

2022

## Women Veterans' Benefit Application Experiences in South-Central Texas

Wendy B. Yeldell  
*Walden University*

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# Walden University

College of Health Sciences and Public Policy

This is to certify that the doctoral study by

Wendy Yeldell

has been found to be complete and satisfactory in all respects,  
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Walden University  
2022

Abstract

Women Veterans' Benefit Application Experiences in South-Central Texas

by

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MS, The Army War College, 2006

BA, The University of South Carolina, 1982

Professional Administrative Study Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Public Administration

Walden University

November 2022

## Abstract

Female veterans are increasing and are anticipated to make up 20% of all veterans; however, they are less likely to apply for and use their veterans' benefits, such as medical, mental health counseling, educational, and other programs that can benefit warriors and their family. South-Central Texas Veteran Service Organization (SCTVSO) has outreach initiatives to reach female veterans and assist during the veterans' benefits application process. The study's overarching question centered on obtaining insights from female veterans on their familiarity with SCTVSO and experiences with the benefit application process. This study focused on the largest population of women veterans in the South-Central Texas metropolitan area. Schneider and Ingram's social construction of the target population and policy conceptual framework were used to examine the impact of political policies based on policymakers' perceptions of specific groups, and Rouse and Rouse's human-centered design framework provided insights on the experiences with the veteran benefit application process. Sixteen women veterans were interviewed by telephone and contributed substantive feedback, which was analyzed using NVivo and resulted in three themes: (a) the uniqueness of SCTVSO's services, (b) the challenging benefits application process, and (c) the need for expanded SCTVSO visibility. More women veterans may apply for and use veterans benefits if the outreach was more tailored and personnel available to assist, which SCTVSO can provide. Potential positive social impact includes access to resources that would benefit the veterans and family members.

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## Dedication

This work is dedicated to my parents, Arthur and Dorothy Snell, who were the first ones to show me unconditional love. My mother always said, “Where there’s a Wendy there’s a way,” and I believed her. I can feel their cheers from heaven. My parents provided the example of love and caring, and I think of them fondly. I am who I am because of the love that they poured into me and the desire to always learn more, push more, and to be more. My siblings, Louise, Butch, Herbert, and Rose always believed that I would accomplish this goal, and I am eternally appreciative of their love and support. My children William and his wife Kelli, and Anthony, Jr. (AJ) and his wife Johanna are my motivation and inspiration. My grandchildren, Micaela, Emery, Theo, Leo, and Ellie, this is for you. I wanted more than anything, to show you what you can accomplish with hard work and determination. You are my sunshine and bring me such joy, and I love you dearly. To my husband, Tony, you have been with me from day one and provided support and encouragement and for that I thank you. My family members have been my biggest supporters from day one, and I thank you all. Thank you to my Aunt Dorothy Sullivan, the first college graduate in our family, for your love and encouragement when this seemed like such a distant goal. Thank you for always keeping my feet to the fire and on task with completing this degree. This dream was given to me by the most high and to Him, I give all the glory. It was only through much prayer and challenging work that I now celebrate. To my fellow classmates, we did it! Thank you for all the encouragement and support.

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## Section 1: Introduction to the Problem

Despite the substantial number of women veterans in the South-Central Texas metropolitan region and their proximity to veteran services, many women veterans do not use the benefits and services they have earned. This is a general problem across with nation as the number of women veterans has increased. My partner organization, using the pseudonym South-Central Texas Veteran Service Organization (SCTVSO), is a veteran service organization (VSO) recognized by the Veterans Support Services (VSS) as an authorized agent to assist veterans as they apply for benefits and services. The SCTVSO's leadership, recognized the importance of this project in helping to understand the specific problem of the decreased benefit application rate among women veterans in the South-Central Texas region. I sought to determine whether women veterans were familiar with the SCTVSO and to learn more about the factors that influenced women veterans and their decisions to apply for their veteran benefits. The SCTVSO was interested in supporting this project to explore the elements influencing female veterans' decisions to file for veteran benefits, their use of the veteran benefit system, and their familiarity with their organization.

According to Wang et al. (2021) in the *2021 Survey of Veterans Enrollees Health and Use of Health Care Data Findings Report*, there were approximately 19 million veterans in 2021, and 8.6 million veterans enrolled who received healthcare services. Women veterans account for slightly over 9.3% of the patient population, and about 15% of the entire veteran population has been engaged in active service since 2001 (Wang et al., 2021). Wang et al. further surmised that women make up less than half of the veteran

population; however, an increase in the number of enrollees from recent military conflicts led researchers to explore ways to encourage all women veterans to seek enrollment. I embarked on this study to better understand the benefits application process for women in the South-Texas area and how to reach other women veterans in this area who have not applied for veterans' benefits.

I sought to obtain additional insights into women veterans' reasons for not applying for or utilizing their veterans' benefits and if they are aware of the services that SCTVSO provides to veterans. Positive social change could result from the actionable information that my partner organization, SCTVSO, can employ to improve their outreach and support services to women veterans. The women veterans stand to gain additional supportive services from healthcare to mental health counseling. The SCTVSO has limited resources to cover the entire state with one designated women veteran program manager and three women veteran program coordinators. They are dispersed throughout the state and responsible for outreach and assistance in their catchment area.

This project's findings provided valuable insight and information to the SCTVSO women veteran program manager and SCTVSO leadership on the current views of local women veterans, their reasons for not applying for and using their veteran's benefits, and actionable items that the leadership can implement to impact future enrollment, follow-up, and utilization. The project outcomes have the potential to influence policy changes that better target limited resources, fine-tune the focus on women veterans and their needs, and eventually improve women veteran enrollment and utilization in the South-Central Texas region, and maybe worldwide. Women veterans who are not receiving

veterans' services can be at an increased risk for underlying health issues and homelessness and have more difficulty adjusting to post-military civilian life (Mulcahy et al., 2021; Washington et al., 2010).

Working with the SCTVSO leadership and interviewing women veterans as part of this research provided insights, from the veterans' perspectives, on what is happening at the facility level that hindered more women veterans from applying for and using their local Veterans Affairs (VA) medical center's healthcare system. Women veterans are the fastest-growing segment of the veteran community in the United States Armed Services, with their numbers predicted to rise to 20% of the entire veteran population and increase in diversity (Bialik, 2017). Despite this expected increase, the number of women veterans who claim for benefits has not kept up with their demographic growth.

### **Problem Statement**

Wang et al. (2021) indicated that the average enrollee, 70%, identified as White male over the age of 60. The SCTVSO is interested in the specific problem of understanding the reasons female veterans give for not applying for and receiving benefits at the same rate as male veterans. While the survey by Veterans Benefits Administration (2018) examined overall veteran health care enrollee data, there was limited data on female veteran healthcare enrollment. Federal and state entities, both non-profit and for-profit, assist veterans in applying for and receiving benefits. These organizations may be able to reach a larger group of eligible veterans because of the findings of this administrative study.

In cooperation with my partner group, the SCTVSO, the state agency responsible for supporting women veterans with their benefit claims, I learned more about the experiences of women veterans in South-Central Texas who had yet to file for veteran's benefits. These participants often reported difficulty with the application process deterred them from further follow up. Participants also felt that there should be more information available on the application process.

The SCTVSO is recognized and endorsed by the organization known by the pseudonym as Veterans Support Services, as an approved agent to assist veterans as they apply for benefits and services. The SCTVSO's mission includes outreach efforts to inform women veterans of their benefits and provide counselors who assist veterans with the claims process. Women veterans can use the SCTVSO to file for their veterans' benefits, which may include disability determination and applications for health care. The SCTVSO developed a focused program to provide services to address the increasing female veteran population. Women veterans need to apply for benefits to establish their eligibility for veteran's services, which may include medical treatment at the local medical center hospital or submitting verification of their veteran status to apply for other veteran benefits. I explored the efficacy of the SCTVSO's outreach program in reaching women veterans in the greater metropolitan South-Central Texas area with special emphasis on women veterans completing the benefits application process to establish their eligibility for services.

The number of women qualifying for veteran's benefits continues to rise, and the organizations that serve them are worried about being able to meet their demands (Wang

et al., 2021). Another complicating element for female veterans who do not receive care from the VSS is that they may be at a higher risk of being homeless (Mulcahy et al., 2021). Women veterans who are homeless often have more disabilities, have a greater prevalence of health concerns, and have a variety of other complicating factors such as mental health issues, childcare challenges, or probable military sexual trauma (MST), which all contribute to the lower utilization rate (Washington et al., 2010). To obtain services from the local medical center in South-Central Texas, women veterans must complete an application for benefits, usually through a VSO such as the SCTVSO.

The veteran population data compiled in 2019, the three counties that comprise the closest metropolitan areas to the medical center have over 31,157 women veterans and over 161,082 male veterans in the same three counties (Texas Workforce Investment Council, 2021). While the number of women veterans may seem too small when compared to the number of male veterans, these three counties individually and collectively have more women veterans than any other county in Texas. The SCTVSO leadership wanted to know more about women veterans and ways to reach those who are not currently using their veteran benefits and services.

The *VA Utilization Profile for Fiscal Year 2017*, published in May 2020, indicated the largest increase in program utilization by women veterans from 36% or 623,314 to 50% or 946,340 over the preceding 9-year period. This increase in women veterans occurred even though the women veteran population increased by 9.8% while women veterans comprise 6% of total users during the report period.



### **Organizational Relevance**

The SCTVSO's leadership recognized the value of this research in better understanding the experiences that shape women veterans' decisions, which often resulted in them delaying or abandoning their veteran benefits applications at a higher rate than their male counterparts. The SCTVSO appreciated the timeliness and relevance of this research in gaining a better understanding of the obstacles faced by women veterans and governing how they make future decisions regarding the veterans' benefits application process. SCTVSO's leadership wanted to know why women veterans did not apply for veterans' benefits, did not follow up on their benefit applications/appointments, or did not fully understand the complexities of the qualifications process. This lack of understanding often meant that women veterans consequently did not follow through to receive benefits and services under the veteran's benefit system. SCTVSO's leadership remained concerned that women veterans are not completing their benefit applications because they may have poor perceptions of the medical center environment or care based on a single interaction, or because they did not realize that their service qualifies them for certain benefits and services. SCTVSO attempted to reach out to women veterans and encouraged them to apply and complete their applications, as well as any follow-up medical appointments, although they were not always successful. This project focused on women veterans in the South-Central Texas area who have not applied for benefits or are not currently using their veteran benefits.

The project consisted of interviews with the SCTVSO staff responsible for outreach to women veterans in the South-Central Texas region as well as local women

veterans. My goal was to discover and understand what prevented these women veterans from applying for their veteran's benefits and subsequently establishing eligibility to utilize the Veterans Support Services healthcare and other benefit systems. Because of the benefits and services that they may be eligible for, the SCTVSO staff and the woman veterans' perspectives were critical in offering insight.

Failure to apply for and receive veteran benefits as they leave the military affected women veterans in many ways from financial to food insecurity. Women veterans are at greater risk for homelessness during the transition from the respective military services (Mulcahy et al., 2021). The impact of posttraumatic stress disorder (PTSD) due to factors such as military deployments or MST can exacerbate transition challenges with employment, mental health wellness, and housing for women veterans if they are not receiving assistance from the medical center. These challenges highlight the importance of reaching women veterans and exploring their reasons for either not applying for veterans' benefits or for not completing the application process. The SCTVSO would be able to further tailor programs to address these issues and provide the bridge necessary to ensure completion of the benefit application process. The VSS could utilize this research to better inform the overall benefit application process for all veterans.

All veterans must complete a veterans' benefits application to establish their eligibility to the benefits and veterans' services, which may include medical treatment at the local medical center hospital, and various veteran benefit programs ranging from disability payments to the G.I. Bill for education. If women veterans fail to complete the application, subsequent physical exams to prove military service-related injury or illness,

or mental health screening, they may be denied a wide spectrum of benefits and services, including healthcare, house loans, and disability benefits. With over two million women veterans eligible for Medical Center healthcare, 755,807 were enrolled in the system (Centers for Medicare & Medicaid Services, 2020). Women veterans face a higher risk of homelessness and PTSD, according to the organization American Veterans (AMVETS, 2019), heightening the urgency for them to qualify for benefits.

According to the VSS 2005-2020 report on the utilization of the Medical Center's various programs, less than 50% of veterans applied for and received benefits such as compensation, education, or healthcare. Homelessness among female veterans was linked to their transition from military service, trauma they may have encountered while serving, and other transition concerns (Washington et al., 2010). The Veterans Healthcare Association (VHA) incorporated housing security questions to help identify women veterans who are homeless in a less traditional sense, such as couch surfing with friends while transiting between stable living circumstances.

Single parents may not receive enough compensation for service-related injuries; women veterans confront additional hurdles while transitioning from the military, underlining the significance of outreach, education, and aid in filing for veterans' benefits. The benefits application procedure is advantageous for a variety of reasons, including when veterans are considering purchasing a property. Women veterans were found to be at greater risk of homelessness than male veterans (Gamache et al., 2003). There was a gap in services for homeless women veterans who also presented with their children (Tsai & Byrne, 2019). VSOs, such as SCTVSO, must reach out to veterans and

encourage them to apply for the services and benefits they have earned because of their service.

North, South-Central, Central, and East Western Texas are covered by the SCTVSO's four women veteran coordinators. Women veteran coordinators oversee providing outreach services to women veterans, such as supporting them with the medical center benefits application, which connects them to their veteran benefits and services, such as accessing unbiased care and amenities that they are eligible for. The coordinators collaborate with local, state, and federal governments to maintain databases of resources for women veterans. Their mission includes increased visibility and knowledge of veteran specific programs and services, identifying and appropriately acknowledging the contributions of women veterans and determining their needs and drafting governmental language.

Many women veterans leave the military and face lasting effects of their time in service due to reported and/or unreported MST, PTSD, lack of a sense of belonging, and other transition issues (Dripchak, n.d.). This research provided the opportunity to hear firsthand from women veterans about their transition experiences, benefit application experiences, and to identify key factors that affect whether women veterans complete the application for benefits, follow-up medical exams, and are then able to seek care through the VSS. The lack of a smooth transition can impact the individual veteran as well as their family members. When I considered that 20,000 (or 10%) of the over 200,000 veterans who leave the service each year are women, the potential impact of the number of veterans who are qualified for assistance but do not receive it is staggering.

To gain more insight into the issue, interview questions focused on why these women veterans have never applied for veteran benefits, or have not followed up on subsequent appointments, and whether they self-identify as veterans (Rudenstam & Newton, 2015). The qualitative data were analyzed inductively and deductively to determine response trends (see Creswell, 2014). The use of qualitative interviews in conjunction with the project questions provided data from the respondent's perspective, allowing for a more complete understanding of their individual perspectives. For additional data sources, I collaborated with county- and state-based organizations that serve women veterans to reach women veterans who are not currently utilizing VHA medical facilities. VA Medical Center Administration, Women Health Services, South-Central Texas County Veteran Services, the American Legion Association, and other local Women VSOs were all possible partners for future collaboration.

The previous research provided information on several recurrent themes for women veterans' healthcare choices such as proximity to the facility, decisions to use their personal insurance or discomfort with the environment at the medical center (Klap et al., 2019). Previous researchers have documented the ongoing challenges that leadership may face as they respond to the increase in the number of women veteran patients with complex medical care requirements while maintaining the appropriate provider base (Brunner et al., 2019). I similarly tracked and identified themes that emerged during the interviews with the project's participants (see Parameswaran et al., 2020). I collected and categorized key words and terms to provide a more concise

awareness of the participants' concerns (see Williams & Moser, 2019). The categorization of key words revealed tendencies among the population.

The health care enrollment information for the South-Central Texas Medical Center in South-Central Texas provided insights on the number of eligible female veterans in the area compared with the number who have utilized the services. Transition information on the number of female veterans who left the service are in the South-Central Texas metropolitan area was available from Department of Defense Transition Assistance Program (2017), Congressional Research Service (2018), The VSS Veterans Benefits Administration (2018), and Veterans Support Services, Veterans Health Administration Women Health Services.

### **Significance to Public Policy**

I have had the opportunity to engage in a variety of work-related women veteran-focused projects with a broader scope that sought opinion on healthcare decisions from women veterans across many geographic regions. Based on their feedback, the primary reasons for healthcare decision can be affected by such factors as the location or proximity of the medical center in South-Central Texas (see Friedman et al., 2015). Previous research focused on the national women veteran population (Hamilton et al., 2013); however, this study's findings provide novel data on women veterans in the city with the largest concentration of female veterans in the United States (VSS, 2017). Based on my previous experience on human-centered design research projects for the Department of Veterans Healthcare Association, women veterans provided crucial substantive qualitative feedback on their medical center health care experiences. I used

semi structured qualitative interviews to understand what is occurring as women are seeking out and utilizing their veteran benefits. If the challenges that affect women veterans are not addressed, a huge and growing community of veterans will be left without services (Bialik, 2017). According to population tables from the VA National Center for Veteran Analysis and Statistics, South-Central Texas has the largest population of women veterans (2020). South-Central Texas was chosen as the target population area because it is home to the largest population of female veterans in the country.

