

**Department of Veterans Affairs (VA) Advisory Committee on Women Veterans
(ACWV)
Meeting Minutes
Capital Hilton
16th and K Street, NW
Washington, DC 20420
October 28-30, 2008**

Advisory Committee Members Present:

Dr. Shirley Quarles, USAR, Chair
CDR René Campos, USN, Retired
CMSgt Helena R. Carapellatti, USAF, Retired
Velma Hart, USAR
CPO Kathleen Janoski, USN, Retired
Marlene R. Kramel, USA
Mary Antoinette Lawrie, USAF

Dr. Brenda Moore, USA
COL Jacqueline Morgan, USAF,
Retired
TSgt Barbara Pittman, USAF,
Retired
Joanna Crosariol Truitt

Advisory Committee Members Absent:

1SG Pamela Cypert, USA, Retired
Celia Szelwach, USA

Ex-Officio Members Present:

COL Denise Dailey, Military Director,
Department of Defense (DoD), Defense
Advisory Committee on Women in the
Services (DACOWITS)

Cheryl Rawls, Director, VA Regional
Office (VARO), North Little Rock,
Arkansas

Denise Jefferson, Competitive Grants
Specialist, Veterans Employment and
Training Service, Department of Labor

Ex-Officio Members Excused:

Dr. Lawrence Deyton
Chief Officer, Public Health and Environmental
Hazards

Advisors Present:

Dr. Patricia Hayes, Chief Consultant, Veterans
Health Administration (VHA),
Women Veterans Health Strategic Health
Care Group (WVHSHG)

CAPT Angela M. Martinelli, Division
of Treatment and Recovery
Research, National Institute on
Alcohol Abuse and Alcoholism,
National Institute of Health

Lindee Lenox, Director, Memorial Programs
Service, National Cemetery
Administration (NCA)

Advisors Excused:

Carolyn Bryant, Veterans Benefits
Administration (VBA), Program Manager for
Women Veterans Outreach Program

VA Staff Present:

Center for Women Veterans

Dr. Irene Trowell-Harris, Director
Dr. Betty Moseley Brown, Assoc. Director
Desiree Long

Shannon Middleton
Juanita Mullen
Michelle Terry

Mandy Krauthamer, WVHSHG
Amy Hertz, WVHSHG
Rachel Lunsford, Office of Information
Technology

Guests:

Martha Abdelsalam, Veterans of Foreign Wars of the United States (VFW)	Alexandria Sardegna, Staffer, Senate Veterans Affairs Committee (SVAC), Majority
Annamarie Amaral, Legislative Affairs Staffer, Office of the Secretary of Defense	Ann Scott Tyson, Washington Post
Emily Bruce, Wounded Warrior Project	Margo Sheridan, VFW
Jackie Garrick, Staff Director, House Veterans Affairs Committee (HVAC), Subcommittee on Benefits	Jennifer Tassler, American Psychiatric Association
Richard Larson, Associated Vet	Jon Towers, SVAC Staffer
Elizabeth Ledvina, National Association of County Veterans Service Officers	Lela Vandecar, General Services Administration
Kristy Park, Staffer, HVAC, Subcommittee on Health	Cathy Wiblemo, Staff Director, HVAC, Subcommittee on Health
Kimberly Ross, Majority Staff Director, HVAC, Subcommittee on Disability Assistance and Memorial Affairs	Denise Williams, The American Legion

Tuesday, October 28, 2008 – Pan American Room
Meeting was called to order by the Chair.

Items discussed included:

- Introduction of members and visitors.
- Agenda review.
- Approval of minutes from June 2008 meeting.
- Cheryl Rawls provided update on policy regarding shredding of documents.

**Briefing: Greeting and comments, The Honorable James B. Peake, M.D.,
Secretary of Veterans Affairs**

- Discussed 2008 Report of the Advisory Committee on Women Veterans, submitted to Congress on September 3.
- Discussed the importance of Advisory Committee's role in improving benefits/services for the growing population of women veterans.
- 2008 National Summit on Women Veterans' Issues held in June was a success. Center for Women Veterans will develop and post quarterly updates of significant information to their Web site.
- Government Accountability Office (GAO) conducting an evaluation of services provided by VA to women veterans with an estimated report in 2009.

**Briefing: Overview of National Cemetery Administration (NCA) Initiatives, and
Update on 2008 Report (Recommendation 19), Steve Muro, Director, Fields
Programs, NCA**

- Discussed update on ACWV 2008 Report: Recommendation #19:
 - NCA enhancing targeted outreach efforts in those areas where burial usage by women veterans does not reflect the women veterans' population by proactively providing burial benefits information to women veterans, their spouses and their children.
 - NCA currently developing criteria for reports and reviewing available data. In fiscal year (FY) 2009, NCA will:
 - Establish a task force to identify geographical areas and populations that are particularly underserved, develop targeted outreach, and assess results.
- Discussed future national cemeteries:
 - P.L. 108-109, National Cemetery Expansion Act of 2003.
 - Public Law 110-157 makes permanent, and retroactive to November 1, 1990, the authority to provide a government headstone/marker for veterans buried in private cemeteries, regardless of whether the grave is already marked (previously only for deaths on and after September 11, 2001); already implemented.
 - Public Law 110-157 provides authority to "furnish, upon request, a medallion or other device of a design--determined by the Secretary--to signify the deceased's status as a veteran, to be attached to a headstone or marker furnished at private expense." In lieu of a government headstone or marker, retroactive to November 1, 1990.
- Medallion benefit:
 - VA contracted with Institute of Army Heraldry (IOH) to design a medallion.
 - NCA and IOH conducted workshop to solicit design ideas from Advisory Committee on Cemeteries and Memorials.
 - Design criteria mandated that medallion be easy to recognize, has flag symbolism, is all encompassing and timeless, and the word "Veteran" inscribed.

- IOH submitted three designs to VA and made presentation to the U.S. Commission on Fine Arts.
- Design recommendation package will be presented to Under Secretary for Memorial Affairs and VA Secretary.
- When design is final, contract will be advertised and awarded.
- Medallion available by spring 2009.

