact attempts at various times of the day during different days of the week were attempted with each potential respondent to obtain a completion. Some cases may have received additional follow-up if the field supervisor deemed it to be a possible completion with a little extra effort.

At the conclusion of the fielding period, the collected telephone survey data with final disposition codes was assembled into an encrypted dataset. The original survey sample file was updated with field disposition codes (completed case, invalid phone number, respondent refusal, etc.).

An agreement was put in place with The Veterans Crisis Line to allow study interviewers to provide a "warm transfer" for any respondent showing signs of distress and agreeing to be transferred to the Crisis Line. Interviewers could also provide the Crisis Line number to respondents in the event they desired the phone number.

5.5 Fielding Timeline

Following receipt of OMB approval on January 23, 2023, fielding for the survey began on April 12, 2023, with an anticipated nine month fielding period. Calling ended on December 14, 2023, having achieved the desired number of completes in all strata. Actual fielding was completed in about eight months.

6.0 Limitations

When interpreting the results from the Barriers to Care survey, it is important to recognize the assumptions and limitations of the methods and the data.

Altarum Institute worked with VA employees who oversee the VEO Profile data as well as the USVETS database to obtain the sample frame data as well as VA women veterans population totals data for the Barriers to Care survey. The random sample of data obtained from the sampling frame as well as resulting responses were assumed to be representative of each underlying population by strata. There may be unobserved characteristics not contained within the survey design that could introduce differences between observed results and what is

actually true of the women Veteran population. This limitation is one faced by all surveys relying on population sampling techniques.

Assuming accurate representation of data, Altarum created weights for response data to allow for the opinions and experiences of survey respondents to represent the national population of all women Veterans as a whole. Final weights allow for national level estimates as well as VISN and user/non-user group specific estimates and analyses.

An important feature of the Barriers to Care survey design was the stratification of the sample by user status and VISN. Before fielding, Altarum Institute worked with an outside service to update the contact information for eligible women Veterans to achieve the best possible response rate. Address information, when available from data updates, was assumed to be the most representative current address information for the sample population. With each update, data showed that some women Veterans had a change in VISN assignment, which was based on ZIP code. For women Veterans who had a change in VISN assignment, the change in VISN for those women was also assumed to hold true for the populations they represent. Analogously, for those indicating a difference in user/non-user status relative to VA records, it was assumed that such status changes were also reflective of the populations represented by these individuals. In total, any changes detected by individuals were assumed to hold true in the same proportion to the populations they represent.

With respect to fielding operations, fielding of the survey did not span an entire calendar year. Fielding began in April 2023 and concluded in December 2023. Results for the fielding period are assumed to be representative of the year, were operations to have continued for a full calendar year. Further, the results are assumed to be unbiased with no unaccounted for seasonal variation that might otherwise have been obtained.

VISN assignment at the time of fielding was used for statistical analyses to assess, geographically, the level at which women Veterans encountered barriers to care. The experience of barriers equally or unequally across VISNs might influence how, and where, VA would institute changes to overcome these barriers. However, it is very possible that survey responses reflect attitudes about care received in a previous location (VISN) for women Veterans who recently moved at the time of fielding or Veterans who received care many years ago. It is assumed that the impact of VISN changes is minimal and does not impact the national assessment. While this limitation is important, it remains that women Veterans living in their present VISN at the time of fielding had these experiences previously or currently and a review or update of current policies locally are still recommended to ensure that these barriers have been addressed.

There is some inconsistency between VA-reported use and self-reported use of VA care. Of those women who had a VA record of receipt of care in the past 24 months, 84% also self-reported receiving health care services at VA. However, 16% of VA identified users of VA health care did not report receiving care. This difference may represent differences in how beneficiaries assess receiving health care relative to how VA classified receipt of care, impacts of beneficiary memory and recall, a combination of the two, or other factors. For analysis, we applied status as obtained from the beneficiary as it was assumed beneficiary survey responses would be most consistent with their self-reported user/non-user status.

User status for this report is defined based on one question within the survey as to whether or not a respondent received care from VA within the past 24 months. Multiple questions about use of VA care in the survey served as internal validity checks, and some women Veterans appeared to not identify themselves as users when they should have, or vice versa. Women Veterans who did not identify themselves as users via this question, or who indicated they did not know if they received care in the past 24 months, were taken through the survey as a non-user. Thus, the study team did not impute or correct these inconsistencies, but rather carried out the analysis using the respondent's self-reported user status.

In addition, the current VA Women Veteran Barriers to Care survey was a multi-mode survey with options for both web-enabled as well as telephone response. There may be unaccounted for mode effects contained within the response data. Future research may investigate whether such effects exist within the survey response data to allow for enhancements of future Veteran Women's Barriers to Care survey design and analysis.

7.0 Methodology – Analysis

7.1 Analysis of the Data

The stratified sample design used for this study required a multi-stage weighting design that accounted for the survey design effects, initial probability of response, and differential non-response rates encountered during fielding of the survey. The final weights when applied to the survey response data result in estimates that best reflect the VA women's population, by strata and VA women Veteran population as a whole. Because estimation is used when calculating results with weights, 95% confidence intervals are shown for all results with variance estimation techniques that account for the complex survey design, weighting scheme, differential non-response rates, and likelihood of being included within the survey sample.

While many questions in the survey assessed a woman Veteran's relationship with VA, one question was used to define user status for analyses. This question was "In the past 24 months,

have you received any care in a VA site of care?" (yes or no). Women Veterans who indicated *no* or *don't know* to this question were taken through the survey as a non-user.

Where appropriate, barriers to care are measured by subgroups of interest. Subgroups may include VISN, Service era, rurality/urbanity of the woman Veteran's residence, age groups, occupational groups, and past experience with sexual trauma. VISN and rurality/urbanity of the woman Veteran's residence were established through variables drawn from our sample data, whereas the remainder of the variables are the result of questions asked in the Barriers to Care survey.

7.2 Weighting the Data

Given the complex survey design which applied a disproportionate to size stratified random sampling methodology, it was necessary to develop and apply survey weights which accounted for both differential response rates as well as the disproportionate to size sampling design. Final weights were developed taking these observed differentials into consideration, and when applied result in the best available estimates of survey results representing the women Veterans experience for the entire women Veteran population.

Population totals by strata were obtained from the most recent available USVETS data for living female Veterans. USVETS did not contain zip code information for all female Veterans. Missing zip code information was assumed to be missing at random and so records with missing zip code were proportionately and randomly assigned across VISNs to align most accurately with VA women Veteran population totals. Approximately 9.5% of women Veterans were missing zip code information within the USVETS database.

Final weights were derived by strata and were calculated as the inverse of the probability of response taking into consideration final response counts and population size by strata. Mathematically, this can be defined as the population count divided by the final number of respondents for each stratum, by stratum.

Estimates of survey results data applied the final weights in conjunction with the complex survey design (stratification) in calculations to obtain the most accurate and unbiased estimates. The variance estimate methodology applied for this survey used the generally accepted statistical methodology of Taylor Linear Expansion.

7.3 Variance Estimation

To minimize potential human error, Altarum employed the built-in survey specific variance estimation algorithms as contained within Stat, SUDAAN and SAS. These variance estimation

methods adjust for within group correlation, adjust for small sample sizes, and correct for issues encountered within survey response data.

APPENDIX B

Survey Validation, Web Banner on VA Website

The following exhibit is an example of a banner posted on the homepage of the Women Veterans Health Care website. The purpose of this was to ensure survey validation and explain details of the study. The banner provided a link to learn more about the study.

Website Banner

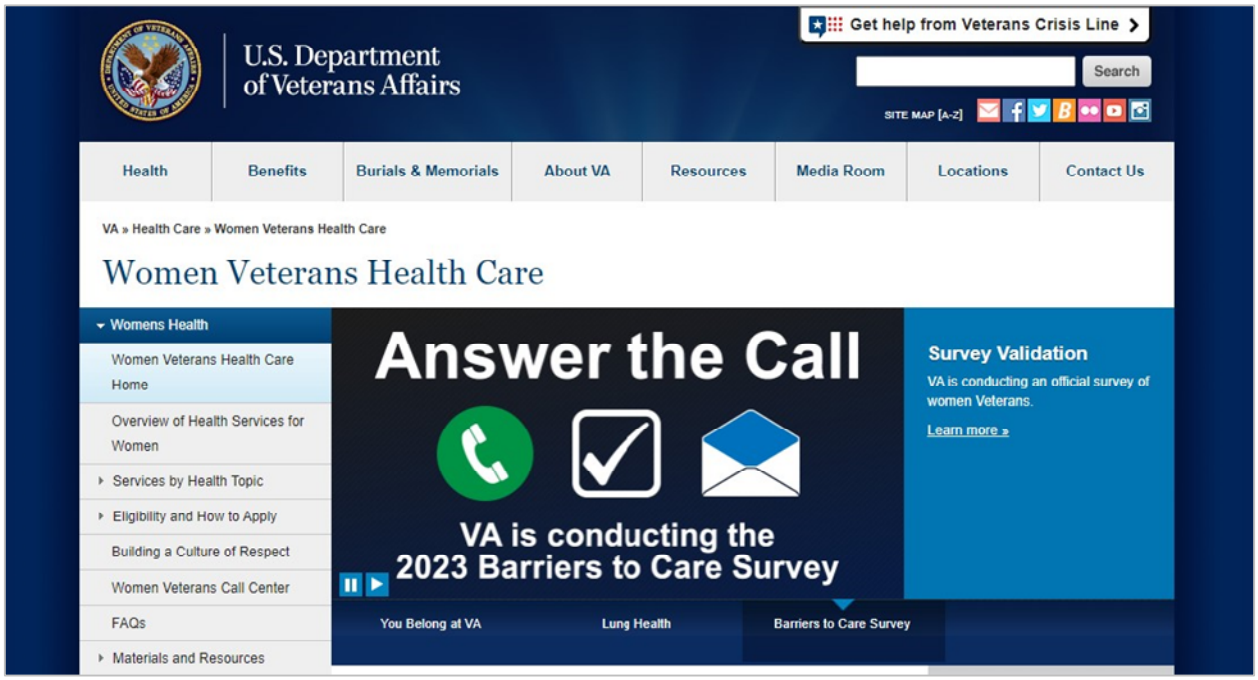
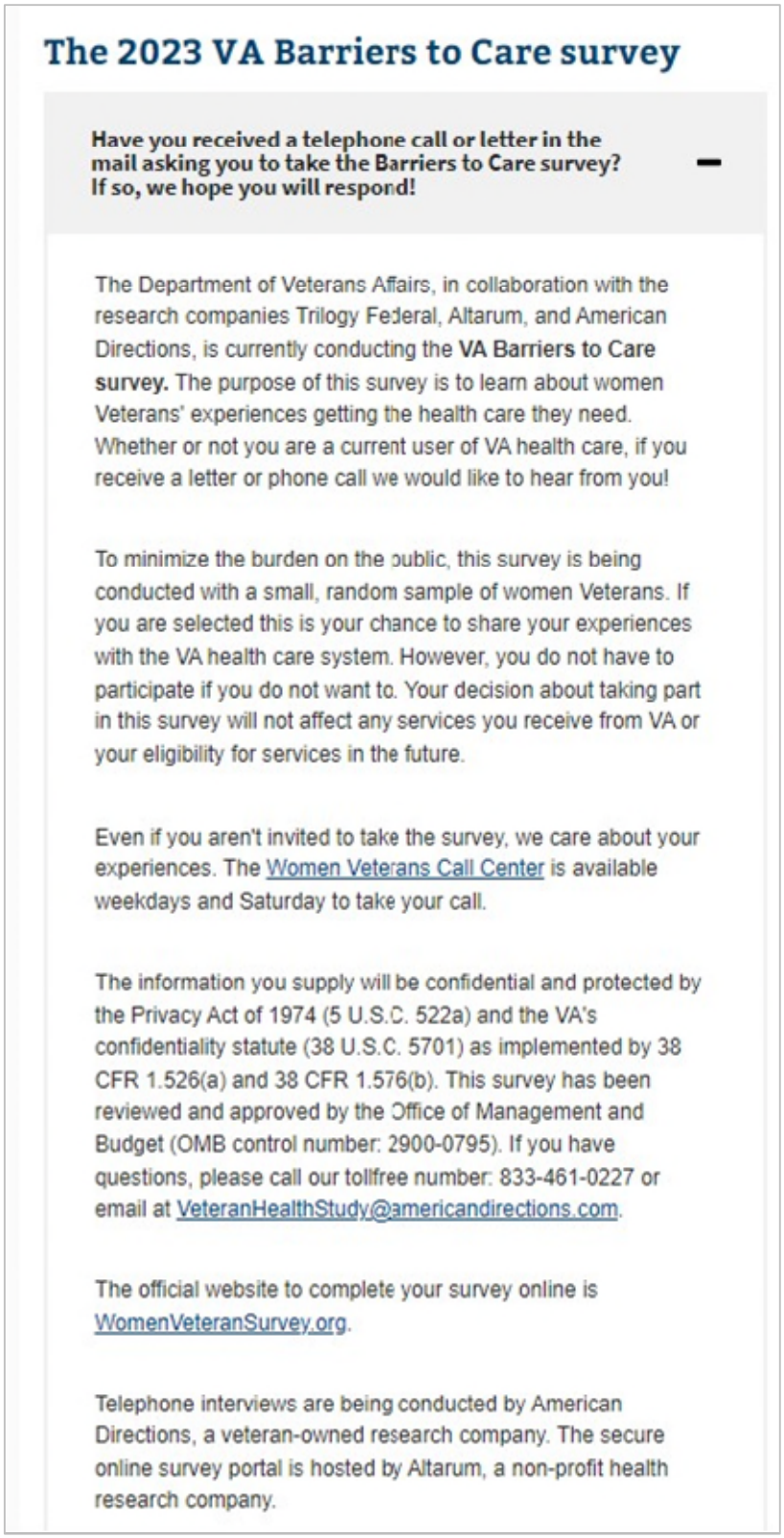


Image Description

Screenshot from Women Veterans Health Care page of VA website with graphic: “Answer the Call, VA is conducting the 2023 Barriers to Care Survey.”

