DEPARTMENT OF VETERANS AFFAIRS
Veterans Health Administration
810 Vermont Avenue, NW
Washington DC 20420

April 29, 2013

Dear Ms. Kim and colleagues:

Thank you for your thoughtful comments on the Barriers to Care Survey and your interest in and commitment to the health and well-being of women Veterans.

The Barriers to Care 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 (VA) encountered by women who are Veterans." Congress authorized VA to spend four million dollars and three years fulfilling this federal mandate specifically for the survey. The legislation required surveying women Veterans about nine specific barriers identified by Congress:

- 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 VA facilities
- Gender sensitivity of providers
- Effectiveness of outreach
- Location and hours of health care facilities.

The proposed survey is being directed by the Women's Health Services, Department of Veterans Affairs, and Veterans Health Administration (VHA). This group, along with other members of the VA women Veterans health and research communities and the contracted research organization, Altarum Institute, cooperatively designed the survey to address all aspects of the public law. The survey builds on previous research and includes questions that address the nine barriers previously identified and required for inclusion by Congress. The proposed study results will be written in a report to Congress, and as such, the report will be available to the public. VA will determine how or if the study will be made available outside of the Congressional posting.

The survey's research plan encompasses a more complex data analysis plan than previous surveys in order to meet the Congressional mandate to evaluate barriers to care for women Veterans by Veterans Integrated Service Network (VISN) and by various demographic characteristics. Strengths of this survey include the use of a national random sample of women Veterans (not just women using VHA), the ability to stratify analysis of results by VISN, and continuity of some measures with previous surveys to allow comparison of measures over time. The survey also has limitations based on its defined scope and the need to respect the time of women Veterans and limit the survey length to no more than forty-five minutes.

This survey will not provide all of the comprehensive and specific information needed for VA to minimize barriers to care for all women Veterans. However, the survey is one important piece of VA's transformational efforts to ensure that women Veterans experience timely, high quality comprehensive and gender-specific care in a sensitive and safe environment with seamless coordination of services. We believe the survey will provide significant information to help VA improve our services to women Veterans and their ability to access these services. The survey data will complement a rapidly growing body of information collected from multiple national, regional, and local efforts, including investigator-initiated research.

Survey Development

The survey was specifically designed to explore the nine barriers listed above and also to provide recommendations for improvements in women's health care and the care environment, evaluate current policy, and collect critical background information. The survey mandate requires that the survey quantify the prevalence of each barrier to accessing VHA care in order to understand their relative impact on women Veterans and their health. Therefore, the survey evaluates these items using closed-ended and 'other specify' response options, as well as an open-ended questions to capture other thoughts women Veterans may have. Use of Likert-scale and closed-ended response options will ensure the collection of standardized, quantifiable data, while the "other specifies" and open-ended questions will ensure that no information is lost.

The research team appreciates the value of open-ended response questions; however, the survey could not include open-ended questions beyond those already included in the survey while still limiting responder burden (i.e. time needed to complete the survey) and gathering data on the nine barriers and recommendations for action. Response categories for closed-ended questions were gathered from literature and approved by the research team and consultants. Pilot cognitive interviews with women Veterans confirmed that survey questions were clear and that response categories captured their experiences.

Ms. Kim and colleagues

The contractor, research team, and expert consultants crafted the survey over a period of many months with input from women Veterans, VA clinicians and women's health providers, and a team of women's health researchers, including Dr. Donna Washington, the principal investigator on the previously cited survey. The team included three current or former practicing VHA women's health physicians, public health analysts, a statistician, and a PhD psychologist/ women's health advocate with over twenty-five years experience in VA.

While developing the survey instrument, VA and the research team sought input from various sources to ensure that information collected during the survey will capture and convey the range of experiences and perspectives of women Veterans who will be contacted for this survey. The VA Women's Health Services team is composed of VA clinical women's health physician leaders who have many years of experience providing clinical care to women Veterans. VA contracted with Altarum Institute, which has 40 years of experience in health care systems and military health care research. This knowledge combined with a comprehensive literature search and the experiences of the Altarum Principal Investigator, who is herself a woman Veteran, greatly aided in creating survey questions that are meaningful to women Veterans. The Altarum Institute used VHA eligibility criteria to guide development of eligibility screening questions for survey participation. Respondents will be able to answer 'yes' to Active Duty and/or Guard/Reserve status, thus eliminating any confusion as to which status to report. Only one 'yes' is needed to continue with the survey.

The nature of this study called for cognitive interviewing, which was completed during survey instrument development. Cognitive interviewing is a survey technique in which an interviewer informally takes a respondent through the survey. The interviewer may ask the respondent to think out loud as she answers questions or to interpret questions, pointing out what she did or did not understand and to indicate if the response categories are appropriate. In this way researchers can adjust the survey instrument to ask questions in a way that resonates with the respondent, thereby generating more accurate responses. Input from the five women Veterans who participated in cognitive interviewing led to changes in response categories and question wording and improved the survey. This feedback did not lead to extensive survey revisions, In concept, this indicates that the survey was well researched and put together as the respondents were walked-through an almost final version and did not cite any gaps in concepts relating to barriers to care. The number of women Veterans who were contacted to help provide input to the study was limited based on Office of Management and Budget guidelines that allow agencies to contact only up to nine individuals for research purposes before a study is reviewed for approval.