Briefing: Overview of Veterans Health Administration (VHA) Initiatives, William F. Feeley, Deputy Under Secretary for Health for Operation and Management

- Total patients received VHA health care in 2007-- 5.5 million.
- Current median age of veterans is 60 years.
- Since 1990, the number of veterans 85 years and older has risen from 164,000 to 1,075,000.
- In 5 years, the number of women veterans enrolled in VA jumped from 20 to 25 percent.
- By 2013, projected that 33 percent of women veterans will be enrolled.
- Use of VA health care by Operation Enduring Freedom/Operation Iraqi Freedom (OEF/OIF) veterans from FY 2002 to January 2008:
 - Among all 837,458 separated OEF/OIF Veterans:
 - Thirty nine percent (324,846) obtained VA health care since FY 2002. Of those, 96 percent (311,730) were outpatients only; 4 percent (13,116) were hospitalized at least once in a VA facility.
- The total number of OEF/OIF veterans seen since the wars in Iraq and Afghanistan began comprises only about six percent of the patients seen in just 1 year.
- Signature injuries include polytrauma, traumatic brain injury (TBI), post traumatic stress disorder (PTSD).
- Overview of severe injuries in OEF/OIF Population – cumulative through FY 2008 Quarter 1:
 - 498 patients have transferred from military treatment facilities to VA polytrauma centers.
 - OEF/OIF Population – Cumulative through FY 2007 Quarter 4

<u>Type of Severe Injury</u>	<u># of Patients</u>
▪ Amputation	744
▪ Spinal Cord Injury	121
▪ Severe Traumatic Brain Injury	498
▪ Blind Rehabilitation	61
▪ Burns	125*

* Number of troops wounded in action by burns/smoke inhalation.
- Overview of OEF/OIF Veterans' Mental Health (Through January 2008)
 - Forty one percent of OEF/OIF veterans seen received preliminary diagnosis of a mental health condition.
 - Twenty three percent received a preliminary diagnosis of PTSD.
 - VA enhanced mental health resources by \$500 million in FY 2007.

- Suicide Prevention Hotline:
 - Coordinator positions were established to provide assistance.
 - Veterans evaluated within 24 hours; received full assessment within 14 days.
- Other recent VHA improvements:
 - VA health care eligibility extended to five years for combat veterans; enhancement established by Public Law 110-181.
 - Screening for each OEF/OIF veteran for brain damage and PTSD.
 - Hiring 100 new outreach coordinators and 100 transition patient advocates.
 - Calling 570,000 combat veterans to ensure that they know about VA's benefits and services.
- VHA trying to ensure access to health care within one hour of home.
 - Forty four new community based outpatient clinics (CBOCs) will be opened by fall 2009.
 - One hundred more CBOCs established in areas that are remote, in next 3 years.

Briefing: Veterans Benefits Administration (VBA) Update on 2006 Report (Recommendations 8 and 10), Update on 2008 Report (Recommendations 9, 12, 16 and 17), military sexual trauma (MST)-related PTSD Claims, and the Upcoming 2008 Training Conference, Brad Mayes, Director, Compensation and Pension Service, VBA

- Women Veterans Statistics:
 - Number of women veterans in receipt of compensation or pension benefits at the end of FY 2006-- 203,419.
 - Number of women veterans in receipt of compensation or pension benefits at the end of FY 2007-- 221,309.
 - Number of women veterans in receipt of compensation or pension benefits at the end of FY 2008-- 238,124.
- Update on Recommendation 8 (2006 Report), recommending that VA include gender as a variable and MST as a category when conducting the follow-up study of the major influences on the differences in annual compensation payments by states, in order to develop baseline data and metrics for monitoring and managing variances.
 - The follow-up study was recommended in VA Office of Inspector (VAOIG) Report #05-00765-137 (Review of State Variances in VA Disability Compensation Payments.)
 - There is no diagnostic code for MST. However, since 2004, VA has the capability to track PTSD claims due to MST utilizing rating board automation (RBA) 2000; able to obtain gender data from beneficiary identification and records locator subsystem (BIRLS).
- Update on Recommendation 10 (2006 Report), which recommended that VBA's Web site capability be expanded to include a secure site where veterans could check the status of their claims.

- VBA developing a portal initiative--a secure Web site to enable veterans to check the status of their claim.
- Update on Recommendation 9 (2008 Report), which recommended that VBA establish a method to identify and track outcomes for all claims involving personal assault trauma, regardless of the resulting disability, such as PTSD, depression, or anxiety.
 - During FY 2008, 3,017 claims for disabilities secondary to personal trauma were completed. VBA continuing to work with VHA to obtain a list of women veterans who have been treated for military sexual trauma to focus outreach efforts.
- Update on Recommendation 12 (2008 Report), requesting that VA have veterans service organizations (VSO) that are recognized by VA for claims processing require training for their service officers in the awareness of and sensitivity to signs of MST, domestic violence, and/or personal assault.
 - TRIP training:
 - VA continues to enhance the awareness of and stress the need for sensitivity on the issue of MST, through the Training Responsibility Involvement Preparation (TRIP) training program.
 - An electronic mailbox has been established for all participants in the event they have further questions or concerns.
 - Special training:
 - On April 9, 2008, Compensation and Pension (C&P) Service representative provided training at the VFW Proficiency Training Conference in Phoenix, AZ, emphasizing women veterans' issues and claims related information.
 - Encouraged to develop a working relationship with VA regional women veterans' coordinators to coordinate efforts and effectively manage personal trauma claims.
 - Provided current statistics on sexual assault in the military to provide a better understanding of the importance of the issue.
 - Instructed how to approach, and properly interview a victim of personal trauma. The training also included information on gender specific claims.
- Update on Recommendation 16 (2008 Report), which recommended that VA regional office (RO) directors be required to provide women veterans coordinators (WVCs) 10 hours per calendar week in support of the women veterans program; and that all new coordinators be required to participate in WVC orientation upon appointment and that they be allowed to receive ongoing professional development specific to their WVC role.
 - RO directors understand the importance for WVCs to conduct outreach efforts to women veterans. Directors allow WVCs time to conduct outreach as needed.
 - Upcoming training conference in the spring of 2009 is a part of an overall training plan for WVCs nationwide.
 - C&P Service conducts monthly WVC conference calls with RO WVCs:

