Docket: VA-2013-VACO-0001, 2013 Notices Requesting Comments

Comment On: VA-2013-VACO-0001-0001
Agency Information Collection Activities; Proposals, Submissions, and Approvals: Women Veterans Healthcare Barriers Survey; OMB No. 2900-New; FR Doc. #2013-01232

General Comment

March 25, 2013

From: Glenna Tinney, Military Advocacy Program Coordinator, Battered Women's Project

To: Cynthia Harvey-Pryor, Department of Veterans Affairs

Subject: Comments on OMB Control No. 2900–NEW Women Veterans Healthcare Barriers Survey

Dear Ms. Harvey-Pryor:

I have several comments regarding the proposed survey:

It is important to obtain input from women veterans about barriers to accessing healthcare services. However, I think the survey methodology and instrument as currently defined have limitations that will not provide the kind of comprehensive and specific information that is needed by the VA to make substantive changes to the existing system.

A phone survey to landlines only will significantly limit which women veterans will be able to participate. Women veterans who have only cell phones, which is true for many younger veterans, will not be included. Women veterans who are homeless or do not have a safe or stable living situation will also be excluded. Is there a way of ensuring that equal numbers of women veterans from rural communities will be included? The methodology as it is currently defined will not result in a representative sample of women veterans. The methodology must provide a way to reach marginalized populations of women veterans who do not have landlines. There should be multiple methods for responding to the survey to include online participation and paper surveys with postage paid envelopes.

The proposed survey does not have the breadth and scope to truly understand the complex and multidimensional issues that impact the barriers that interfere with women veterans seeking healthcare. It appears that the proposed survey focuses on simply documenting the barriers to health care access with no effort on identifying the specific, concrete changes that are needed to address these barriers. I'm not sure that there is a need to keep documenting the problems. It seems that it is time for the VA to move beyond merely documenting the barriers and time to focus on practical solutions that will address these barriers.

The structure of the survey does not allow for substantive responses that would actually provide the kind of information needed to make changes to how the VA does business as it relates to women veterans. There need to be open-ended questions that allow respondents to elaborate as they answer the questions.

Was the survey instrument developed with input from a representative number of women veterans? Was there any attempt to ensure that it included questions about the actual concerns of women veterans? For example, there are only two questions about child care, which is a huge barrier to obtaining healthcare in a VA facility. This is not sufficient to get a clear picture of how this barrier affects women veterans. Was there input from VA providers who serve women veterans? This group also has intimate knowledge of the issues faced by women veterans as they attempt to access VA services and programs and problems faced by providers who are trying to provide the services.

The survey includes questions about military sexual trauma (MST), but it does not ask about other types of trauma such as domestic violence. Historical and current abuse and trauma experiences are significant and could be interfering with accessing VA services and programs. Why only ask questions about MST and nothing else? Women have often experienced multiple types of victimization while in the military and since separation. Why is the VA only interested in MST?

It is possible that asking questions about trauma will trigger emotional and possible physical reactions for some women. What type of training and/or backup will there be to ensure that those conducting the surveys realize there is a problem and that they are able to ensure that help and support is provided to the women who might be triggered by responding to these questions? It is also important to make sure that the respondent is in a safe and private location before asking these types of questions.

Glenna Tinney
CAPT, MSC, USN (Retired)

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April 29, 2013

Glenna Tinney, Capt., MSC, USN (Retired)
Military Advocacy Program Coordinator
Battered Women's Project

Dear Capt Tinney,

Thank you for your service and your interest in the Barriers to Care Survey. Congratulations on your recent honor of being named a Champion of Change by the White House. We share with you an abiding interest in seeing that all women Veterans get the care they need and deserve.

As you may know, this survey is the result of the Caregivers and Veterans Omnibus Health Services Act of 2010, PL 111-163, Sec. 201, which mandated a "comprehensive study of barriers to the provision of comprehensive health care by the Department of Veterans Affairs encountered by women who are Veterans." You may also know that the legislation required surveying nine specific barriers that Congress had identified: stigma associated with mental health care, effect of driving distance or availability of transportation, availability of child care, acceptability of integrated primary care, comprehension of eligibility requirements, perception of personal safety and comfort in Veteran Affairs (VA) facilities, gender sensitivity of providers, effectiveness of outreach, and location and hours of health care facilities. Fulfilling the requirements of the legislation left little room to address other potential barriers as we were determined to keep the survey to a manageable length to encourage participation. We do not attest that this survey will provide *all* of the comprehensive and specific information that will allow VA to make substantive changes to the existing system. We are hindered by inherent limitations in time and resources related to the survey, but believe the survey will give us significant information to help us improve our services to women. In addition, there are many other substantive, ongoing efforts by VA research and VA programs for women Veterans to understand and address barriers to accessing care, including developing, evaluating and implementing innovations to improve access to quality health care.