### **Purpose**

The guiding question was: What are the factors that prevented the women veterans from applying for veteran's benefits; or if they have started the application process and not completed it, what has prevented their completion of the application? The follow-up question was: How can the SCTVSO help more female veterans complete the benefit application procedure was the specific issue? I also looked into whether the women veterans had any feedback on the SCTVSO's visibility, the application process for veteran benefits, the effect on healthcare, and what administrative or clinical changes would encourage women veterans to identify as veterans, apply for services available to them, and use them. The primary purpose of this project was to evaluate the current outreach and enrollment policies and practices relative to women veterans' application and veterans' benefits process to determine what policy changes, if any, that the SCTVSO should consider that would influence more women veterans to utilize their services.

The qualitative data were reviewed for possible viable solutions, policy updates, or procedural improvements that the leadership could implement to enhance female veteran service utilization and better satisfy their needs. The qualitative design of the interviews provided the best opportunity to explore the factors to pinpoint areas to address women veterans' unique needs relative to their veteran journey (see Creswell, 2014). This information may be used to address similar situations of underutilization of medical center benefits in other cities across the United States (Evans et al., 2019). The limited scope provided the state veteran coordinator leadership information that is specifically tailored to address these issues in their state. Previous studies focused on women veterans as a population from various facilities, whereas this project focused on women veterans in the South-Central Texas metropolitan area, which is unique because of its large veteran population (see Evans et al., 2019). The findings from this study may provide insights and information that could be utilized to address challenges with facility operations and subsequently increase the number of women veterans nationwide who enroll and receive services from the VA healthcare system.

### **Addressing the Gap in Organizational Knowledge**

The study's purpose was to collect rich, qualitative, actionable data that the SCTVSO's leadership could utilize to make any required operational changes that would encourage more women veterans to enroll and use their services. Because of the substantial number of military veterans in the area, the project's scope was limited to interviews with 16 female veterans in the South-Central Texas metropolitan area, four were staff members of the SCTVSO. The sample size of approximately 20 was deemed



sufficient for a qualitative study (Boddy, 2016). The subsequent interviews with the SCTVSO women veteran outreach staff occurred during the same general timeframe as the women veterans' interviews. All interviewees' information was anonymized to facilitate open, honest communication.

The ultimate goal of this study was to determine why women veterans do not utilize programs and the challenges that staff have in addressing these women veterans' needs in order to provide required support. This project has the potential to assist female veterans in securing the care and benefits they require. The statistics are beneficial to state, federal, and municipal governments that support female veterans.

### **Nature of the Administrative Study**

The use of semi structured qualitative case study interviews with participants provided data from respondents' perspectives to better understand their unique viewpoints. Possible partner organization for future collaboration to facilitate more positive outcomes with women veterans include local veteran medical centers, VHA, Women Veterans Health Services, County Veteran Services, the American Legion Association, and Pink Berets Women Veteran Services Organization. Because of the higher population of veterans and the numerous services available, I chose women veterans in this location.

According to Pew Research, there are presently two million female veterans, with the population predicted to grow to 10% of the total veteran population by 2050 (Bialik, 2017). The female veteran population is expected to grow to 20% of the total veteran population in the future (Bialik, 2017). Many female veterans may not self-identify as

veterans, which delays obtaining veteran benefits, slows the transition process, and may affect their ability to start a new employment, find suitable housing, and care for dependent children (Heller et al., 2021). The goal of this study was to reach out to female veterans who had recently transitioned from the military but had not applied for veterans' benefits or services in order to find out why they had not done so. I also reached out to other female veterans who left the military earlier in order to get different generations' perspectives. This information is valuable to my partner organization as well as other governmental and private organizations that serve veterans.

### **Significance**

The primary stakeholder was the SCTVSO and women veterans who would benefit from a more informed outreach approach. Secondary stakeholders, such as federal, state, non-profit, and for-profit veterans-focused organizations, could help bring about beneficial social change. This administrative study provided additional insights into ways to reach this veteran population and assist them in obtaining benefits and services that they are entitled to receive. This could have a positive impact on the veterans and their family members when they receive the additional supportive services. VSOs frequently educate veterans about available services, advocate for them, and guide them through many of their service benefits in order to guarantee that their customers receive the care they require. This highlighted the critical nature of understanding how veteran clients feel about the enlarged circle of support provided by veteran-focused partners.

## Summary

I utilized the qualitative case study design to analyze the issues at the SCTVSO that impacted women veterans, based on interviews with women veterans. I examined, from the veteran's perspective, the reasons that women veterans do not identify as veterans or apply for veteran's benefits in metropolitan South-Central Texas. These insights greatly enhanced my partner organization's understanding of the experiences of women veterans who may be eligible for services yet do not follow through with the application process. These insights, which identified potential opportunities for improved services, began with the identification of challenges or shortcomings from the employee and veteran perspective, with a focus on the potential for future improvements.

Hamilton et al. (2013) found that many rural veterans do not use the medical center due to transportation issues or if they have another source of health insurance that affords the same or higher level of care. The researchers discovered that many of the eligible patients used resources outside of their existing facility and these patients rated the outside resources higher than the medical center. This population of veterans presented the opportunity, based on feedback from women veterans, for the SCTVSO and the medical center to collaborate on ways to reach and provide the services that those in more rural areas need.

The use of human-centered design focused interviews was my preferred method (see Swanson & Holton, 2005). Human-centered design focused interviews provided opportunities for participants to share current information and further expand the insights on the participant's unique experiences (see Swanson & Holton, 2005). Collaboration is

critical to the process of human-centered design, notably between the researcher, the SCTVSO, and community partners.

## Section 2: Conceptual Approach and Background

### **Introduction**

Women veterans are required to complete a veterans' benefit application in order to establish eligibility for veterans' services, but they are not doing so. Even though they are entitled to care, women veterans are not completing the enrollment process in order to utilize the local medical center in South-Central Texas for their health care. I sought to provide insights on policies, procedures and practices that impacted women veterans' decisions to apply for benefits, which impacted their eligibility for resources to include healthcare. The study's findings may have an impact on how the SCTVSO provides outreach to these veterans, potentially increasing the number of women veterans who establish their eligibility for and seek care at VA's health care facilities.

In this section, I explore the conceptual framework of the social construct of target population (see Schneider & Ingram, 1993) and its impact on political and fiscal policies on a particular population. I also explain the conceptual framework of human-centered design, which focuses on qualitative feedback from the participant's experiences (see Rouse & Rouse, 1991) and which I used to guide my discussions with the participants. I then examine the importance of this study to relevant public organizations, followed by details on the partner organization. My contribution to the project as a female veteran and student researcher is also examined in this section.

My partner organization, SCTVSO is recognized by the VSS as an authorized agent to assist veterans as they apply for benefits and services. The SCTVSO's leadership, recognized the importance of this project in helping to identify the factors that

influenced women veterans and their decisions to apply for their veteran benefits. The SCTVSO was interested in supporting this project, which involved the evaluation of factors that influenced women veterans' decisions to apply for veteran's benefits and, as a result, their use of the veteran's healthcare system and other supportive services.

I examined, through qualitative case study interviews, the reasons women veterans gave if they do not self-identify as veterans and had not applied for benefits. Women veterans are not completing the enrollment process for care and utilizing the local medical center in South-Central Texas for their health care even though they are entitled to receive care. The goal of this research was to learn more about the policies, processes, and practices that influenced women veterans' decisions to file for benefits and their eligibility for services such as healthcare. The findings from the study may impact how the SCTVSO conducts outreach services to these veterans and potentially increase the number of women veterans who establish their eligibility for and seek care at VA health care facilities. I examined how women veterans viewed and experienced the benefit application process, as well as any barriers encountered by staff members in their outreach efforts to women veterans.

Previous researchers had only a limited understanding of why women veterans in the United States chose the medical center for healthcare at a lower rate than men (Evans et al., 2019). Participants in the Department of Defense Transition Assistance Program (2017) reported that they felt that the traditional transition classes did not provide adequate information on medical center services and benefits available to women veterans as they prepared to leave active duty and transfer to veteran status. This lack of

knowledge and comprehension led to a lack of understanding of the benefits and services that they earned through their military service and resulted in lack of utilization of the facilities. Many women veteran respondents felt that the VA services were for male veterans or combat injured veterans only (Evans et al., 2019).

Women veterans often listed the primary reason for choosing a healthcare facility was based on proximity to their homes. Hamilton et al. (2013) explored the primary reasons that women veterans discontinued using the medical center in South-Central Texas. Hamilton et al. examined additional reasons that women veterans declined to seek care and found that veterans who had additional medical insurance opted to use healthcare providers through their private insurance. Klap et al. (2019) discussed how the physical environment affects women veterans' health care decisions. Women veterans were less likely to choose that facility for their medical care needs if they were dissatisfied with the hospital's physical setting or felt uncomfortable with the physical layout.

Veterans Signals, also known as VSignals, customer service ratings and comments, scores, and other survey instruments can provide additional information and comments made by veterans following their medical appointments (Varcie, 2019). Previous research, based on the department's access to care survey, in several medical centers in South-Central Texas revealed that veterans reported a satisfaction rate of 74% when asked if they were able to get a routine appointment at the medical center. This is another area that was helpful to identify recurring patterns and areas of concern (i.e.,

whether the cultural environment is welcoming to all patients) that were highlighted throughout this study (see Meredith et al., 2017).

### **Concepts, Models, and Theories**

The project's qualitative design was based on the social construction of the target population and human centered design. This policy conceptual framework detailed the disparate impact of political policies on funding and resource allocation to groups based on policymakers' perceptions of the targeted population (see Schneider & Ingram, 1993). The project will focus on women veterans' lived experiences and views of their treatment when applying for benefits. The human centered design framework provides valuable insights on the woman veteran healthcare journey from the participants' perspectives (see Rouse and Rouse, 1991).

### **Social Construction of the Targeted Population and Policy**

Social constructions are the widely accepted images, perceptions, or labels placed on these targeted populations, which can be perceived as either positive in nature or negative by the wider society (Schneider & Ingram, 1993). Schneider and Ingram (1993) posited that societies have groups with similar qualities that are recognized, labeled, and evoked either negative or positive connotations with the general public based on how the public images of the groups have been developed. These groups can experience increased social status based on the shared values they hold (i.e., if they self-identify as a veteran, and have social connections with other veterans in the population). This social group would experience a positive social construct within the overall society. Examples of positive connotations can conjure up images such as "worthy," "intellectual," "authentic"



or “socially-responsible.” Example of negative connotations or constructions include “unworthy,” “thoughtless,” “deceitful” and “narcissistic” (Schneider & Ingram, 1993, p. 4). Schneider and Ingram uncovered how government policies are shaped by these social constructions.

The social construction of target population theory seeks to show the correlation between different factions in society with the advent of political policies and the implementation of political policies (Schneider & Ingram, 1993). The concept shows the alignment of policies and the public perceptions of the targeted populations. This could have extremely detrimental effects on certain populations as the social constructions, true or false, become accepted representations of the targeted population by general society. This impact can expand to funding, social services, or other amenities that affect the group as a whole and consequently becomes an overall issue for policy making and policy implementation.

Social constructions can affect the politics of fiscal management when it is applied to certain groups who have minimal to no political influence (Schneider & Ingram, 1993). According to Schneider and Ingram (1993), the more influential groups can affect the flow of funds into programs designated for the less influential groups. Certain groups may be encouraged to become a part of the political process to ensure they have a say, while other groups may have policies in place that negatively affect their ability to become a part of the local and, on a wider scale, national government. The impact is far reaching for the negatively perceived groups, due to political decisions related to the allocation of funding and resources on groups and governmental agencies.

Negative perceptions of certain groups of people can influence how they interact with society, which can have an impact on laws and regulations. This could have a negative effect on the targeted populations. Male veterans outnumber female veterans in terms of medical center benefits and service utilization, according to the medical center benefits and service utilization rates (VSS, 2018). This is an example of how the system designed to provide care to all veterans did not adequately address the needs of women veterans.

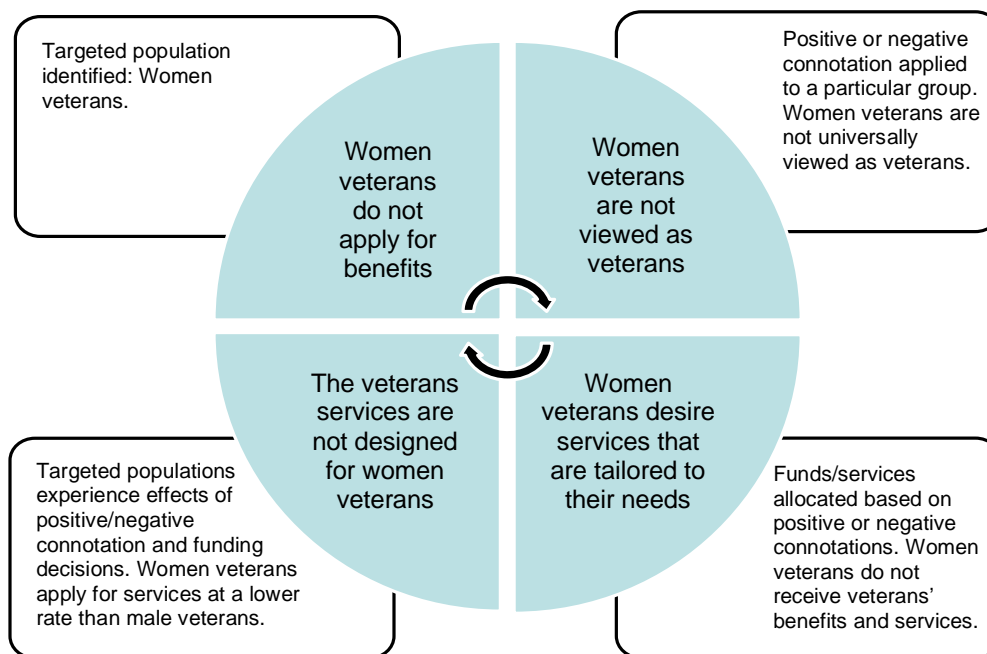
### **Human-Centered Design Framework**

To hear the veteran's voice on their experiences, I used the human-centered design framework, which was originally intended to create goods, systems, or services based on the individual's or customer's specific requirements (see Rouse & Rouse, 1991). I used the human-centered design framework to analyze the format and processes for women veterans' benefit application experiences with the SCTVSO to acquire unique insights into their outreach, benefit application, and follow-up activities (see Rouse & Rouse, 1991). Within the target population, I conducted interviews with staff, potential participants, and women veterans who have not completed the veteran benefits application process.

Previous healthcare policies that did not specifically require trained women health providers, whether the women self-identify as veterans, and other factors that the project aimed to uncover may have had an impact on the target population of women veterans who are not currently receiving services from the VSS. Additionally, I assessed the prevalence of homelessness among female veterans who are not currently receiving treatment at the medical center or have not finished the application process for their

benefits. The human-centered design framework provided qualitative data to SCTVSO, which facilitated a better understanding of women veterans' individual experiences and thought processes that influenced their decisions to apply for benefits. I also identified potential pain points or difficulties within SCTVSO's internal processes for areas of improvement, or bright spots or things that the agency does particularly well for processes to retain.

In Figure 1, the human-centered design illustrates the identification of common themes or data points during the interview and filtering process. The social construct of targeted populations also depicted in Figure 1, shows the impact once the targeted population was identified. The next step was the negative or positive connotation applied to the group, in this case, women veterans may not have access to care based on negative experiences either in service or throughout the application process. The next step represents the inability to access needed care or services.

**Figure 1***Conceptual Framework: Human-Centered Design/Social Construct of Targeted Populations***Terms Used**

*Rural veterans:* Veterans who live in an area that is outside of a major metropolitan city.

*Women veterans:* Women who have served in the United States military.

**Relevance to Public Organizations**

The primary focus of the study was to determine the current experiences of female veterans who may be eligible for care and services from the VSS but have not completed the basic eligibility process. Women veterans from the local SCTVSO service area in and around the South-Central Texas metropolitan area participated in qualitative

semi structured interviews for the study. The goal was to interview female veterans who are not currently receiving services or benefits from the VSS to find out why they have not applied for benefits or why they have not followed up on their applications if they have.

As the female veteran population increases, VSS recognizes the women veterans' growing and complex needs. During qualitative interviews with medical personnel at a variety of medical centers located throughout South-Central Texas and the United States, healthcare providers shared their perspectives on various aspects of providing quality care to female veterans (Brunner et al., 2019). The department previously responded to the increase in women veterans' healthcare needs with the creation of women's health clinics, many of which were designed with ancillary services such as lab and mammogram capability, to care for the whole person. These clinics are equipped to provide care in a setting that is separate from the main hospital and, in some cases, more welcoming to female veterans.

Hospitals and medical centers that incorporated onsite labs or other services provided a central location for the medical needs, thereby avoiding the necessity to visit the main hospital. According to the Women Veterans Health Care site sponsored by the VSS, there are women veteran program managers within each medical center in South-Central Texas to focus on ensuring women veterans receive the appropriate care and services through their specific facility. This care includes general medical care, care for emotional and physical trauma, MST, and care coordination for long-lasting health conditions.