- Guidance on outreach activities.
- Guest speakers are featured.
- Outreach ideas and events are shared.
- Reporting procedures are discussed.
- WVCs training conference scheduled for the spring of 2009; will feature workshops regarding outreach and partnerships, compensation and pension, personal trauma, project and time management, employment, education and training and deployment.
- Update on Recommendation 17 (2008 Report), which recommended that VARO directors' performance measures include specific monthly goals to track performance standards for WVCs that ensure key objectives related to the women veterans programs are being achieved.
 - VA and RO Directors are committed to providing outreach to women veterans, without having it in their performance standards.
 - Meeting the needs of women veterans is stressed at every level within VA.
 - WVCs are provided with information on developing a specific outreach plan. The plan describes the mission, regional demographics, goals and activities, and ways to obtain resources.
 - WVC perform a variety of duties:
 - Participate in local women veterans events and provides training to organizations that may include women veteran members.
 - Act as the point of contact for VA and other service providers and, in some instances, for women veterans with special needs. For example, women veterans who experienced sexual trauma while on active duty should be referred to the WVC.
 - Establish a network among community service providers and shares information on claims processing with WVCs at VAMCs, vet centers, and other community organizations.
 - Develop a resource directory of service providers within the RO community that may provide services specifically to women and distributes the directory to appropriate VA personnel and others providing assistance to women veterans.
 - Establish liaison with women veterans' organizations or those with predominantly women members, e.g., the Women's Army Corps, maintains rosters of the primary contacts, and provides speakers for their meetings and for special events when appropriate; and advertise information about VA benefits and services in places where women veterans live or frequently visit.

Update on 2008 ACWV Report, Dr. Irene Trowell-Harris, Director, Center for Women Veterans

- Recommendations submitted by Committee are reflective of issues encountered by many women veterans, are based on information and data presented during briefings at Committee meetings, and have implications for the entire women veterans population.

- Committee offers rationales for each recommendation.
- Report submitted to the Secretary on July 1, 2008.
- Administrations crafted responses to recommendations.
- Report with VA response submitted to Congress September 3, 2008.
- Distributed to VA administrations and staff offices, congressional members, and the general public.

Updates on 2008 National Summit on Women Veterans' Issues, and Center for Women Veterans, Dr. Betty Moseley Brown, Associate Director, Center for Women Veterans

- Provided information on outreach activities.
- Discussed VA's strategic goals and the Center's performance measures.
- Center's recent and upcoming events.
- 2008 National Summit on Women Veterans' Issues.

Update on Women Veterans Health Care and the Women Veterans Health Strategic Health Care Group (WVHSHG) Initiatives, Dr. Patricia Hayes, Chief Consultant, WVHSHG

- Number of women veterans increasing due to increase in the number of women on active duty and increase in those entering military service.
- The percentage of veterans who are female is projected to increase: from 7.7 percent in 2008, to 10.0 percent in 2018, to 14.3 percent in 2033.
- Utilization by OEF/OIF through 1st quarter FY 2008- 42.5 percent of women enrolled, 38.5 percent use from 2-10 visits.
- Quality challenges- Significant gender differences in provision of clinical prevention measures and mental health screenings.
 - Some track private sector-cardiac measures lower for women.
 - Opposite private sector: influenza –
 - Performance for Women lower than men in VA.
 - PTSD screen lower for women in primary care clinics.
- Under Secretary for Health (USH), in March 2008, charged the USH Workgroup with defining actions necessary to ensure that every woman veteran has access to a VA primary care provider who can meet all her primary care needs, including gender-specific care, in the context of an ongoing patient-clinician relationship; report due October 31, 2008.
- Secretary Peake mandated that there must be a portal for women veterans at each facility, and women veteran program managers must be full-time at each facility; requirement should be implemented by December 1, 2008. Currently, 45.7 percent facilities have full-time positions implemented.
- Implementation of comprehensive primary care (including gender specific care) at every VA site.
- Mental health integration into primary care is essential for the provision of comprehensive women's health care.
- VA challenge is to fill vacancies with providers who can treat women.

- Shrinking total veterans population but a doubling of women veterans using VHA for their healthcare.
- Increasing recognition of women veterans' unique and complex health needs—gear up for influx of younger women veterans; clinics need to serve needs of young, working women.
- Increase attention to comprehensive view of women's health—beyond reproductive health issues; need to also focus on age related health effects.
- WVHSHG priorities include producing quality initiatives in breast cancer screening/abnormal mammogram follow up, and risk avoidance in medications for women of child bearing age.
- WVHSHG implementing new initiatives in the comprehensive women's health program, women's health education, quality and performance data, and birth defects prevention.
- VAMCs received \$32.5 million in FY 08 supplemental funds specifically to improve women veterans' health diagnostic capabilities.

Briefing: Minority veterans update, Lucretia McClenney, Director, Center for Minority Veterans (CMV)

- CMV congressional mandated by Public Law 103-446 in November 1994.
- The CMV Director serves as the principal advisor to the Secretary on the adoption and implementation of policies and programs affecting minority veterans.
- The CMV services four minority groups: (1) African Americans; (2) Asian Americans; (3) Hispanic Americans; (4) Native Americans, American Indians, Alaska Natives, Native Hawaiians, and Pacific Islanders.
- Minority Veterans Program Coordinators (MVPC) interdepartmental program (approximately 300 coordinators collaterally assigned within VHA, VBA and NCA).
 - Principal advisor to the facility director:
 - Support and initiate activities that educate and sensitize internal staff to the unique needs of minority veterans.
 - Target and participate in outreach activities and educational forums utilizing community networks.
 - Assist the CMV in disseminating information.
- CMV's new initiatives/accomplishments:
 - Implementation of Web based MVPC quarterly report.
 - Secretary's Native American Ad-hoc Working Group.
 - Establishment of veterans information pavilions.
 - Congressional Black Caucus (CBC) veterans brain trust.
 - Informational workshops conducted at National Association for the Advancement of Colored People (NAACP) convention.
 - National Academy of Public Administration (NAPA) recruitment and retention working group.
 - Establishment of Federal Asian Pacific American Council (FAPAC) VACO chapter.