Website with Study Details



The 2023 VA Barriers to Care survey

Have you received a telephone call or letter in the mail asking you to take the Barriers to Care survey? If so, we hope you will respond!

The Department of Veterans Affairs, in collaboration with the research companies Trilogy Federal, Altarum, and American Directions, is currently conducting the **VA Barriers to Care survey.** The purpose of this survey is to learn about women Veterans' experiences getting the health care they need. Whether or not you are a current user of VA health care, if you receive a letter or phone call we would like to hear from you!

To minimize the burden on the public, this survey is being conducted with a small, random sample of women Veterans. If you are selected this is your chance to share your experiences with the VA health care system. However, you do not have to participate if you do not want to. Your decision about taking part in this survey will not affect any services you receive from VA or your eligibility for services in the future.

Even if you aren't invited to take the survey, we care about your experiences. The Women Veterans Call Center is available weekdays and Saturday to take your call.

The information you supply will be confidential and protected by the Privacy Act of 1974 (5 U.S.C. 522a) and the VA's confidentiality statute (38 U.S.C. 5701) as implemented by 38 CFR 1.526(a) and 38 CFR 1.576(b). This survey has been reviewed and approved by the Office of Management and Budget (OMB control number: 2900-0795). If you have questions, please call our tollfree number: 833-461-0227 or email at VeteranHealthStudy@americandirections.com.

The official website to complete your survey online is WomenVeteranSurvey.org.

Telephone interviews are being conducted by American Directions, a veteran-owned research company. The secure online survey portal is hosted by Altarum, a non-profit health research company.

Image Description

Screenshot from VA website that asks and answers a question about the survey.

Image Text

The 2023 VA Barriers to Care survey

Have you received a telephone call or letter in the mail asking you to take the Barriers to Care survey? If so, we hope you will respond!

The Department of Veterans Affairs, in collaboration with the research companies Trilogy Federal, Altarum, and American Directions, is currently conducting the VA Barriers to Care survey. The purpose of this survey is to learn about women Veterans' experiences getting the health care they need. Whether or not you are a current user of VA health care, if you receive a letter or phone call, we would like to hear from you!

To minimize the burden on the public, this survey is being conducted with a small, random sample of women Veterans. If you are selected this is your chance to share your experiences with the VA health care system. However, you do not have to participate if you do not want to. Your decision about taking part in this survey will not affect any services you receive from VA or your eligibility for services in the future.

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The official website to complete your survey online is WomenVeteranSurvey.org.

Telephone interviews are being conducted by American Directions, a veteran-owned research company. The secure online survey portal is hosted by Altarum, a non-profit health research company.

APPENDIX C

Pre-Notification Letter Sent to Study Participants

DEPARTMENT OF VETERANS AFFAIRS
Veterans Health Administration
Washington DC 20420

Dear: [INSERT FIRST AND LAST NAME]:

The Department of Veterans Affairs (VA) is conducting a study about your experiences getting the health care you need. Whether or not you are a current user of VA health care, we would like to hear from you! Complete the survey in two easy steps:

Step 1:

Complete your survey online:
WomenVeteranSurvey.org
Password [TOKEN]

OR

Wait to receive a telephone call to complete your survey over the phone with a woman interviewer.

Step 2: Receive a **$25 check** for participating in this interview*

*Women Veterans not currently employed by the Department of Veterans Affairs are eligible to complete this survey. Only 7,200 women Veterans will be interviewed.

Our records indicate that your current phone number is [PHONE NUMBER]. If this is incorrect or you would prefer to be contacted at another number, please contact us by calling 833-461-0227 or by e-mail at VeteranHealthStudy@americandirections.com to provide us with an updated or preferred phone number.

Survey responses will be collected by approved, third party vendors: Altarum (Web survey responses), and American Directions Research Group (Telephone survey responses). Your responses are completely anonymous, and no one at VA will ever connect your responses to your name.

To verify the legitimacy of this survey, and view results once the study is complete, please visit womenshealth.va.gov.

Following is a little more information about the study we are conducting.

Why are we calling?

- The Department of Veterans Affairs wants to have a better understanding of the health care experiences of women Veterans and their interaction, if any, with the VA health care system. We are hoping to talk to 7,200 women Veterans for this survey.
- You received this invitation because our records indicate you are a woman Veteran who has used, or may be eligible to use, VA health care benefits. Even if you do not currently use VA health care benefits, we would still like to hear from you.

How long will the interview take and what will you ask me?

- The interview will take about 30 to 60 minutes, depending on your experiences
- We will ask you some questions about your healthcare needs and your knowledge of, and experience with, the VA health care system. Questions will focus on general health care, primary care, and women's specific services.

Do I have to do this?

- This is your chance to share your experiences with the VA health care system. However, you do not have to participate if you do not want to. Even if you agree to participate in the survey, you can skip any specific questions you do not want to answer or stop the interview at any time.

- Your decision about taking part in this interview will not affect any services you receive from VA or your eligibility for services in the future.
- There is minimal risk to participating in this survey. It is possible you may experience some fatigue, frustration, or negative emotions during your interview.

Is this confidential?

- YES! Your responses are protected.
- No one will connect your name to any information that you provide.
- We will combine your answers with answers from other participating Veterans and show them only as totals and averages, never as individual responses associated with you.
- As part of the protection of study participants, the approving Institutional Review Board (IRB) may have access to anonymous study data.

What will VA do with this information?

- Your confidential answers will help VA understand women Veterans' experiences.
- Aggregated results will be submitted to Congress
- VA will use this information to improve the quality of care you and other women Veterans receive from the VA.

Who do I contact for more information?

If you have questions about the survey, please contact our helpdesk by sending an email to VeteranHealthStudy@americandirections.com, or by calling 833-461-0227. If you have questions about your rights as a participant, please contact ALLENDALE IRB: 860-434-5872 or RTA1ALI1@AOL.COM.

Thank you very much for helping with this important study. The information you provide will help to improve VA services for all women Veterans.

Sincerely,

Patricia M. Hayes, PhD
Chief Consultant, Women's Health Services

OMB Control Number: 2900-0795
Expiration: 01/31/2026
Public Reporting Burden Statement

VA may not conduct, sponsor, or require the respondent to respond to this collection of information unless it displays a valid OMB Control Number. All responses to this collection are voluntary. Public reporting burden for this collection of information is estimated to average 45 minutes per response, including the time necessary for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Failure to furnish the requested information will have no adverse effect on any VA benefits to which you may be entitled.

The information you supply will be confidential and protected by the Privacy Act of 1974 (5 U.S.C. 522a) and the VA's confidentiality statute (38 U.S.C. 5701) as implemented by 38 CFR 1.526(a) and 38 CFR 1.576(b). Disclosure of information involves releases of statistical data and other non-identifying data for the improvement of services with the VA benefits processing system and for associated administrative purposes. If you have comments regarding this burden estimate or any aspects of this collection of information, call 1-800-827-1000 for mailing information on where to send your comments.

APPENDIX D

Annotated Questionnaire

Study of Barriers for Women Veterans to VA Health Care

1.0 Introduction

The instrument for the Barriers to Care study is provided in the form of the Computer Assisted Telephone Interviewing (CATI) script that was read to each respondent. The script includes the specific language used by the interviewers as well as the skip patterns that were applied. Note that the automated CATI system applied the skip patterns based upon the recorded responses entered by the interviewers. Also note that interviewers were required to provide only the information within the script and could not add additional commentary. The interviewers were provided with additional scripts that provided more information on many of the questions, and they could read those to the respondents if the respondent asked for clarification or stated that they didn't understand what was being asked. Interviewers read all response options with each question. All interviewers were female due to the sensitive nature of some of the survey questions.

2.0 Annotation

Here we provide an annotated version of the CATI instrument. The annotation includes the provision of basic response results (*i.e.*, the percent that women Veterans chose each response option). Additionally, for dataset users, the questionnaire has been annotated with additional information. The format of this annotated questionnaire is:

- Question number
- Variable name
- Question read to respondent
- Directions for help text or response criteria (*i.e.*, select one or select all that apply)
- List of response options showing the percent of women Veterans who chose the first response option, followed by the value of this response option in the dataset, followed by the response option itself that was read aloud to the respondent
- Skip pattern logic

This type of annotation allows for a quick reference for tying questions to responses. Percentages of each response option are weighted to population totals. Some questions that allowed multiple responses will have total percentages over 100%. Respondents had the option to skip or refuse to answer any survey question they did not wish to provide an answer to.

2022 Barriers to Health Care for Women Veterans Survey

SCREENING - CONTACT AND CONFIRM IDENTITY OF RESPONDENT

S1. I am calling from American Directions, a small veteran owned survey company.
The Department of Veterans Affairs has requested that we conduct a survey about your knowledge of, and interaction with, the health system and services offered by the VA. As a thank you for your time, you will receive $25 for completing this survey. You may already have received an information packet in the mail about this survey. It is important that VA gather valuable feedback from women Veterans, and we appreciate your participation.

VA must notify you that this information is being collected in accordance with section 3507 of the Paperwork Reduction Act of 1995. We may not conduct or sponsor, and you are not required to respond to, a collection of information unless it has a valid OMB number. The OMB control number is 2900-0795. We anticipate that the time needed to complete this survey will average between 30 and 60 minutes, depending upon how many questions apply to you. Information gathered will be kept private and confidential to the extent provided by law. Participation in this survey is voluntary, and if you choose not to respond it will have no impact on benefits to which you may be entitled.

SCREENING II - DETERMINE ELIGIBILITY TO PARTICIPATE IN SURVEY

INTRO.SCREEN "I have a few questions to confirm your eligibility to participate in the study. Portions of this call may be recorded for quality assurance purposes."

<DO NOT READ: IF RESPONDENT ASKS FOR WEB LOGIN: PLEASE GO TO WWW.WOMENVETERANSURVEY.ORG AND ENTER YOUR UNIQUE TOKEN [token]>

<DO NOT READ: IF RESPONDENT SAYS THEY DO NOT HAVE TIME TO TAKE OVER THE PHONE: THERE IS ALSO A WEB VERSION OF THIS SURVEY. IF YOU WOULD RATHER TAKE IT ON YOUR OWN TIME, PLEASE GO TO WWW.WOMENVETERANSURVEY.ORG AND ENTER YOUR UNIQUE TOKEN [token]>

S2. Are you a woman who has ever served in the active U.S. Armed Forces?

1. YES, then QS4
2. NO, then QS2a
3. NO, NOT A WOMAN (VOLUNTEERED), then GO TO S2a

S2a. In this survey we'll be discussing experiences of women Veterans. What was your sex assigned at birth?

1. Female
2. Male

S2b. What is your gender identity?

1. Woman
2. Man
3. Non-binary
4. Other or prefer not to say

S2c. Do you identify as transgender or gender diverse?

1. Yes
2. No

IF S2A AND S2B = MALE/MAN TERMINATE INTERVIEW
IF S2A = MALE AND S2B = OTHER TERMINATE INTERVIEW
IF S2A = MALE AND S2B = NON-BINARY TERMINATE INTERVIEW
IF S2 = YES GO TO S4

S3. Are you, or were you ever, a Reservist or National Guard member and called to active duty by a Federal Order for reasons other than training purposes and completed your full call-up period?

1. YES
2. NO

DK
REF

IF QS2 is not YES AND QS3 is not YES THEN TERMINATE INTERVIEW

S4. Are you currently employed by the Department of Veterans Affairs?

1. YES, then TERMINATE INTERVIEW
2. NO

DK, then TERMINATE INTERVIEW
REF, then TERMINATE INTERVIEW

SCREENING III - CONSENT SCRIPT & PRIVACY ACT STATEMENT GO HERE

INTRO.QCONSENT

Thank you, we can begin the survey. I want to assure you that providing information in this survey is voluntary. There is no penalty, and your VA benefits will not be affected in any way if you choose not to respond. The information you provide will be treated as confidential, and your name will not be linked with your answers. No identifying information about you is provided to the VA. Some questions in this survey deal with health issues and your military experience, and these questions may be upsetting to

some people. If you are uncomfortable with any question, just tell me and we will skip it. May I have your consent to start the interview?

Let's get started.

MILITARY BACKGROUND AND RELATIONSHIP WITH THE VA

B1. In what year did you begin your initial active military service?

Year: [1950-CURRENT YEAR]

DK
REF

B2. In what year did you last separate from active service?

Year: [1950-CURRENT YEAR] then GO TO B3

DK
REF

IF QB2 is not 0000 THEN GO TO QB3
IF B2 = DK OR REF GO TO B2B

B2B. (How many years ago did you last separate from active service?)

(YEARS AGO)

USE THE ANSWER FROM QB2B TO CALCULATE QB2

B3. In which branch(s) of the military did you serve? (SELECT ALL THAT APPLY)

1. ARMY OR AFFILIATED CORPS (WAC, WAAC, ANC)
2. MARINE CORPS
3. NAVY OR AFFILIATED CORPS (WAVES, NNC)
4. AIR FORCE OR AFFILIATED CORPS (WAF, AFNC, WASPS)
5. COAST GUARD OR AFFILIATED CORPS (SPARS)

DK
REF

B4. What grade did you hold at the time of your last separation from service or that you currently hold if you are still in the military?

DK
REF

INTERVIEWER HELP TEXT: “Pay grades are a letter and a number, such as E9, W3, O4…”
INTERVIEWER NOTE: ACCEPT ANY ANSWER, EVEN IF THEY CAN’T GIVE YOU A LETTER AND NUMBER.

B5. Did you ever serve in a combat or war zone as a member of the military?

1. YES
2. NO

DK
REF

B7. Do you have a VA service-connected disability rating?

1. YES
2. NO, then QB8

DK, then QB8

B7A. What is your VA service-connected disability rating?

(000-100%)

DK
REF

B8. Are you currently enrolled with the Veterans Health Administration for health care?

3. YES
4. NO

DK
REF

INTRO.QB9

During this interview, we are going to talk about three general ways that women Veterans can receive healthcare. The first is directly at a VA site of care, such as a VA medical center or a VA outpatient clinic. The second way is when the VA pays for care received by a woman Veteran from civilian providers; this is called “VA-paid community care.” And the third way is when a woman receives care from civilian providers with other insurance or paid for out of pocket; we will refer to this as “non-VA, self-paid care.” This next section includes questions about these different categories of care.