According to the Veterans Health Administration's website (2021), women veterans who desire to obtain care should complete the application process to establish eligibility for services. Veterans who have not completed the benefits application procedure to prove their eligibility for care and services are unable to participate in programs for which they would otherwise qualify based on their successful military service. Yano et al., (2014) examined whether healthcare professionals were matched with patients' needs and whether care coordination was simple to navigate. When women veterans were moved to community care providers, they expressed their displeasure with the whole care coordination process (Marshall et al., 2020). The recurring themes that created barriers to care were the following: (a) not all medical centers in South-Central Texas had trained women health care providers, (b) the external referral process is ineffective, (c) the physical environment is unappealing to many women veterans, and (d) individual women veterans may have personal obligations that interfere with their ability to deal with their individual health care needs.

Although the focus of the study was not on women veterans' access issues specifically, Marshall's et al., (2020) findings identified disconnects within the external or civilian care referral system that were frustrating for veterans due to a lack of timeliness or availability of providers. The environment of many medical centers in South-Central Texas, for example, whether it was considered shabby or run down, or if the female veterans felt as if they were subjected to the stares from other male veterans as they entered the building, were mentioned as a deterrent as it may dissuade many women veterans from seeking care there.

### **Access to Services Challenges**

Researchers also explored the value of telemedicine in improving access to care in mental health treatment and concluded that the expansion of treatment options to include telemedicine may provide additional resources to those women veterans in rural areas (Azevedo et al., 2016). This expansion proved valuable by providing services to those who may not otherwise seek assistance; however, computer and Internet access are crucial to patients when remote options are utilized. Access to care has been a prolonged challenge for women veterans seeking care in the department.

Oishi et al. (2011) examined the benefits and challenges involved in providing mental health care in a setting that is respectful of the individual's gender preference. The multifaceted challenges that these researchers discovered almost 10 years ago, continue to plague the current system. These difficulties are exacerbated by the projected increase in the number of female veterans who will present with complex issues, necessitating the presence of skilled clinicians familiar with women's issues. The complexity of clinical care for female combat veterans is exacerbated by the increased number of female veterans exposed to environmental hazards, physical, mental, and sexual trauma (Muirhead et al., 2007). Civilian health care providers may not have the same level of familiarity with the health conditions and deployment conditions that may arise post-deployment, which could impact the efficacy of community-based treatment options.

### **Organization Background and Context**

SCTVSO was established in 1927 to serve as an activist for veterans and enhance their overall wellbeing for all veterans in the state. The SCTVSO provides services in

eight areas: (a) direct advocate for veterans as they apply for benefits, (b) post military career advice and assistance, (c) school advice and assistance, (d) businessperson program, (e) medical care support, (f) social work and counseling program, (g) Women Veteran Program, and (h) administer the financial assistance program. The SCTVSO's services are free to veterans.

SCTVSO's mission is to collaborate with all levels of government and community organizations to ensure that veterans receive high-quality services tailored to their unique needs. The SCTVSO is recognized and authorized to provide benefit claims assistance to veterans who are applying for their veterans' benefits through the VSS. The SCTVSO Women Veterans Program was created to guarantee that South-Central Texas women veterans have full access to all federal and state benefits afforded them because of their military service. The SCTVSO Women Veterans Program focuses on: (a) enhancing overall awareness, (b) identifying and highlighting women veterans, and (c) recognizing needs and making judicial recommendations.

The VHA, the other potential stakeholder, was founded over a century ago by President Lincoln to care for veterans, their dependents, and surviving family members. The Veterans Support Services, the second largest agency in the federal government, missions include determination of eligibility for service providing health care services and funeral services for qualified veterans and survivors (VSS, 2019). The VHA has healthcare facilities located throughout the United States to serve the veteran population. The VHA is working to improve access to healthcare services in areas where women veterans have become the fastest growing population of veterans eligible for care at VHA



facilities (Bialik, 2017). The SCTVSO is working to encourage more women veterans to apply for benefits and avail themselves to the services nationally and through their local facility.

South-Central Texas, which includes the state's central and southern regions, has the highest percentage of female veterans of any major metropolitan area in the United States (VSS, 2017). The SCTVSO Women Veterans Program is organized with a program manager for the for major regions in South-Central Texas. Women veterans are not utilizing services at the same rate as women veterans even with the larger population in the South-Central Texas region.

The SCTVSO defines a woman veteran as one who has served in the Armed Forces of the United States. Their benefits application services include helping veterans apply for benefits based on their military services. My research also sought to identify what women veterans' experiences are under the existing system, as well as why women veterans do not enroll for their veterans' benefits. The Government Accounting Office conducted a study in 2016 that revealed not just disparity in treatment for women veterans but a scarcity of data on the full scope of the problem (Williamson, 2016). The study focused on the anticipated increase in healthcare demands on VHA services based on the expected increases in the population of women veterans. The study's recommendations were an increased focus on the clinical care environment for women veterans that would include verification of compliance with the unique clinical requirements needed for female patients. The significance of the clinical staff compliance in meeting these requirements was noted. The second recommendation included closely

assessing the community-based care requirements and utilization for the specific needs of women veterans. The Veterans Health Care Association concurred with all recommendations and provided an overview of an action plan to address these areas.

Devine (2016) noted the importance of healthcare that is sensitive to the unique needs of women veterans ranging from gynecological to mental health. The creation of women health clinics available at certain medical centers specifically for women veterans provide a safe environment for care and is considered crucial to providing quality care. Although Devine's (2016) study examined a small number of records, the information gathered is considered helpful to future research based on the information gathered.

### **Role of the DPA Student/Researcher**

I chose to do this project because, as a woman veteran, I am aware of the positive impact of supportive services provided to veterans and wanted to discover areas for improvement in interactions and utilization of services. As a female veteran with service-connected disabilities, I understand the critical nature of the disability application process. I also understand how frustrating the benefit application process can be with the potential for numerous appointments, or the confusion for veterans when they complete the application process, and their disabilities are not appropriately verified. Throughout the study, I needed to be aware of any possible tendency to over empathize with the interviewees based on my veteran status or based on my disability status. I am aware that my veteran status may provide me with a unique perspective, as I am familiar with the benefit application process. I was motivated to provide substantive information that may aid in outreach and education efforts aimed at helping female veterans.

During my interviews with the SCTVSO's internal women veteran outreach team, I hoped to learn as much as possible about their efforts to reach female veterans who left the service due to the expiration of their enlistment or service obligation, retirement due to service length, or medical retirement. Information on recent attempts to reach transitioning service members was important to ascertain the extent of the outreach effort required to reach these veterans. I intended to interview members of the SCTVSO outreach team who were in charge of each region of the state.

### **Summary**

According to Cordasco et al. (n.d.), development of healthcare models that were available to rural veterans (i.e., virtual care models, utilization of community care providers and other methods) are essential to construct better care for women veterans. Approximately 30% of women veterans fail to apply for medical center benefits and instead seek care from outside sources due to the administrative hurdles, lack of information, unsafe environment, and the feeling that the medical center is not prepared to manage their unique issues (Evans et al., 2019). While the medical center has specified requirements to provide gender specific care, women veterans are not fully utilizing the specified clinical services that are available (Elliott, 2020). The challenge appears to be twofold; how to encourage women veterans to complete the medical center benefits application process and how to encourage women veterans to utilize the medical center in South-Central Texas for their healthcare needs once they have access.

According to Lee's (2019) study of women veterans with previous deployments ranging from the Persian Gulf War to the present conflicts in Iraq and Afghanistan, the

proportion of women veterans who have suffered traumatic incidents is predicted to rise to 20% of the total population of women veterans. This population has been exposed to a higher level of combat stress compared to previous wars and other conflicts due to the fluid nature of current battles where areas that were previously considered safe zones such as hospitals or base camps, were often targeted for attacks. Lee (2019) reiterated the lack of qualitative information on the reasons behind the healthcare decision-making process for women veterans while verifying the prevalence of MST complaints among these women veterans.

The SCTVSO was interested in exploring the reasons women veterans have for not applying for their veteran's benefits and not utilizing services. I provided an overview of several areas that have been previously discussed as problematic for women veterans. I examined the primary reasons that women in the South-Central Texas metropolitan area did not seek assistance through the SCTVSO for follow-up on medical care and veteran services. The South-Central Texas metropolitan area is very military friendly and was even considered Military City USA by mayoral proclamation in 2017 formalized by a patent filing with the U.S. Patent and Trademark office (502<sup>nd</sup> Air Base Wing Public Affairs, 2017). This is one of the reasons that I selected this area for the project; another reason, previously mentioned, is the large population of veterans in the area.

Women veterans are frequently hesitant to complete their application for benefits or services, despite the counselors at the South-Central Texas Veterans Commission's tremendous outreach efforts. The purpose of this study was to determine if women veterans are aware of SCTVSO and why women veterans do not complete their veteran

benefit applications or do not attend follow-up appointments. South-Central Texas has the highest concentration of veterans, including female veterans. I hoped to provide additional insight to the SCTVSO leadership regarding strategies for reaching out to more women veterans and encouraging them to complete the process of obtaining services through the medical center.

### Section 3: Data Collection Process and Analysis

The medical center in South-Central Texas experienced a lower utilization rate among women veterans despite their large population in the South-Central Texas metropolitan area and their proximity to the center. SCTVSO is recognized by the VSS as an authorized agent to assist veterans as they apply for benefits and services. The SCTVSO's leadership, recognized the importance of this project in helping to identify the factors that influenced women veterans and their decisions to apply for their veteran benefits. The SCTVSO's leaders sought to help support this research project that looked into the factors that influenced women veterans' decisions to file for veteran's benefits and, as a result, their use of the veteran's healthcare system.

Previous research revealed several recurring themes regarding women veterans' healthcare choices, including proximity to the facility, decision to use personal insurance, and dissatisfaction with the medical center's environment (Klap et al., 2019). Previous researchers documented the ongoing challenges that leadership may face as they respond to the growing number of female veteran patients requiring complex medical care while maintaining an adequate provider base (Brunner et al., 2019). Similarly, I tracked and identified themes that emerged during the project's participant interviews for possible implementation of corrective actions by my partner organization, SCTVSO (see Parameswaran et al., 2020). I compiled and organized key terms and phrases in order to provide a more concise understanding of the participants' concerns (see Williams & Moser, 2019). In this section, I review the justification for the practice-oriented research

question, the sources of evidence, the relevance of potential archival and operational data, the rationale for study participant selection, and the analysis and synthesis of the data.

### **Practice-Focused Questions**

Women veterans are applying for their veterans benefits at a lower rate than their male counterparts. SCTVSO's leaders were interested in knowing if women veterans are aware of their services for veterans and in understanding why the application and follow-up rates are lower for women veterans. The goal of this qualitative research was to figure out why women veterans do not apply for veterans' benefits, follow through with the application process, and if they are aware of the SCTVSO services to assist with this process.

I conducted virtual interviews with the participants, women veterans and SCTVSO staff members who collaborate specifically with women veterans. Their anonymized responses were recorded in writing and maintained in a secure location. A review of the questions follows:

- The central project question: What are the factors that prevented women veterans from applying for veteran's benefits or if they have started their application, what has prevented them from completing the application? I wanted to hear from each participant, what were the reasons they had for not applying for their veterans' benefits, or if they had applied for benefits, if they were aware of the partner organization.
- If a woman veteran is determined to be qualified for benefits, what administrative or environmental improvements would encourage her to self-

identify as a veteran, apply for, and utilize available services? Women veterans may not self-identify as veterans which prevents them from applying for benefits. This question was aimed at learning from women veterans, how they perceived their service and ultimately if they are aware of the SCTVSO and the services that they provide to assist veterans.

### **Sources of Evidence**

The objective was to develop trust with study participants and to learn about them as individuals. This discussion could have taken a variety of different turns depending on the veteran's experiences. One-on-one interviews are ideal because they enable the interviewer to go deeply into a subject with a single respondent, just like most meaningful conversations occur in a small intimate context. My top priorities were to comprehend the perspectives and points of view of clients in order to comprehend their journeys. Each veteran is an individual, and their interactions with SCTVSO will be unique. Each of them has a unique tale, and it was critical that their voices were heard.

I received approval from the SCTVSO's leadership to interview their outreach staff who are designated to collaborate with women veterans to ascertain the effectiveness of their outreach efforts. SCTVSO's personnel were critical in understanding the veteran's benefits journey because they are the major stakeholder who interacts directly with veterans. The relationships between SCTVSO, the local medical center and Veterans Health Care Association, and other partners also have an indirect effect on the veteran experience.



The study included 12 female veterans from the South-Central Texas area who have had experience with the veteran benefit application process and four women veteran outreach coordinators from the SCTVSO for a total of 16 participants. The interview questions centered on whether these female veterans have applied for veteran benefits and whether they self-identified as veterans. I recruited participants through outreach efforts and in collaboration with the SCTVSO. I also used the Nextdoor community-based social network (<https://nextdoor.com>) to share the flyer and recruitment information. Additionally, VSS maintains a database of enrolled veterans, and Medallia (<https://medallia.com>) input based on patient comments and survey results can all serve as a starting point or baseline of those living in the metropolitan region. The database provided information on veterans who have accessed services and those who have not.

### **Relationship of the Evidence to the Purpose**

The interview questions centered on why these female veterans have never applied for veteran benefits and whether they self-identified as veterans. I reviewed quantitative application data in order to establish understand the magnitude of the problem in the South-Central Texas area for the current population of eligible women veterans in comparison to the number who have applied for and are receiving benefits and services in the catchment area. Qualitative data were analyzed inductively and deductively to deduce patterns in the responses (see Creswell, 2014). Earlier research documented the ongoing challenges that leadership may face as they responded to an increasing number of female veteran patients requiring complex medical care while maintaining an adequate provider base (Brunner et al., 2019). Similarly, I documented

and identified emerging themes from participant interviews (see Parameswaran et al., 2020). I compiled and organized key terms and phrases in order to facilitate comprehension of the participants' concerns (see Williams & Moser, 2019). SCTVSO was informed of recurring themes or trends. Strong basic instruments for promoting real change within the company were supplied by veteran and employee participation.

### **Published Outcomes and Research**

I conducted an exhaustive and comprehensive search using Walden University ProQuest, Scholar Google, SAGE, and Thoreau. I narrowed my search to the Walden University Library and ProQuest websites for the time period January 2019 to January 2022. Based on the outcomes, I focused on issues that affected women veterans' enrollment processes relative to their veterans' benefits.

I focused on the key search terms *public policy* and *female veterans*, which generated 12 results, two of which were relevant to the study. Additionally, I searched for *women veterans*, *female veterans*, *women veterans' benefits*, *woman veterans' access to benefits*, *female veterans' access to benefits*, *women veterans' disability rating*, *female veteran disability rating*, *women veteran access to care*, *women veteran availability of care*, *ease of obtaining care for women veterans*, and *women veterans*.

The organization AMVETS (2019), which represents the interests of 20 million veterans, developed the *Women Veteran Experiences Journey Map* to depict the lifecycle for women veterans. The health care advocates arm of AMVETS recognized the need for focused attention on women veterans, especially as they transition from military service, and created the *Women Veteran Experiences Journey Map* to capture the highlights and

challenges. The stages identified are as follows: (a) induction into the military with new standards and language; (b) first enlistment often marred by MST or family issues; (c) second enlistment when they may face deployments, separations, or divorce; (d) career status with over 10 years in service, when they may face childcare or educational challenges; (e) separation or retirement at the end of 20 years of service, at which point they may face post service mental health challenges; (f) transition or post separation, when many are faced with identifying as a veteran or obtaining access to veteran benefits or services; and (g) veteran status extending for their lifetime with the challenge to follow up on veteran claims, employment issues and managing stressor of past traumatic events. According the AMVETS, women veterans suffer from homelessness at twice the rate of non-veteran women, while 20% of women veteran report issues with post-traumatic stress. These are all valid reasons to ensure that women veterans are afforded the benefits and services that they earned through their military service.

Female veterans do not utilize the medical center's healthcare facilities at the same rate as male veterans. Bean-Mayberry et al. (2003) concluded that women veterans benefited from care that was tailored to their unique needs. Washington et al. (2011) investigated the issue of female veterans' underutilization of medical center facilities. Washington et al. examined the barriers that women veterans faced when seeking care at community medical centers. Brunner et al. (2018) concluded that while female veterans' access to care at medical center facilities was a significant issue, perceptions of care quality were related to staff responsiveness to patients requiring follow-up. This was

critical for patients who were unable to attend an in-person appointment due to transportation, childcare, or other reasons.

Carter et al. (2016) sought to acknowledge and address the racial and ethnic disparities in treatment based on the woman veteran's ethnic and racial background. The researchers cited a lack of studies on the racial and ethnic disparate treatment of women veterans within the VSS health care system. Carter et al. were able to identify nine out of 2,591 studies that referenced women veterans; consequently, the vast majority referenced male veterans, while only five studies referenced proof of a marked racial or ethnic disparity. The researchers noted the remarkable lack of research on the healthcare experiences of minority women veterans in comparison to information that is available for women in other health care systems.

Batch et al. (2016), in a similar study, pursued detailed information on data to address the racial and ethnic disparities in treatment based on the woman veteran's ethnic and racial background. They found a lack of research on the treatment of minority women veterans within the local South-Central Texas Medical Center Health System in comparison with data on other healthcare systems. This lack of exploration is another area where the SCTVSO leaders have an opportunity to reach an undeserved population of women veterans by targeting outreach efforts toward women veterans in minority communities. Women veterans are able to access homeless programs through the Medical Health Administration, which underscores the importance of a timely application process to ensure women veterans receive benefits and services in a timely manner.