Discussion: Wrap-up Dr. Shirley Quarles, Chair, ACWV

Wednesday, October 29, 2008 – Pan American Room

Meeting was called to order by the Chair.

Items discussed included:

- Site visit dates and suggested venues considered; ACWV selected Dallas, TX for next site visit.
- Dates in February for spring meeting; tentatively set for February 18-20, 2009.

Briefing: Update on Legislation Related to Women Veterans, and Update on 2006 Report (Recommendation 5), The Honorable Christine Hill, Assistant Secretary for Congressional and Legislative Affairs

- Discussed recently enacted laws
 - Public Law No: 110-186; Military Reservist and Veteran Small Business Reauthorization and Opportunity Act; requires Office of Veterans' Business Development to compile and disseminate information on existing resources available to women veterans.
 - Public Law No: 110-387 (Veterans' Mental Health and Other Care Improvements Act); enhances domiciliary care for women veterans; makes permanent the biennial reporting requirement of the Advisory Committee on Women Veterans.
- Pending legislation
 - S. 2969; Veterans Health Care Authorization Act of 2008; highlights include requirement of report on barriers to receipt of health care for women veterans, training and certification for mental health care providers on care for veterans suffering from sexual trauma; care for newborn children of women veterans receiving maternity care.
 - H.R. 4107; Women Veterans Health Care Improvement Act; seeks to amend title 38, United States Code, to expand and improve health care services available to women veterans, especially those serving in Operation Iraqi Freedom and Operation Enduring Freedom.
 - S. 2799; Women Veterans Health Care Improvement Act of 2008 (Companion to HR 4107).
 - S. 1606; Dignified Treatment of Wounded Warriors Act; seeks to provide for the establishment of a comprehensive policy on the care and management of wounded warriors in order to facilitate and enhance their care, rehabilitation, physical evaluation, transition from care by the Department of Defense to care by the Department of Veterans Affairs, and transition from military service to civilian life, and for other purposes.
 - H.R. 2394; A bill to study the needs of Wounded Women Warriors; would establish a bipartisan "Commission on Wounded Women Warriors" to study needs of women transitioning from DoD health care system to VA health care system.

- Updated on 2006 Report Recommendation 5, which requests that VHA continue to seek legislation to ensure the cost incurred for the post delivery care of all newborn children delivered to women veterans receiving VA maternity benefits be provided for up to 14 days.
 - Current Status: S. 2969 language addresses this recommendation:
 - *The Secretary may furnish health care services described in subsection (b) to a newborn child of a woman veteran who is receiving maternity care furnished by the Department for not more than 7 days after the birth of the child if the veteran delivered the child in— (1) a facility of the Department; or (2) another facility pursuant to a Department contract for services relating to such delivery (b) Covered Health Care Services.—Health care services described in this subsection are all post-delivery care services, including routine care services, that a newborn requires.”*
Congressional Mandate/Public Law 103-446

Briefing: Update on 2008 Report (Recommendations 6, 13, and 14) Dr. Patricia Hayes, Chief Consultant, Women Veterans Health Strategic Health Care Group

- Recommendation 6 would require VA to provide the Committee with an annual report, by gender, of clinical quality measures related to the provision of health care to veterans.
 - The 2008 “Hospital Quality Report Card” formally titled: “Report to the Appropriations Committee of the U.S. House of Representatives in Response to House Appropriation Report No 110-186, accompanying Public Law 110-161, The Consolidated Appropriations Act, 2008” will be provided to the Committee. The “Hospital Quality Report Card” will be revised and reissued annually.
- Recommendation 13, would require VHA to promote women veterans health care through Welcome Home programs for OEF/OIF veterans.
 - Women veterans program managers (WVPMs) and facilities will be advised to have WVPMs included in all facility level Welcome Home programs. The WVHSHG is responsible for follow up.
 - Recommendation 14 would require VHA to appoint WVPM alternates who could assume responsibilities in the absence of the WVPM.
 - Appropriate coverage/backup will be coordinated by the facility to ensure coverage and follow-up in the absence of the full-time WVPM.

Briefing: Update on 2006 Report (Recommendations 12, and 13), Dr. Seth Eisen, Director, Health Services Research and Development (HSR&D), VHA

- Office of Research and Development (ORD) Goals:
 - Collaborate with other organizations to develop women’s research agenda.
 - Focus VA women’s research on veteran related issues.

- Encourage collaboration, communication, and capacity building among VA researchers interested in women's health issues.
- Disseminate and implement research findings.
- Position VA as a national leader in women's health research.
- Recommendation 12, which recommends VHA consider longitudinal approaches to studying and treating lifetime conditions that affect Vietnam Era women veterans
 - VA Co-op Study: "Determining the Physical & Mental Health Status of Women Vietnam Veterans"
 - Broad goals:
 - Determine current mental and physical health status.
 - Determine health needs.
 - Specific goals – to determine:
 - Prevalence of PTSD and other mental disorders.
 - Relationships between mental disorders and Vietnam war-time and war-zone experiences.
 - Relationships between PTSD and functional status.
 - Prevalence of medical conditions.
 - Study timetable -- accomplished:
 - July 2008 - VA convened stakeholders.
 - August 2008 - Project assigned to VA Cooperative Studies Program Coordinating Center (CSPCC).
 - October 2008 – principal investigators appointed, CSPCC planning committee membership finalized.
 - Study timetable – planned:
 - November 2008 - planning committee defines aims, sampling, methodology.
 - April 2009 - proposal finalized and submitted for peer review.
 - June 2009 - peer panel review and funding decision.
 - July 2009 to December 2009 – admin start-up, institutional review board (IRB) approvals.
 - February 2010 - study begins.
 - Study closes, findings published - 2013.
- Recommendation 13 would require that women veterans-focused research is conducted and that ORD continue to support and fund women veterans' research as a priority category.
 - HSR&D research priority for 2008: "To assess the quality of care associated with different health care delivery approaches to serving women veterans, and define and evaluate costs, access, availability of comprehensive care, and continuity tradeoffs that women veterans face in different care settings and health conditions across the full spectrum of healthcare services."
 - Special emphasis: proposals responsive to women veterans' issues are identified as "Priority-Women" and receive special consideration.
- Where do we go from here?