B9. In the past 24 MONTHS, have you received any care in a VA site of care?

5. YES
6. NO

DK
REF

B10. In some cases, the VA pays for a woman to receive care from a non-VA clinic or hospital. This is called VA-paid community care. In the past 24 MONTHS, have you received VA-paid community care?

7. YES
8. NO

DK
REF

B11. Some women receive other health care outside the VA that they pay for through private insurance, through Medicare or Medicaid, or out of pocket. In the past 24 MONTHS, have you received this type of non-VA self-paid care? setting?

3. YES
4. NO

DK
REF

INTRO.B12

Please remember the three care settings I described earlier: Care received through a VA site of care, Care received through the VA-paid Community Care, and non-VA self-paid care. Throughout this survey you will be asked questions separately about each of these three care settings.

B12. When was your MOST RECENT visit to a VA health care site of care?

9. Year: ____ [w15]
10. Never

DK
REF

INTERVIEWER NOTE: DO NOT OFFER, BUT ACCEPT YEAR OF MOST RECENT TELEHEALTH APPOINTMENT

IF QB12 is not 0000 THEN GO TO B12C
IF B12 = DK OR REF GO TO B12B

B12B. (How many years ago was your MOST RECENT visit to a VA health care site of care?)

(YEARS AGO)
DK
REF
USE THE ANSWER FROM QB12B TO CALCULATE QB12
IF B9 is not YES
IF B9=YES GO TO E23

B12C. When you were last at a VA site of care, was it to get care for yourself?

11. Yes
12. No

DK (DO NOT READ)
REF (DO NOT READ)

(VA & COMM USERS IF B9=YES or B10=YES)

E23. There are some common reasons that Veterans use VA for their healthcare services. Please listen to the following list and tell me, what is the MAIN reason YOU chose to use the VA health care services in the past 24 MONTHS. Would it be... (SELECT ONE)

13. I HAVE NO OTHER INSURANCE
14. IT'S THE MOST CONVENIENT FOR ME
15. THEY HAVE GOOD QUALITY OF CARE
16. THEY HAVE GOOD PRESCRIPTION BENEFITS
17. THEY ARE SENSITIVE TO NEEDS OF VETERANS
18. THEY HAVE CARE SPECIFIC TO MY SERVICE-CONNECTED DISABILITY
19. SOME OTHER REASON? (SPECIFY)

DK (DO NOT READ)
REF (DO NOT READ)

(IF B11= YES)

E24. There are some common reasons that Veterans DO NOT USE VA for their healthcare services. Please listen to the following list and tell me: What is the MAIN reason you chose to use self-paid health care services outside of the VA in the past 24 MONTHS? Would it be... (READ LIST) (SELECT ONE)

1. I DO NOT KNOW IF I AM ELIGIBLE FOR VA CARE
2. I HAVE INSURANCE OUTSIDE OF THE VA
3. MY NON-VA CARE LOCATION IS MORE CONVENIENT
4. VA DOES NOT HAVE THE SERVICES I NEED
5. VA DOES NOT HAVE A WOMEN'S CLINIC
6. THE QUALITY OF CARE OUTSIDE THE VA IS BETTER
7. I DO NOT FEEL LIKE I BELONG AT THE VA
8. SOME OTHER REASON? (SPECIFY)

DK (DO NOT READ)
REF (DO NOT READ)

IF B9 is not YES AND B10 is not YES (NON-USERS, NO COMMUNITY CARE)

B16. Why haven't you used VA health care services in the past 24 months/ever? Would you say…(select all that apply)

1. I have not needed any care

2. Other care is more convenient
3. I have a civilian provider or plan I prefer to use
4. VA does not provide the care that I need
5. It is too hard to get an appointment at the VA
6. I do not trust the VA
7. I find being at the VA facility to be an unpleasant experience
8. Other (specify)

DK (DO NOT READ)
REF (DO NOT READ)

IF B10=YES (COMMUNITY CARE USERS)

B17. Do you get most of your VA-sponsored care directly from the VA or from VA-paid Community Care?

1. Mostly from VA
2. Mostly from VA-paid Community Care
3. About the same from both VA and VA-paid Community Care

DK (DO NOT READ)
REF (DO NOT READ)

IF B10=YES (COMMUNITY CARE USERS)

B18. What are the reasons you use VA-paid Community Care? Please select all that apply.

1. Driving time to VA site of care was too long.
2. Wait for an appointment at the VA was too long.
3. My VA did not have the type of care I needed.
4. My provider thought it was in my best interest to go to the community.

DK (DO NOT READ)
REF (DO NOT READ)

IF QB9 is not YES THEN GO TO INTRO.QC (USERS ANSWER B14 & B15)

B14. At which VA site of care do you receive MOST of your healthcare? (SELECT FROM LIST)

ADD DK TO LIST
ADD REF TO LIST

IF QB14 is not 0000 THEN GO TO B15
IF B14 = DK OR REF GO TO B14A

B14A. At which VA site of care do you receive MOST of your healthcare? (WRITE-IN)

DK
REF

B15. About how much of your health care did you receive from a VA site of care in the last 24 months? Would you say...

1. ALL
2. MOST
3. SOME
4. LITTLE OR
5. NONE?

DK (DO NOT READ)
REF (DO NOT READ)

COMPREHENSION/OUTREACH

(ALL)
INTRO.QC

The VA offers a range of benefits to Veterans. Telling Veterans about these benefits is an ongoing effort. The next set of questions is about getting information from the VA.

C1 (A-E). Do you recall receiving information about...

F. "the ELIGIBILITY REQUIREMENTS for VA health care services."
G. "How to enroll for VA services"
H. "the Health services at the VA that are AVAILABLE to you."
I. "the Health services at the VA that are available to WOMEN veterans specifically."
J. "HOW TO GET health care services at the VA."

1. YES
2. NO, then QC4(A-D)

DK, then QC4(A-D)
REF, then QC4(A-D)

INTERVIEWER NOTE: WE WANT TO KNOW WHAT THEY HAVE RECEIVED FROM VA, NOT WHAT THEY LOOKED-UP THEMSELVES. IF SOMEONE SAYS, "I LOOKED IT UP" PROBE TO ASK IF THEY RECEIVED ANYTHING FROM VA.

C2 (A-D). Did you get this information from ... (SELECT ALL THAT APPLY)

1. HEALTH PROVIDER
2. NEWSPAPER, MAGAZINE, OR ON TELEVISION
3. FRIENDS, FAMILY, OR ANOTHER VETERAN
4. WEBSITE OR BLOG
5. TALKING TO A VA REPRESENTATIVE
6. BROCHURE, LETTER, OR OTHER HANDOUT FROM THE VA

7. SOCIAL MEDIA
8. ANOTHER ORGANIZATION
9. WOMEN VETERANS CALL CENTER
10. VA OUTREACH EVENTS SUCH AS “STAND DOWNS” OR “TOWN HALLS”
99. NONE OF THE ABOVE (DO NOT READ) (VOLUNTEERED)

DK (DO NOT READ)
REF (DO NOT READ)

IF ONLY 1 OPTION SELECTED THEN GO TO QC4 (A-D)
ONLY OPTIONS SELECTED IN QC2 WILL BE PRESENTED IN QC3

C3 (A-D). Which of these sources of information was the MOST helpful to you in understanding your VA benefits?

1. HEALTH PROVIDER
2. NEWSPAPER, MAGAZINE, OR ON TELEVISION
3. FRIENDS, FAMILY, OR ANOTHER VETERAN
4. SOCIAL MEDIA
5. WEBSITE OR BLOG
6. TALKING TO A VA REPRESENTATIVE
7. ANOTHER ORGANIZATION
8. BROCHURE, LETTER OR OTHER HANDOUT FROM THE VA
9. WOMEN VETERANS CALL CENTER
10. VA OUTREACH EVENTS SUCH AS “STAND DOWNS” OR “TOWN HALLS”

DK (DO NOT READ)
REF (DO NOT READ)

IF C1C=YES

C1Ca. How would you rate the helpfulness of information from the VA about women’s health services?

1. Very helpful
2. Somewhat helpful
3. Somewhat unhelpful
4. Very unhelpful

DK
REF

CK.QC4 (A-D)

C4 (A-D). Do you have as much information as you would like about...

A. “the ELIGIBILITY REQUIREMENTS for VA health care services.”
B. “the Health services at the VA that are AVAILABLE to you.”
C. “the Health services at the VA that are available to WOMEN veterans specifically.”
D. “HOW TO GET health care services at the VA.”
E. “How to enroll for VA services”

1. YES, I HAVE ENOUGH
2. NO, I NEED A LITTLE MORE
3. NO, I NEED A LOT MORE

DK
REF

C6. Do you feel confident you can find information about?

A. How to make an appointment
B. How to talk to someone if you have questions

1. Very confident
2. Confident
3. Not very confident
4. Not at all confident

DK (DO NOT READ)
REF (DO NOT READ)

C7. When you have seen information from the VA, does it feel like it was made for people like you? Would you say…

1. Yes, it feels like it was made for people like me.
2. No, it does not feel like it was made for people like me

DK (DO NOT READ)
REF (DO NOT READ)

C5. If the VA were trying to reach you to provide information about eligibility for VA health care, what would be the BEST way? Would it be...

1. BY TELEPHONE
2. BY MAIL
3. BY E-MAIL
4. THROUGH SOCIAL MEDIA
5. THROUGH A WEBSITE OR BLOG
6. NEWSPAPERS, MAGAZINES, OR ON TELEVISION

DK (DO NOT READ)
REF (DO NOT READ)

IF B9 is not YES AND B10 is not YES (NON-USERS, NO COMMUNITY CARE)

C8. What information would help you choose VA for your healthcare? (select all that apply)

1. More information about how to enroll for VA health care benefits
2. More information about location and hours
3. More information about how to make an appointment
4. More information about the types of health care available

5. More information about the availability of women providers
6. More information about women-specific care

DK (DO NOT READ)
REF (DO NOT READ)

EASE OF ACCESS (DISTANCE/TRANSPORTATION)

INTRO.QEA

The VA is interested in understanding where veterans get their health care and some basic information about how that care is received. In the next section, I will ask you questions about how you access care, and any issues you faced in getting that care.

Some of these questions ask specifically about Primary Health Care. Primary Health Care is defined as general medical care and health prevention services.

ALL (USER/NON-USER)

E1. Do you currently have one person or team of providers in one clinic that you consider to be your primary care provider?

1. YES
2. NO

DK
REF

IF QB9 is not YES OR B10 is not YES THEN GO TO QE3A

(VA OR COMMUNITY USERS IF B9=YES OR B10=YES)

E2A. Do you get any of your primary care from a VA site of care?

1. YES
2. NO

DK
REF

(VA USERS IF B9=YES)

E3. How long does it typically take you to get to your VA Primary Care site?

1. LESS THAN 15 MINUTES
2. 15-29 MINUTES
3. 30-44 MINUTES

4. 45-60 MINUTES
5. ONE TO TWO HOURS
6. MORE THAN TWO HOURS

DK
REF

INTERVIEWER NOTE: DO NOT READ LIST UNLESS TO CLARIFY ANSWER OR PROMPT RESPONDENT

NON-USERS IF B9 is not YES OR IF B10=YES AND B9 is not YES

E3A. How long does it typically take you to get to your Primary Care doctor's office?

1. LESS THAN 15 MINUTES
2. 15-29 MINUTES
3. 30-44 MINUTES
4. 45-60 MINUTES
5. ONE TO TWO HOURS
6. MORE THAN TWO HOURS

DK
REF

INTERVIEWER NOTE: DO NOT READ LIST UNLESS TO CLARIFY ANSWER OR PROMPT RESPONDENT

NON-USERS (IF B9 is not YES) OR COMMUNITY CARE ONLY (B10=YES AND B9 is not YES)

E3B. Would help from the VA in accessing transportation to medical care help you choose VA for future care?

1. YES
2. NO

IF QB9 is not YES THEN GO TO E25

(VA USERS)

E6. This question asks about transportation for you to get to your VA SITE OF CARE. Would you say that finding transportation to your medical care is...

1. VERY EASY
2. SOMEWHAT EASY
3. NEITHER EASY, NOR HARD
4. SOMEWHAT HARD
5. VERY HARD

DK (DO NOT READ)
REF (DO NOT READ)

(VA USERS IF B9=YES)

E8. Please indicate the mode of transportation you usually use when you have an appointment for your health care at a VA site of care. Do you...

1. DRIVE YOURSELF
2. HAVE A FAMILY MEMBER, FRIEND, OR SIGNIFICANT OTHER DRIVE YOU
3. TAKE PUBLIC TRANSPORTATION
4. USE SHUTTLE SERVICES (SUCH AS A VEHICLE FROM THE VA PICKING YOU UP)
5. RIDE SHARING SERVICES, LIKE UBER OR LYFT
6. USE SOME OTHER MODE OF TRANSPORTATION?

DK (DO NOT READ)
REF (DO NOT READ)

(VA AND COMMUNITY USERS IF B9=YES OR B10=YES)

E25. Some Veterans are eligible for the Beneficiary Travel system. Do you know whether you are eligible for "bene-travel" services?

1. Yes, I know I am eligible
2. Yes, I know I am not eligible then GO TO E26
3. No, I do not know whether I am eligible then GO TO E26

DK (DO NOT READ)
REF (DO NOT READ)

INTERVIEWER SCRIPT IF CLARIFICATION IS NEEDED: "VA has authority to provide to eligible persons reimbursement for mileage driven in a private vehicle, and transportation by common carrier/public transportation (plane, bus, taxi, etc.). In addition, when medically justified by a VA health care provider, special mode of transportation (ambulance, wheelchair van, etc.) may be approved for BT eligible Veterans."

(IF E25=1)

E25a. Have you ever used the VA's beneficiary travel or "bene-travel" service?

1. Yes
2. No

DK (DO NOT READ)
REF (DO NOT READ)

(IF E25a=1)

E25b. Has using this service made it easier to access VA care?

