Female Veterans' Use of Department of Veterans Affairs Health Care Services

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OBJECTIVES. As access of women to mental health services has become increasingly important, empirical research has begun to examine the determinants of mental health care utilization across gender. This article examines the effect of being an extreme minority on utilization of Department of Veterans Affairs (VA) health services by female veterans.

METHODS. Data were collected on a representative national sample of veterans in 1992 as part of the National Survey of Veterans. These data included information on sociodemographic variables, military service variables, physical health and disability, and health services utilization. The authors examined whether women who used health services in 1992, and who were eligible for VA care, differed from men on the likelihood of using any VA health services and on the likelihood of use of VA outpatient and inpatient health services. In addition, we compared VA health care utilization among subgroups of veterans with physical and mental disorders, and compared self-reported reasons for choice of health care provider, across gender.

RESULTS. Results indicated that female veterans were less likely than male veterans to use VA health services. This difference was explained by lower utilization by women of VA outpatient services, since inpatient admission rates were the same across gender. The lower outpatient utilization was specific to women with self-reported mental disorders. Women with physical conditions did not differ from men with similar conditions in their VA outpatient utilization. Finally, men and women did not differ on their reasons for choosing VA or non-VA care.

CONCLUSIONS. The authors conclude that extreme gender minority status appears to affect outpatient utilization rates at the VA among women with mental disorders, perhaps because of the more personal or sensitive nature of the services involved. Further research is needed to understand why certain women may be underutilizing VA outpatient services and on the consequences of minority gender status for health service utilization, more generally.

Key words: female veterans; health services utilization; National Survey of Veterans; mental health services. (Med Care 1998;36:1114–1119)

Concerns about access to health care and utilization of health services by women has received increasing attention in the scientific literature. Many utilization studies have implicitly assumed that women have equal access to health services as men, and that utilization differences are explained by gender differences in rates of illness, distress associated with illness symptoms, and attitudes about seeking care. However, it is becoming clear that women do not have access to health services equal to that of men. They pay substantially more out-of-pocket costs for health care on lower salaries; are less likely than men to have adequate health insurance; and make up a substantial proportion of those in public insurance programs (eg, Medicaid) that do not ade-

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The analyses presented here explore the health care utilization patterns of a sample of male and female veterans who are eligible to receive free health care through the Department of Veterans Affairs (VA), a sample in which the assumption of equal access to health care is far more likely to be true. Using this sample for analysis allows an exploration of other determining factors of utilization, in particular, the effect of being a distinct minority. Women make up only 4% of the current veteran population. Because of the low proportion of women, VA health care systems were designed and still geared to treat male patients. This article examines whether VA health care utilization patterns among female veterans differ from those of male veterans.

The scientific literature concerning female veterans’ use of health services is growing but is a relatively recent area of inquiry. Previous studies of female veterans’ use of health services have tracked changes in discharge rates over time, finding that women are using the VA with increasing frequency; examined factors that predict whether female veterans use VA facilities for their health care, concluding that the factors appeared to be similar to those factors thought to govern male utilization of VA; and compared female veterans’ use of health services with female non-veterans’ use of health services, finding that utilization rates were essentially the same.

Although these studies have important implications, they leave unanswered questions. For example, only one of these studies, published nearly 10 years ago, directly compared male veterans to female veterans. Second, it has been implicitly assumed that differences in patterns of VA service utilization are consistent across types of service or reasons for service use (i.e., illness or complaint). Third, the studies of female veterans cited have included in their samples women (and men) who were not eligible to receive VA health services.

Methods

Analyses presented here are secondary analyses of data from the 1992 National Survey of Veterans (NSV), the fourth in a series of studies conducted during the past 20 years designed to investigate the demographic profile of US veterans, to determine their health needs, and their utilization of VA health and other benefits. The sample was a weighted national sample of veterans from the general population, with an oversample of VA health care users. Because these analyses were concerned with use of VA health services, the sample used here included only veterans who were eligible to receive health care from the VA and who received any health services in 1992 (n = 7,309).