- Reassess women veterans' needs.
- Conduct "gap analysis" of research portfolio.
- Disseminate research results.
- Translate research findings into practice.

Update on VHA Special Initiatives (MOVE annual report, Smoking Cessation, Screenings) Dr. Linda Kinsinger, Chief Consultant, Preventive Medicine, Office of Patient Care Services, National Center for Health Promotion and Disease Prevention, VHA

- Prevention Gap:
 - Data on healthy lifestyles from Nurses Health Study (~85,000 nurses):
 - Low-risk group: BMI \leq 25, healthy diet, regular physical activity, non-smoker, ½ alcoholic drink/day.
 - Percent in low-risk group: 3 percent.
 - Relative risk of diabetes: 0.09 (91 percent of diabetes from not being in low risk group).
 - Relative risk of coronary heart disease (CHD): 0.17 (83 percent of CHD events from not being in low risk group).
- Prevention message for healthy living:
 - Eat healthy.
 - Be physically active.
 - Maintain a healthy weight.
 - Don't smoke.
 - Get recommended clinical preventive services.
- VHA's special prevention initiatives:
 - *MOVE!* Weight Management Program for Veterans
 - HealthierUS Veterans
 - Smoking cessation program
 - Delivery of clinical preventive services
- *MOVE!* Weight Management Program— individualized program of supported self-management, tailored treatment:
 - Women more likely to participate in weight management care.
 - Receive same intensity of treatment.
 - Achieve slightly greater amount of weight loss.
 - More likely to achieve clinically significant weight loss.
- Healthier US Veterans— a joint initiative between VA and the Department of Health and Human Services (HHS) to prevent obesity and diabetes through healthy lifestyles that includes:
 - Promotion of physical activity and healthy eating.
 - Promotion of use of *MOVE!* materials to non-VA veterans.
 - Establishment of a fit for life veteran volunteer corps.
- Women's Stepped-Care Smoking Cessation Program:
 - Based in VA Palo Alto Health Care System.

- Aims to improve access to full range of smoking cessation services for women through gender-specific care in primary care, reproductive health, and mental health visits.
- Includes referrals to 12-month telephone-based follow-up service.
- Integrates care for women with PTSD.
- Clinical Prevention Services:
 - Gender differences seen in many specific clinical preventive services (men higher than women).
 - Includes colorectal cancer screening, influenza and pneumococcal immunizations, blood pressure control, cholesterol control, among others.
 - Reasons not understood.
 - Presence of women's health clinics does not seem to reduce differences.
- VHA working to address gaps in prevention message for healthy living.
- General and gender-specific efforts to improve healthy eating, improve physical activity, reduce overweight/obesity, reduce smoking and provide recommended clinical preventive services.
- Plans for new prevention initiatives:
 - Comprehensive list of VHA-recommended clinical preventive services.
 - Online health assessment that will ask about health status and risky behaviors, provide tailored information and recommendations, and link to health coaches to help with behavioral change.
 - New ways to reach veterans with information.

Update on National Suicide Prevention Expert Panels, the Suicide Hotline, and Healthier US Vets Program, William Judy, Washington VA Medical Center

- VA program for suicide prevention is based on a public health approach.
- Specific initiatives established for suicide prevention:
 - Suicide prevention coordinators.
 - 24/7 VA national suicide prevention hotline.
 - National programs for education and awareness.
- VA national suicide prevention hotline call report totals year to date:
 - FY 08 totals to date: 67,350 total calls; 29,879 identified as veterans; 4,517 identified as family/friend; 1,749 rescues.
 - FY 07 totals to date: 9,379 total calls; 2,918 identified as veterans; 139 rescues.
 - Total to date: 76,729 total calls; 32,797 identified as veterans; 4,517 identified as family/friend; 1,888 rescues.
- Suicide prevention coordinator (SPC) at each VA medical center facility.
 - Overall responsibility is to support the identification of high-risk patients and to coordinate ongoing monitoring and enhancements in care.
 - Other responsibilities include:
 - Promote awareness and community outreach.
 - Training – both for provider and guides.
 - “Flagging” patients at high risk.
 - Tracking and monitoring high risk patients and their care.

- Participation in patient safety and environmental analysis to develop local suicide prevention strategies.
- Expanding campaign to areas with highest volume of calls and expanding coverage to specific installations in the services.
- Other VA –wide initiatives:
 - Suicide risk assessment guide for physicians to help them identify warning signs and to provide referral information to be passed along to patients.
 - Operation S.A.V.E. training guide created by the VISN 2 Center of Excellence at Canandaigua.
 - Patient and employee posters, dioramas, bus billboards, metro car cards, bumper magnets, key rings, stress ball, exhibits, and celebrity endorsements advertising suicide prevention and the suicide prevention hotline.
- Reaching rural America with various initiatives:
 - Social media (Youtube.com, Facebook, Second Life) for younger veterans.
 - Print media and faith based initiatives, and special interest organizations for older veterans (veterans service organizations, Lions Club, etc.).
- Healthier US Veterans:
 - Kick-off event at the National Press Club with Secretaries of HHS and VA.
 - National events held to promote a healthy lifestyle:
 - Walk- and roll-athon.
 - Nutrition and fitness exhibits and demonstrations.
 - Tool kit for event development and to engage the press.
- Key components of outreach for program:
 - Printed material about program.
 - Web-based initiatives:
 - <http://www.healthierusveterans.va.gov>.
 - Provides veterans with information that could be downloaded, and tool kits to use to generate local activities and publicity.
 - Provides interactive feature that offers useful information and encourages veterans through quizzes and computer games.
 - Celebrity endorsements.
 - Public service announcements.
 - Fit for Life exercise DVD.
- Direct-to-Veteran provide messages, information and material directly to the veteran:
 - Through local events-- health fairs, farmers market, demonstrations, exhibits.
 - Press rally with organization leaders, community leaders, national spokesperson, local celebrities/champions.
- Marketing Strategies:
 - Partnering with other government agencies, veterans service organizations, sector health groups local health promotion groups.
- Measurement:

- Number of visits on the web page.
- Number of veterans participating in the program after the campaign start.
- Number of times the public service announcements (PSAs) were played.
- Number of video products downloaded.