The research team did not perform focus groups for several reasons including the project requirements and scope, budget, and methodology. Focus groups are used commonly in pre-survey development to gather information on concepts that are not yet known or established. The proposed study is in response to the public law. The barriers addressed in the public law are based on nine well-known, long-standing, widely published barriers to care for which Congress required further study in order to better define how barriers to accessing VHA care varies across different subgroups of women Veterans.

While other barriers to care do exist, the literature and the interaction with women Veterans during survey development indicate that the nine barriers outlined in the public law represent the dominant concerns of women Veterans. The research team developed a survey instrument to respond to the public law in researching the nine barriers, as well as capture additional barriers that may need further review in future studies. The research team recognizes that the characteristics of sub-populations may themselves be barriers including demographics, socio-economic level, or mental health status. These will be measured against access to care factors through post-survey data analysis.

Open-end questions can gather valuable qualitative data and provide anecdotal information. Capturing other barriers experienced by women Veterans is important, and the survey includes an open-ended question to record any additional comments as well as opportunities to choose "other" for some questions followed by an explanation. However, the survey's mandate requires collection of data through a standardized numerical mode that can support the required quantified analysis of the nine designated barriers. Survey data analysis will include collection of demographic information including age, education, era of service, and ethnicity to determine how these differential factors impact barriers experienced by different subgroups of women Veterans. The public law also requires sample stratification by VISN and utilization category (recent VHA user versus non-user).

Survey Administration

Respondent burden is always a concern for survey research, but Altarum has found that respondents to a telephone interview are more understanding and cooperative, compared to mail or online surveys. The survey methodology will use cell phones dialed manually to reach Veterans without landlines. Telephone surveys provide the greatest flexibility in interviewing because they do not require computer access or a high degree of literacy. Offering alternative modes of interview completion may 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.

Altarum Institute, the contractor that VA hired to do this study, is experienced in survey research, specifically health research and research on vulnerable populations. The survey vendor, DataStat, under contract to the Altarum Institute, has a robust training program for interviewers and an ability to effectively and systematically document and handle adverse events through an adverse event protocol. The interviewers have experience with vulnerable populations, and interviewers will receive survey specific training before calling of women Veterans begins. The research team has direct input on this training arranged for interviewers to provide support to women Veterans during survey administration. Respondents who indicate distress will be taken through an 'adverse event protocol' and ultimately offered a warm hand-off to the VA crisis hotline. The interviewer will remain on the phone until the respondent is connected with a trained crisis counselor at VA's Crisis Line. Lastly, all survey interviewers for this study will be female.

The survey vendor, DataStat, will use a calling protocol to attempt to reach women Veterans at different times of day, spacing call attempts to avoid harassing participants. It is a common procedure to schedule call-backs with respondents at a time that is more convenient to them. The government study director shall determine on what days or holidays calls are or are not made. The survey interviewers are specially trained in Veterans health issues and in establishing and maintaining a non-directive rapport with respondents. In addition, the interviewers are trained to be sensitive to physical limitations that may require conducting an interview over several sessions, and interviewers will offer to schedule additional calls to accommodate respondents for whatever reason. 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.

Questions included in the survey about sexual assault are the same questions used in the clinical setting at VA to screen for sexual assault. The research team concurs that sexual assault is an important factor when considering barriers to care for women Veterans but believes that questions on this topic should be limited in the survey setting. Sexual assault is an emotional and traumatic event. Given the Barriers to Care survey objectives, it is important that VA understand how experiences with military sexual trauma and other sexual assault experiences impact women Veterans' ability to access VHA care; however, asking for additional details about these difficult experiences is not helpful in understanding this relationship. In addition, VA has significant investment in ongoing research on sexual assault and military sexual assault

in order to better understand the issues surrounding sexual assault and trauma. On this study, specific training materials will be written by the research staff to allow interviewers to immediately guide women Veterans who report sexual assault to appropriate resources and support services. As part of survey protocol, interviewers will remind respondents that participation is voluntary and they may skip any questions they are not comfortable answering. Interviewers will offer to schedule interview completion at a later time if the respondent indicates they are too upset to continue.

VA is committed to ending homelessness among Veterans and recognizes the additional burdens that homeless women Veterans face in accessing care. However, homelessness is not a specific focus of this survey and therefore, data collection methods are not designed to thoroughly reach this population. Other offices in VA, such as the National Center on Homelessness in Veterans http://www.va.gov/homeless/nationalcenter.asp also do research on homeless populations. Women in rural areas will be contacted, as we believe the sampling methodology includes an approach that ensures that rural populations (as identified by classification of home zip codes) are adequately sampled.

Survey Data Analysis

The data analysis plan for the proposed study will go beyond simple descriptions of the barriers to determine which barriers have the biggest impact on women Veterans in seeking and receiving care from VHA facilities. Many of the known barriers are multi-faceted. By asking about the details of each barrier, the research team will identify specific actions VA can take to improve care for women Veterans.