Gender was the independent variable of interest. Other sociodemographic variables included race, period(s) of military service, age in years, marital status, annual income, education, health insurance coverage, and service-connected disability status.

A number of physical health variables were used in the analyses. Subjective ratings of physical health were assessed on an ordinal scale ranging from 1 (poor) to 5 (excellent). Veterans were asked if they had ever received diagnoses of any of a series of medical and psychiatric problems. This list was divided into serious, possibly fatal, physical problems (heart disease, stroke, cancer, lung disease, human immunodeficiency virus/acquired immune deficiency syndrome [HIV/AIDS]); less serious physical problems that were not as likely to be fatal (high blood pressure; ear, nose, throat, or eye problems; bladder or kidney disease; problems with joints; stomach difficulties; diabetes; and accidents); and mental problems (substance abuse or alcoholism, posttraumatic stress disorder, and other mental or emotional problems). Veterans also were asked about their use of VA and non-VA care in 1992 and the reasons for choosing their care from a particular facility.

There were three outcomes of interest: the 1992 use of any VA health services, the 1992 use of VA inpatient services, and the 1992 use of VA outpatient services. Weighted logistic regression models were fit to determine the likelihood of using VA health services. First, it was determined if female veterans differed in their likelihood of using any VA health services in 1992. Second, the sample was stratified on use of inpatient and outpatient services to see if there were utilization differences by type of service. Third, the sample was stratified on types of reported illnesses to see if VA utilization across gender differed across illness types. Finally, men and women were compared with regard to their reported reasons for choosing the types of health care they received in 1992.
Results

Of the veterans eligible for VA health services who had any health care in 1992, 7,004 (95.83%) were men and 305 (4.17%) were women. Women were younger (P = 0.012), were more likely to be unmarried (P = 0.0001), had lower annual incomes (P = 0.017), were more educated (P = 0.0001), were less likely to have health insurance (P = 0.036), and were less likely to have a service-connected disability (P = 0.049) than were men.

The top portion of Table 1 reports the likelihood of receiving any VA health services. In this sample, 11.21% of the women and 15.65% of the men received their health care services from the VA. After adjusting for sociodemographic and physical health indicators, women were half as likely to seek VA services than were men (odds ratios [OR] = 0.49, P = 0.0037).

The sample was additionally stratified on type of service: inpatient or outpatient. Of the 6,719 veterans who received outpatient services in 1992, 10.02% of the women and 15.32% of the men received those services from the VA. After adjustment for potential confounders, women were significantly less likely to seek outpatient services from the VA (OR = 0.43, P = 0.0013). However, Table 1 also indicates that among those who were admitted to the hospital in 1992 (n = 3,436), the rates of VA utilization were statistically equal for male and female veterans (OR = 0.69, P = 0.4029).

The top portion of Table 1 indicates that the differences in overall utilization across gender were primarily explained by the underutilization by women of VA outpatient services. The bottom por-

<table>
<thead>
<tr>
<th>Use of any VA service*</th>
<th>Total n</th>
<th>Number Using VA Service</th>
<th>% Using VA Service</th>
<th>Unadjusted OR</th>
<th>P</th>
<th>Adjusted OR</th>
<th>P</th>
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<tr>
<td>Females</td>
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<td>134</td>
<td>11.21</td>
<td>0.80</td>
<td>0.0800</td>
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<td>0.0037</td>
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<td>3472</td>
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<td>1.00</td>
<td></td>
<td>1.00</td>
<td></td>
</tr>
<tr>
<td>Use of VA outpatient care†</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Females</td>
<td>288</td>
<td>120</td>
<td>10.02</td>
<td>0.78</td>
<td>0.0360</td>
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</tr>
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<td></td>
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<tr>
<td>Use of VA inpatient care‡</td>
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<td>13.97</td>
<td>0.93</td>
<td>0.4710</td>
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<td>1.00</td>
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<td>Females</td>
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<td>Females</td>
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<td>33</td>
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<td>0.15</td>
<td>0.0003</td>
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<tr>
<td>Males</td>
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<td>569</td>
<td>53.29</td>
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</table>

OR, odd ratios, adjusted for age, race, income, service connected disability, marital status, period of service, distance from a VA facility, and subjective physical health. All percentages and models are weighted.