Female veterans who sought care may face other challenges based on geographic location and the availability of services. Healthcare disparities were explored by Brooks et al. (2016) to determine the challenges and inequalities that may exist in the healthcare of rural women veterans. Some of the significant issues include (a) proximity to healthcare resources, (b) if the women identified as a veteran, (c) if facilities have trained staff on hand, and (d) if the healthcare is specific to women veteran's needs and perception. Cordasco et al. (n.d.) used telephone interviews and self-reported medical conditions to examine the disparities in healthcare for women veterans in a rural setting. The findings confirmed the ongoing differences in available healthcare for those who live in rural settings. Cordasco et al. confirmed the smaller population of women veterans in rural settings who apply for benefits and utilize the department's services. Cordasco et al. acknowledged the paucity of information on women veterans due to the lower enrollment and utilization rates. Cordasco et al. indicated an ongoing need to explore the difference in health status for rural veterans in order to address any recommended changes to improve treatment for rural women veterans. The concept of having a medical home has proved valuable to the overall care, especially among groups that have socio or economic challenges (Beal et al., 2007). A medical home is best described as the primary clinical setting the patient receives their medical care.

The disparate treatment could be overcome when there was an atmosphere that valued the patient and encouraged positive interactions between the caregiver and the patient. Bastian et al., (2014) conducted a survey of women veterans' outpatient experience to obtain feedback on their patient care experiences. The overall findings

supported higher ratings or better patient experiences when the women veterans were treated by health care providers who were specifically trained to care for women patients. Bastian et al. also found a steady increase in the number of women veterans who were eligible for care within the Medical Center Health System, which would prompt the department to respond to the surge of patients with complex medical, mental health and social issues. The agency responded to the survey results with a departmental directive to employ health care providers who were trained to care for women veterans and would subsequently have a caseload with a larger percentage of women veterans.

The need for gender-focused care was again highlighted by Goldzweig et al. (2006), who conducted an overview of research on healthcare issues pertaining to women veterans. The researchers validated the prevalence of MST and the importance of dedicated counseling services for women veterans to address the service-related trauma. They also found the incidence of PTSD was related to previous incidences of sexual violence or harassment directed toward women veterans. There was also greater propensity for the sexual abuse survivors to have experienced homelessness, which highlights the impact of not receiving the appropriate care on several aspects of veterans' lives. This research highlighted the need for future interventions to address the multifaceted problems that women veterans present with in order to effect positive changes in the population. The first step is identifying women veterans to enable outreach efforts.

The second step in helping more women veterans would be the development of a treatment team that is trained to care for the complex needs of women veterans. The

patient aligned care teams or PACT teams, seek to place the patient at the middle of the Veterans Health Administration care environment (Meredith et al., 2017). Through the PACT model, the agency aims to increase availability, permanence, management, and completeness of care while maintaining quality and keeping costs under control. The PACT model that focuses on women veterans seeks to expedite their care with primary care providers who are respectful of their situations.

The clinical care environment is one important aspect of care that can have a tremendous impact and influence women veterans while they decide whether to seek care and services through their local South-Central Texas medical center facility. The physical environment can also impact women veterans if they do not feel safe (Dyer et al., 2019). While mandatory women's health clinics may impact healthcare decisions, the security of the physical environment proved to be an impacting factor. Dyer et al. (2019) studied the lived experiences of women who are MST survivors relative to their decisions to seek care in the same building that their perpetrators may use. The results indicated that 20% of women veterans were harassed at some point in their military career. The problem is compounded when these women veterans delay or forego care entirely to avoid being in an environment where they do not feel safe or that they may be harassed while attending a medical appointment.

Wolfe's (2011) study of women veterans' utilization of South-Central Texas medical center healthcare facilities examined several clinical settings in the Jackson, Mississippi main clinics, counseling services, referral clinics, and urgent care clinics. This retrospective study design examined the clinical records of veterans from recent

military conflicts who were also patients at the local medical center hospital or affiliated with one of the smaller outpatient clinics. The study substantiated the lower utilization rates of women veterans, except for younger, single minority women and older married minority men. To address their specific population, the department expanded efforts to reach this younger group of veterans and provide information on current services available. This has been marginally successful; however, the overall rate falls far behind that of male veterans' utilization. This lower utilization rate for women veterans extended to psychological counseling services. Wolfe's study indicated a lack of available data on the healthcare requirements of women who are not currently using the medical center for their healthcare needs; however, it acknowledged the importance of adapting policies and procedures to enhance the clinical settings to better accommodate the number of women veterans who use their services.

The Department of Defense is aware that the Veteran Health Administration will need to make changes in order to meet the needs of women veterans (Copeland et al., 2020). Copeland's (2020) study included women veterans who recently left military service and experienced emotional challenges with the readjustment and return to civilian life. Many of these women veterans sought care at medical center facilities; however, an even greater number sought care in the community through the medical center program that facilitated earlier access to external care providers. Housing insecurity issues could negatively impact whether women veterans sought care at a medical center facility.

As I examined women veterans from current conflicts, Duggal et al. (2010) surmised that the increased exposure to combat was a contributing factor that influenced



more women veterans from recent conflicts to enroll to use the medical center healthcare system. The utilization rates for these women veterans at traditional medical center hospitals consistently lagged behind those of the male veterans; however, if the facilities had a designated separate women veterans' clinic, they were more likely to attract more women veterans. Additional research also confirmed that women veterans who have a choice of provider are more likely to use the medical center health centers (Mengeling et al., 2011). The researchers also verified the effectiveness of separate women healthcare clinics that ensure women veterans are able to receive all their treatments in a single clinical location (Mengeling et al., 2011). Washington et al. (2011) concluded that women veterans reported receiving higher quality care when they were in a care environment that focused on gender specific treatment, which may include referrals for specialty or follow-up care. Yano et al. (2010) stressed the importance of including women veterans in current and future research opportunities in order to ascertain and verify the needs of women veterans which would help the designated agencies reach more women veterans and provide the appropriate assistance.

In order to reach more women veterans, outreach efforts are important to ensure that women veterans are recognized and informed of the medical center numerous services available through the VSS (Huynh et al., 2003). SCTVSO leaders have made considerable progress through the development of women veteran specific outreach programs and the hiring of women veteran program managers who are assigned to areas that cover the entire state of South-Central Texas. Additionally, Huynh, et al., (2003) recommended an expansion of services to include separate clinical locations that catered

to the specific medical needs of women veterans. Goldstein et al. (2018) also highlighted the importance of peer relationships when they determined that women veterans were more likely to continue with their specified treatment plans if they had a colleague who they had confidence in. According to Goldstein, et al., (2018) the support of a trusted partner who could relate to their health journey was especially important with the women veterans' compliance in a local cardiovascular program.

Women veterans who do not have health insurance is another group that could benefit from receiving care through the medical center (Vance et al., 2019). While insurance can open different avenues for care, this proved to be more problematic when the non-medical center physicians were not trained in unique veteran issues such as PTSD or readjustment issues. To ensure that women veterans receive the benefits and care they have earned, SCTVSO women veteran counselors utilize a variety of strategies to reach out to and encourage women veterans to complete their benefit applications. The challenge for SCTVSO is for women veterans to complete all required appointments required to complete their claim packet. Some women may feel uncomfortable coming into a large medical center facility. There were other tangible ways that veterans felt the department could provide a more welcoming environment for women veterans and consequently increase the usage rate. Finley et al. (2020) found that childcare was mentioned as a factor that could encourage more veterans to use the medical center's services.

Without looking at the experiences of women veterans who require mental health support, it's difficult to comprehend the problems that women veterans face while

seeking department care. Mental health care for women veterans is an area of concern based on availability of care and access for the veterans. Koblinsky et al. (2017) conducted a study with a focus group of women veterans utilizing a medical center for mental healthcare, using the grounded theory approach to identify the common ideas and groups. The principal areas the veterans emphasized were the healing relationship, the medical care atmosphere, and the overall medical care establishment. Koblinsky et al. examined the areas that mattered most within those three categories and concluded that women veterans want to be treated as veterans and not have assumptions made that they are the spouse or caregiver. Women veterans have combat experiences that are similar to their male counterparts, and the women veterans felt that they wanted clinicians that understood this and could relate (Koblinsky, et al., 2017). Women veterans want an environment of care that is respectful and conducive to the therapeutic relationship. They also want a medical care system that is flexible enough to accommodate the schedules of working parents or primary care givers.

Women veterans who were involved in hostilities in Iraq or Afghanistan were significantly less likely to apply for or seek care at a medical center if the care was for emotional concerns connected to their service or deployment (Finley et al., 2017). Women veterans who were also covered by personal insurance were likewise less likely to seek care at a medical center (Finley et al., 2017). Additionally, the researchers discovered that whether female veterans with limited income sought care at the Medical Center had an effect (Finley et al., 2017).

Women veterans in less populated areas are less likely to seek care for mental health issues. A small study of women veterans in a rural area in Oregon determined that although many participants experienced MST during their time in the military or even during their deployment, they struggled to obtain the appropriate counseling (Ingelse & Messecar, 2016). There were several significant areas that emerged in the study including: (a) a culminating incident that prompted to seek care, (b) a colleague may have noticed some change or that something was different, or (c) there were stigmas associated with seeking assistance (Ingelse & Messecar).

The female veterans discussed their culminating incidents, which may have been as serious as a psychological breakdown, which caused them to seek care (Ingelse & Messecar, 2016). It was also significant for the women when a peer or colleague encouraged them to seek care. It was interesting that the women went to their closest medical center in South-Central Texas for help with physical conditions but did not equate the physical manifestation with the potential for PTSD as a contributing cause (Ingelse & Messecar). Despite the vital relevance of their experiences, women veterans in rural areas frequently confront insufficient resources to address their mental health issues (Murray-Swank et al., 2018). Researchers concluded that women veterans faced complex problems such as homelessness or food insecurity, which are exacerbated by other complex matters such as their emotional stability, sense of sadness, unease, and sleep problems (Murray-Swank et al.). Researchers were able to connect many of these problems with the PTS from their military experiences. The women veterans often did not seek assistance from the medical center because of their perceived negative

experiences with trying to obtain services, the location may not be convenient, possible childcare conflicts, or perhaps the negative connotations or stigma associated with seeking mental health treatment.

The challenge for leaders at SCTVSO is to encourage these women to complete the veteran's benefit application process and seek care through the VSS. The VSS faces a difficult task in determining how to reach and deliver relevant services to this diverse population of veterans who live in remote or rural areas and face a range of difficulties. This research could provide valuable insights for my partner organization as well as the VSS on the ways to provide effective service delivery.

Patient involvement was a key factor in mental health related outcomes for women veterans (Kimerling et al., 2015). The researchers used the term, *patient activation*, to quantify the level of patient engagement on a *Patient Activation Measure* from mildly motivated at level 0 to extremely motivated at level 4. The more motivated patients were to receive mental healthcare, the overall outcomes were more effective, and long lasting with encouraging results. The more motivated patients provided substantive input into their care, experienced overall sustainable outcomes, and feedback to clinical interventions. The more involved patients were in their mental healthcare decisions, the higher their satisfaction ratings with the care they received. These patients also wanted more female healthcare practitioners who were receptive to caring for women veterans.

Dobie et al. (2006) concluded that women veterans who sought care for mental health issues were more likely to seek additional services by utilizing the department's services. The study is especially impactful as it revealed the connection between

individuals with PTSD with those who also reported increased health issues. Reaching women who suffer from PTSD would be an opportunity to help with mental health issues as well as the possible physical manifestations of their traumas. The SCTVSO leaders could use their available resources to expand outreach to women veterans who may require additional mental health or counseling assistance.

In order to encourage women to obtain services with the Department of Veterans Support Services, an underlying issue of providing care to women in a clinical setting that would alleviate concerns about potential exposure to alleged or actual abusers was studied, and virtual care was mentioned as a viable alternative (Gilmore et al., 2016). The researchers collaborated with the Department of Defense for the Women Veterans Health Transition Program, which provided a detailed overview of the services available for military service members who were transitioning out of the active military (Gilmore et al., 2016). The attendees were given in-person tours of the local medical center hospital provided they were in the same city.

The overall feedback from the attendees was positive, especially when alternative treatments in a separate women veteran setting was available for treatment of traumatic events such as MST. Flexible treatment options such as gender specific care providers, remote or telemedicine counseling and treatment appointments would be applicable to women veterans as well as their male MST counterparts. The findings clearly verified the preference for these supportive approaches that would minimize the potential for accidental face to face encounters with former abusers at the local South-Central Texas medical center. Sensitivity to the PTSD issues related to MST and treatment alternatives

are crucial factors to share with women veterans as the SCTVSO leaders explore ways to encourage greater enrollment and utilization of their veterans' benefits.

### **Evidence Generated for the Administrative Study**

#### ***Participants***

I collaborated with the leadership of SCTVSO in order to facilitate their communication of the research project's information with their current or potential clients. They also provided information about the study via email or flyer posted to their virtual platforms, to their potential clients who had not followed up to complete their benefit application. The SCTVSO leaders were very motivated to explore ways to provide comprehensive services to women veterans, especially those women veterans who are reluctant to begin or complete the veteran benefit application process. I also posted the flyer on my Facebook and LinkedIn pages. The SCTVSO decided to collaborate on the research project in order to aid them in reaching out to more women veterans in need of benefits. See Appendices A, B and C for detailed questions for participants and staff. Appendix D contains a signed agency agreement.

#### ***Recruiting***

My goal was to contact and conduct unstructured qualitative virtual interviews with at least 10–15 women veterans in the South-Central Texas area who may be eligible for veteran benefits and services but have not applied. I also wanted to know about their familiarity with the partner organization's resources and services. Based on the similarity of comments from the participants, additional participants were not deemed necessary. I also provided information on social media platforms such as LinkedIn and Facebook to

share the study information among a broader base of potential participants. My primary focus was to recruit only female veteran participants to contribute. Additional selection criteria included whether or not they have completed the veterans' benefits application process or if they have started the application process but never completed the medical exams. Participants from any military conflict were eligible to participate. These participants were relevant because I focused on women veterans who have not completed the benefits application process. I also used the snowball technique to identify other women veterans who may have been interested in participating in interviews.

The staff interviews were accessible virtually via Microsoft Teams, Zoom, or another secure virtual platform. There were no in-person interviews; however, I was prepared, in the event a participant preferred an in-person interview, to conduct the interview in a neutral setting such as the local SCTVSO's office or possibly the local library. The online platforms allowed for taping of interviews to ensure the accuracy of my notes and the participants' intent. Study participants had the opportunity to answer questions about their experiences with the SCTVSO, their reasons for not applying for their services, or for not completing the benefits application process, mainly the medical exams.

I interviewed the four SCTVSO women veteran outreach staff members who routinely conduct outreach and advocate for services for women veterans and are familiar with the challenges associated with outreach to women veterans and their compliance with the benefit application process. I signed a memorandum of understanding (MOU) with the SCTVSO that authorized me to conduct interviews with staff members who



collaborated primarily with female veterans. Additionally, the MOU authorized the SCTVSO to communicate limited information about the research with women veterans who may meet the criteria but had not completed their application for veterans' benefits.

### *Procedures*

The use of telephone, Zoom, Skype, or Microsoft Teams to conduct interviews was proven effective by Parajuli and Doneys (2017) as they sought to reach out to women in a rural setting in India through telemedicine. I found this study interesting because of parallels with women in rural settings with limited resources, lack of access to transportation and other factors such as daycare concerns that may have prevented women veterans from utilizing services at their medical center in South-Central Texas. The researchers discovered that telemedicine was more effective than either in person or other remote methods when obtaining information from patients on gynecological issues.

The preferred method for contact with study participants is with in-person interviews; however, Zoom, Skype, or Microsoft Teams were considered due to the COVID-19 pandemic. Interviews were scheduled with 12 women veterans in the local South-Central Texas area who have not applied for benefits and who do not currently use the local medical center in South-Central Texas for their health care. The interviews, which occurred after normal work hours, lasted an average of 30 minutes to 1 hour, via telephone. I was prepared to have in-person interviews in libraries, the SCTVSO office areas, or other local VSOs such as the American Legion Auxiliary. I served as the interviewer and scribe and also recorded the interviews for accuracy. Participants were not identified by name on the interview tracking sheet but were identified by an alpha

numeric code only. I masked all interview subjects' identities, and all information will be retained for 5 years. The timeline for completing the interviews was originally mid to late January 2022; however, due to recruiting and scheduling delays, the interviews were completed in late February 2022. The interview responses were collected and analyzed for trends or common themes that SCTVSO can use to better tailor services to serve women veterans. I designed the questions to be open-ended in order to engage more with the participants (see Creswell, 2014). I had five questions for female veterans and five for the designated women veteran staff, which corresponded to Creswell's proposal to have a few unstructured questions. Several questions focused on the experiences of female veterans since they left the military. Examples of questions are located at Appendix B.