1. Yes, much easier
2. Yes, a little easier
3. No

DK (DO NOT READ)
REF (DO NOT READ)

(IF E25=2 OR 3)

E26. If you had access to the “bene-travel” service (explanation), would it make accessing VA care easier for you?

1. Yes, much easier
2. Yes, a little easier
3. No

DK (DO NOT READ)
REF (DO NOT READ)

HEALTH CARE NEEDS

CK.INTRO.QE9

IF QB9 is not YES and QB10 is not YES THEN GO TO E18

INTRO.QE9

In the next set of questions, I will ask you about the types of health care you may have received in the past 24 MONTHS, such as women's specific health care. Please note that women's specific health care refers to care such as pap smears, mammograms, birth control, prenatal care, HPV vaccination, or menopausal support. I will also ask about Mental Health Services you may have received.

IF QB9 is not YES THEN GO TO ck.qe10

E9 (A-I). [What types of health care services have you received at ANY VA SITE OF CARE in the past 24 MONTHS? Did you receive.../How about...]

A. “PRIMARY CARE (GENERAL MEDICAL CARE)?”
B. “any ROUTINE WOMEN'S HEALTH SERVICES (SUCH AS PAP SMEARS, CONTRACEPTION, BREAST EXAMS)?”
C. “any Specialized GYNECOLOGY REFERRAL SERVICES (SUCH AS ABNORMAL PAP, ABNORMAL BLEEDING, GYN SURGERY)?”
D. “any care from MENTAL HEALTH SERVICES?”
E. “SPECIALTY CARE?”
F. “some OTHER type of care?”

1. YES
2. NO

DK
REF

ONLY ASK QE9J IF QE9(A-I) = NO

E9J. So, you have received NO CARE AT ALL from a VA site of care in the past 24 months - is that correct?

1. YES
2. NO

DK
REF

CK.QE10

IF QB10 is not YES THEN GO TO CK.QE11

E10 (A-I). [What types of health care services have you received as VA-paid Community Care in the past 24 MONTHS? Did you receive.../How about...]

A. "PRIMARY CARE (GENERAL MEDICAL CARE)?"
B. "any ROUTINE WOMEN'S HEALTH SERVICES (SUCH AS PAP SMEARS, CONTRACEPTION, BREAST EXAMS)?"
C. "any specialized GYNECOLOGY REFERRAL SERVICES (SUCH AS ABNORMAL PAP, ABNORMAL BLEEDING, GYN SURGERY)?"
D. "MATERNITY CARE (PREGNANCY CARE)?"
E. "any care from MENTAL HEALTH SERVICES?"
F. "SPECIALTY CARE?"
G. "some OTHER type of care?"

1. YES
2. NO

DK
REF

ONLY ASK QE10J IF QE10(A-I) = NO

E10J. So, you have received NO CARE AT ALL as VA-paid Community care in the past 24 months - is that correct?

1. YES
2. NO

DK
REF

CK.QE11

IF QE9(A-D) is not YES AND QE10(A-D) is not YES THEN GO TO QE12.

ASK ONLY THE ITEMS ANSWERED YES TO IN QE9 AND/OR QE10

E11(A-D). How helpful was THE VA in coordinating your...

A. “PRIMARY CARE (GENERAL MEDICAL CARE)?”
B. “ROUTINE WOMEN'S HEALTH SERVICES (SUCH AS PAP SMEARS, CONTRACEPTION, BREAST EXAMS)?”
C. “GYNECOLOGY REFERRAL SERVICES (SUCH AS ABNORMAL PAP, ABNORMAL BLEEDING, GYN SURGERY)?”
D. “MATERNITY CARE (PREGNANCY CARE)?”

1. EXTREMELY HELPFUL
2. VERY HELPFUL
4. SOMEWHAT HELPFUL
5. NOT AT ALL HELPFUL?

DK (DO NOT READ)
REF (DO NOT READ)

(VA COMM USER IF E10D=YES)

E16 How would you rate your experience in the past 24 MONTHS getting an appointment as soon as you thought you needed it for “MATERNITY CARE”

1 = POOR
2
3
4
5 = OUTSTANDING

DK
REF

IF QE10D is not YES THEN GO TO E27

E12. Since your pregnancy, have you received any care from the VA?

1. YES
2. NO
3. STILL PREGNANT (VOLUNTEERED) (DO NOT READ)

DK
REF

AGE CHECK (VA USERS & COMMUNITY USERS IF B9=YES OR B10=YES)

E27. In the future, would you prefer to have mammograms performed on-site at VA or off-site at a VA-paid community care location?

1. Prefer VA site of care
2. Prefer VA-paid community care location
3. No preference

DK (DO NOT READ)
REF (DO NOT READ)

LOCATION & HOURS

CK.INTRO.QE14

IF QE9A is not YES AND QE9B is not YES AND QE9G is not YES AND QE9H is not YES THEN GO TO QE18.

INTRO.QE14

This next set of questions will ask about your experiences getting or attempting to get appointments for the [primary care/women-specific health care/maternity care/mental health care] that you received at a VA site of care.

ASK ONLY THE ITEMS ANSWERED YES TO IN QE9

E(14-15, 17, 28). [First.../How about...]

[how would you rate your experience in the past 24 MONTHS getting an appointment as soon as you thought you needed it for.../(your experience in the past 24 MONTHS getting an appointment as soon as you thought you needed it for...)])

1. “PRIMARY CARE”
2. “ROUTINE WOMEN'S SERVICES”
3. “MENTAL HEALTH CARE”
4. SPECIALTY CARE

(at your VA site of care?)

1 = POOR
2
3
4
5 = OUTSTANDING

DK
REF

(ALL USERS/NON-USERS)

B12c In GENERAL, does your VA site of care have appointment times that are convenient for you to get care?

1. YES
2. NO

DK
REF

(ALL USERS/NON-USERS)

E29. Have the hours of operation at your closest VA facility ever caused you to choose a care provider other than the VA?

1. No
2. Yes, a few times
3. Yes, several times
4. Yes, many times

DK (DO NOT READ)
REF (DO NOT READ)

(VA OR COMMUNITY CARE USERS IF B9=YES OR B10=YES)

E30. In the last 24 months, when you contacted the VA to get an appointment for primary care, how often were long appointment wait times a barrier to receiving the care as soon as you needed?

1. Never
2. Sometimes
3. Usually
4. Always
5. Did not contact the VA (DO NOT READ)

DK (DO NOT READ)
REF (DO NOT READ)

(USERS IF B9=YES)

E31. Would extended hours beyond daytime business hours at a VA site of care allow you to get care you would not be able to get during business hours?

1. Yes
2. No then GO TO E32

DK (DO NOT READ)
REF (DO NOT READ)

IF E31=YES

E31a. If your VA had extended appointment hours when would YOU prefer to come for an appointment?

Early weekday morning hours
Weekday evenings hours
Weekend daytime hours

1. Yes
2. No

DK (DO NOT READ)
REF (DO NOT READ)

(ALL USERS AND NON-USERS)

E32. Has the location of your closest VA site of care ever caused you to choose a care provider other than the VA?

1. No, then IF B9=YES GO TO 34, EVERYONE ELSE GO TO E33
2. Yes, a few times, then EVERYONE GO TO E33
3. Yes, several times, then EVERYONE GO TO E33

DK (DO NOT READ)
REF (DO NOT READ)

E33. Would you be more likely to choose VA if a telehealth appointment were available?

1. Yes, then NON-USERS (IF B9 is not YES) OR IF B10=YES, GO TO E33a
2. No, then NON-USERS (IF B9 is not YES) OR IF B10=YES, SKIP TO E20

DK (DO NOT READ)
REF (DO NOT READ)

IF B9=YES, ANY ANSWER SKIP TO E34

E33a. Why would you be more likely to use the VA for telehealth rather than on-site VA care?

1. Travel time to VA site of care was too long
2. More convenient hours
3. More comfortable using telehealth in general
4. Prefer telehealth to reduce Covid exposure
5. Other (specify)

DK (DO NOT READ)
REF (DO NOT READ)

(USERS IF B9=YES AND E33 = ANY ANSWER)

E34. Have you had a telehealth appointment with a VA provider? This may include talking over the phone or using video conferencing through a computer or smartphone.

1. Yes

2. No, then GO TO E20

DK (DO NOT READ)
REF (DO NOT READ)

IF E34=YES

E34b. Did using telehealth with the VA allow you to have an appointment when you would not have been able to attend an in-person visit?

1. Yes
2. No

DK (DO NOT READ)
REF (DO NOT READ)

E34c. How did using telehealth with the VA make it easier to access care? Please select all that apply.

1. Travel time to VA site of care was too long
2. More convenient hours
3. More comfortable using telehealth in general
4. Prefer telehealth to reduce Covid exposure
5. Other

DK (DO NOT READ)
REF (DO NOT READ)

E34d. Have you had any challenges in accessing mental health?

1. Yes
2. No, then GO TO E34e

E34dd. What was the problem you had? Was it… (select all that apply).

1. Poor or no internet connection
2. Do not have a smartphone or computer
3. Not sure how to use telehealth software
4. Lack of privacy in the home
5. Other, specify
6. No, I have not had any of these challenges accessing telehealth

DK (DO NOT READ)
REF (DO NOT READ)

E34e. Have you used telehealth for your VA mental health appointments?

1. Yes
2. No, then GO TO E34e4

DK (DO NOT READ)
REF (DO NOT READ)

E34e1. Has the availability of telehealth appointments made it easier for you to schedule mental health appointments?

1. Yes, a lot easier
2. Yes, somewhat easier
3. No

DK (DO NOT READ)
REF (DO NOT READ)

E34e2. Does telehealth make it more comfortable for you to have mental health appointments?

1. Yes, a lot more comfortable
2. Yes, somewhat more comfortable
3. No

DK (DO NOT READ)
REF (DO NOT READ)

E34e3. Do you prefer a telehealth option for your mental health care appointments to in-person visits?

1. I prefer telehealth
2. I prefer in-person
3. I have no preference

DK (DO NOT READ)
REF (DO NOT READ)

E34e4. How much would you say your ability to get mental health appointments as often as you need them is limited due to family, work, or school obligations?

1. Greatly limited
2. Somewhat limited
3. Not at all limited

DK (DO NOT READ)
REF (DO NOT READ)

CHILD-CARE

(ALL USER/NON-USER)

E20. Are you a parent or guardian for a child or children that need care when you attend medical appointments?

A. YES
B. NO, then GO TO W1

DK, then GO TO W1
REF, then GO TO W1

E35. On a scale of 1 to 5, please rate how difficult it is for you to find childcare when you have a medical appointment?

1 = Not difficult
2
3
4
5 = Extremely difficult

DK (DO NOT READ)
REF (DO NOT READ)

E36. In the past 12 months, have you missed or cancelled a scheduled medical appointment because you were unable to find childcare or your childcare fell through at the last minute?

1. Yes
2. No

DK (DO NOT READ)
REF (DO NOT READ)

E37. In the past 12 months, have you experienced a situation in which you had to bring your child(ren) with you to your medical appointment?

1. Yes
2. No

DK (DO NOT READ)
REF (DO NOT READ)

E38. On a scale of 1 to 5, rate how important it is to you in general that VA provide childcare assistance while you attend a medical appointment?

1 = Not important
2

3
4
5 = Extremely important

DK (DO NOT READ)
REF (DO NOT READ)

E39. And for each type of visit, how important is childcare assistance to you on a scale of 1 to 5? Primary Care; Mental health care; Telephone or video visit?

1 = Not important
2
3
4
5 = Extremely important

DK (DO NOT READ)
REF (DO NOT READ)

E40. On a scale of 1 to 5, rate how likely you would be to use the following childcare assistance options during your medical appointments:

A. VA to reimburse me for my own childcare arrangement
B. VA to provide access to a VA operated childcare site at the VA medical center
C. VA to provide access to a VA operated childcare site near, but not at the VA medical center
D. VA to offer access to a non-VA operated, but childcare site at a location separate from VA

1 = Not likely
2
3
4
5 = Extremely likely

DK (DO NOT READ)
REF (DO NOT READ)

INTEGRATED CARE & GENDER SENSITIVITY

(ALL USERS/NON-USERS)

W1. Are you currently getting both primary care including general medical care and routine women's health care, such as Pap smears, contraception, and menopause care from the same individual provider?

1. Yes
2. No

DK (DO NOT READ)
REF (DO NOT READ)

(ALL USERS/NON-USERS)

W16. Do you receive your primary care at a clinic only for women patients?

1. Yes
2. No

DK (DO NOT READ)
REF (DO NOT READ)

(ALL USERS/NON-USERS)

W (6-8). [How important to you.../What about...]

A. “is it to receive all or MOST of your primary care, including women’s specific care, from a clinic that is just for women?”
B. “having just one provider provide your primary care, including your women's specific care?”
C. “having a female provider for your primary care, including women's specific care ?”

[Would you say.../(Would you say...)]

1. VERY IMPORTANT
2. SOMEWHAT IMPORTANT
3. NOT VERY IMPORTANT
4. NOT AT ALL IMPORTANT?

DK (DO NOT READ)
REF (DO NOT READ)

IF B9 is not YES AND B10=YES GO TO W19

IF B9 is not YES AND B10 is not YES GO TO INTRO.QW15

(USER IF B9=YES)

W17. Within the past 24 months, have you ever avoided seeking care at the VA because you could not have a female provider?

1. Yes
2. No

DK (DO NOT READ)
REF (DO NOT READ)

(VA USER IF B9=YES)

INTRO.QW10

Now thinking only about your primary care experience(s) at your VA site of care in the past 24 MONTHS...

W10 (A-E). [How satisfied are you with.../(How about)]

A. “your provider(s)' general medical knowledge?”
B. “your provider(s)' knowledge of women's specific health needs?”
C. “how well your provider(s) understands your needs and concerns as a woman veteran?”
D. “the amount of time your provider(s) spent with you?”
E. “the amount of information you received from your provider(s)?”

[Would you say you are.../(Would you say you are...)]

1. COMPLETELY SATISFIED
2. SOMEWHAT SATISFIED
3. NEITHER SATISFIED NOR DISSATISFIED
4. SOMEWHAT DISSATISFIED
5. COMPLETELY DISSATISFIED?