Briefing: Update on the Defense Department Advisory Committee on Women in the Services (DACOWITS), Colonel Denise Dailey, Director, DACOWITS

- Provided update of the 2008 DACOWITS report.
 - First draft completed September 17, 2008.
 - Goal of report was to identify success strategies for female service members and education opportunities for military children.
 - DACOWITS' s research on success strategies sought to identify career barriers that women service members encounter; ascertain which strategies have been most successful in helping them overcome career barriers; examine the strategies employed by the military to specifically develop female leaders; and identify what women-to-women strategies are effective in promoting success and what improved strategies would better promote success.
 - Research on educational opportunities sought to identify what factors determine which school children attend when military families relocate and how military parents evaluate schools; access the type of education-related support or services are available for military/mobile children and what needs are not being addressed; determine the type of school-related support is needed and is available for Guard and Reserve families to address stresses of deployment.
 - Report also sought to explore focus group participants' knowledge of initiatives (leadership development, mentor training, character development, work life balance) within the DoD to promote female success.
 - Commonalities in findings across all four areas.
 - Participants reported a general absence of formal initiatives specifically targeting women.
 - Many participants against implementation of female-specific initiatives, fearing harm to their careers.
 - Majority of participants could not recall any formal women-to-women success initiatives. The ones mentioned were regional programs, installation-sponsored women's discussions and presentations, and a Women's History Month luncheon and panel discussion.
 - Some participants reported involvement in informal women-to-women success strategies (mentoring, casual conversation, networking in the military and the community).
 - Private-sector programs to promote success of women offer examples of women-to-women initiatives.

Briefing: Update from Department of Labor, Ron Drach, Director, Governmental and Legislative Affairs, VETS

- America's Heroes at Work:
 - A public education campaign focusing on the employment challenges of transitioning service members living with TBI and PTSD.
 - Designed for employers and the workforce development system.
 - Project provides information and tools to help individuals with TBI and/or PTSD succeed in the workplace, particularly members of the military returning from Iraq and Afghanistan, but also the other millions of Americans experiencing these common conditions.
- Discussed transition assistance program (TAP), disabled transition assistance program (DTAP) and VA benefits briefing.
- Discussed homeless veterans' reintegration.
- Focus has been on OIF/OEF veterans for the last couple of years.
- Looking for success stories for American Heroes at Work.

Discussion: Employment Opportunities, Dennis May, Director, Veterans Employment Coordination Service (VECS)

- Approximately 30 percent of VA's 270,000 employees are veterans, and 7.9 percent are service-connected disabled veterans.
- VA ranks first among non-Defense agencies in the hiring of disabled veterans; second only to the DoD in overall number of veteran employees.
- Veterans Employment Coordination Service (VECS) was established January 2008.
- Mission is to attract, recruit, and hire veterans into the VA, particularly severely injured veterans.
- VECS will open opportunities to veteran employment and ensure that veterans are able to successfully enter VA's workforce.
- VECS will help ensure that VA managers and supervisors are thoroughly familiar with the use of special hiring authorities to hire veterans.
- Nine regional VEC locations nationwide; over 160 local VECs at HR offices nationwide.
- VECS activities include promoting VA career opportunities; outreaching to veterans, particularly severely injured veterans from OEF/OIF; maintaining a constant presence at military career fairs, transition assistance centers, outreach events; managing local VECs and assisting in their efforts to establish partnerships

Discussion: Wrap-up Dr. Shirley Quarles, Chair, ACWV

Thursday, October 30, 2008 – Pan American Room
Meeting was called to order by the Chair.

Items discussed included:

- Comments from members leaving the Committee.

- Continuation of health and benefits subcommittees.
- Longer breakout time for the Committee.

Discussion: of Women Veteran – related to Articles from VACO Library, Caryl Kazen, MLS, Chief, Library Service

- VACO library monitors and analyzes the literature from a variety of sources, and provides alerts.
- Provides current awareness / late breaking news on topics of interest.
- Alerts cover:
 - News articles on women veterans.
 - Articles on women veterans from PubMed/MEDLINE.
 - News articles on women's health.
 - News reports of high interest to the group, e.g. studies of disparities or regional.
 - Reports from the Government Accountability Office (GAO).

Briefing: Report of DoD's Sexual Assault Prevention and Response Program, Dr. Kaye Whitley, Director, Sexual Assault Prevention and Response Office

- The Sexual Assault Prevention and Response Office (SAPRO) will serve as the single point of accountability and oversight for sexual assault policy, provide guidance to the DoD components, and facilitate the resolution of issues common to all military services and joint commands.
- SAPRO offers comprehensive prevention training, and conducts prevention outreach efforts.
- Sexual assault response coordinators at every location, world-wide; offers 24/7 response capability that includes medical care, sexual assault forensic examinations (SAFEs), counseling, advocacy services, and investigative response. Victims offered restricted reporting option.
- SAPRO produces an annual report, and conducts academy assessments and policy assistance visits.
- DoD will be the benchmark for the nation in creating an organizational environment that does not tolerate sexual assault.
- FY 07 DoD Report on Sexual Assault in the Military
 - Data collection changed from calendar year to fiscal year in 2007.
 - Includes Uniform Code of Military Justice (UCMJ) changes to sexual assault law.
 - Total reports: 2,688; 2,085 unrestricted reports; 705 restricted reports.
 - 102 of 705 restricted reports later changed to unrestricted reports.
 - Unrestricted reports alleging rape-- 60 percent.
 - Percentage involving service member victims-- 72 percent.
 - Investigations completed-- 1,955; investigations from reports made in FY 07-- 1,344.
 - Subjects from investigations completed in FY 07 under commander action-- 1,172.
 - Total actions completed in FY 07-- 600; total court-martials--181.