In regard to your question about land lines, we are concerned about reaching all Veterans, including the younger population and the homeless. The survey methodology will use cell phones dialed manually to reach these populations. Telephone surveys provide the greatest flexibility in interviewing because they do not require computer

access or high degrees of literacy. Our interviewers are specially trained to be sensitive to physical limitations that may require conducting an interview over several sessions; interviewers will offer to schedule additional calls to accommodate respondents for whatever reason. Additionally, respondents who feel that their current setting is not conducive to completing an interview, for reasons of privacy or convenience, may request a future call at another time or number. Offering alternative modes of interview completion can be feasible, but the survey methodology literature indicates strongly that varying modes produce different results. Thus, combining data from paper or online surveys with telephone interview data is very problematic and requires separate validation studies to create adjustment algorithms. Such additional research is beyond the budget and time constraints of this study. The sampling methodology is stratified by Veterans Integrated Service Network (VISN) so it should include rural women.

The data analysis plan for the proposed study will go beyond simple descriptions of the barriers to determine which barrier(s) have the biggest impact for women Veterans in seeking and receiving care from Veterans Health Administration (VHA) facilities; with this information VA will be able to target the most important interventions to improve care. Open ended questions have also been added to the survey. The open-ended questions will gather information on other improvements that VA may not have previously considered. Together, the quantitative and qualitative data will inform specific action to be taken by VA in order to improve care for women Veterans.

The survey is designed to explore the nine barriers, as well as provide recommendations about improvements in women's health care or health care environment, evaluate current policy, and collect critical background information. These items are evaluated using closed-ended and 'other specify' response options, as well as an open-ended question to capture any other thoughts women Veterans may have. Likert-scale and closed-ended response options will ensure there is standardized, quantifiable data, while the 'other specifies' and open-ended questions will ensure that no information is lost. The research team is well aware of the value of open-ended response questions; however, to limit the burden on the respondent (i.e. time needed to complete the survey) to the minimum necessary, while still gathering data on the nine barriers and recommendations for action, the survey could not include more open-ended questions. Response categories for closed-ended questions were gathered from literature and approved by the above mentioned research team and consultants. Cognitive interviewing with women Veterans confirmed that survey questions were clear and that response categories captured their experiences.

Post-survey data analysis will use the closed-ended response options to predict women Veterans' use of the VHA for their health care services, while 'other specify' and open-end responses will be reviewed to identify other barriers to care or additional suggestions for program improvements.

When developing the instrument, VA and the research team took great lengths to understand the perspective of the women Veterans who will be contacted by this survey. The VA survey development team consisted of experienced VA women's health care providers and senior VA women's health researchers with combined years of experience caring for women Veterans at multiple VA facilities across the country. VA has contracted with Altarum Institute, which has 40 years of experience in health care systems and military health care. This knowledge, along with literature and the experiences of the Altarum Principal Investigator, who is herself a woman Veteran, greatly aided in creating survey questions that were meaningful to women Veterans. The number of women Veterans who were contacted to help provide input to the study was limited. This is a factor of Office of Management and Budget guidelines as only up to nine individuals may be contacted for research purposes before the study is reviewed for approval. VHA clinicians, researchers and women's health providers were intimately involved in developing the survey.

The survey asks three questions about child care. Please note that the provision of child care is not something VA can provide by law, but a pilot project for at least three sites was authorized by PL 111-163, Section 205. Child care is currently available as pilot sites at Dallas, TX; Buffalo, NY; Northport NY; and Puget Sound, WA. The child care pilot will conclude at the end of FY 13 and when complete, we will be submitting a report regarding the success of the pilot and recommendations to the Secretary and Congress. A decision will be made thereafter whether to request legislation that would allow VA to provide child care to the children of Veterans. Without specific legislation VA does not have the authority to spend resources for childcare.

Survey respondents are asked questions concerning their utilization of mental health care and questions about unwanted sexual attention, intimidation or assault. Questions about domestic violence and other forms of trauma were beyond the scope of this survey and also limited by constraints on length for telephone interview. Currently, VA has several other funded research projects on interpersonal violence underway as well. The questions about mental health and sexual trauma are a relatively small portion of the overall survey questionnaire. Prior to asking these questions, the interviewer informs the respondent of the potentially sensitive nature of the questions and explains that any question or series of questions that cause discomfort may be skipped. This study will be conducted using only female interviewers. We will also arrange to call a respondent back if they are not in a safe and private location for the interview.

The research team concurs that sexual assault is an important factor when considering barriers to care for women Veterans; however, also in concurrence with the above statement, these questions should be limited. The research team added questions to the survey to evaluate how the experience of sexual assault impacts women's ability to access VA care, using the same questions that are asked in a clinic

setting. Sexual assault is an emotional and traumatizing event, and asking details on these experiences and feelings for the purpose of measuring barriers to care is both unnecessary and likely to result in an uncompleted survey. Study-specific training materials, to be written by the research staff, will allow interviewers to guide women Veterans who report sexual assault to needed resources. Interviewers will also remind the respondent that participation is voluntary and they may skip any questions they do not feel comfortable answering. Additionally, interviewers will re-schedule interviews to complete them at a later time if the respondent indicates they are too upset to continue.

We thank you for your interest in the care of our women Veterans.

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