DK (DO NOT READ)
REF (DO NOT READ)

(VA USER IF B9=YES)

W18. Do you know if your Primary Care provider is…

5. A physician
6. A nurse practitioner
7. A physician’s assistant
8. Don’t know

REF (DO NOT READ)
(VA USER)

W (11-13). [Considering all of your health care experiences at your VA site of care in the past 24 MONTHS, please indicate the LEVEL OF RESPECT you were shown by.../What about, the LEVEL OF RESPECT you were shown by...]

11. “your primary care provider.”
12. “any other specialists you may have seen.”
13. “nursing or office staff at your clinic or facility.”

(Would you say you were shown...)

1. A LOT
2. SOME
3. A LITTLE
4. NONE
5. [DID YOU NOT SEE A PRIMARY CARE PROVIDER/DID YOU NOT SEE ANY OTHER TYPE OF PROVIDER/DID YOU NOT INTERACT WITH THE OFFICE STAFF]?

DK (DO NOT READ)
REF (DO NOT READ)

(VA & COM USERS IF B9=YES OR B10=YES)

W19. In your experience, would you say VA is sensitive to the health care needs of women Veterans?

1. Almost always
2. Often
3. Sometimes
4. Seldom
5. Never

DK (DO NOT READ)
REF (DO NOT READ)

INTRO.QW15

How much would you agree or disagree with the following statements:

ALL USERS/NON-USERS

W15 (A-D). [First.../(How about...)]

A. "The VA health care system provides quality health care."
B. "The VA health care sites of care are welcoming to women."
C. "The VA providers' skills are equal to or better than private sector."
D. "The VA health care system provides specialized services for women."

[Would you say you.../(Would you say you...)]

1. STRONGLY AGREE
2. SOMEWHAT AGREE
3. NEITHER AGREE NOR DISAGREE
4. SOMEWHAT DISAGREE
5. STRONGLY DISAGREE?

DK (DO NOT READ)
REF (DO NOT READ)

PERCEPTION OF PERSONAL SAFETY/COMFORT

IF B9 is not YES AND B10 is not YES AND B12C=YES GO TO SC8
IF B9 is not YES AND B10 is not YES AND B12C is not YES GO TO SC9
IF B9 is not YES AND B10=YES GO TO SC7

(VA USER IF B9=YES)

INTRO.QSC

Women's experiences when coming to a VA site of care are very important. In this next section, I will ask you about your experiences at VA sites of care. This set of questions asks about your opinion of the facilities in which care is delivered within the VA. Please indicate how much you agree or disagree with the following statements:

(VA USER IF B9=YES)

SC1 (A-I). [First.../(How about...)]

A. "The physical facility was well-maintained and clean."
B. "The parking areas were accessible."
C. "I could safely get from the parking area to the facility."
D. "The check-in areas had adequate privacy."
E. "The waiting areas were comfortable and welcoming."
F. "I had adequate privacy in the exam room."
G. "A women's or unisex restroom was accessible."
H. "There was a place for my family members or caregivers to wait for me."

[Would you say you.../(Would you say you...)]

1. STRONGLY AGREE
2. SOMEWHAT AGREE
3. NEITHER AGREE NOR DISAGREE
4. SOMEWHAT DISAGREE
5. STRONGLY DISAGREE?

DK
REF

(VA USER IF B9=YES)

SC6. When you have been at a VA site of care within the last 24 months, how safe have you felt overall?

1. Very safe
2. Somewhat safe
3. Somewhat unsafe
4. Very unsafe

DK (DO NOT READ)
REF (DO NOT READ)

(VA USER IF B9=YES OR COMMUNITY CARE USER IF B10=YES)

SC7. In the past 24 months, have you requested VA-paid community care or used self-paid care because your VA site of care felt unsafe?

1. Yes
2. No

DK (DO NOT READ)
REF (DO NOT READ)

IF B9 is not YES AND B10 is not YES AND B12C = YES (PRIOR-USER)

SC8. The last time you were at a VA site of care, how safe did you feel overall?

1. Very safe
2. Somewhat safe
3. Somewhat unsafe
4. Very unsafe

DK (DO NOT READ)
REF (DO NOT READ)

(ALL USER/NON-USER)

SC9. As a woman Veteran, do you feel like you belong at the VA?

1. Almost always
2. Often
3. Sometimes
4. Seldom
5. Never

DK (DO NOT READ)
REF (DO NOT READ)

(ALL USER/NON-USER)

SC10. Have you ever felt uncomfortable, unwelcome, or not respected at the VA?

1. Yes
2. No, then GO TO CHECK SC11

DK (DO NOT READ)
REF (DO NOT READ)

IF SC10=YES

SC10a. Did you feel uncomfortable, unwelcome, or not respected for any of these reasons? Please select all that apply.

1. Sex

2. Sexual orientation
3. Gender identity or gender presentation
4. Race or ethnicity
5. Disability status
6. Other

DK (DO NOT READ)
REF (DO NOT READ)

IF SC10=YES

SC10b. Did anyone at the VA make you feel uncomfortable about these things? Please select all that apply.

1. Yes, a provider
2. Yes, staff
3. Yes, other patients
4. No one in particular

DK (DO NOT READ)
REF (DO NOT READ)

CHECK SC11:

IF B9 is not YES AND B10 is not YES GO TO INTRO QMH

IF B9 is not YES AND B10 = YES GO TO CKND (NEXT SECTION)

(VA USER IF B9=YES)

SC11. Thinking about the past 24 months, when you were at a VA site of care, how often did you…?

A. Feel uncomfortable or unsafe with other Veterans
B. Feel uncomfortable or unsafe with VA staff

1. Almost always
2. Often
3. Sometimes
4. Seldom
5. Never

DK (DO NOT READ)
REF (DO NOT READ)

Intro: Harassment is any unwelcome verbal, visual or physical conduct based on race, color, national origin, religion, age, sex, gender identity, sexual orientation, pregnancy, or disability

(VA USER)

SC12. Thinking about the past 24 months, when you were at a VA site of care, how often have you…?

A. Been harassed by other Veterans
B. Witnessed harassment of other Veterans or VA staff
C. Been harassed by VA staff

1. Almost always
2. Often
3. Sometimes
4. Seldom
5. Never

DK (DO NOT READ)
REF (DO NOT READ)

(VA USER IF B9=YES)

SC2. In the last 24 months, did you have an INPATIENT STAY OTHER THAN FOR MENTAL HEALTH REASONS at a VA Medical Center where you were admitted to the hospital and stayed overnight?

1. YES
2. NO, then QSC4

DK, then QSC4
REF, then QSC4

INTRO.QSC3

Thinking about your INPATIENT STAY at a VA Medical Center within the last 24 months, please indicate you how much you agree or disagree with the following statements:

(VA USER IF B9=YES)

SC3 (B-G). [First.../(How about...)]

A. "My room was clean and had the equipment I needed."
B. "I felt safe during my inpatient stay."
C. "I had access to a private bathroom during my stay."
D. "I was able to secure my door at night during my stay"
E. "I felt comfortable while showering."

[Would you say you.../(Would you say you...)]

1. STRONGLY AGREE
2. SOMEWHAT AGREE
3. NEITHER AGREE NOR DISAGREE
4. SOMEWHAT DISAGREE
5. STRONGLY DISAGREE?

DK (DO NOT READ)
REF (DO NOT READ)

(VA USER IF B9=YES)

SC4. In the last 24 months, did you have a MENTAL HEALTH RELATED INPATIENT STAY at a VA Medical Center

1. YES
2. NO, then INTRO.QMH

DK, then INTRO.QMH
REF, then INTRO.QMH

INTRO.QSC5

Thinking about your MENTAL HEALTH INPATIENT STAY at a VA Medical Center within the last 24 months, Please indicate how much you agree or disagree with the following statements:

(VA USER IF B9=YES)

SC5 (A-G). [First.../(How about...)]

A. "My room was clean and had the equipment I needed."
B. "I felt safe during my inpatient stay."
C. "I had access to a private bathroom during my stay."
D. "I was able to secure my door at night during my stay."
E. "I felt comfortable while showering."

[Would you say you.../(Would you say you...)]

1. STRONGLY AGREE
2. SOMEWHAT AGREE
3. NEITHER AGREE NOR DISAGREE
4. SOMEWHAT DISAGREE
5. STRONGLY DISAGREE?

DK (DO NOT READ)
REF (DO NOT READ)

Access to care from non-Department providers

CK ND. IF B10 is not YES GO TO INTRO QMH

INTRO ND

This section asks about VA-paid community care. Again, this is when VA pays for a woman to receive care from a non-VA clinic or hospital.

IF B10 = YES (COMMUNITY CARE USER)

ND1. In the past 24 months, have you been satisfied with how the VA and your VA-paid community care providers have shared your health records with each other?

1. Completely satisfied
2. Somewhat satisfied
3. Neither satisfied nor dissatisfied
4. Somewhat dissatisfied
5. Completely dissatisfied

DK (DO NOT READ)
REF (DO NOT READ)

ND2. In the past 24 months, how would you rate the quality of care you received from VA-paid community care providers overall?

1 = POOR
2
3
4
5 = Outstanding

DK (DO NOT READ)
REF (DO NOT READ)

ND3. Thinking about the VA-paid community care you received in the past 24 MONTHS how satisfied are you with...

A. “scheduling appointment with community care staff?”
B. “your provider(s)' general medical knowledge?”
C. “your provider(s)' knowledge of women's specific health needs?”
D. “how well your provider(s) understands your needs and concerns as a woman veteran?”

3. Completely satisfied
4. Somewhat satisfied
5. Neither satisfied nor dissatisfied
6. Somewhat dissatisfied
7. Completely dissatisfied

DK (DO NOT READ)
REF (DO NOT READ)

C MENTAL HEALTH STIGMA AND CARE

INTRO.QMH

In the next section, I will ask you some questions about mental health diagnoses and care. You are free to skip any question you feel uncomfortable answering, and I will move onto the next question.

(ALL USER/NON-USER)

MH (1-3). [Have you ever been diagnosed with.../How about...]

8. "a traumatic brain injury (TBI)?"
9. "post traumatic stress disorder (PTSD)?"
10. "depression?"

1. YES
2. NO

DK
REF

(ALL USER/NON-USER)

MH4. Have you ever felt you needed or wanted mental health services related either to your military service or to any other life situation?

1. YES
2. NO

DK
REF

(ALL USER/NON-USER)

MH5. Have you ever felt hesitant to seek or receive needed mental health care services?

1. YES
2. NO, then QMH7

DK, then QMH7
REF, then QMH7

INTRO.QMH6

Thinking about why you felt hesitant to seek care for mental health care services, please tell me how much you agree or disagree with the following statements:

(ALL USER/NON-USER)

MH6 (A-G). [First.../(How about...)]

A. “Others would think less of me.”
B. “It could negatively affect my job.”
C. “I am not sure that mental health care will help me.”
D. “I am worried about medicines used to treat mental health problems.”
E. “I prefer to try spiritual or religious counseling.”
F. “I am worried about confidentiality of what I disclose during mental health visits”

(How much do you agree or disagree that this is a reason you felt hesitant to seek care for mental health care services?)

[Would you say you.../(Would you say you...)]

11. STRONGLY AGREE
12. SOMEWHAT AGREE
13. NEITHER AGREE NOR DISAGREE
14. SOMEWHAT DISAGREE
15. STRONGLY DISAGREE?

DK (DO NOT READ)
REF (DO NOT READ)

(ALL USER/NON-USER)

INTRO MH7: This next question asks about unwanted sexual experiences. You can tell me if you feel uncomfortable answering any question and we will skip it.

MH7. In your life, did you ever receive uninvited or unwanted sexual attention such as touching, cornering, pressure for sexual favors, etc.?

1. YES
2. NO, then QMH8

DK, then QMH8
REF, then QMH8

(ALL USER/NON-USER)

MH7A. Did this occur while in the military?

1. YES
2. NO

DK
REF

(ALL USER/NON-USER)

MH8. In your life, did anyone ever use force or the threat of force to have sex with you against your will?

1. YES
2. NO, then Go to G3 CK.QMH9

DK, then Go to G3 CK.QMH9
REF, then Go to G3 CK.QMH9

(ALL USER/NON-USER)

MH8A. Did this occur while in the military?

1. YES
2. NO

DK
REF

CK.QMH9

IF QMH7 is not YES AND QMH8 is not YES THEN GO TO G3 INTRO.QGH

(ALL USER/NON-USER)

MH9. Did you ever avoid using the VA because of this(these) experience(s)?

1. YES
2. NO

DK
REF

BARRIER QUESTIONS

G3. [*** RECORD THE RESPONDENT'S ANSWER ***]

Before the final section, I want to provide the opportunity for you to share any feedback you may have regarding any barriers you have experienced accessing health care with the VA. I will hit 'record' and you can use your own words, What would you like the VA to know?

1. DONE - CONTINUE
3. NO/NO COMMENTS/NOTHING ELSE
7. RECORD ANSWER AGAIN (ERASES CURRENT RECORDING)

D14. Which of the following statements have been significant barriers that have kept you from using VA care now or in the past? You can say yes or no to each. Would you say...

01. I DON'T UNDERSTAND MY BENEFITS?
02. I HAVEN'T BEEN PROVIDED WITH ANY INFORMATION ABOUT VA HEALTHCARE?
03. I HAVE NO WAY TO GET TO A VA FACILITY?
04. THE VA IS TOO FAR AWAY?
05. THE VA HOURS ARE INCONVENIENT?
06. I HAVE NO ACCESS TO CHILD CARE?
07. VA FACILITIES LACK PRIVACY OR SAFETY?
08. VA PROVIDERS ARE NOT SENSITIVE TO WOMEN'S NEEDS?
09. THERE IS NOT ENOUGH ACCESS TO WOMEN'S SERVICES?
10. I AM EMBARRASSED OR AFRAID TO SEEK MENTAL HEALTH SERVICES?
12. WAIT TIME
11. ANY OTHER SIGNIFICANT BARRIER THAT I HAVEN'T

ALREADY MENTIONED? (SPECIFY)

DK (DO NOT READ)
REF (DO NOT READ)

IF R SELECTED ONLY 1 STATEMENT OR DK/REF IN D14 THEN GO TO INTRO.QGH

D14A. Of the statements you chose, which describes the MOST significant barrier that has kept you from using VA care now or in the past? Your answers were...