- SAPRO working to standardize definitions of the sexual assault offenses among the services.
- A hearing on victim care is being planned in the House of Representatives, probably February 2009.
- GAO issued a report in September 2008 and made nine recommendations on program implementation, accountability, and oversight.
- SAPRO conducted policy assistance visits to nine installations.
 - Sessions conducted with commanders, law enforcement, health care professionals, officers and enlisted personnel.
 - FY 09 visits will include military service academies, Central Command (CENTCOM), and possibly Norfolk.
- SAPRO's prevention strategy was provided to the services in September 2008; focus will be on bystander intervention.
 - Efforts will include collaboration with civilian partners.
 - Campaign rollout set for April 2009 (Sexual Assault Awareness Month).
- SAPRO and VA are collaborating for training events, on issues like the wounded ill and injured, and on the Sexual Assault Advisory Council.
- The Defense Task Force for Sexual Assault in the Military Services (DTFSAMS):
 - Was established to examine issues relating to sexual assault by members or against members of the armed forces.
 - Held its first public meeting in September 2008.
 - Currently engaged in fact finding visits.
 - Will deliver its report to Congress in August 2009.

Briefing: Update on Rural Health Resource Centers/Office of Rural Health/Rural Mobile Health Care Clinics/Veterans Rural Health Advisory Committee/Outreach to Women Veterans, Dr. Richard Hartman, Director, Policy Analysis and Forecasting, VA Office of the Assistant Under Secretary for Health for Policy and Planning, VHA

- Areas of focus are access, technology, best practices/evaluation, education/training, workforce development and retention and collaborations with government and non-government entities.
- Goals of the Office of Rural Health:
 - Establish a data-driven and collaborative decision-making process to improve the lives of veterans and enhance deliver of care.
 - Engage in research and promulgate best practices (demonstration projects, evaluations and studies.)
 - Translate research and best practices into policy and facilitate broader executive among established VA program offices and Veterans Integrated Services Networks (VISNs).
- Current pilot projects/initiatives include:
 - Mental health initiatives to enhance access to mental health services to veterans' residing in rural areas.

- Long-term care initiatives to expand existing program that aid veterans with special needs, older veterans and new cohort of OEF/OIF veterans residing in rural areas.
- A mobile health care pilot project to extend access to primary care and mental health services in rural areas where it is not feasible to establish a fixed access point.
- An outreach clinic expansion to establish new outreach clinics to extend access to primary care and mental health services in rural and highly rural areas.
- VISN rural consultant pilot project to lead VISN activities.
- Veterans rural health resource centers to serve as satellite offices to conduct policy-oriented studies and analyses; function as field-based clinical laboratories for demonstration/pilot projects; serve as regional rural health experts; enhance academic affiliation and outreach.
- A Veterans Rural Health Advisory Committee to advise Secretary of VA on health care issues affecting enrolled veterans residing in rural areas.
 - Meeting held September 2008.

Update on 2006 Report (Recommendations 22 and 23), and Women Veteran Specific Homeless Initiatives, Pete Dougherty, Director, Office of Homeless Veterans

- The 2007 Community Homelessness Assessment, Local Education and Networking Groups (CHALENG) Report estimated 154,000 homeless veterans on any given night, a 40 percent reduction from previous estimates of 250,000.
- More than 70,000 veterans receive specialized VA homeless services.
- VA has awarded funding to more than 400 community and faith based organizations to support more than 15,000 transitional housing beds under the Homeless Providers Grant and Per Diem Program.
- Forty thousand veterans were seen through outreach in the health care for homeless veterans (HCHV) program, with a total of 245,857 outreach visits.
 - 4 percent female homeless veterans.
- Number of operational beds for the domiciliary care for homeless veterans program (DCHV)-- 2,000; number of veterans received treatment-- 5,913.
 - Percentage of female homeless veterans-- 4.7 percent.
- Number of veterans admitted to a community-based grant and per diem (GPD) program during 2007-- 15,408.
 - Percentage of female homeless veterans-- 6.6 percent.
 - There are eight women veteran special needs GPD programs.
- More than 119 of the 405 community based GPD providers have capacity to serve women veterans.
- Top three funding priorities in GPD Programs FY 08:
 - Women, to include women with dependent children.

- Initiatives in Vermont, Nebraska, Alaska.
- Indian Tribal Governments.
- In FY 08, VA expanded a permanent housing initiative in partnership with Housing and Urban Development to create 10,000 new units of veteran specific section-8 housing with VA case management services. For FY 09 Congress appropriated funding to create 10,000 new section 8 vouchers.
- VA plans to hire more than 300 case management staff to provide services to veterans placed in the program.
- The new HUD-VASH initiative adds new capacity in every state. VA will target veterans with families, including those who served in Iraq and Afghanistan.
- Health care for re-entry program:
 - Incarcerated veterans outreach:
 - Department of Justice estimates 60,000 veterans will be eligible for release from federal or state prison annually.
 - Incarcerated veteran outreach initiative:
 - In FY 2008, 39 Full-time Re-entry Specialist were hired.
 - Incarcerated veterans' transitional program (IVTP):
 - Congress authorized IVTP as a permanent program to be carried out at 12 locations. The IVTP pilot program was highly successful, with 4,000 veterans assessed prior to release, and 54percent successful in obtaining employment.
- Focusing on the needs of women and families:
 - Female veterans more likely to experience severe housing cost burden.
 - The HUD/VASH program allows VA to strengthen support to families.
- Domiciliary residential rehabilitation treatment programs:
 - Public Law 110-387- Congress has authorized permanent authority for domiciliary services for homeless veterans and enhancement of capacity of domiciliary care services for female veterans.
 - This includes appropriate actions to ensure that the domiciliary care programs of the Department are adequate, with respect to capacity and with respect to safety, to meet the needs of veterans who are women.
- For homeless veterans debilitating physical and mental health issues leave many without hope.
- VA is collaborating with entities of government, community and faith-based service providers to lower the percentage of homeless veterans.
- Over 80 percent of homeless veterans in residential programs were appropriately housed one year after discharge from transitional programs.