In order to assure the validity of the responses from the participants, Creswell (2014) provided the following steps:

- Triangulation is accomplished by confirming the alignment of emerging common themes to ascertain whether they correspond to previously presented information. (p. 201)
- Member verification by confirming with participants that their input was appropriately captured. (p. 201)
- By providing a concrete, complete explanation of the input, you may provide a rich description of the findings. (p. 202)
- Be cognizant of and responsive to any bias that I may bring to the study. Initiate a free-flowing debate. (p. 202)

- Present all information, whether it is favorable or unfavorable to the organization. (p. 202)
- To a lesser extent, spend extended time in the study environment in order to have a greater understanding of the problem. (p. 202)
- Utilize a peer debriefer who is knowledgeable about the issue to confirm that the responses are valid. (p. 202)
- Utilize a peer debriefer who is knowledgeable about the issue to confirm that the responses are valid. (p. 202)

### ***Ethical Protections***

The SCTVSO granted me permission to conduct the study, which involved interviews with staff members, their potential clients, and current clients, as necessary. All participants were asked to participate in interviews voluntarily, and they were guaranteed that their comments would be anonymized and non-attributional. No feedback or comments were attributed to a specific woman veteran by name. Verbal and written consent forms were used to verify their participation. All identifying information was coded for each participant. Identifiable participant information is maintained in an encrypted file on my standalone laptop. The information will be retained for 5 years before it is destroyed. I will maintain confidentiality for all study participants. Participants were informed that they could withdraw or stop the interview at any time. SCTVSO leaders and I collaborated on recruitment efforts to contact women veterans who have not finished their benefit applications, with the understanding that all replies

would be anonymized and not linked to a specific participant or veterans service counselor.

Interview participants were identified by a unique alpha-numeric code in order to preserve their anonymity. For example, participants were identified only as WV1, WV2, and counselors were identified only as WVC1 or WVC2, based on random numbers assigned to each participant. SCTVSO counselors were identified as such by WVS1, WVS 2 while the veterans were identified by WV1, WV2, and so on. Their responses were kept separately from the list to avoid inadvertent file merger or disclosure. To ensure the confidentiality of all participants, the encrypted files are stored in a secure location. I will maintain the integrity of the research to ensure that the results are reliable, they can be duplicated and the ability to replicate the results in other locations. The sample study questions are located at Appendices A, B and C.

I shared the information with SCTVSO in a manner that retains confidentiality for veterans and counselors by ensuring names are not associated with a particular response. I prepared a two-page executive summary and a briefing on the research outcome. Social media was used as an option for recruiting other volunteers within the South-Central Texas catchment area. I have a MOU in place with the SCTVSO that required me to adhere to Walden University's IRB criteria. I completed and submitted the initial IRB questionnaire for Walden University and received approval to complete the interviews (Walden University's approval number for this study is 01-26-22-0805969).

### **Analysis and Synthesis**

I used Microsoft Excel to track document searches that included a concise description of the articles. I conducted regular Walden ProQuest searches for dissertations with a focus on women veterans for the time period from January 2019 through January 2022. I exported the qualitative data into the NVivo software to provide a thematic analysis of the qualitative data as follows (see Scharp & Sanders, 2019), which included: (a) familiarization with data points, (b) classification of the data points, (c) creating themes consistent with the responses, (d) conducting a theme review and assessment, (e) labeling the themes, and (f) identifying exemplars.

I maintained rigorous integrity throughout the project to ensure the authenticity of processes and data, which allows other researchers to duplicate the findings. I used NVivo software for analysis to provide an unbiased view of the feedback. The NVivo word cloud was helpful as it highlighted common words or thoughts that may not have been as apparent. I grouped common terms and themes based on woman veteran participant or staff member participant. I utilized the NVivo software to analyze the common themes to provide key outcomes, create a word cloud based on recurring themes, and to assign feedback to four sentiment categories ranging from *mildly negative* or *strongly negative* to *mildly positive* or *strongly positive*. By grouping common themes, using human-centered design, it provided a sense of how participants perceived their experiences.

The social constructions theory (Schneider & Ingram, 1993) was used to extract participants' perceptions of how they are viewed by society, how their perceptions

compare to those of their male counterparts, and whether they have ever encountered differential treatment compared to their male counterparts. I thoroughly documented each person's reactions and comments. Using human-centered design (Swanson & Holton, 2005) to gather information from the individual participant's perspective in order to gain qualitative data points for later analysis. Scharp and Sanders (2019) defined thematic analysis as a six-step process for organizing and reviewing qualitative data points in search of emerging themes. The following are the six steps identified by Scharp and Sanders: (a) become familiar with the data points, (b) classify or subcategorize your data, (c) create themes based on the content of the qualitative responses, (d) conduct a theme review or assessment for appropriate fit, (e) label the themes; and (f) identify exemplars and outliers.

I also verified my process for consistency based on the manual qualitative methods (Adu, 2017): (a) created a descriptive term for research questions, (b) grouped similar terms or concepts, (c) created a list of codes, (d) merged lists with similar themes, (e) continued merge of lists and determined occurrence, (f) combine themes based on frequency (see Appendix E); and (g) created word cloud to visual prominent areas of concern (see Appendices F, G, H).

Additionally, it was vital to consult with SCTVSO leaders regarding the final anonymized data for conformity. The final outcomes provided classification of comparable responses or key phrases, to identify common themes, and assess how these themes relate to the overall experiences of female veterans. I wanted to determine the common or shared experiences of female veterans. I also wanted to determine the

common themes that affected these participants. By identifying major themes or areas of concern based on the data points, I was able to present SCTVSO leaders with strong, actionable topics to address.

### **Evidence of Trustworthiness**

Trustworthiness has four major components: credibility, transferability, dependability, and confirmability (Nowell et al., 2017). I conducted the research and worked to ensure that I was cognizant of the requirements to maintain trustworthiness of the project. It was important that the project could be replicated by other researchers.

#### **Credibility**

I opted to recruit participants from the local population of women veterans in South-Central Texas, and the service professionals, also women veterans, who are tasked with assisting them. This provided viewpoints that were internal to the processes and those that were external to the processes. Data provided by those responsible for the management and delivery of the service under investigation can be invaluable in confirming what users have said, explaining their attitudes and behavior, and supplementing the contextual data relating to the research (Shenton, 2004). I checked in with each participant to verify their responses during the course of the interview. It was important to ensure that I understood their comments and concerns and was able to accurately document them. I also made certain that each participant understood that their participation was entirely voluntary and that they had the option to end the interview at any point.

**Transferability**

I listed each step of the research process from participant recruitment to actual interviews. Each step can be readily replicated with veterans across the nation. My goal was to provide a rich, contextual framework in accordance with the qualitative feedback from each participant. Appendix E provides specific examples related to the annotated themes and the rich description for each one. I also performed a secondary screening of the qualitative data and themes and charted the information using a Microsoft Excel spreadsheet. This data were further analyzed in NVivo.

**Dependability**

I asked the same open-ended questions of each participant. I reviewed each interview tape and the handwritten and typed notes to ensure that they were accurate and complete. To create a setting where participants felt comfortable sharing freely about their experiences, the methodology was the same for each individual. To preserve consistency, I gave the identical written instructions before each interview and followed the questionnaire. I took notes during the conversations with each participant. I also have recordings of each interview. I compared the transcripts that I created from the notes, the recording for accuracy and completeness. The written notes were useful in fleshing out concepts that may have been vague.

**Confirmability**

I felt comfortable using human-centered design, which allowed each participant to tell their story in their own words (see Rouse & Rouse, 1991). I felt it was important to know the individual's unique perspective of their experiences as they transitioned from



the military and applied for veterans' benefits. Their responses, verified to me that their stories needed to be told and documented. Some participants shared their frustrations with the perceived double standard of care in comparison with the treatment that male veterans receive. When the generally held impression is that women veterans are treated unfairly (Schneider & Ingram, 1993), this further confirmed the social construct of targeted population.

### **Summary**

The preponderance of the literature indicated the potential for disparate treatment of women veterans, which could be exacerbated by previous military or deployment trauma or negative experiences within the medical system. This project provided important feedback on ways to encourage more women veterans to obtain the care and services that they and their families need and deserve. This project's outcomes include ways to reach women veterans and understand their experiences when applying for their veterans benefits and services. The qualitative interviews provided valuable insights in several areas of concern such as how they perceive the application and appointment management process or if the physical facility is a deterrent for women veterans. This initiative provided useful data that other veteran-focused groups may utilize to improve services for female veterans.

## Section 4: Evaluation and Recommendations

### **Introduction**

Despite the significant number of women veterans in the South-Central Texas metropolitan region, women veterans are not accessing their veterans' benefits at the same rate as male veterans. The central research question focused on whether women veteran participants were aware of the partner organization and the resources and services that they provide for veterans, which include assistance with the benefit application process. I also asked participants if they have completed the veterans' benefits application process in order to utilize their veterans' benefits, which consist of health care for service-related injuries or illnesses. Prior studies identified a number of recurring themes in women veterans' healthcare decisions, including proximity to the institution, preference to utilize personal insurance, and dissatisfaction with the environment of the medical center (Klap et al., 2019). In order to handle the increasing number of female veterans, some of whom may have significant medical conditions, while still retaining a sufficient provider base, leadership may continue to encounter problems, according to Brunner et al. (2019).

Similarly, I tracked and identified patterns that developed during the study's participant interviews that would enable SCTVSO leaders to take corrective action (see Parameswaran et al., 2020). In order to provide a clearer picture of the participants' issues, I gathered and grouped similar terms and phrases (see Williams & Moser, 2019), coded their responses, and identified emerging themes. I reviewed the reason for the practice-oriented research question, the sources of evidence, the relevance of potential

archival and operational data, the rationale for study participant selection, and the data analysis and synthesis.

### **Findings and Implications**

The study commenced with the dissemination of the approved recruitment flyer with the partner organization on LinkedIn, Facebook, and Nextdoor, the community information and outreach site. My goal was to have 10–15 women veteran participants plus the four women veteran staff members from the partner organization. I communicated with 20 potential participants and interviewed a total of 16 participants. There were 12 women veteran participants and the four women veteran staff members from the partner organization.

My goal with this study was to determine whether women veterans were aware of the partner organization as a resource for assistance with the veteran's benefit application as well as other complementary services. I also wanted to know more about the experiences of those women veterans who have previously applied for their veterans' benefits. I will provide my analysis of the results based on the themes that I discovered. The three main themes that emerged focused on (a) uniqueness of services offered by SCTVSO, (b) difficulty with the VHA benefits application process, and (c) the need for wider communication to women veterans and with other VSOs about the services offered by SCTVSO.

### **Setting**

Due to the COVID-19 pandemic and to accommodate participant availability, all interviews were performed over the telephone. Interviews were audio recorded using an

iPhone while I conversed with participants on speaker mode. I obtained each participant's consent to audio record their interviews prior to asking any questions. The recordings assisted in ensuring accuracy when I transcribed the interviews.

### **Demographics**

The participants were all women veterans who served on active duty in the Army, Air Force, and Marine Corps. Their time in service ranged from 7 years to over 30 years active duty. There were several participants who also served in the reserves after their active-duty obligation ended and one who left active service due to family obligations. The demographic breakdown of participants was representative of the demographics in the region. The 16 participants included seven African American participants, five Hispanic American participants, and four White American participants.

### **Data Collection**

I emailed a total of 20 potential participants who, in response to my call for volunteers on Facebook, NextDoor or LinkedIn, indicated that they were interested in the project. I provided each potential participant with a project overview (see Appendix A). I requested that they return the signed consent form if they were interested and consented to the study. Four participants did not respond or declined to participate. Once I scheduled the interviews with the participants, I read the participant introduction to every participant prior to starting the interview. I thanked each participant for agreeing to participate and reminded them that I would take notes and record the interview to ensure accuracy. I again obtained their verbal consent to proceed.

The COVID-19 pandemic did have an impact as all participants opted for telephone interviews. I was able to schedule and conduct the interviews for the 16 participants via telephone. All participant data were collected during telephone conversations with the participants. The interviews lasted from 9 minutes for the shortest interview to 1 hour for the longest interview; however, the average interview lasted 20 minutes. I used a cellphone for the interviews and audio recordings. I started each interview with an overview of the study and as a way to establish rapport, asked each participant to tell me about their military services. This served as an icebreaker as each participant was very willing to talk about their military experiences. To track the content of each interview, each participant was given an anonymous identifier such as WV1 for women veterans or WVS1 for women veteran staff member. The recorded interviews were given a numeric code to maintain privacy.

### **Data Analysis**

I used a Microsoft Excel spreadsheet to track the responses and manually coded the responses to the questions. Appendix E has details on each code and the qualitative feedback from the participants. As I evaluated the audio tapes and typed the transcripts for coding and possible themes, I noticed the themes started to emerge. I have provided, under Findings and Implications, an overview of the themes and illustrative comments from the participants.

The interviews started with a brief introduction of the project and each participant was invited to briefly share their military experiences. As the interviews progressed and I asked each participant the questions, many of the responses were noteworthy. For

example, Question 1 was “How did you first learn about or are you familiar with the local Veteran Service Organization such as SCTVSO? What brought you in to the office?”

Nine participants responded that they were familiar with the VSO or STCVSO, and three participants responded that they were not. Their comments included “I am not familiar with SCTVSO” (WV1) and “I went through the application process with SCTVSO and I am familiar with the process” (WV2), while WV5 indicated that “I’m not quite sure who I used, it was an office at the local VSS clinic to help with disability claim.”

For Question 2, “Have you applied for your veterans’ benefits?” nine participants responded “yes,” three responded “no.” WV4 commented, “I was working with SCTVSO but lost track with the individual and there was no follow up. Nothing happening so I went a different route, maybe they were going through some difficulty.”

Question 3 was “Do you feel like staff at SCTVSO have enough time and resources to meet your needs?” Two participants responded “yes,” and four participants responded “no.” WV5 commented that “they are short staffed for the number of people served”, but the remaining participants were not aware of any staffing challenges with SCTVSO.

Question 4 was “What do you wish the SCTVSO offered that it currently does not?” Responses included WV 8 shared, “we need a user friendly appointment system”, WV4 opined that “there needs to be more visibility of SCTVSO and other resources”, and WV6 stated “we need to see them (SCTVSO) out in the community, more visibility”, and “their (SCTVSO) website needs to be updated”.

The more detailed review of the conversations revealed additional codes. One was that *communication about SCTVSO is lacking*. As WV4 shared, “they (SCTVSO) need to be more visible, more recognizable,” whereas WV1 indicated that she was “not familiar with SCTVSO.” Another issue participants mentioned was *disability rating issues*, where some participants felt that their disability ratings were too low, which in turn affected which veteran benefits they would have access to. As WV2 shared,

I went through the disability process and got a zero rating, I also applied for a VHA loan in 2021 but the wait was too long, the amount to put down was too much so we went with a conventional loan.

The codes also included *difficulty with the process*, as shared by WV3: “I started out at SCTVSO then transferred to DAV so my case is still in limbo.” Participants also described how *veteran culture does not recognize women veterans*. WV3 shared “I’m not sure they are paying attention to females if you weren’t in front in the war,” and WV4 shared, “I learned about the SCTVSO and looked for educational opportunity, but I got disconnected (phone call) and ended up at the VHA.”

There were some positive experiences that participants shared as well, such as that *processing went well*. WV7 shared “oh I went through SCTVSO when they came and talked to us when we were retiring and told us what we needed to do. They (SCTVSO) did everything for us during the retirement briefing back in 2007.”

Some of the staff members’ experiences were more poignant. For example, WVS1 shared,

we are helping women veterans with *real life issues*. Money for utilities is the big issue right now with these veterans and for example we had a person who was two months behind worried about employment, but how do you worry about employment when you don't have utilities, or you don't have rent?

WVS1 continued with another area of concern, *benefit processing*:

We handle the initial assessment, ask questions such as where are you located to look for opportunities for support in their geographic areas, because some areas have no support such as rural areas where there's a need for finances for single mothers. But there's no standardized list of questions that I ask (when I first meet a woman veteran).

This participant understood, based on her experiences, the importance of listening and observing to understand the needs that are spoken and possibly unspoken. This is reflective of SCTVSO staff member who maintain situational awareness of their clients.

Other staff felt that the lack of knowledge about services that SCTVSO provided were *missed opportunities*, such as WVS2 described:

We are able to reach more women veterans than other VSOs because other VSOs work on completing the claims and we don't just do claims, but we also do referrals and other unmet needs such as cleaning supplies and childcare. We are more involved than the other VSOs.

WVS1 opined on the lack of peer support and indicated a need to reach out due to "nonexistent groups (to support women veterans), so I look for nonprofits to help out, for example, for utility assistance. Pink Berets is a convenient bridge to services." This



further emphasized the need for expanded communication efforts that would serve to educate more veterans and veteran focused organizations about SCTVSO while also enabling all organizations to share information in order to help more women veterans. The lack of collaboration between agencies could prevent sharing of resources to women veterans if there is a lack of awareness of the types of services that each agency offers.

Other staff members echoed the sentiment on the value of collaborations and characterized it as the need for *positive collaborations*, as shared by WVS2: “VHA has given us an open door to reach out to assist veterans so they are able to call and I’m able to call any government veteran service and ask the veterans benefits office for assistance.” This additional step serves as a bridge to services for women veterans.

I found it interesting that some SCTVSO staff members also may have experienced challenges accessing veterans services such as with the veteran healthcare system characterized as *quality of environment*, as shared by WVS4: “recurring issue with primary care manager who had me come in for care and it could have been handled by phone or telehealth.” Some also called out the *quality of care*, also shared by WVS4: “I had problems with a referral and follow up care for physical therapy.” Staff members were also impacted by COVID-19 related challenges. *Travel impact* was mentioned by several, such as WVS4, who commented that there was “not much travel right now due to the pandemic but I have concerns on future travel funding.” *Uniqueness of SCTVSO services* was also related by WVS4: “women veteran program for SCTVSO differs from others in that they are nonprofit we are a state agency appointed and held to a higher standard.” I reviewed each interview again for other codes that I may have missed.