*Among those who received any health services in 1992; n = 7,309.
†Among those who received any outpatient services in 1992; n = 6,719.
‡Among those who received any inpatient services in 1992; n = 3,436.
tion stratifies those who received outpatient services in 1992. The table is divided into groups according to medical or psychiatric conditions. The first group had not received treatment for any of the 17 conditions reported in the interview. The second had diagnoses of at least one nonlife-threatening physical illness (high blood pressure; eye, ear, nose, or throat difficulty; joint problems; diabetes; stomach problems; bladder or kidney disease; or accidents). The third group had diagnoses of a potentially life-threatening physical illness, such as cancer, heart disease, stroke, lung disease, or AIDS. The fourth group had diagnoses of a psychiatric problem, such as substance abuse or alcoholism, posttraumatic stress disorder, or other mental or emotional problem. Note that these three illness groups are not mutually exclusive, and a single individual could be in multiple models.

Male and female veterans did not differ on their utilization of VA outpatient services in any physical illness category. However, those who reported a history of mental or emotional problems had large gender differences in VA utilization. Only 14.26% of the women, compared with 53.29% of the men in this sample, reported using VA outpatient services for a mental illness (OR = 0.28, P = 0.0271).

The final analysis examined the distribution across gender of the primary reasons why veterans chose their particular facility for care. These reasons included location, available services, health insurance, and perceived quality of care. Male and female veterans did not differ in their reasons for choosing outpatient facilities (P = 0.140) or in their choice of inpatient facility (P = 0.239). We investigated whether these patterns differed across those who chose VA or non-VA care or across illness categories. There were no significant differences across gender in the reasons for choosing facilities.

**Discussion**

In this study, we examined differences between male and female veterans on overall VA health care utilization, utilization of specific types of services, and reasons for choosing health care providers. We have found that female veterans are less likely to choose VA for their health care than were male veterans, although this underutilization is limited to differences in outpatient services. Additional stratification showed that the low utilization rates of outpatient care were concentrated among veterans who reported having a diagnosis of a mental or emotional problem. Among this group alone, women were much less likely to utilize VA outpatient services.

A number of media reports and testimony for Congressional hearings on Veterans Affairs have indicated that female veterans are frequently dissatisfied with the care they have received at VA and find the male-dominated culture of VA inhospitable.\(^{12}\) The overall finding of lower utilization rates among women is consistent with this testimony, but it has been implicitly assumed that overall utilization rates translate to lower utilization of all types of services and among all subgroups of veterans. Our results indicate that this is not the case. In this national survey, the underutilization of VA services appears to be specific to gender differences in outpatient care among women who report a mental or emotional problem. The predominantly male environment in VA appears to most affect women with mental health problems.

One possible explanation for the equality across gender of hospital admittance rates in these data is that veterans eligible for VA care have limited options for obtaining expensive inpatient treatment. Although female patients in VA hospitals are a decided minority and have been reported to have difficulty maintaining privacy and feeling safe,\(^{13}\) they may have few alternatives to VA inpatient care. Thus, their discomfort at being in a predominantly male environment may be eclipsed by the opportunity to obtain needed care for free.