Briefing: Counting Women Veterans: Sources of Data from the U.S. Census Bureau, Kelly Holder, Survey Statistician, U.S. Census Bureau

- The first data on veterans published by the U.S. government were collected in the census of 1840.
- Veteran status questions have been asked in every decennial census since 1910, with the exception of 1920.

- In 1960 and 1970, the veteran status questions were asked of all males 14 years and older.
- Starting in 1980, the veteran status questions were asked of all individuals 15 years and older.
- In the 2000 Census veteran status information was collected for all individuals 15 years and older.
- The Census 2000 long form; distributed to one in six households in the United States.
- Census 2010:
 - Shorter form; only 10 minutes to complete.
 - A major challenge is they must count everyone.
 - 310 million people who speak more than 50 languages.
 - 130 million households:
 - 50 states & District of Columbia.
 - Puerto Rico.
 - Island Areas.
 - Guam.
 - American Samoa.
 - Commonwealth of the Northern Mariana Islands.
 - U.S. Virgin Islands.
- The long Census form is now called the American Community Survey (ACS).
 - Will collect information annually from three million household addresses.
 - Data can be accessed at www.census.gov.
 - New content for 2008 will include questions about service-connected disability ratings.
 - The ACS offers an opportunity to study, in fine detail, the social and economic differences between female veterans and nonveterans.
 - Among workers 18 years and older, women veterans more likely to be full-time year round workers than non-veteran women.
 - Women veterans were more likely than non-veteran women to be government workers.
 - Women veterans were less likely than non-veteran women to work in wholesale, education and health care industries.
 - Women veterans were more likely than non-veteran women to be in management and professional occupations.
- Other Household Surveys:
 - Current Population Survey (CPS), a monthly survey of 50,000 households; primarily a source of labor force characteristics.
 - Survey of Income and Program Participation (SIPP), a continuous series of national panels ranging from two and half to four years; approximately 14,000 to 36,700 interviewed households; allows for the analysis of the economic well-being of the population.

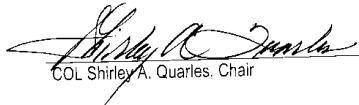
Briefing: Update on 2006 Report (Recommendations 22), Update on 2008 Report (Recommendations 1 and 3), and Mental Health Services, Dr. Antonette Zeiss, Deputy Chief Consultant, Office of Mental Health Services (OMHS), VHA

- Uniform mental health services in VA medical centers and clinics:
 - Gender-specific issues can be important components of care.
 - Strongly encourage sites to give veterans being treated for MST the option of same sex provider, or opposite sex provider if trauma involved same sex partner.
 - Strongly encourage sites to give veterans being treated for other mental health conditions the option of a consultation from same-sex provider regarding gender specific issues.
 - All VA facilities must accommodate and support women and men with safety, privacy, dignity, and respect.
 - All inpatient and residential care facilities must provide separate and secured sleeping accommodations for women.
 - Mixed gender units must ensure safe and secure sleeping and bathroom arrangements, including, but not limited to door locks and proximity to staff.
- Update on 2006 report (Recommendation 22), which recommended that VA initiate an identifiable effort to increase the development of VA women-specific residential programs addressing homelessness.
 - During FY 07 and FY 08, application to establish women homeless veteran programs were given priority in the grant and per diem program funding notices and reviewed separately.
- VA's new HUD-VASH program:
 - The largest expansion of the homeless program.
 - In 2008, 10,000 housing choice vouchers.
 - Deployment of 290 case managers.
 - Provides case management services.
 - Provides permanent housing.
 - Improves VA's ability to provide for homeless veterans and their families.
 - Improves VA's ability to serve women veterans.
- Update on 2008 report (Recommendation 1), which recommended that VHA establishes a domestic violence program under the OMHS Women's Mental Health Program and include domestic violence in VA's Uniform Mental Health Service Package.
 - Domestic violence is a multifaceted public health concern; mental health services are only one component of needed responses.
 - Prevention, physical and psychological treatment, social services for abused partners and at-risk children, legal services, etc. need to be included in any comprehensive program.
 - Education and training for clinicians also require targeting to an interdisciplinary audience cutting across multiple service programs.


- Mental health services are provided in VA for multiple mental health problems that may be consequences of domestic violence.
- VA provides mental health services that may reduce the likelihood of domestic violence, such as early care for PTSD and anger management training.
- Update on 2008 report (Recommendation 3), which recommended that VA provide veterans with therapy and readjustment counseling that includes family members, when clinically indicated, not only at Vet Centers but also at medical centers.
 - Uniformed Mental Health Services in VA medical centers and clinics:
 - Family consultation—family meets with mental health professionals as needed to resolve specific issues related to the veteran’s treatment and recovery.
 - Intervention is brief; typically 1-5 sessions for each consultation.
 - Provided on as needed or intermittent basis.
 - If more intensive ongoing effort is required, family can be referred to family psychoeducation.
 - Family Psychoeducation—treatment team provided factual information necessary to support the veteran and partner.
 - Offered in many formats, regularly scheduled and conducted over time.
 - Type of evidence-based family therapy; focuses on developing coping skills for handling problems posed by mental illness in one member of the family.
 - Can be used in single family format, or multi-family format group.
 - Spoke on MST; and MST screening:
 - VA MST support team conducts legally mandated monitoring of MST screening and treatment within VA.
 - Oversees legally mandated MST-related education and training within VA.
 - Promotes best practices for MST screening and treatment within VA.
 - Offers policy recommendations related to MST for consideration by OMHS.
 - Most common primary diagnoses for MST-related mental health encounters:
 - PTSD.
 - Depressive disorders.
 - Schizophrenia and psychoses.
 - Bipolar disorder.
 - Substance use disorders.
 - Staff education/training initiatives include monthly MST teleconference training series calls; audio of broadcast available on Web site.

- Continuing education credits available.
- Typically well over 100 phone lines used.
- Sample topics include: overview of MST care, evidence-based treatments, DoD's response to sexual assault, cultural issues and MST, MST in primary care, VA policies related to MST.

**Discussion: Wrap-up, Dr. Shirley Quarles, Chair, ACWV
Meeting adjourned.**



COL Shirley A. Quarles, Chair



Irene Trowell-Harris, RN, EdD, Designated Federal Official