As recommended by Saldana (2016), I reviewed the codes and themes for frequently occurring ideas from each interview and for the opportunity to consolidate themes if the content was similar. Once I had the most frequently occurring topics, I used these topics as the main subjects to identify the themes. The three themes that emerged were (a) the uniqueness of the SCTVSO services, (b) difficulty of the VHA benefits application process, and (c) the need for wider communication to women veterans and with other VSOs about the services offered by SCTVSO.

It was important, during the course of the interviews, to let the interviewees' responses lead the conversation in order to avoid any personal biases since I am familiar with the veteran's benefit application process. I also wanted to ensure that I was not leading the participants to respond in a specific manner, instead offering them a space to share their lived experiences. Appendices F, G, and H are the NVivo word clouds with the recurring thoughts from the participants. For example, in Appendix F, Women Veterans Sentiments Word Cloud, the recurring theme focused on the words: SCTVSO, Veterans, people get help, women want services, disability need, know, able, and medical. In Appendix G, the theme uniqueness of services at SCTVSO was a recurring sentiment that focused on VSOs, services, SCTVSO, work state, women uniqueness, Texas, get veterans help, person, claims needs, travel, and programs. In Appendix H, the Quality of Healthcare/Environment, the recurring words were SCTVSO, get help, services, women veterans, people need know process, issues, veterans, and health. The bulk of participants' repeating experiences were reflected in these recurring terms and themes.

## **Review of Themes**

I identified three themes from the interviews with the participants: (a) uniqueness of services offered by SCTVSO, (b) difficulty with the VHA benefits application process, and (c) the need for wider communication to women veterans and with other VSOs about the services offered by SCTVSO. In the following subsections, I provide more detailed description of the three prevailing themes and substantive comments for clarity.

### ***Uniqueness of the Services the SCTVSO Provides***

Participants were particularly vocal about the missed opportunities that increased visibility may offer based on the efficacy, adaptability, and commitment to service of the SCTVSO women veteran program managers. This was mentioned 15 times by staff and the women veterans who were aware of their services. There were specific recommendations to improve visibility of the agency and to increase statewide awareness of services among women veterans in the state.

Women veteran outreach coordinators, who connect with veterans and offer a wide range of services from benefits counseling to referrals for urgent financial assistance, are one of the SCTVSO services that set them apart. VSOs require more unique outreach and programs to reach out to women veterans, especially since many women veterans might not self-identify as veterans (Outlaw, 2022). One of the suggestions was for a gender-specific program with classes tailored to the needs of female veterans (Fletcher et al., 2022). As recently as April 2022, on the Vantage Point Blog, an official blog for the Department of Veterans Support Services, there were negative comments about women veterans who were “clogging up the system” or who

were “stolen valor” or somehow not worthy of the same benefits as male veterans (Schallus, 2022). The remarks can be an expression of the same prejudices toward female veterans that discourage them from visiting veteran facilities and utilizing their services and benefits.

This staff member identified shortcomings in the current system based on the required training that she and her colleagues undertake as they worked to obtain services for women veterans in need. WVS3 stated,

Other VSO’s have no oversight or professional training period, however, our people and our organization have benefit claims training twice a year and they have to test for it and feedback is forwarded to the services. With other VSO’s it is more informal.

Another staff member provided additional context to the importance of the services that SCTVSO provides and the impact on women veteran and their families. WVS4 stated,

We have health care advocates that work with the clinics and may help with appointments and other services. A woman veteran in South-Central Texas recently relocated and was getting a medication from the VSS. Well, she ran out of her prescription, and we didn’t have them in our system. The health care advocate got her seen that day. Healthcare advocate to a good job helping. We have 24 locations with healthcare advocates as of 2021

For women veterans in need, SCTVSO is able to be the link to services and assistance without additional fees or membership requirements. This unbiased support

places SCTVSO in a unique role to represent women veterans. Women veterans would be better able to navigate the system and get the vital medical care they require with the assistance of the health care advocates who could fill the gap and support them while they sought out medical services. WVS3 stated, “I work for the state of Texas, and I have codes and state regulations that govern what I do. I don’t have a dog in the fight. I assist and help the veteran.”

The outreach staff at SCTVSO understand the power of their voices to speak on behalf of women veterans. WVS4 stated,

We answer to the Texas code and have many duties and activities. We provide assistance, outreach, and help with benefit awards and work to increase awareness of federal and state benefits. We make recommendations to the executive directors and the government and state legislature on programs on ways to expand it. These ideas are incorporated into planning and collaboration with other partners.

Question 3: Do you feel like staff at SCTVSO have enough time and resources to meet your needs? Two participants responded “yes,” four participants responded “no” and six were “not sure.” WVS1 stated, “Employment and unemployment/food stamps (are often requested resources). Need to increase peer groups and find your tribe, which is important for women veterans who may not feel comfortable at the VFW or DAV.”

Question 4: What do you wish the SCTVSO offered that it currently does not?

Responses ranged from: WV4: “I’m not sure if there’s a stigma or what. They need more

visibility, they (SCTVSO) need to be out in the community more, on military bases”, and WV6 shared that “they (SCTVSO) need an updated website with updated meeting dates.”

WVS4 stated,

Because of COVID everything is being worked online. We do have travel, we can work from home, we can serve and travel; but because of our budget, sometimes that does impact us. Not much travel right now due to the pandemic but it (lack of travel budget) could impact future travel.

Question 5: Is there anything else that you would like to share about your experiences with SCTVSO or anything that I have not asked?

WV10 stated,

If my friend had not told me about the organization (SCTVSO), I would not have known about them and the services they provide for women veterans. I don't want to go to the VSS because the stigma of talking about your problems or having people know why you're at the VSS.

Other comments included, “Manpower, word of mouth on the veteran benefit application process needs to be re-looked” WV11 shared. Another veteran, WVS1 opined, “We can cover so much more ground for you guys (the VSS). We can focus on the patient touchpoints, this is our sole duty, so use us.” WVS4 stated, “Healthcare advocates do a good job helping. They have 24 locations as of 2021. As an employee of SCTVSO I've enjoyed working with them they are very supportive.”

### *Difficulty With the VHA Benefit Application Process*

Difficulty with the veterans' benefit application process was described as the cumbersome nature of the benefit application process. Difficulty with the process was mentioned by 12 participants. The difficulties mentioned were consistent with previous research on the benefit application process. Women veterans were less likely to use veteran services if they had other insurance or means of assistance or if they experienced difficulty with obtaining access to veterans' services (Chrystal, et al., 2022).

Additionally, women veterans may rely on advice from other veterans regarding benefit application procedures, which may clash with how the process actually operates.

WV12 stated,

Yes, I have applied for benefits. The process is not very clear. No check list on what to do. Nothing back from the VHA yet. Not sure how to do it. VSO looked over the claim. Still not clear on how to handle my claim. Lots of barracks experts but do I print my records or don't print (?), should I upload records or not upload (?).

The benefit application process is not linear and may require additional visits or medical appointments. WV 3 stated, "I started at the SCTVSO, then transferred to a different veteran service organization, so my case is in limbo. I am still waiting to see my lawyer and get the final board results."

Women veterans who start with one VSO may find themselves forced to start the process over if their claim is not successfully adjudicated. This transfer of agency often results in delays in approval for benefits and services. WV 4 shared, "I learned about the SCTVSO

and looked for educational opportunities. I got disconnected from my service officer and ended up at the VSS.”

The veteran benefits application process left many participants confused and frustrated or they abandoned the process. Question 2: Have you applied for your veterans’ benefits? All participants applied for their benefits, however, not all were happy with their rating results. A previously mentioned participant received a low rating that she disagreed with. One participant was awaiting an appeal on her rating and opted to use an attorney. This participant, WV3 said, “I am still waiting to see my lawyer and board results”. opted to use an attorney to fight for her benefits

WVS1 shared,

We’re able to reach more women veterans than other VSO’s because other VSO’s work on completing the claims and just that; we do not do just claims but we also do referrals and other unmet needs such as cleaning supplies childcare we are more involved than the other VSO’s.

Another participant, WV2 indicated that “I started a VA loan application, but the wait was too long, and they wanted a large down payment, so we went with a conventional loan”. While participant WV3 indicated that “I started my veteran benefit application with one VSO, then transferred to another VSO and my case is still in limbo. I am still waiting to see a lawyer and to receive my board results”.

Women veterans participants shared their lack of understanding of the entire benefit application process. This lack of information on the process could lead to additional frustrations when the applications are not adjudicated in a timely manner.



The SCTVSO could consider ways to enhance knowledge of the process and reduce the overall uncertainty surrounding the procedure by engaging with a wider audience through a variety of media with an informational effort that is intended to instruct and inform. This could be an effort to educate internal and external partners as well as women veterans in order to manage expectations, timelines and outcomes for their benefit applications.

***The Need for Wider Communication to Women Veterans and Other VSOs About Services Offered by SCTVSO***

Participants described communication as the efficacy of information shared between SCTVSO, other VSOs and women veterans. This transfer of knowledge would help to reduce the confusion about services provided and steps to follow with the benefit application process. WV1 shared,

I am not familiar with the SCTVSO". WV8 shared this sentiment, "I went to SCTVSO but I'm using the VSS because there's not a lot of information on them (SCTVSO)". WV9 mentioned, "I am not aware of SCTVSO. I did find out more about them when I went in for knee surgery.

WV5 stated, "I am not quite sure if I used SCTVSO. I used an office at the local community clinic to help with my disability claim. I don't recall that SCTVSO did a lot to help."

Women veterans are seeking various types of information that needs to be readily available and easy to understand. COVID-19 further exacerbated communication challenges when many services offices were closed due to the pandemic. Communication

and pandemic related communication challenges were mentioned nine times during the interviews as communication to the veteran community was also affected by the pandemic.

WV11 shared that,

I recognize the name, but I don't use them and have not used them. I sat with the VSO at Lackland Air Force Base when they reviewed my medical records. They scheduled my appointments for my eval and for my compensation.

Outreach efforts were somewhat hindered during the pandemic when many veterans focused agency staff worked virtually while the public offices were closed. The participants wanted to see a more visible outreach effort toward women veterans. WVS2 stated that "communication could be stronger. We tried to contact VSOs, but no messages or returned calls. We need better follow-up from VSOs".

WVS3 shared,

In our area, they are very engaged, and if they need anything for example, I had an 85 year old blind veteran who needed help with buying groceries, and they were able to provide transportation to purchase the groceries. I also participate in outreach meetings from the veterans focus distribution list.

According to WVS2, "we have permission to reach out to assist veterans., and I am able to call for any of the VSS services and ask for VSS assistance. We have a good network between these veteran focused agencies".

There is a need for expanded communication from SCTVSO to women veterans and with other VSOs in order to share the news about the benefits that women veterans

are eligible for. This expanded communication should include that SCTVSO has trained outreach coordinators to assist with the benefit application process. The responses to Question 1: How did you first learn about the local VSO such as SCTVSO? What brought you in? There were 12 women veteran participants, nine participants were familiar with the SCTVSO and three were not familiar with the organization or services. One participant shared her direct experience with SCTVSO, WV6 stated

I attended a webinar that started late, and it was not well organized. The discussion did not go as it was advertised and they ended up with breakout rooms where people could share very personal stories. They had social workers on standby to talk with them. There were women who were more than eager and willing to share their stories. It was not the high-level type of meeting that I expected or that was advertised. There were some people who needed to be there for personal reasons, and I guess it was effective for those people.

Another participant, WV4, shared that “They (SCTVSO) need to be more visible, more recognizable”. This may serve as a reminder in the future of the importance of clear communication about the services offered.

This study’s findings shared the complexity of the challenges in a state with the largest population of women veterans. A recommendation, to monitor the level of assistance provided over the course of each year, would be for SCTVSO to publish a regular accounting of the women veterans served in various capacities. This could help to provide greater visibility to the unseen or uncharted work that is done on behalf of women veterans

## **Final Themes Review**

I shared the final report of findings with the SCTVSO in a manner that maintained confidentiality for veterans and counselors by ensuring names were not associated with a particular response. All responses are coded as appropriate for each participant. SCTVSO retains the option to distribute the report to its internal staff members and partners.

Women veterans who took part in the survey had three primary concerns; (a) they learned some things about the value of the SCTVSO programs that are designed for them during this study, however, they also wanted to know more about the programs, (b) they mentioned the need for additional guidance on how to apply for veterans' benefits, and (c) desired expanded communication and outreach programs geared toward women veterans.

## **Implications**

Assisting veterans and ensuring they receive the benefits and services to which they are entitled are the STVSO's main goals. I presented the findings to the leadership of their women veteran outreach staff in an executive summary and final review meeting. This gave the leadership and staff the chance to ask questions and elaborate on areas of interest. The objective is to increase the number of veteran benefit applications, which would have a positive impact on social change as more women veterans are acknowledged for their military service, more women veterans apply for benefits, and more women veterans receive those benefits at a rate comparable to that of their male counterparts. The current Transition Assistance Programs (TAP) primarily focuses on preparing transitioning military people for post-military service employment, school, as

well as assisting them in understanding and applying for a wide range of veteran's benefits (Congressional Research Service, 2018). I was concerned by the women veterans who, out of frustration with the process, often shared with me that they did not follow through with appeals based on their benefit application or low benefit rating.

During this study, there was one participant who hired a lawyer to help adjudicate her benefit claim. The participants felt as if their actions did not matter, and the system was fighting against them. It was their reactions that encouraged me to choose this topic for my study. Many veterans, male and female, have shared similar stories of their frustration with the veterans' benefits application process, which led me to conduct this study. Women veterans deserve knowledge and access to information about the services that they have earned. These veterans shared their confusion with the process, or disappointment that the system is not prepared for them. I am personally aware of the efforts by SCTVSO and other organizations to reach and teach women veterans about their benefits. It is evident that more work needs to be done in this area. They would be able to assist more veterans if the information was more transparent and readily available. These are large, complex enterprises with intricate, unintuitive processes.

While TAP or executive transition programs are intended to aid transitioning military members, according to a study by Fletcher et al. (2022), just 12% of women veterans who participated in transition training found the programs beneficial. According to their research, 69.3% of respondents described their transition from the military as challenging, while 6.18% saw it as simple. SCTVSO and other VSOs could benefit from a more personalized strategy that is more appropriate for female veterans. Transition is

typically difficult as verified by the AMVETS 2019 review of women veterans' experience, and the procedure may be seen as an important requirement at an inopportune time when their entire life is changing.

Transition training and assistance may be better received if the transition training is more tailored to the needs of female veterans and is scheduled to allow adequate time for participation rather than compete with their current duties. Agencies could consider scheduling the transition training to occur within the last year of service, but no later than six months prior to the end of service. This would necessitate adjustments in the military's approach to transition training, as well as changes in how individual service members view the amount of time required for this crucial training.

### **Recommendations**

The SCTVSO provides essential and one-of-a-kind services to female veterans. During this project interviews women veteran participants consistently expressed a desire to learn more about SCTVSO and their programs or expressed regret that they were unaware of them. The following suggestions are in line with past studies and designed to address the unique services provided by SCTVSO, such as educating women veterans and reaching out to more women veterans. With this feedback in mind, the SCTVSO leaders could benefit from the following:

Related to the theme; uniqueness of services provided by SCTVSO, consider the expansion of the visibility of the organization through extended community outreach and partnership with the Department of Veterans Support Services and other VSOs. This expansion could take the form of a request for space on other VSOs' email blogs with a

dedicated section for SCTVSO to share insights and information on their services. The need for expanded outreach efforts is consistent with the challenges faced in reaching women veterans (Wang et al., 2021). The staff or leadership could also share the story: this form of outreach could include sharing brief success stories of women veterans who were helped by SCTVSO on existing VSO blogs or newsletters. They could invite women veterans to contribute to the blogs and share their personal stories of how they were helped by the staff at SCTVSO.

In keeping with the theme of the application process for veterans' benefits being challenging, more information on the procedure would aid women veterans in understanding the requirements. The staff at SCTVSO could consider sending out a more comprehensive newsletter with a detailed review of the benefit application process to all veterans in the South-Central Texas region. The newsletter could focus on each step of the benefit application process and illustrate ways they can assist women veterans navigate the system. For increased visibility and access to transitioning veterans, the SCTVSO could collaborate with the Transition Assistance Program to reach transitioning service members as they prepare to leave the military. Once they have established contact with the veterans, SCTVSO could provide follow up email newsletters that provide an overview of services as well as a point of contact for more information. The importance of a targeted approach to reach women veterans can serve as a tool to reduce veteran homelessness (Mulcahy, et al., 2021). Follow-up is essential to preserve a professional connection with the service member after they leave the military and assist the veteran during what can be a challenging time.

Broader communication is related to the need for more information on services and could be initiated by posting signs promoting the SCTVSO Women Veteran Program in the neighborhood veteran focused medical institution, emailing newsletters with details on services, and attending each Transition Assistance Program meeting at the local military installations. According to Evans, et al., (2019), many female veterans mistakenly believed that veteran services were only available to male veterans, and as a result, they did not apply for benefits or services. Posters or signs advertising SCTVSO Women Veteran Program in other local VSOs would bring awareness of the organization and highlight services for women veterans. This type of team outreach could appeal to women veterans who want to speak with a woman veteran outreach coordinator while highlighting the unique services SCTVSO provides.