LIST STATEMENTS CHOSEN IN QD14

DK (DO NOT READ)
REF (DO NOT READ)

GENERAL HEALTH STATUS QUESTIONS

INTRO.QGH

Now a few questions about your health status.

G1. How would you describe your general health status? Would you say that it is...

1. EXCELLENT
2. VERY GOOD
3. GOOD
4. FAIR
5. POOR

DK
REF

G2. How would you describe your mental health status? Would you say that it is...

1. EXCELLENT
2. VERY GOOD
3. GOOD
4. FAIR
5. POOR

DK
REF

END OF SURVEY DEMOGRAPHIC QUESTIONS

INTRO.QD

Thank you for sharing your feedback about your healthcare experiences. Now I just have some general questions about you.

D1. In what year were you born?

Year: [1910-1995]

DK
REF

D2. Are you ...

1. MARRIED OR LIVING AS MARRIED
2. DOMESTIC PARTNERSHIP OR CIVIL UNION
3. DIVORCED
4. SEPARATED
5. WIDOWED
6. NEVER MARRIED

DK (DO NOT READ)
REF (DO NOT READ)

D3. Are you of Hispanic, Latino or Spanish origin?

1. YES
2. NO

DK
REF

D4. Regarding your racial or ethnic background, how do you prefer to identify yourself? You may choose one or more options. Would you say you are...

(SELECT ALL THAT APPLY)

1. AMERICAN INDIAN OR ALASKAN NATIVE
2. ASIAN
3. BLACK OR AFRICAN AMERICAN
4. NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER
5. WHITE OR CAUCASIAN
6. ANOTHER RACIAL OR ETHNIC GROUP?

DK (DO NOT READ)
REF (DO NOT READ)

INTERVIEWER NOTE: DO NOT READ LIST EXCEPT TO CLARIFY

D5. What is the highest grade or year of school you have completed? Was it...

1. LESS THAN A HIGH SCHOOL GRADUATE OR GED
2. HIGH SCHOOL GRADUATE OR GED
3. TRADE, VOCATIONAL OR TECHNICAL TRAINING AFTER HIGH SCHOOL
4. SOME COLLEGE OR AN ASSOCIATE'S DEGREE
5. BACHELOR'S DEGREE
6. GRADUATE DEGREE (MD, PHD, MA, JD)

DK (DO NOT READ)
REF (DO NOT READ)

D6. What is your current employment status? Are you...

01. EMPLOYED FOR WAGES OR SALARY
02. SELF-EMPLOYED
03. UNABLE TO WORK (INCLUDES DISABLED), then QD8
04. UNEMPLOYED AND LOOKING FOR WORK (INCLUDES RECENTLY LAID OFF), then QD8
05. A FULL-TIME HOMEMAKER
06. A FULL-TIME STUDENT
07. RETIRED
08. A FULL-TIME CAREGIVER (TO A CHILD OR ADULT PARENTS)
09. A VOLUNTEER (DOES VOLUNTEER WORK)
10. SOME OTHER TYPE OF EMPLOYMENT THAT WASN'T MENTIONED?

DK/MULTIPLE ANSWERS AFTER PROBING (DO NOT READ)
REF (DO NOT READ)

D7. At any time in the last 24 months were you unemployed when you wanted to be working?

1. YES
2. NO

DK
REF

D8. In the last 24 months, was there any time when you had no healthcare insurance or coverage?

1. YES
2. NO, then QD10

DK, then QD10
REF, then QD10

D9. Do you currently have any type of health care insurance for yourself?

1. YES
2. NO, then QD11

DK, then QD10
REF, then QD10

D10. What type of health care insurance or health coverage do you have for yourself? (SELECT ALL THAT APPLY)

1. VA
2. EMPLOYER-BASED OR PRIVATE HEALTH INSURANCE
3. TRICARE (IN ANY FORM)
4. MEDICAID
5. MEDICARE
6. SOME OTHER COVERAGE THAT I HAVEN'T MENTIONED?

DK (DO NOT READ)
REF (DO NOT READ)

D11. At any time in the last 24 MONTHS have you been homeless?

1. YES
2. NO

DK
REF

(IF S2A=MALE AND S2B=FEMALE GO TO D12)

INTRO D15. Some women Veterans identify as a gender other than the sex they were assigned at birth. To better provide services to all women Veterans we have a few questions about sex and gender identity. If you feel uncomfortable answering any question, please tell me and we'll skip it.

D15. To confirm our records, what was your sex assigned at birth?

1. Female
2. Male

INTERVIEWER NOTE: DO NOT READ UNLESS NECESSARY

D16. What is your gender identity?

1. Woman
2. Man
3. Non-binary
4. Other or prefer not to say

D17. Transgender individuals identify as a different gender from what they were assigned at birth. Gender diverse individuals identify with a gender or genders outside of male or female. Do you identify as transgender or gender diverse?

1. Yes
2. No

THANK YOU, WE HAVE TWO LAST QUESTIONS BEFORE YOU GO.

D12. I would like to confirm the ZIP Code where you reside. Our records currently show your ZIP code as [ZIP]. Is this still correct?

1. YES, then QD13
2. NO
3. NO/REF, then QD13

D12A. May I please have your zip code?

ZIP:

D13. Can you tell me which of these categories BEST reflects your total annual household income? Would you say...

1. 10,000 or less
2. 10,001 to 20
3. 20,001 to 30
4. 30,001 to 40
5. 40,001 to 50
6. 50,001 to 100,000
7. Over $100,000?

DK (DO NOT READ)
REF (DO NOT READ)

CLOSING

[MS.] [First Name] [Last Name] , we really appreciate your participation in this survey. Your input will help the VA make important decisions about delivery of information and healthcare services to women Veterans.

Thank you for participating in this survey. On behalf of the Department of Veterans affairs we would like to send you $25 as a token of our appreciation.

1. What street address would you like your $25 mailed to?
   <RECORD ADDRESS>
   <PROBE FOR AN APARTMENT NUMBER>
   <REPEAT ADDRESS BACK TO RESPONDENT FOR VERIFICATION>
   <IF RESPONDENT REFUSES TO PROVIDE ADDRESS: We are sending all respondents $25 in cash to compensate you for your time. Your information will not be viewed by anyone outside of the research team and your information will never be linked with your survey answer.>
   <DO NOT READ: RESPONDENT REFUSES INCENTIVE>
   <IF RESPONDENT WANTS TO DONATE INCENTIVE: Unfortunately, we are unable to donate on your behalf. Please feel free to donate the $25 to an organization of your choice.

2. What State is that in?
   CHOOSE FROM LIST

3. What city is that in?
   <RECORD CITY>
   <ASK FOR SPELLING IF UNCERTAIN>

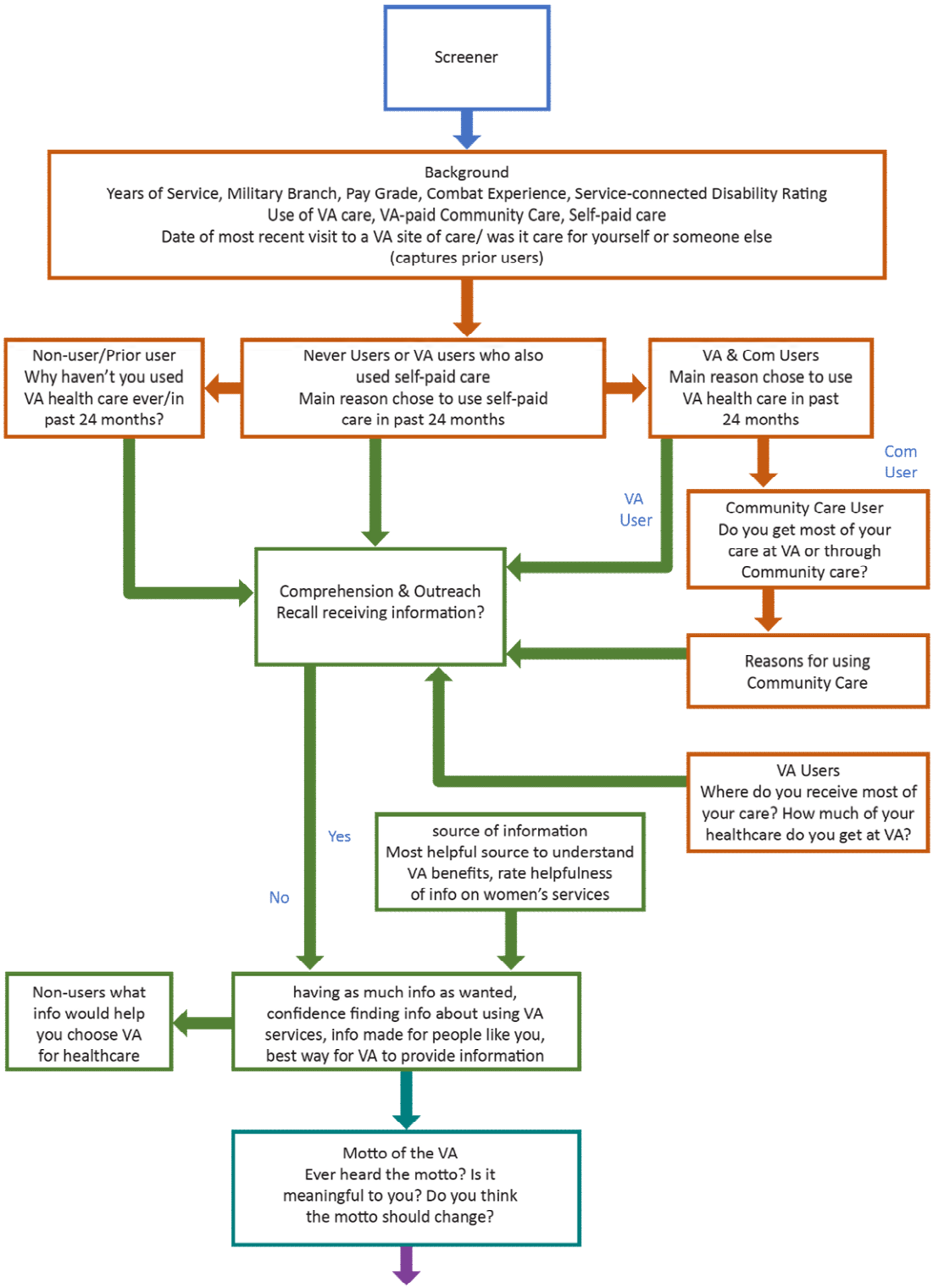
4. What zip code is that?
   <RECORD ZIP CODE>
   <INTERVIEWER CONFIRM THAT ZIP CODE IS 5 DIGITS IN LENGTH>

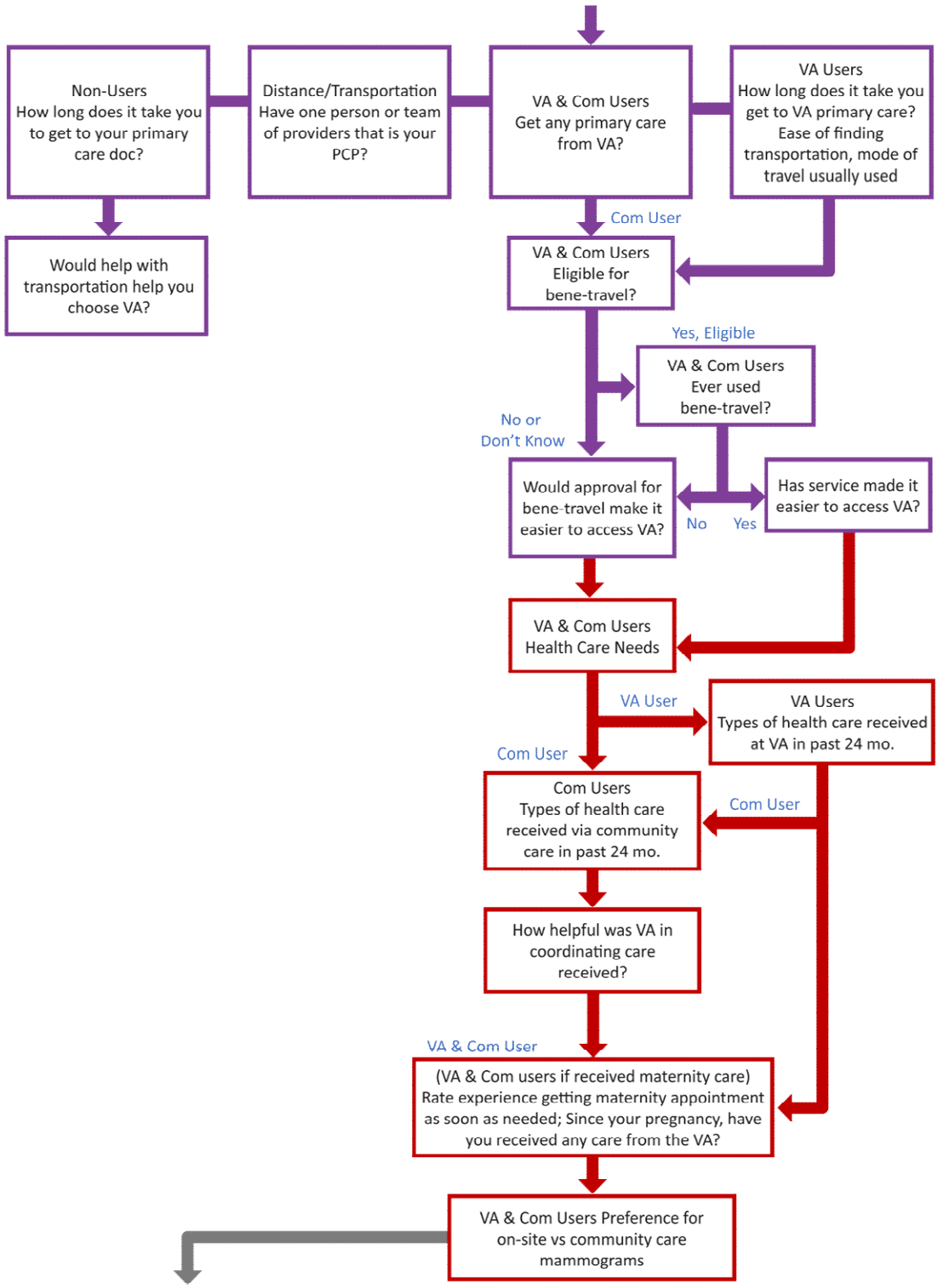
THANKS. I want to thank you for your time and answers to our questions.

