The objective of the report is to review and assess perceptions of and satisfaction with healthcare and other benefits delivered to Women Veterans through the VA system and to provide greater insight into factors influencing these perceptions of healthcare and other benefits delivered to Women Veterans.
ProSidian Consulting, LLC (―ProSidian‖) in response to our agreement, conducted a survey on behalf of The American Legion to assess perceptions of and satisfaction with healthcare and other benefits delivered to Women Veterans through the VA system. Sponsored by The American Legion’s Office of Veteran’s Affairs and Rehabilitation, the theme of this initiative was titled “Assessing The Challenges, Needs and Opportunities of Those Who Served”.

This Survey Report aims to provide The American Legion with greater insight into some of the factors influencing perceptions of and satisfaction with healthcare and other benefits delivered to Women Veterans. The ProSidian Engagement Team focused on concepts of service quality to determine the factors driving Women Veterans’ decision to use the VA system as opposed to other private or public healthcare systems. Service quality is an important research topic because of its apparent relationship to costs, profitability, customer satisfaction, customer retention, and positive word of mouth.

At the foundation of our study, we chose to utilize a service quality framework developed in the mid eighties by Zeithaml, Parasuraman & Berry. The Ten (10) Dimensions of service quality measured were tangibles, reliability, responsiveness, competence, courtesy, communication, credibility, security, access, and understanding/knowing the customer.

Our engagement team consisted of a very senior team of consultants, all of whom have spent the majority of their professional careers as consultants, military leaders, and business leaders in industry and the federal government. In addition, all project team members have experience in management and business assessments, marketing and outreach efforts, as well as strategic performance metrics. Some team members are academics, while others are themselves military veterans.

The focus of our engagement was primarily on the experiences and needs of Women Veterans. This research is especially important because women are currently a rapidly growing segment of all United States Veterans.

The document included with this letter describes our approach, incorporates our review, assessment, and recommendations while highlighting factors critical to The American Legion’s success to make specific recommendations for congressional appropriations, VA programs and facilities, and to increase public awareness of issues facing Women Veterans.

We congratulate the Office of Veteran’s Affairs and Rehabilitation on its efforts to date as The American Legion continues to recognize the important contributions made by the men and women in the military who risk their lives to protect and defend our Nation. Should you have any questions regarding ProSidian Consulting or this report, please do not hesitate to contact me at 800.597.6904.

Sincerely,

Adrian Woolcock
Managing Principal
ProSidian Consulting, LLC

Frankie T. Jones Sr.
Executive Fellow
ProSidian Consulting, LLC
Approved For Distribution

Date:

Approved By

______________________________
Verna Jones
Director of Veteran's Affairs and Rehabilitation
The American Legion
1608 K St., N. W. Washington, DC 20006

This document was prepared by ProSidian Consulting, LLC on behalf of The American Legion. The Survey intended to assess perceptions of and satisfaction with Women Veterans healthcare and other benefits delivered to Women Veterans through the VA system. Additionally, the survey sought to determine the factors driving Women Veterans’ decision to use the VA system as opposed to other private or public healthcare systems.

The objective of The American Legion was to identify unmet needs among Women Veterans and guide the development of specific remedies. In so doing, The American Legion may refine programming; provide testimony, and assistance for those who served.

Findings from the survey represent the best opinion of ProSidian Consulting, LLC based on results derived from the Women Veterans Survey issued 01-01-2011 with results tabulated in February 2011. Specific findings and assessments may not necessarily represent the opinions or point of view of The American Legion.

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ACKNOWLEDGEMENTS

The ProSidian Consulting Team gratefully acknowledges all of the Women Veterans who shared their experiences and insights during this study. Every day, men and women in the military make selfless sacrifices to protect and defend this great Nation. Those who answer the call to duty share common bonds of sacrifice, teamwork, leadership, faith, and courage in preserving our freedoms.

We celebrate these common bonds among the diverse military members who have served and continue to serve throughout our nation’s history. We acknowledge that diversity in our military includes gender, race, age and other individual attributes. This diversity also includes the unique circumstances and experiences of each military veteran.

Military preparedness and warfare has evolved over the years. Battlefields vary, and the enemy, once distinguished by an identifying uniform, now may appear faceless. Times have changed and the role of women in the military has evolved, but the concepts of sacrifice, teamwork, leadership, faith, and courage remain constant.