Regular calls or townhall style forums that focus on regulatory or procedural updates on VSO services, the veterans' benefit application process, and other information that is essential to attendees are other ways to expand communication efforts. After the event, the SCTVSO could conduct a survey of the attendees to find out what further information they would like to know or what topics should be covered in the next town hall. This outreach could provide what participants indicated is missing, systems or processes designed to meet women veterans' needs. Regular emails to commuter-area veterans or recurring casual gatherings at coffee shops or on the first Friday of the month to foster camaraderie and esprit de corps would be beneficial. "The Texas Women Veteran Professional Network is a mighty network; they can reach more people and they know how to engage all the women veterans" as shared by WVS1.



Participants mentioned interagency agency collaboration, external factors, collaboration, and teamwork, and selfcare as areas of concern, however, they did not rise to the level of the three themes. The SCTVSO could provide a more comprehensive program if they were to include cross-agency coordination based on the feedback on these issues. Education about the benefits application process and timelines could be included in the outreach materials to help manage expectations. The other area of collaboration was paired with teamwork, which emphasized the necessity of connection from both the interagency perspective and externally with agency partners. This also ties in with the selfcare aspect, since women veteran outreach workers may function as unofficial counselors for distressed veterans, and they may require self-care or respite after working on exceptionally difficult cases. As WVS1 shared, “we need women veteran program managers at VSS to host events. We never see them at these events and it’s a missed opportunity”. The SCTVSO may gradually implement the recommendations, and improvements may come as a consequence. However, doing so may entail employing more staff members and allocating more money to have more events, which could be a barrier.

On a wider scale, STVSO could conduct and publish a yearly assessment of services performed, veterans served, and outcomes if available, as a final recommendation. This might take the form of a report for leadership and community partners on the state of women veterans, which would allow them to highlight the work that STVSO has done and the impact on women veterans in the geographic area. Increased visibility and understanding of STVSO services, more women veterans

applying for and getting benefits and services, and rationale for expanding outreach initiatives are all benefits. SCTVSO and other VSOs should consider forming partnerships with military transition training points to provide qualified counselors at transition meetings, allowing for onsite appointment times to begin the process with trusted partners. This may require additional time away from the office for these outreach counselors, however, it would be balanced out by having the right people in the room to begin that professional relationship with transitioning veterans.

If the pandemic ebbs, the SCTVSO has an opportunity to create large-scale outreach events to take advantage of the return to in-person settings to engage transitioning military members and current veterans in the area. The recommendations I have made could be designed for local implementation with statewide expansion or scaled according to personnel and financial constraints. The SCTVSO should consider advertising more about their services in the local military installation newspapers. This would not be a costly endeavor and would reach military members and family members.

### **Strengths and Limitations of the Study**

I focused on an area in South Texas with a larger population of women veterans. SCTVSO leaders deployed a staff of four women veterans to reach and represent veterans across the state. While the state of Texas has the largest women veteran population in the United States, each state's veteran service office is independent and may not have the same level of support that SCTVSO provides. SCTVSO's personnel has codified the structure and regulatory standards into the bedrock of a successful operational model.

This network is strong and well-organized, and it might serve as a model for other states if they have similarly committed leaders.

I would strongly encourage human-centered design structured interviews for future projects to determine if there have been any incremental changes in the volume of information available for women veterans who are eligible to apply for veterans' benefits. Human-centered design would provide qualitative data that would be useful in determining how to address the changing demands of this increasing veteran population. To support the systems that will be required to handle the growing number of female veterans, additional resources may need to be allocated.

### **Recommendations for Future Research**

Participants did not cite the following categories as frequently, but I felt they merited recognition since, if these additional areas of worry or pain points are addressed, it may benefit SCTVSO and women veterans: the desire to see greater collaboration with the VHA and its administrations (VHA, VBA and NCA) to better meet veterans' needs.

#### ***Interagency Collaboration***

The limits or perceived limitations that these organizations encountered due to internal or external causes like rules, finance, or manpower may impede expanded collaboration between VSOs and the VA.

WVS4 stated,

We have health care advocates at health clinics may help with appointments, lost prosthetics, etc. a women veteran in South-Central Texas recently relocated was getting a medication from the VHA, ran out of her prescription. Didn't have them

in our system. The health care advocate got her seen that day. Healthcare advocate do a good job helping. Have 24 locations as of 2021.

### ***Quality of the Environment and Healthcare***

Issues with health care defined as challenges in receiving appropriate care in an environment that felt safe for the veteran. Subcategories include gaps in service if a specific service was not available or accessible through the Veteran Health Services.

WVS4 stated,

At the veteran medical center, women veterans didn't know the services or who to contact, and sometimes they just don't try to access services. I have had to be my own advocate because sometimes they tell you no, I have to ask why, who else can I talk to, and keep asking.

### ***Real-Life Issues Impact Veterans and Staff***

Pressing issues have been more critical and challenging to address during the pandemic. Staff members are dedicated to helping women veterans with any issues that arise. It would be prudent to ensure that these staff members have ready access to self-care or other resources to assist them. WVS1 stated, "I talk to 35-40 women a month...they are dealing with military sexual trauma, divorce, childcare issues."

Additional research could provide the foundation for additional resources, programs, and services to reach and assist women veterans.

### **Summary**

The results corroborated earlier research on the small proportion of female veterans who apply for and utilize benefits. This project verified that women veterans are

not always aware of the organizations that are available to provide assistance with the benefits application process. It would be beneficial for SCTVSO to increase their collaboration with local organizations that have a personal or professional interest in helping female veterans. If SCTVSO marketed their services, particularly their concentration on women veterans, in other agencies and with other agencies, they might be able to contact women veterans who wish to speak with women outreach counselors. The implications for positive social change and recommendations included areas where the SCTVSO might modify and implement with low expenses, leading to increased services for women veterans. Improved communication with female veterans, more services for female veterans, stronger cooperation with other VSOs, and greater public knowledge of SCTVSO are other benefits.

## Section 5: Dissemination Plan

### **Dissemination Plan**

Although there are many organizations that provide resources and assistance to transitioning veterans, many of these resources are underutilized (Aronson et al., 2019). Some veterans say they cannot seem to find the correct program to match their needs, whereas others say they do not know which organization or program to turn to for help (Aronson et al., 2019). The SCTVSO and veterans stands to benefit from increased visibility and information sharing regarding its activities and services.

The SCTVSO has received a written executive summary detailing the project's specifics based on the questions, responses, and themes I found. I also provided a PowerPoint exit briefing to the leadership of SCTVSO and the women veteran outreach coordinators. As the partner organization, SCTVSO's leadership received the entire report. Following clearance by the SCTVSO leadership, the women veteran participants will receive an exit summary on findings from the study.

I would encourage SCTVSO to share the results of the study with partner VSOs as a basis for increased collaboration. This would be beneficial to women veterans who feel more comfortable talking with other women veterans about their claims or experiences. SCTVSO maintains accountability for further dissemination of the report based on the memorandum of agreement. I would encourage SCTVSO to share with women veterans the steps that they are taking to know more about their concerns in order to address them appropriately. WV11 stated,

I cannot think of anything else that they (SCTVSO) could do because they cover a lot of services. I do not know all the services yet, however, I do know they have mental health and medical physical fitness. I know about that. I found out by word of mouth.

The pain points or areas of opportunity for future research would be the lack of information on the process and examining opportunities to reach women veterans. Although SCTVSO does not control the application process for benefits, they do have subject matter experts who can guide veterans through it. I recommend a broader communication plan to share the benefits and services that SCTVSO provides. WV12 verbalized it this way, “Yes, I have applied for benefits. The process is not noticeably clear. No check list on what to do.” This project highlighted an area that my client could capitalize on to expand outreach services while helping more woman veterans and walk them through the process. The bright spot in the process are the four women veteran outreach staff members who are enthusiastic about their jobs and willing to do the hard work to ensure women veterans obtain their benefits and services.

Appendix I provided a graphic depiction of the *pain points* (i.e., difficult areas) and *bright spots* (i.e., positive interactions) that women veterans had during their interactions with the VSS. These pain points, such as unwelcome environment or uncomfortable environment were similar to the challenges that women veterans verbalized during interviews with this project where they felt as if women veterans were not welcome in the system. Human-entered design was used to construct the patient experience journey map for women veterans in order to give participants a voice. There

were similar challenges shared by women veterans when they are applying for benefits as depicted on the journey map at Appendix J, “deciding what benefits or services were needed.” There are opportunities to effect positive change prior to the moment women veterans begin the transition from active military service to the point that they reach out to VSOs for assistance as they apply for benefits and services. This is the start of the process of obtaining veteran benefits and services, and it can have an impact on the overall experience.

The women veteran experience map that AMVETS Heals (2019) created, provided a graphic depiction of the lived experiences of women veterans and the impact on their lives once they leave the military. Dealing with the effects of their service on their life after they left the military, an increased risk of depression or suicide, and navigating the injustices in the veterans’ benefit claims process were among the problems they faced. These issues echo those raised by present participants in this study, and they emphasize the unmet needs or opportunities that SCTVSO can address through increased outreach and collaboration with comparable groups.

### **Conclusion**

The SCTVSO has specialized staff in place to reach out to women veterans across the state of Texas. Many of these veterans are not aware of the services that the SCTVSO provides to transitioning or current veterans. WVS1 stated, “I work for the state of Texas, and I have the code and state regulations that govern what I do. I don’t have a dog in the fight, I assist and help the veteran.” Staff members are there to help and are fortunately in an organization that prioritizes that help. The SCTVSO has a valuable chance to reach



out to a significant number of women veterans as they prepare to leave the military and offer services that they might not otherwise be aware of or able to access.

I found that women veterans were frequently uninformed of the benefits they were entitled to as a result of their military service or they were unsure of how to get these benefits, which is in line with Wang et al. (2021) and Mulcahy et al. (2021). This frequently had a severe effect on female soldiers who had previously gone through traumatic experiences without getting support to cope with them. Future studies that look at how to reach women veterans in distant or remote locations may be helpful in shedding more light on how to deliver services there.

In addition to my earlier recommendations, the previously mentioned themes of SCTVSO's unique services, benefit application process instruction, and expanded outreach can help provide specifics on how to effectively approach these transitional veterans and deliver programs that are crucial to them. Women veterans will require access to services, benefits, and assistance as the country emerges from two years of pandemic-related restrictions. It is hoped that VSOs will be prepared for them. The SCTVSO should devise a redeployment strategy to create a presence across the state and publicize benefit fairs or other types of informational events that would attract the greatest number of female veterans.

The findings of the study were provided in an executive summary and a PowerPoint presentation to the SCTVSO leadership. The SCTVSO will coordinate full dissemination of the report results with their current staff members, and I will provide the briefing to staff and leadership as needed. I am hopeful that the study will generate

additional interest in women veterans' issues and spur similar projects. As the number of female veterans increases, new mechanisms will be needed to meet their needs.

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## Appendix A: Participant Introduction

Introduction to the purpose for the interview.

Researcher Introduction:

I am an independent student at Walden University conducting research to better understand the experiences of female veterans who are eligible for care and services but are hesitant to start or complete the benefits application process. I am an independent researcher and will share my final results with the SCTVSO to assist them by providing feedback on ways to improve services.

There are no correct or incorrect responses in this conversation. You are the authority, and I am here to benefit from your knowledge. While I will take notes, your comments will be completely anonymous—they will not be associated with your name. I will use the responses to these discussions to express the SCTVSO's client's experiences pain areas and bright spots. You are not required to respond to any questions, and you may pause or stop the interview at any point.

I do require your verbal approval in order for us to continue. Do you consent to me taking notes throughout the interview and using anonymous quotes from you in my research? [Consent Document]

Before we begin, do you have any questions?

Thank you very much. I am extremely grateful for you taking the time to speak with me today. Your willingness to share will aid in the understanding of and hopefully enhance the future experience of SCTVSO clients seeking benefits and services.

## Appendix B: Participant Interview Questions

### Participant Introduction:

Could you tell me a little bit about yourself?

- How did you first learn about the local VSO such as SCTVSO? What brought you in?
- Have you applied for your veteran benefits?
- Do you feel like staff at SCTVSO have enough time and resources to meet your needs?
- What do you wish the SCTVSO offered that it currently does not?
- Is there anything else you would like to share about your experience with SCTVSO or anything we have not asked about?

### Appendix C: Staff Interview Questions

Good afternoon. Thank you for agreeing to speak with me.

- Can you please tell me a little about your job in women veteran outreach?
- What distinguishes SCTVSO Women Veteran's program from other VSOs?
- How has the nature of client's needs evolved over time?
- What steps has your VSO taken to address any changing needs?
- How do you view the connection between VSOs and the VHA and the Medical Center?

Final comments:

- Is there anything else you would like to share about your experiences working with SCTVSO, or about anything else I did not ask?

Thank you again for your time and candor today.

#### Appendix D: Signed Agency Agreement

On October 5, 2020, the Director of the SCTVSO, and I agreed to collaborate on the study project via a Memorandum of Understanding. The Memorandum of Understanding will be incorporated as necessary to meet Walden University requirements.

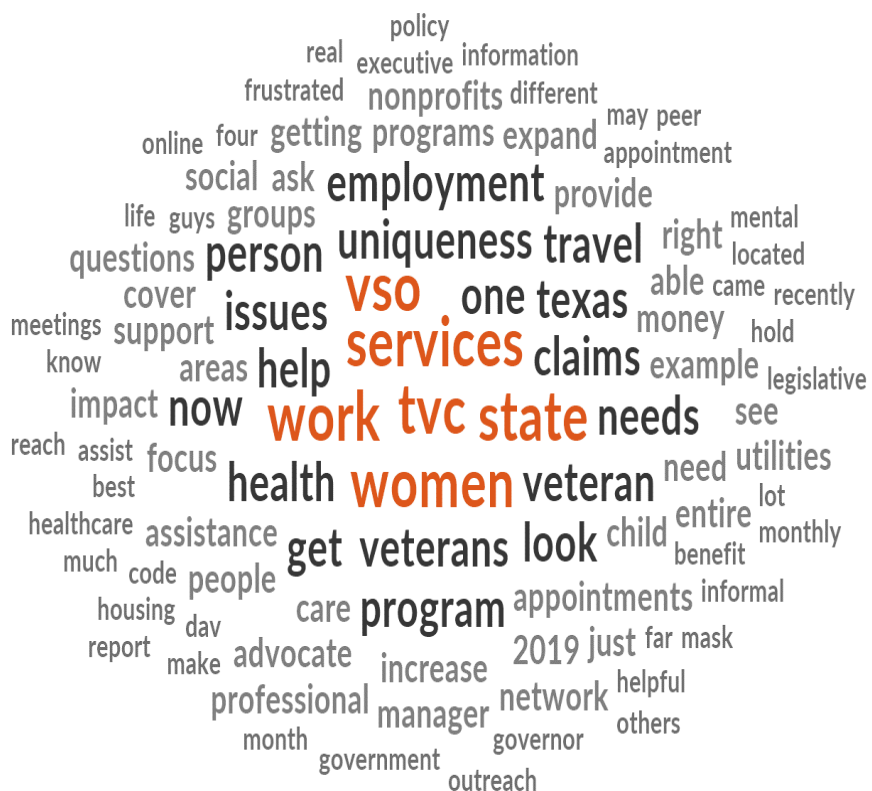
## Appendix E: Qualitative Data Analysis to Develop Themes

Qualitative data	Code	Category	Possible theme	N16
“I went through the TVC. I came and they talked to me and told us what we needed to do. They did everything for us during the retirement briefing...” WV6	Unique nature of services that TVC provides	Services	TVC provides unique services when most needed.	11
“Was working with TVC but lost track with the individual and there was no follow-up. Nothing happened so I went a different route to file my claim” WV4	Difficulty with the process.	Administrative process is difficult to understand.	Education about the benefit application process is needed.	10
“I’m not familiar with TVC” WV1	Awareness and visibility	Communication.	Wider communication means needed to share information on services.	9
“Able to get more help if they - VA- improve communication”. WVS1	Missed opportunities.	Collaboration.	Encourage cross agency collaboration.	3
“When people sit in the waiting room, they sit and watch” WVS4	Quality of care, Quality of Environment.	External factors that impact the likelihood of a WV applying for services.	External factors that impact the application process.	2
“VHA has given us an open door to reach out to assist veterans they’re able to call and I’m able to call any services and ask for VBA assistance.” WV 2	Importance of collaboration	Value of connections.	Collaboration and Teamwork.	3
“Money for utilities is the big issue right now and for example we had a person that was two months behind you worried about employment, but how do you worry about employment when you don’t have utilities, or you don’t have rent?”	Real life issues are prevalent.	Staff wear many hats.	Collaboration and self-care.	2
“We’ve an emotional health counseling and connect with services the pressing need right now is mental health because you see women with really severe mental health issues”. WV3	Stressors on personnel in the system.	Regular stressors exacerbated by the pandemic.	The importance of self and buddy care.	1

