

## **VA WOMEN'S HEALTH RESEARCH CONSORTIUM/PRACTICE-BASED RESEARCH NETWORK**

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**BACKGROUND:** The expansion of women in the military is reshaping the veteran population. Given the “perfect storm” of the growth of women veterans (WVs) in the Veterans Health Administration (VA), their significant comorbidities, and VA providers’ relatively limited experience with high volumes of female patients, the demand for *evidence-based* practice and policy is greater than ever before. Despite the interest in VA women’s health research demonstrated by the 50+ members of the VA Women’s Health Research Interest Group and nearly 100 registered VA Women’s Health Research Listserv investigators, researchers have been hampered by lack of local mentorship, technical assistance and collaborative opportunities. They also face difficulties in recruiting sufficient sample sizes for single-site studies, or do not have enough cases to analyze findings by gender subgroups, which in turn wastes collected data. Federal agencies now require their funded researchers to include women in research in sufficient numbers to enable valid analyses; cost cannot be used as justification for their exclusion, and programs for effective outreach to recruit women into studies are required. To address these needs, we propose to develop, implement and test an infrastructure for further accelerating the capabilities of researchers to conduct VA women’s health research.

**OBJECTIVES:** Removing these barriers will require an intentional and systematic effort to encourage, organize and support VA investigators through mentorship, technical consultation, and education/training (Aim #1) in the context of a ready-to-use multi-site WV practice-based research network (PBRN) ensuring access to adequate sample sizes (Aim #2).

**METHODS:** Aim #1 will be accomplished through consortium development among the 50-100 VA investigators with demonstrated interests in pursuing women’s health research. We will enhance communication networks (web/Listserv), develop cyberseminars, workshops, and education/training sessions in key content/methodological issues, and provide small group and one-on-one technical consultations.

Aim #2 will be accomplished by establishing a PBRN at 4 sites with large WV volumes (Greater Los Angeles, Palo Alto, Durham, Iowa City), refining and testing procedures through two Implementation Evaluation Projects of key VA practice and policy importance: (1) gender-specific mental health care needs assessment of women veterans (patient surveys) and (2) gender sensitivity training for providers/staff. We will generate basic PBRN characteristics for users, and expand to more partnered facilities over time to better represent diverse types of VA locations and facility types (e.g., urban/rural, VAMC/CBOC, clinic types, staff mix).

### **Findings**

Consortium leaders convened the VA Women's Health Services Research Conference in July 2010, including over 120 researchers and extensive representation from VA Central Office and

partners (e.g., DoD, DHHS DOL, IOM) among others, and briefed national policy leaders at the Institute for Federal Health Care. We completed a national needs assessment among VA researchers, which has laid the groundwork for subsequent education/training plans. Results were reported in a national cyberseminar, in addition to 24 other cyberseminars on key topics (archived online). Technical consultations continue and core mentors have been identified. Over 160 people have formally registered as members of the Consortium and the VA Women's Health Research Listerv membership has more than doubled to 242 members. National Workgroups have been formed to foster collaboration in research on MST/PTSD, Substance Use Disorders, Access/Disparities, Chronic Pain, Reproductive Health, IPV and Qualitative Research Methods based on needs assessment results. The groups meet monthly by teleconference. The consortium sponsored a special VA journal supplement to Women's Health Issues, comprising 22 papers (original articles, commentaries and an editorial), including four products from this project that was published July 2011. A call for papers has been released for a VA Women's Health supplement to JGIM which will be published in 2013. The PBRN's inaugural sites have been launched. Four site visits were conducted with full leadership support. The PBRN has developed numerous policies and procedures and has built relationships with clinical leadership and staff at the 4 inaugural sites. A PBRN Advisory Committee has been convened and all 3 IEP projects are currently in the field, collecting data. Thirty-three additional sites have joined the PBRN and regular teleconferences among the PBRN leadership and site leadership have been established. The PBRN now represents facilities serving about 100,000 women Veterans or one out of every 3 WV VA patients nationally. 25 additional women's health grants have been funded, including 5 grants within the Women's Health CREATE and 3 Women's Health CDAs.

## **Status**

Data Collection

## **Impact**

We anticipate that this infrastructure will continue to help build research capacity in VA WH research, help VA better meet federal requirements for inclusion of women, and substantially increase investigators' ability to translate current and emerging evidence into testable interventions for improving access, use and quality of care, which in turn will contribute to improved health and health care for WVs.