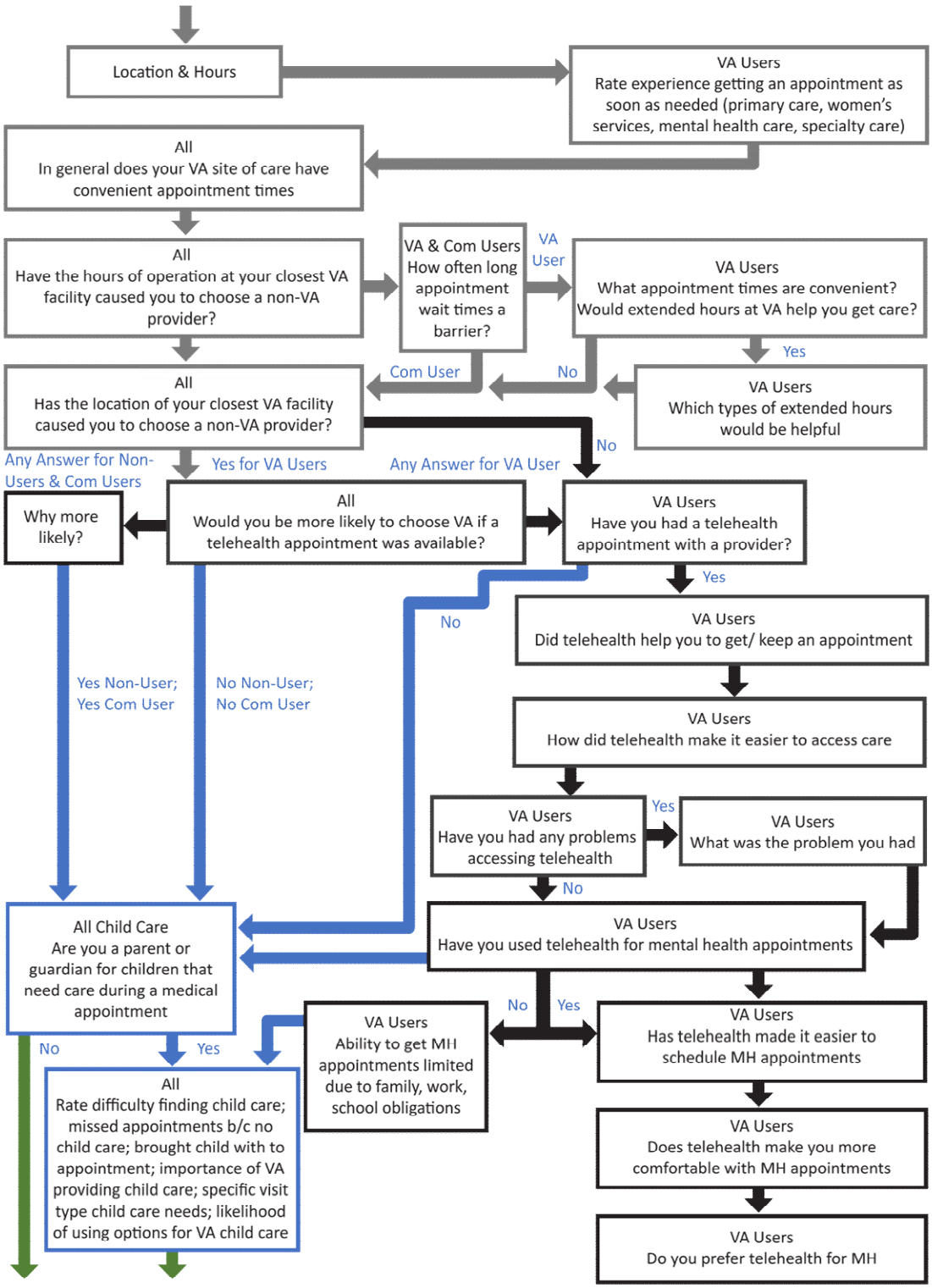
Comments concerning the accuracy of the burden estimate for this survey and suggestions for reducing the burden should be sent to: LaToya Harris, DrPH, VA Office of Women's Health, at Latoya.Harris@va.gov. Good-bye.

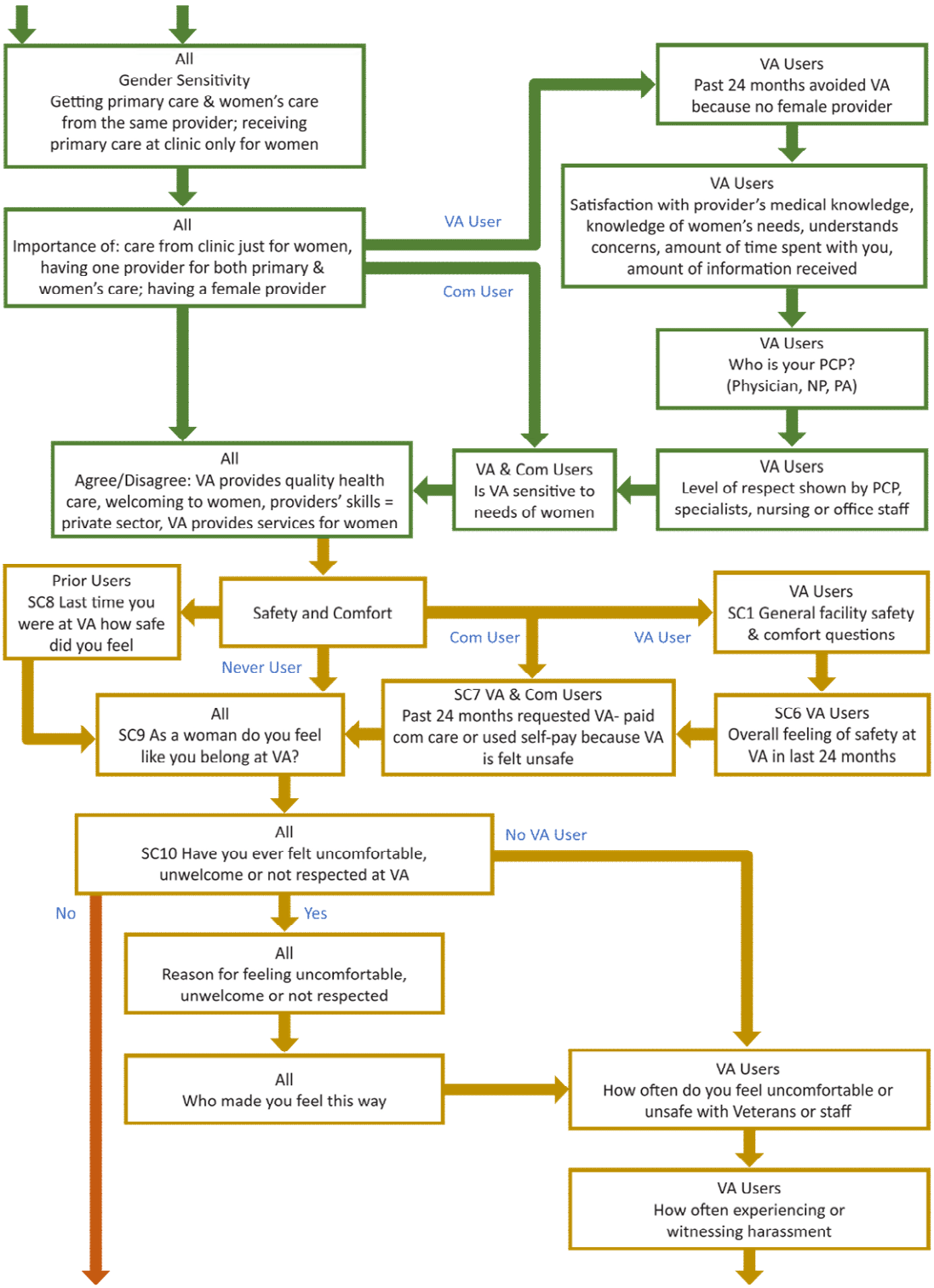
2023 Barriers to Health Care for Women Veterans Survey Flowchart

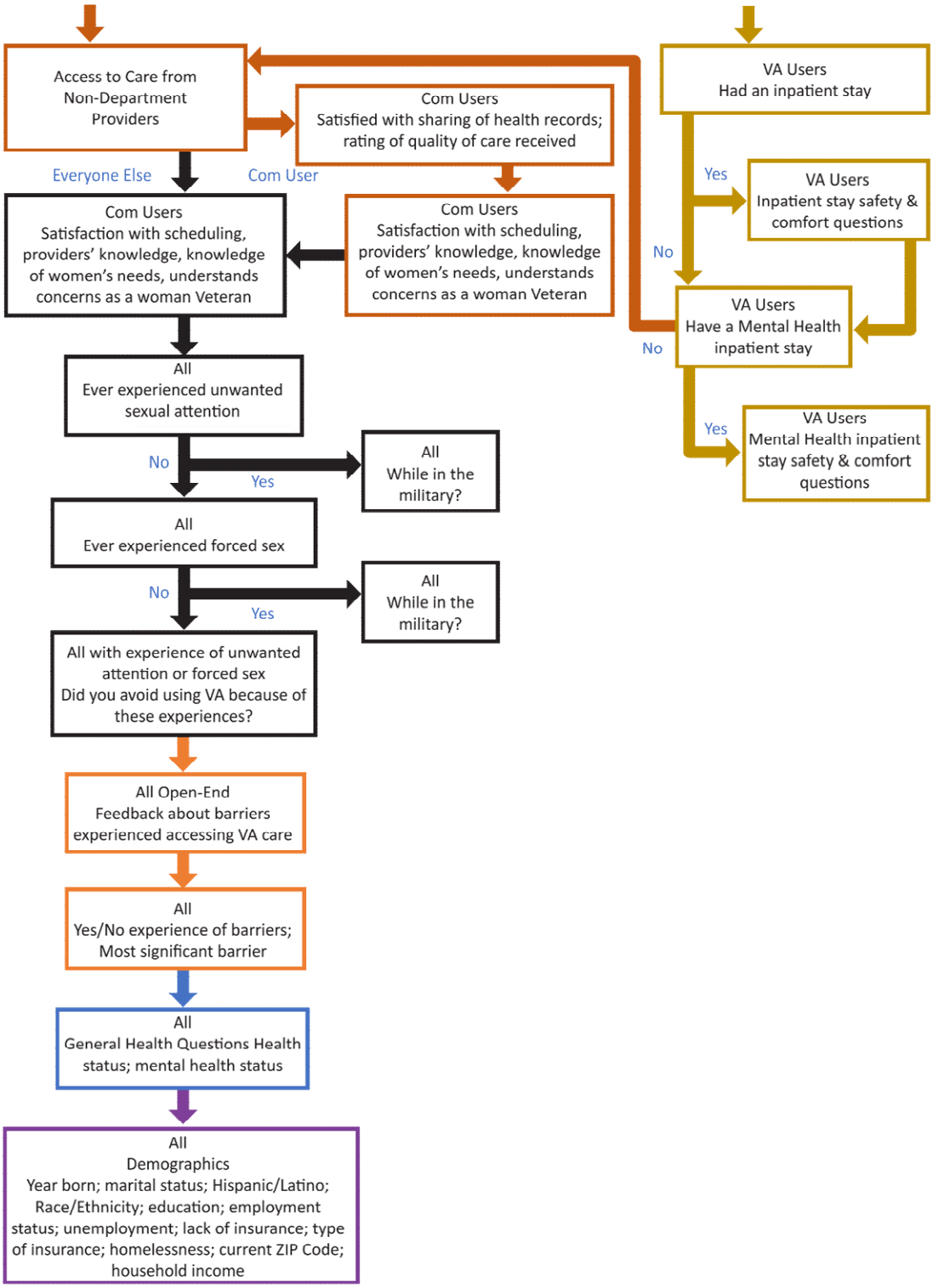
The following 5 images provide a visualization of the survey script.