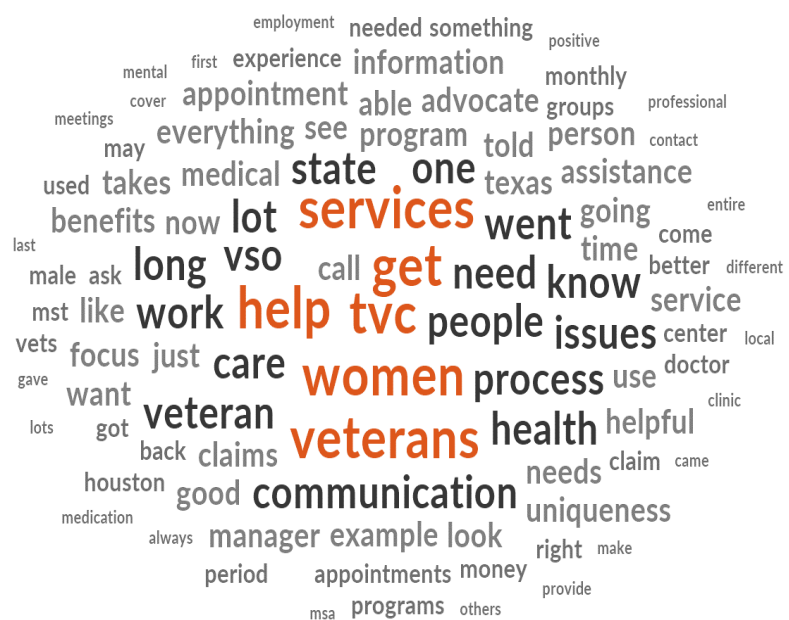
## Appendix F: Women Veterans NVIVO Sentiments Word Cloud



Appendix G: NVivo Word Cloud Uniqueness of Services at TVC

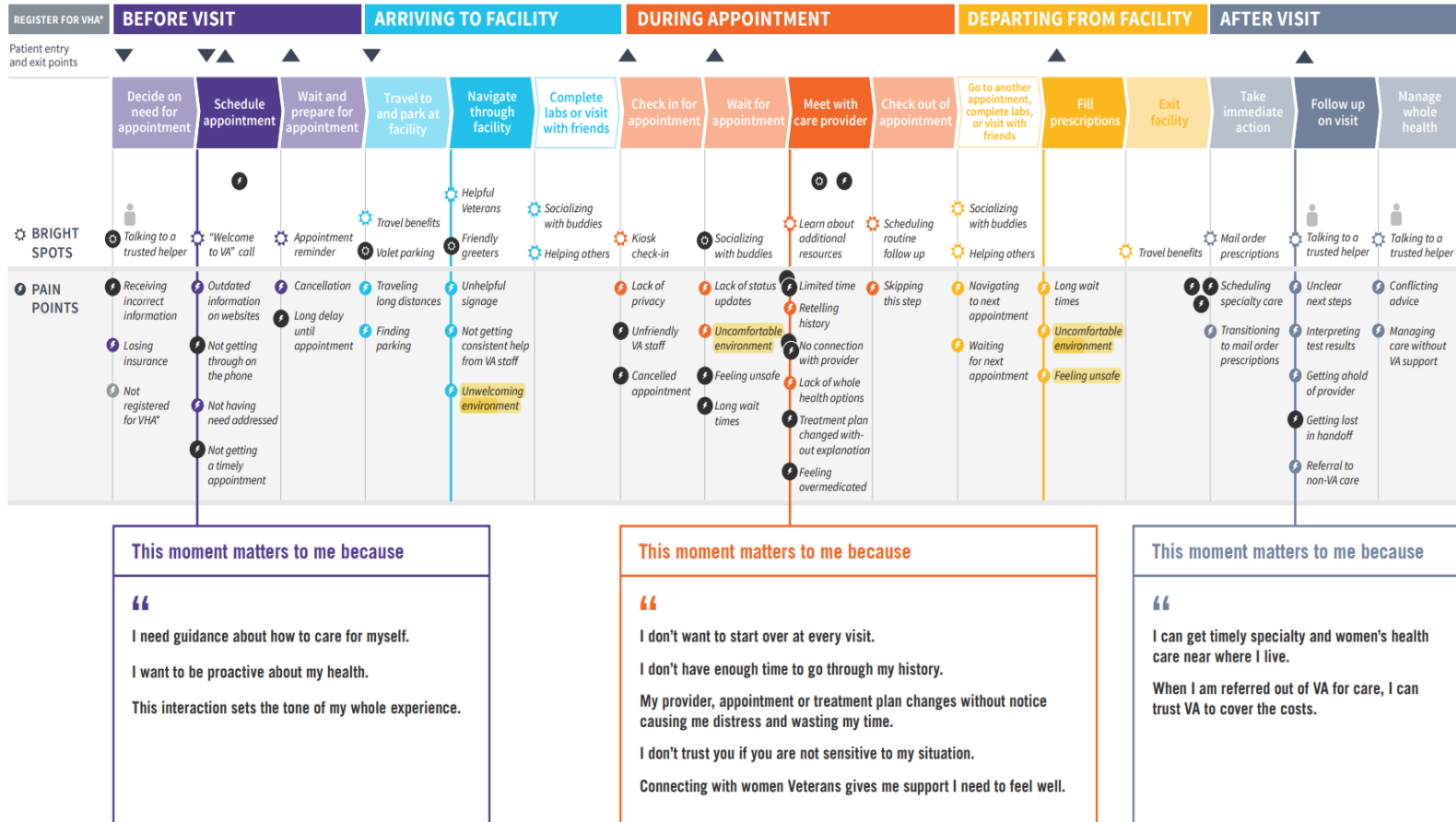


Appendix H: NVivo Word Cloud Quality of Healthcare, Quality of Environment





## Appendix I: U.S Department of Veterans Affairs Women Veterans Patient Experience Journey Map



Developed by the Veterans Health Administration and

*Note.* From *Women Veterans Patient Experience* [Infographic], by Veterans Administration, Veterans Experience Office, n.d. (<https://www.va.gov/ve/docs/VeteranJourneyMapWomenVets.pdf>). In the public domain.

# Appendix J: U.S. Department of Veterans Affairs Women Veterans Benefits Experience Journey Map

## WOMEN VETERANS BENEFITS EXPERIENCE

This map illustrates the journey of women Veterans as they navigate key decisions in their lives as Service members and Veterans. Acknowledging that not all women Veterans are the same, this journey highlights eleven journey moments reflective of experiences many women Veterans share. Each journey moment details bright spots, pain points, key decisions typically made, and key touch points influencing the women Veterans' experience. Moments that matter throughout indicate experiences that are pivotal points in the women Veterans' experience. By understanding the experience of women Veterans as they navigate key decisions throughout their lives, VA can better understand where to focus outreach and resources in order to better serve women Veterans.



**ACRONYMS**

- DOD Department of Defense
- FOB Forward Operating Base
- MST Military Sexual Trauma
- PTSD Post Traumatic Stress Disorder
- TAP Transition Assistance Program
- VBA Veterans Benefits Administration
- VHA Veterans Health Administration
- VSO Veterans Service Organization
- VR&E Veteran Readiness & Employment
- PCPG Personalized Career Planning & Guidance

**KEY**

**JOURNEY PHASE**

- Phase 1: Serving in the Military
- Phase 2: Transitioning out of the Military
- Phase 3: Gaining Stability
- Phase 4: Focusing on My Needs and Opportunities

**KEY**

- Bright Spot
- Pain Point
- Key Decision
- Key Touchpoint
- Moment that Matters

PHASE	SERVING IN THE MILITARY			TRANSITIONING OUT OF THE MILITARY		GAINING STABILITY		FOCUSING ON MY NEEDS AND OPPORTUNITIES			
MOMENT	Joining and serving	Experiencing unequal treatment	Having a child	Choosing or having to leave	Preparing to leave	Relocating for my loved ones	Making sacrifices for my family	Getting my first civilian job	Growing and finding purpose	Taking care of myself	Continuing to navigate my life
<b>BRIGHT SPOTS</b>	<p>Having a purpose and gaining core skills in the military "I was looked up to as a leader. I had responsibility that I would think nobody could understand now."</p> <p>Joining the military to better myself "The whole reason I joined the military was for the education benefits."</p>		<p>Being able to plan separation from the military around timing of pregnancy "I got out of the military because I was pregnant and didn't want to be in Afghanistan when my daughter was several months old."</p>	<p>Retiring or separating to be with family "My oldest child had a really hard time when I left, and part of the reason I was going to retire was so that I was not going to work, at least until I didn't have to, so that I could spend time with them."</p> <p>Leaving for career opportunities in the civilian world "I secured a position doing the job I had in the military. I had right place, right people, right time kind of thing."</p>		<p>Moving for my husband's parents "My husband was leading the job hunt and he found a job in [city]. That's how we ended up here."</p> <p>Using my home loan was a seamless process "The VA home loan was very easy. I knew it was a great program from other Veterans."</p>	<p>Putting my children first "It would have been different if I didn't have kids. You don't think about yourself, if you have time for yourself."</p>		<p>Going back to school to pursue a new career "At first I was on the fence about going into two different fields and my vocational rehab counselor gave me research on the longevity of the two programs. He told me what the career outlook would look like."</p> <p>Doing something different from what I did in the military "My whole career was always tied to the military, so learning how to get around in the world without being a military member was a big deal. Doing something different than I had done in the past, at that time was a big thing."</p>	<p>Being encouraged by my Veteran family to use VA "When I went out I was at 0% disability. My family is military so they were able to navigate, or advocate for me to go back to the VA."</p>	<p>Veteran groups helping me connect with and feel understood by loved ones "It's helping me to open up to people that are important to me."</p> <p>Creating my own "tribe" for support rather than relying on male dominated VSOs "It was the only female in the room. It wasn't very inclusive."</p>
<b>PAIN POINTS</b>	<p>Joining as a lower rank than I should have "I went to school prior to getting into the military. If I had known, I would have been an officer but I had a poor recruiter so I didn't know about that."</p>	<p>Experiencing discrimination and harassment as a woman of color "Even though I'm female, my experience is still different than another Veteran female just due to my skin color. I still dealt with racism."</p> <p>Still struggling with the impacts of sexual harassment "I was a victim of sexual trauma and I was assaulted. That is what has stuck with me. That altered my relationships in a negative way. I still struggle with it."</p>	<p>Physical stressors of the military soon after pregnancy have lasting negative impacts on women's health "It was only 6 weeks maternity leave. I remember going to PT and I didn't have a traumatic birth, but I was still in pain and thought this was crazy that women have to do this."</p>	<p>Separating due to medical discharge "I wasn't ready because I was medically discharged. My intention was to stay in and do my 20 or more years, but because of circumstances medically I wasn't able to. I wasn't ready to go."</p> <p>Leaving because of harassment &amp; discrimination in a male dominated environment "Men are resistant to following orders from a woman in that position. I probably would have stayed in longer if it wasn't so stressful, but enough was enough for me."</p>	<p>Separating was chaotic and risky "As you leave, you're leaving that safety net to a much riskier proposition."</p> <p>TAP was not useful in helping me transition "It was great information, the timing was not. It was too late to be able to actually use that information."</p> <p>Did not receive TAP because of when I separated "When I got out in 2005 I had no clue about the VA. We didn't have the briefings that they have now when you transition."</p>	<p>Not realizing I was eligible for a VA home loan "I didn't even realize I could buy a home."</p>	<p>Making sacrifices my Veteran husband didn't have to "I was the one who stepped back and was a reservist so that our family could stay together. My husband is a great dad but it's never going to be the same type of pressure."</p> <p>Being unhappy with the decision to be a stay-at-home mom "I was not happy being a stay at home mom. I felt a bit isolated. I never imagined myself being a stay at home mom long term."</p>	<p>Not knowing what to do next "Suddenly what's been your life for 20 years is no longer, so there is a grieving period."</p> <p>Searching for a job for the first time ever "Because I went right to the military from college, I didn't have to go to an interview before for a job."</p> <p>Not knowing the right questions to ask about my first job "I had no context for what salary I should be asking for."</p>		<p>Not knowing I was eligible for benefits "I just assumed that if you didn't have a big medical history or being injured, I figured you actually had to be in combat."</p> <p>Putting off seeking help for my issues "I didn't know how to relax. That's why it took so long for me to get to my underlying issues because I was masking it with my work."</p>	<p>Being doubted by VHA about my experience "There were a lot of male doctors and there were women that implied I was taking advantage of the VA. It wasn't a good experience, that's why I don't go there."</p>
<b>KEY DECISIONS</b>	<ul style="list-style-type: none"> <li>Deciding on entering the military</li> <li>Deciding what benefits to enroll in</li> </ul>	<ul style="list-style-type: none"> <li>Deciding who to confide in</li> <li>Deciding whether or not to report harassment</li> </ul>	<ul style="list-style-type: none"> <li>Deciding whether or not to have a child while on active duty</li> <li>Deciding to leave the military before my active duty spouse</li> </ul>	<ul style="list-style-type: none"> <li>Weighing whether it's worth leaving versus staying</li> <li>Deciding when I plan to separate</li> <li>Deciding to give up my career for my family</li> </ul>	<ul style="list-style-type: none"> <li>Starting to decide what civilian life will look like (where to live, where to work, etc)</li> <li>Deciding what benefits and resources to take advantage of now</li> </ul>	<ul style="list-style-type: none"> <li>Deciding where to relocate to based on the needs of my spouse or aging parents</li> <li>Deciding to buy a home</li> </ul>	<ul style="list-style-type: none"> <li>Deciding to be a stay-at-home mom</li> <li>Deciding to change career path to be with kids more</li> </ul>	<ul style="list-style-type: none"> <li>Deciding to work an unpaid job to make ends meet</li> </ul>	<ul style="list-style-type: none"> <li>Deciding if I should deviate from what I did in the military</li> <li>Deciding to take time to learn about what I want in my career</li> <li>Committing myself to a goal</li> </ul>	<ul style="list-style-type: none"> <li>Deciding to prioritize myself and my health</li> <li>Deciding to make a claim</li> </ul>	<ul style="list-style-type: none"> <li>Deciding whether or not to engage in VHA services</li> <li>Deciding who to let into your life</li> </ul>
<b>KEY TOUCHPOINTS</b>	<ul style="list-style-type: none"> <li>Military Recruiter</li> <li>Family, Friends &amp; Support Network</li> </ul>	<ul style="list-style-type: none"> <li>Military Leadership</li> <li>Other Women with Similar Experiences</li> </ul>	<ul style="list-style-type: none"> <li>Military Doctors</li> <li>Active Duty Spouses</li> </ul>	<ul style="list-style-type: none"> <li>Medical Review Board</li> <li>Active Duty Spouses</li> <li>Professional Network</li> </ul>	<ul style="list-style-type: none"> <li>TAP</li> <li>Other Veterans</li> <li>VSOs</li> <li>Military Doctor</li> </ul>	<ul style="list-style-type: none"> <li>Family &amp; Loved Ones</li> <li>VA Home Loan</li> <li>Business &amp; Mortgage Companies</li> </ul>	<ul style="list-style-type: none"> <li>Support Groups &amp; Other</li> <li>Mothers</li> <li>Spouses</li> <li>Childcare</li> </ul>	<ul style="list-style-type: none"> <li>Online Job Postings</li> <li>Veteran Career Events &amp; Services</li> <li>Other Veterans</li> </ul>	<ul style="list-style-type: none"> <li>VR&amp;E</li> <li>Work Study</li> <li>GI Bill</li> <li>PCPG</li> </ul>	<ul style="list-style-type: none"> <li>Women's Health Center</li> <li>Women Veterans Hotline</li> <li>Vet Center</li> <li>Spouse &amp; Family</li> <li>VSOs</li> </ul>	<ul style="list-style-type: none"> <li>Women Veteran Groups</li> <li>Family &amp; Friends</li> <li>VA Benefits &amp; Services</li> <li>VSOs</li> </ul>
<b>MOMENTS THAT MATTER</b>	<p>Women Veterans who experience harassment such as racism, sexism, and/or military sexual trauma, as result of their status as a woman or ethnic minority experience lifelong impacts from that trauma as they navigate their career, build and maintain personal relationships, seek help, and engage with VA.</p>			<p>Women Veterans who choose to leave the military (for education, career reasons, family reasons, and retirement) are often more prepared to transition, file a claim, engage with TAP, and use VA benefits and services. Women Veterans who feel they were forced to leave (because of medical discharge or harassment) have less time to prepare and engage with available supports and services.</p>		<p>Soon after separation, the priority of women Veterans is ensuring the well-being of their family unit, often resulting in making sacrifices in their career in order to financially and emotionally support their spouse and child(ren).</p>		<p>Securing a job after separation is often the first time a woman Veteran has ever applied for a job. Women Veterans often struggle to translate their military skills, are unsure of the type of job they want and may take on jobs that aren't conducive to a career they desire in order to simply secure income early on after separation.</p>		<p>After ensuring their loved ones are taken care of, women Veterans finally take time to focus on themselves. They seek support through further education and transition to a desired career path. They also address health needs that are often delayed in being addressed because of anxiety around confronting trauma, misinformation about eligibility, or poor experiences using military or VA medical services.</p>	

*Note. From Women Veterans Benefits Experience [Infographic], by Veterans Administration, Veterans Experience Office, n.d. (<https://benefits.va.gov/BENEFITS/docs/VBA-WVJM-FINAL.pdf>). In the public domain.*