The public law requires sample stratification by VISN and utilization category (recent user and non-user). Implementing this design within overall budget constraints determined the sample cell size of 200 completed cases. Whereas larger sample sizes are always desirable because they increase the precision of estimates, there is no requirement for a specific level of precision in the public law. The equal probability sample of 8,400 (as constrained by the VISN and utilization requirements) should generate an adequate number of cases for relevant demographic groups, including race/ethnicity, education, rural/urban location, era of service, disability status, among others, without the need for specific oversampling. The research team will use a sample many times larger than the ultimate number of completed cases to ensure cell sizes are 200.

The research team is aware of the resources available from the U.S. Census Bureau; however, VA specific information can provide a more complete profile of the women

Veterans population, which is needed to capture the strata mandated by the public law: VISN and user/non-user status. A VA data source that includes all living women Veterans will be the source of the survey sample. This will allow the research team to investigate the prevalence and distribution of relevant demographic groups to ensure that the constructed survey sample will produce an adequate final dataset to support the required multivariate analysis. Because of the required stratification by VISN and utilization category, the survey data will require the application of weights in order to project findings to the national level. Altarum will avoid applying large weights to small groups, which could lead to misinterpretation of results. Additionally, survey non-response is always a potential source of bias. Altarum will conduct a special non-response analysis to assess if non-response is random or is systematically skewed to specific subgroups. As part of the weight design, Altarum will include a non-response adjustment to control for any potential bias. These are recognized techniques within survey methodology.

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. The factors affecting women Veterans are indeed nuanced with inter-variable relationships that cannot be measured by closed-ended questions or adequately quantified and analyzed with open-ended questions. Regression analysis will determine which factor(s) most affect women Veterans' seeking and accessing care, while holding all else constant. Quantitative and qualitative findings will then be merged to provide a well-rounded picture of women Veterans' experiences with VA health care and steps for improvement. This data analysis plan builds upon the previous VA women Veterans study by identifying which barriers or respondent characteristics are associated with the greatest impediments to women Veterans receiving VA health care and informing specific actions to improve care for this population. The survey questions themselves do not directly answer the public law's questions on how each barrier affect access to care; however, conclusions drawn from the planned analysis will respond to the public law's requirements.

Optimizing Care for Women Veterans: Complementary Research, Policy and Program Development

The Barriers to Care Survey is one piece of a VA-wide effort to transform health care access and quality for women Veterans. These efforts originate at the local, regional, and national levels, because some aspects of providing evidence-based, coordinated, comprehensive care for women Veterans require national standards and guidance and successful implementation sometimes requires regional and local solutions that can be tailored to the challenges faced by women Veterans in that area. Some of these activities include: women's health research, policy development and

implementation, Information Technology innovations to improve care coordination and access for both providers and patients to needed resources, and training of designated women's health providers for every VA medical center. In addition, every VA medical center has a Women Veterans Program Manager who works with the medical center, Veterans organizations, and the local community to improve women Veterans' access to care.

VA women's health research has dramatically accelerated along with the increasing numbers of women being cared for by VHA. Between 2004 and 2008, VA researchers published more research on the health of women Veterans than in the previous 25 years combined. In fiscal year 2011, VA research funded 60 studies on women's health for a total investment of more than $12 million. VA's Office of Research and Development (ORD) has an innovative initiative, "Collaborative Research to Enhance and Advance Transformation and Excellence (CREATE)." The goal of the women's health CREATE is to accelerate implementation of comprehensive care to women Veterans through a multi-pronged research effort aimed at examining patient, provider and organizational barriers and facilitators to implementing comprehensive care delivery for women Veterans; assessing factors associated with the delivery of comprehensive care for women Veterans, and those factors' implications for the quality and experience of care women Veterans receive in VA; and evaluating, testing and adapting alternate models of delivering comprehensive care to women Veterans. This initiative currently has five funded projects: Lost to Care: Attrition of Women Veterans New to VHA; Impacts of Comprehensive Women's Healthcare Delivery in the VA; Implementation of VA Women's Health Patient Aligned Care Teams (WH-PACTS); Controlled Trial of Tele-Support and Education for Women's Healthcare in CBOCs, and Evaluation of Quality and Coordination of Outsourced Care for Women Veterans.

At the national level, program offices including Women's Health Services, Rural Health, and Telehealth offer grants and participate in multi-disciplinary program development to encourage evaluation and enhancement of healthcare services to women Veterans. Some of these efforts focus on the use of innovative technologies, like telehealth, to increase access to patient care and provider-provider consultation. Other efforts involve collaboration among program offices and with nationally renowned experts to enhance health care services and care for women Veterans on topics ranging from interpersonal violence and reproductive mental health to preventive health topics (like preconception and weight management) and enhanced gender specific services in emergent and urgent care facilities. These efforts address many barriers to quality care for women within the VHA system, including the need for educated and skilled providers and staff who recognize that it is everyone's job to take care of women Veterans.

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