Non-Users
How long does it take you to get to your primary care doc?
Distance/Transportation
Have one person or team of providers that is your PCP?
VA & Com Users
Get any primary care from VA?
VA Users
How long does it take you get to VA primary care?
Ease of finding transportation, mode of travel usually used
Com User
Would help with transportation help you choose VA?
VA & Com Users
Eligible for bene-travel?
Yes, Eligible
VA & Com Users
Ever used bene-travel?
No or
Don't Know
Would approval for bene-travel make it easier to access VA?
No
Yes
Has service made it easier to access VA?
VA & Com Users
Health Care Needs
VA User
VA Users
Types of health care received at VA in past 24 mo.
Com User
Com Users
Types of health care received via community care in past 24 mo.
Com User
How helpful was VA in coordinating care received?
VA & Com User
(VA & Com users if received maternity care)
Rate experience getting maternity appointment as soon as needed; Since your pregnancy, have you received any care from the VA?
VA & Com Users Preference for on-site vs community care mammograms


Location & Hours
VA Users
Rate experience getting an appointment as soon as needed (primary care, women's services, mental health care, specialty care)
All
In general does your VA site of care have convenient appointment times
All
Have the hours of operation at your closest VA facility caused you to choose a non-VA provider?
VA & Com Users
How often long appointment wait times a barrier?
VA User
VA Users
What appointment times are convenient? Would extended hours at VA help you get care?
Yes
VA Users
Which types of extended hours would be helpful
Com User
No
All
Has the location of your closest VA facility caused you to choose a non-VA provider?
No
Any Answer for Non-Users & Com Users
Yes for VA Users
Any Answer for VA User
Why more likely?
All
Would you be more likely to choose VA if a telehealth appointment was available?
VA Users
Have you had a telehealth appointment with a provider?
Yes
No
VA Users
Did telehealth help you to get/ keep an appointment
Yes Non-User; Yes Com User
No Non-User; No Com User
VA Users
How did telehealth make it easier to access care
VA Users
Have you had any problems accessing telehealth
Yes
VA Users
What was the problem you had
No
All Child Care
Are you a parent or guardian for children that need care during a medical appointment
VA Users
Have you used telehealth for mental health appointments
No
Yes
VA Users
Ability to get MH appointments limited due to family, work, school obligations
No
Yes
VA Users
Has telehealth made it easier to schedule MH appointments
No
Yes
All
Rate difficulty finding child care; missed appointments b/c no child care; brought child with to appointment; importance of VA providing child care; specific visit type child care needs; likelihood of using options for VA child care
VA Users
Does telehealth make you more comfortable with MH appointments
VA Users
Do you prefer telehealth for MH


All
Gender Sensitivity
Getting primary care & women's care from the same provider; receiving primary care at clinic only for women
All
Importance of: care from clinic just for women, having one provider for both primary & women's care; having a female provider
VA User
Com User
VA Users
Past 24 months avoided VA because no female provider
VA Users
Satisfaction with provider's medical knowledge, knowledge of women's needs, understands concerns, amount of time spent with you, amount of information received
VA Users
Who is your PCP? (Physician, NP, PA)
VA Users
Level of respect shown by PCP, specialists, nursing or office staff
VA & Com Users
Is VA sensitive to needs of women
All
Agree/Disagree: VA provides quality health care, welcoming to women, providers' skills = private sector, VA provides services for women
Prior Users
SC8 Last time you were at VA how safe did you feel
Safety and Comfort
Com User
VA User
VA Users
SC1 General facility safety & comfort questions
Never User
All
SC9 As a woman do you feel like you belong at VA?
SC7 VA & Com Users
Past 24 months requested VA- paid com care or used self-pay because VA is felt unsafe
SC6 VA Users
Overall feeling of safety at VA in last 24 months
All
SC10 Have you ever felt uncomfortable, unwelcome or not respected at VA
No VA User
No
Yes
All
Reason for feeling uncomfortable, unwelcome or not respected
All
Who made you feel this way
VA Users
How often do you feel uncomfortable or unsafe with Veterans or staff
VA Users
How often experiencing or witnessing harassment


Access to Care from Non-Department Providers
Com Users
Satisfied with sharing of health records; rating of quality of care received
Everyone Else
Com User
Com Users
Satisfaction with scheduling, providers' knowledge, knowledge of women's needs, understands concerns as a woman Veteran
Com Users
Satisfaction with scheduling, providers' knowledge, knowledge of women's needs, understands concerns as a woman Veteran
All
Ever experienced unwanted sexual attention
No
Yes
All
While in the military?
All
Ever experienced forced sex
No
Yes
All
While in the military?
All with experience of unwanted attention or forced sex
Did you avoid using VA because of these experiences?
All Open-End
Feedback about barriers experienced accessing VA care
All
Yes/No experience of barriers; Most significant barrier
All
General Health Questions Health status; mental health status
All
Demographics
Year born; marital status; Hispanic/Latino; Race/Ethnicity; education; employment status; unemployment; lack of insurance; type of insurance; homelessness; current ZIP Code; household income
VA Users
Had an inpatient stay
Yes
VA Users
Inpatient stay safety & comfort questions
No
VA Users
Have a Mental Health inpatient stay
No
Yes
VA Users
Mental Health inpatient stay safety & comfort questions

APPENDIX E

In Their Own Words: What Women Veterans Want VA to Know

Study of Barriers for Women Veterans to VA Health Care

1.0 Introduction

Public Law 116-315, Sec. 5402 also stated the need to identify any other barriers to care that may not be included in the original 11 elements. To identify new barriers, an open-ended question was included at the end of the Barriers to Care survey. The question read, *"I want to provide the opportunity for you to share any feedback you may have regarding any barriers you have experienced accessing health care with the VA. What would you like VA to know?"*

The feedback received from this question provides important qualitative information that enhances the information gained from the quantitative data produced from the rest of the survey. Qualitative research helps to expand the concepts of a study, especially for complex and sensitive topics. Quantitative questions in research are necessarily constrained by the specific research question being addressed, the historical and practical knowledge of the researchers, the chosen wording for the questions and the interpretation of the question by the respondent. While the interpretation of the question will still impact responses for qualitative data, in general, qualitative questions provide an open slate to gather information of import to the respondents, which the researchers may not have touched on, or which the quantitative question set did not allow for needed elaboration.

Altarum delivered the qualitative data collected from this question in a de-identified file of verbatim comments. In this appendix, we provide a discussion of dominant themes and representative comments from those themes. We found the qualitative feedback gathered provided rich insights into the varied experiences of women Veterans, and we recommend further analysis of these comments to provide additional insights into potential barriers to care for women Veterans.

2.0 Methods

Interviewers recorded women Veterans' responses to the open-ended question as audio files. The audio files were then transcribed and assigned to thematic bins to categorize their statements. One comment could be assigned to multiple bins (also known as codes) based on the content of that comment. Thus, this appendix will often refer to the number of codes assigned, not the number of comments. Thematic bins were created based on existing themes from the 2015 survey. Exhibit 1 displays the thematic bins in a tree diagram; there are six top level themes:

- Known barriers
- Administration

- Health care
- Other
- Recommendation
- Miscellaneous

An additional top-level code of “No comment” was added for participants who chose not to provide feedback. The total number of respondents who did not provide a comment was 3,521.

Exhibit 1: Thematic Bins

Known barriers (4,430)	Administration (2,095)	Health care (1,258)	Other (313)	Recommendation (181)	Miscellaneous (645)	No comment (3,521)
Have other insurance (402)	Wait time & appointment scheduling (604)	Coordination of care (304)	Military and DoD (216)	Recommend (181)	Miscellaneous/ Other (645)	No comment, N/A, none (3,521)
Never used VA care (287)	Claims/billing/ medical records (196)	Healthcare experiences (533)	Experience of others (97)			
Tried to get care at VA but couldn't (too difficult) (487)	Facility (building, exam rooms, waiting room, parking lot) (75)	Provider care (361)				
Left VA after a bad experience (134)	Provider staffing/choice of provider (323)	Pharmacy (60)				
Not sure if eligible/Lack of information/unclear Information (1,321)	Inadequate services (544)					
Childcare (89)	Rude or unhelpful support staff (353)					
Gender sensitivity (213)						
Women's healthcare/clinics (428)						
Location/hours/distance/ transportation (344)						
Personal safety and comfort (170)						
Mental health and treatment (270)						
Sexual trauma (164)						
Using community care (VA pays to see another doctor) (121)						

3.0 Results

Out of 7,359 respondents, 3,521 (48%) of women chose not to leave a comment in response to this question. The remaining women (3,838, 52%) provided one or more comments which were recorded, transcribed, and coded into thematic bins.

The most common themes were the first three from the exhibit above: *Known barriers (*as identified in the Public Law*)*, *Administration*, and *Health care*. Most of the comments under *Known barriers* were related to *Eligibility and receipt of information* (1,321 out of 4,430; 30%). Most of the comments under *Administration* were related to *Scheduling and appointment wait time* (604 out of 2,095; 29%). Most of the comments under *Health care* were related to positive or negative *Health care experiences* (533 out of 1,258; 42%) and specific descriptions of *Provider care* (361 out of 1,258; 29%). In reviewing comments, the research team identified a new barrier that appears to cut across all of the top barriers reported by women Veterans: *Difficulty reaching VA staff by phone*.

3.1 Known barrier: Eligibility and receipt of information

The most frequently commented barrier amongst barriers known to be an issue for women Veterans is *Not sure if eligible/lack or unclear information* (1,320). The open-ended comments illustrate the quantitative findings from the survey that show lack of knowledge of eligibility is a large barrier and the preference women Veterans have for receiving information by telephone. Examples of these comments are shown in Exhibit 2.

Exhibit 2 Example comments from women Veterans related to the barriers of Not sure if eligible:

> "I don't know if I'm eligible for benefits and if I were, I would like to receive information. – Woman A

> "I just don't know if VA or personal insurance would be more beneficial to my particular situation, and trying to do the research myself, or receiving too many emails at once regarding all the benefits the VA offers became overwhelming and annoying. So I just stayed at status quo." – Woman B

"OK, OK. I would like to the VA to know that. The main barrier for me in obtaining VA services availability of someone to talk to who's knowledgeable and can give me information about eligibility. It hasn't been my experience in the past when I've tried to look into that information that it's readily available and I don't want to read volumes of material online or in a booklet to try and figure it out. I want concise. Information that's up to date from somebody who's in a position to help me move in that direction. That's it." – Woman C

"Being able to talk to someone one on one about benefits and how to sign up for them would be great. A lot of vets including men have no idea they are eligible for health care." – Woman D

As one of the most frequently tagged comments in the open-ended question, VA has a wealth of data to review as it relates to women Veterans and their wish to understand eligibility and receive information. These comments provide additional context to the quantitative data found in the survey.

3.2 Administration: Scheduling and appointment wait time

The most commented barrier under *Administration* was *wait time and appointment scheduling* (601). The topic of wait time and appointment scheduling, while not in the Public Law, is an issue that VA is aware of and is actively trying to resolve. Examples of these comments are shown in Exhibit 3.

Exhibit 3. Example comments from women Veterans related to the barrier of wait time and appointment scheduling:

"The only issue I've truly had is the amount of time it takes to get an appointment." – Woman E

"It takes months to get an appointment. If the appointment is changed by the VA, it takes months again to get another appointment." – Woman F

"I am beyond frustrated with the VA system overall. I have only been seen at the VA clinic to get prescription eye glasses, otherwise I am completely using Community

Care providers. The time that it takes to set up appointments, get referrals accepted and approved is ridiculous. It's aggravating and takes a LOT of mental energy to make phone calls to the VA to get answers. A LOT of being placed on hold, being transferred around and just waiting. I've cried about this multiple times and my mental health is suffering from it. :(." – Woman G

"Making appointments at the VA is very difficult. The wait time to get appointments is EXCEEDINGLY long and that is the main reason that why I don't use the VA as my primary care…" – Woman H

These comments provide additional insight for VA to review as it relates to wait time for appointments. Examples shared through these stories may shed light on which specific element of the appointment process is an issue for women Veterans to target for improvement.

3.3 Health care: Positive Comments

While the open-ended survey question was intended to elicit feedback from women Veterans that would help identify any new barriers to care not outlined in the Public Law, many women Veterans had only positive comments to share about VA. Examples of these comments are shown in Exhibit 4.

Exhibit 4. Examples of positive comments provided by women Veterans

"I have used the VA system for the past 7 years and have had excellent care and treated with respect at all time!" – Woman I

"I am thankful for all the services the VA provides and the information provided by mail, emails, stand downs and various military and community events. Thank you all for serving alongside us!" – Woman J

"Everyone has been extremely professional and gone out of their way to provide superior experience." – Woman K

"I have been extremely happy and satisfied with my care at the VA. It is the best care I have received anywhere inside or outside of the VA system." – Woman L

"I have always received excellent care from VA physicians, nurses, staff. Thank you for caring" – Women M

These comments, paired with the quantitative data found in the survey, demonstrate that once women are able to get health care from VA, they are very satisfied with their care.

3.4 Emerging barrier: Difficulty reaching VA staff by phone

While the research team was reviewing the open-ended comments, they identified a new barrier as a dominant theme which is not already outlined in the Public Law. The new barrier *Difficulty reaching VA staff by phone* is shown in numerous ways in the comments left by both users and non-users of VA health care. Example comments of the new barrier are shown in Exhibit 5.

Exhibit 5 Examples of comments related to a new barrier category: Difficulty reaching VA by phone

"I attempted to apply for medical benefits and other benefits and the VA never return any calls or correspondence regarding my application or request for medical benefits. I was in the reserves subsequent to active duty and feel like I should have been entitled to medical benefits. I would like someone to call me concerning my application and eligibility for medical benefits I currently do not have any medical benefits." – Woman N

"Several years ago I inquired to the VA about medical benefits because of I was unemployed. I received a letter notifying me that I did not qualify for VA benefits and I tried to contact the VA via telephone to understand why I was not eligible for benefits but I was unable to contact anyone. My telephone calls went unanswered." – Woman O

"Yeah, I think the biggest barrier for me is the phone call wait time. Like, I mean the, you know, comment across the board with the VA is just waiting an hour to schedule an appointment." – Woman P

"Hold times on phone are difficult. I have tried to get a Primary Care initial appointment. It was canceled and I haven't rescheduled as in the past the hold time was so long." – Woman Q

"I would like to be able to know that. I would like to be able to know that when trying to make an appointment, it is very difficult. Sometimes when leaving a message on the voicemail, no one ever responds or gets back to the voicemail or returns the phone call. So I've had to show up in person. During work hours to make my appointment." – Woman R

"Most of the people that answer the main line sound like you are a nuisance. I can count on either getting disconnected, transferred to a line that never answers or sent around in circles, on almost every call. I have to get into the right "state of mind" when calling or talking to someone from the VA over the phone for any reason." – Woman S

"…The VA number also has an awful phone tree that is torture itself. The only good thing about it is that it actually tells you what number in line you are. When you finally get to one live person, then they direct you to a different person which throws you back into the phone tree like you never even talked to a person at all. Wait times on the phone are REALLY long…" – Woman T

Comments related to Difficulty reaching VA staff by phone are of interest to the research team as the outcome of this barrier has an impact on the top known barrier for non-users: knowledge of eligibility. Further, comments related to this new barrier indicate that many users of VA health care would use the system more, or have a more positive experience and health outcomes, if this phone barrier were removed.

4.0 Summary

Open-ended comments from women Veterans provide a wealth of information that VA may use to further understand the quantitative data collected by the Barriers to Care survey. Altarum took these comments and thematic trends into account when writing the recommendations section for the Barriers to Care final report. We highly encourage VA leaders and researchers to read the open-ended comments from this study to evaluate recommendations from women Veterans themselves as to how VA may improve, as well as to evaluate negative comments for potential case studies of VA sites of care that could be performing better.