In contrast, outpatient care rates are significantly lower among women who reported a mental or emotional problem or substance abuse. These results contrast with previous research that indicated that female veterans did not use VA mental health services at a rate different from that of male veterans.\(^{14}\) However, the previous study was conducted on a 2-week cross-sectional sample of veterans using VA mental health services. As with any cross-sectional sample, heavy service users and those with the most serious illnesses are likely to be overrepresented. Taken together, these two studies suggest that among those with serious psychiatric problems, male and female veterans are equally likely to use VA health care services, whereas among those with less severe mental problems, male veterans are more likely to choose VA care than are female veterans.
There are a number of possible explanations why women might underutilize VA mental health services. One possibility is that some types of VA mental health treatment are discouraging to female veterans, particularly those with less severe problems. For example, group therapy situations in which females make up only a small proportion of the group may be viewed by female patients as intimidating and unsupportive. A number of studies have indicated that male clinicians approach female patients differently than they do male patients and often are not aware of the issues unique to female patients. In an environment dominated by male patients, these differences may be even greater. VA offers only a few mental health treatment programs that are tailored specifically to women. As a result, female veterans may feel unwelcome in VA settings and may prefer to get mental health care in settings where they are not such a pronounced minority.

A second possibility is that women may be less likely to be referred to VA for mental health care because clinicians are not likely to ask female patients if they are veterans. Women are more likely than men to go for mental health care to a medical physician, and thus to seek a physician’s guidance in obtaining a referral for specialty treatment. Because most physicians do not habitually ask female patients about their veteran status, VA referrals are not likely.

A third possibility is suggested by recent studies that indicate that sexual harassment in the military is quite high, with estimates as high as 90% of recent female recruits reporting at least one incident during their enlistment. Because the lasting deleterious effects of sexual harassment, it is possible that female veterans would be reluctant to receive health care, and particularly mental health care, from an institution they associate with that harassment. It is likely that this effect would differ by age cohorts, with older female veterans (who were more likely to have served in gender-segregated units) reporting fewer incidents of harassment. Although there were no interactive effects between gender and age in this sample, small sample sizes may have hindered the ability to robustly test these effects.

A fourth possibility is that women are not necessarily underutilizing VA health services but that men are utilizing VA mental health services at especially high rates. Among male veterans, utilization rates of VA services are much higher among men with mental disorders than among men with other disorders. Whereas approximately 20% of male veterans with serious medical problems used VA, more than half (53%) of those with psychiatric or substance abuse problems report VA service use.

Because this was a large population-based sample that was meant to be representative of the US veteran population, the number of women is relatively small. This limits the ability to stratify too finely. For example, it was impossible to compare women with substance abuse problems to women with general psychiatric problems. However, the weighting ensures that, despite small sample sizes, results are generalizable to the entire population of eligible veterans.

In addition, our data measure only contact with the VA system. They do not reflect the intensity of services received, the length of time patients remained in treatment, satisfaction with services, or treatment effectiveness. Overall use of services can give important insights into some differences in service use across patient subgroups, but a more in-depth investigation of gender differences is needed.

Another limitation of these analyses is that all data are self-reported. As data from the Epidemiologic Catchment Area study have shown, few people who have mental problems ever seek care for those problems from a place where they would get a formal diagnosis. This, coupled with poor recall and the public stigma associated with mental illness, is likely to lead to underestimation of the actual prevalence of mental or emotional problems in this sample.

Additional studies are needed in two areas. First, analyses of service utilization patterns are not complete without an accurate assessment of need for those services. Particularly with mental disorders, it is difficult to ensure the accuracy of self-report diagnoses. A better diagnostic psychiatric assessment, coupled with utilization information, could better determine if gender differences noted here are a result of differing levels of need or differing recall of diagnoses. Second, although contact with the system is a useful overall measure, it does not indicate the quality or intensity of those contacts. Additional research is needed on how women view their VA providers, how satisfied they are with their care, and on the effectiveness of their care.

Despite these limitations, the data reported here have important methodologic and substantive implications. From a methodologic perspec-
tive, they draw attention to the central importance of examining subgroup differences in studies of service utilization. In this study, conclusions based on the entire veteran population would have been seriously misleading. From a substantive point of view, our findings suggest that special efforts may be needed in health care systems such as the VA or the Department of Defense, in which women are a small minority, to improve the acceptability of services to women, especially in the mental health area.

References


