

A Quality Improvement Project Using an Educational Outreach Program to Expand Access to Veterans Affairs (VA) Health Care Services for Female Veterans

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Key Points: Distinction and Definition

One must understand the difference:

- A **soldier** is not universally separated by gender.
- A **veteran** is identified and separated by gender.

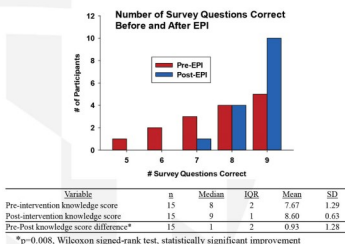


Under federal law, a **veteran** is any person who served honorably on active duty in the armed forces of the United States. Discharges marked "general and under honorable conditions" also qualify. Other qualifying events are any person who served in the active military, naval or air service of the United States and was discharged from the service due to a service-connected disability or filed a claim and was service-connected for a disability sustained while in the service no matter how long they served.

Purpose

- The purpose of the quality improvement project was to use an educational outreach program to increase female veterans' knowledge of their eligibility for VA health care benefits, services provided, and locations, with the goal of increasing their likelihood to enroll in VA health care.

Results Aim 1: Effect of EPI on Female Veterans' Knowledge of VA Services



Background

- Passage of the 19th amendment granted women permanent status in the Regular and Reserve forces of all branches of the military in 1948. (Women in History, n.d.)
- Females account for approximately 1.8 million (8.7%) of the 20.8 million veterans in the U.S., only six percent are VA health care users. (NCVAS, 2018 & VA, 2015)
- 1 in 6 female veterans understood their earned health care benefits. (Harding, 2016)
- #1 Modifiable Barrier is Lack of Knowledge about VA health care benefits to access and utilization of VA health care benefits for female veterans. (Harding, 2016 & VA, 2015)
- Access to VA health care for female veterans was identified for proactive planning to meet current and future unique needs 1978 when females accounted only for 3.8% of the veteran population. (Bean, et al, 2011)
- Fragmentation, variation in standard adherence, oversight issues regarding access has existed for at least 40 years.

Aims

- Aim 1: Evaluate knowledge of female veterans before and after an educational program on eligibility and enrollment for VA health care, available VA services, and VA service locations.
- Aim 2: Evaluate likelihood to enroll in VA health care services before and after the educational program.

Results Aim 2: Effect of EPI on Female Veterans' Likelihood to Enroll

- 80% of participants (13 of 15) were already enrolled.
- Sample size was too small to draw any general conclusions about the effectiveness of the EPI on likelihood to enroll.

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Significance and Evidence

- Fastest growing segment of the active duty military and veteran populations are females. (DVA, 2015).
- Female veterans compared to male veterans and nonveterans - increased suicide, homelessness, unemployment, unmet health care needs. (DAV, 2015)
- VHA is the nation's largest integrated health care system, with over 1700 sites of care, but struggles to meet the health care needs of those who served, especially females (DVA, n.d.)
- Significant research to include a systematic reviews identified barriers to VA health care, despite gender-focused VA initiatives.
- Synthesis of the literature supported use of educational outreach programs to mitigate lack of knowledge as a barrier to access.
- Guiding Clinical Question: Will an educational outreach program expand female veterans' access to VA health care?

Methods

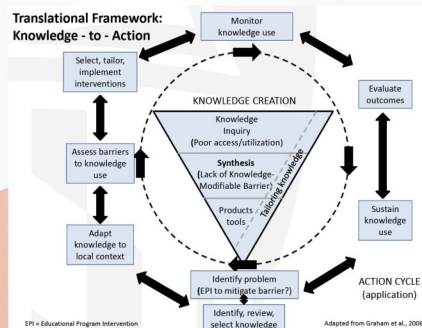
- Design - A quality improvement project using a pre- & post-test design.
- Convenience Sample - 15 female veterans residing in VA catchment area participated.
- Intervention - An educational program intervention (EPI) that discussed the topics of VA eligibility/enrollment, services offered and service locations using the Knowledge-to-Action (KTA) Framework and Knowles Theory of Adult Learning.
- Measures - A pre- and post- EPI questionnaire to measure the change in participants' knowledge of VA services and likelihood to enroll in VA health care prior to and after an EPI.
 - Knowledge check: 9 multiple choice or true/false questions, scored as 'correct' or 'incorrect'. Knowledge score = number of correct responses
 - Likelihood to enroll: 1 question using a 5-point Likert scale (very unlikely - very likely).
- Analyses - A non-parametric Wilcoxon signed-rank test was used to compare pre-and-post knowledge scores using SPSS.

Translation, Dissemination, & Sustainability

- Publishing in journals and health/nursing newsletters.
- Sharing findings with vertical and horizontal stakeholders.
- Launching the first local female veterans' town hall meeting.
- Serving in policymaking to advocate for funded educational outreach projects to expand access.
- Encouraging use of evidence-based frameworks and theories to customize community initiatives (i.e. KTA and Knowles).
- Maintaining and/or establishing partnerships with key stakeholders at local, state, and national levels.
- Participating in the Alabama State Nursing Association Leadership Academy to take project to the next level.
- Spearheading Initiative - Operation A.C.C.E.S.S., (A)ccess to VA health care in a (C)ollaborative (C)ompassionate (E)nvironment (S)afe in (S)isterhood for female veterans

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Participants

Demographics of a Sample of 15 Female Veterans				Characteristics			
Characteristics	n	%	Characteristics	n	%	Characteristics	n
Age			Number of dependents				
<41-50	6	40.00	0	10	66.67		
51-60	3	20.00	1	4	26.67		
61-65	4	26.67	2	0	0.00		
>65	2	13.33	3	1	6.67		
Branch			Employed				
Army	8	53.33	Yes	10	66.67		
Navy	2	13.33	No	5	33.33		
Air Force	3	20.00	VA enrolled	13	86.67		
Marines	2	13.33	No	2	13.33		
Duty			Health Insurance				
Active	13	86.67	Yes	10	66.67		
Reserves	1	6.67	No	5	33.33		
Both	1	6.67					
Marital Status			County				
Married	4	26.67	A	12	80.00		
Not married	11	73.33	B	1	6.67		
			C	1	6.67		
Race			D	1	6.67		
Black	14	93.30					
White	0	0.00	VA employed				
Hispanic	6	40.00	Yes	9	60.00		
Other	0	0.00	No	6	40.00		

*No participants < 41 years old

Conclusions

- Increase in participants' knowledge scores following the EPI demonstrated by using an educational outreach program that we can mitigate lack of knowledge as a modifiable barrier to female veterans accessing and utilizing VA health care services, thus expanding access.
- This EPI has the potential to impact other female veterans who may otherwise be unaware of their health care benefits.
- Likelihood to enroll was not conclusive.
- Future directions:
 - Increase participant outreach
 - Educational outreach needs to be widely implemented to female veterans.
 - Interventional and randomized research and QI Projects



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