We greatly appreciate the opportunity to be involved in such a critical endeavor on behalf of Women Veterans. Again, our heartfelt thanks go to each of the respondents and it is our sincere hope that this report proves useful to inform the policy discussions and efforts of The American Legion to ensure that Women Veterans always receive the recognition and services they so richly deserve.

Thank you for participating in this survey. And, thank you for your service.
EXECUTIVE SUMMARY

The American Legion contracted with ProSidian Consulting in December 2010 to conduct a survey of women veterans to assess their satisfaction with the quality of healthcare delivered by the VA system. A primary purpose of this survey was to describe the factors affecting women veterans’ decisions to use the VA system as opposed to other public or private healthcare providers.

Working closely with The American Legion’s National Veterans Affairs and Rehabilitation Commission, ProSidian consultants determined that satisfaction with the quality of healthcare provided by the VA could be assessed by using ten attributes of service quality. Because of its relationship to costs, profitability, customer retention, and positive references, service quality is an important indicator of customer satisfaction.

The study involved surveying a sample of 3,012 women veterans in order to better understand their healthcare needs. A sixty-seven (67) item survey was designed to measure the following ten attributes of service quality: (1) tangibles, (2) reliability, (3) responsiveness, (4) competence, (5) courtesy, (6) communication, (7) credibility, (8) security, (9) access, and (10) understanding/knowing the customer.

Survey responses were used to identify the needs and concerns of women veterans and to develop recommendations to The American Legion for specific remedies to address these issues. The survey results also provided an assessment of the gap between desired and actual performance of the VA system as related to women veterans’ healthcare. Based on the perceptions of women veterans, these findings will permit The American Legion to focus its resources to improve the quality of healthcare provided by the VA. A summary of the results and recommendations for each service quality attribute follows:

**Tangibles**
Almost one quarter of the respondents rated the convenience of the location of VA facilities for women-specific issues as poor, indicating that gender-specific care is difficult to obtain for a significant number of women veterans. It is critical that these issues be addressed promptly by the VA in order to enhance its ability to provide gender-specific care to women veterans.

**Reliability**
Almost 30% of respondents were dissatisfied with the reliability of healthcare provided by the VA when compared to private healthcare providers. It is recommended that the VA consider studying and adopting practices related to reliability that are used in the private healthcare sector.

**Responsiveness**
Over 30% of respondents were dissatisfied when they compared the responsiveness of the VA to that of private healthcare providers. This is a theme that occurs throughout the survey results—the perceptions of a fairly large percentage of women veterans is that more responsive healthcare is provided by the private healthcare sector. Again, adopting more of the practices used by private healthcare providers may benefit the VA.

**Competence**
Approximately one-fourth of the respondents said they were dissatisfied with the competence demonstrated by VA healthcare providers when compared to private practitioners. It is recommended that the VA improve its capabilities
for managing the complexities of patient care and for providing education to practitioners regarding specific healthcare issues.

**Courtesy**

With almost one quarter of the respondents rating this attribute as less than positive, courtesy appears to be a major issue for the VA to address. It may be necessary for the VA to offer additional training in courtesy-related issues to healthcare providers.

**Communication**

Approximately 30% of the respondents felt that they were not allowed an appropriate amount of time with their provider to discuss their specific health-related issues. Given the unique nature of the issues experienced by women veterans, the VA should investigate ways to improve communication between veterans and their healthcare providers.

**Credibility**

A relatively high level of dissatisfaction was expressed by respondents when they were asked to compare the credibility of healthcare provided by the VA with similar services provided by private practitioners, suggesting that there is room for improvement in this area for the VA. It is recommended that the VA consider adopting some of the credibility practices that are used successfully by the private healthcare sector.

**Security**

Dissatisfaction levels of over 25% for this attribute suggest that there is considerable room for improvement in Security-related issues for the VA, especially in the degree of sensitivity surrounding a patient’s personal information. A recommended course of action is to provide additional training to VA staff on the importance of patient confidentiality.

**Access**

Nearly one third of the respondents stated that they were dissatisfied with their most recent experience with the Women Veterans Program Manager (WVPM), suggesting there is room for significant improvement in the capabilities of the VA to provide gender-specific services (e.g., PAP smears and mammograms). It is recommended that more capacity for such services be provided by the VA.

**Understanding**

Only 42% of the respondents were satisfied with their experiences related to the MST screening process. This represents a critical area in which the VA needs to improve its practices in regard to gender-specific services.

The recommendations provided in this report are based on the interpretation of survey results by ProSidian consultants. As such, these recommendations may not necessarily represent the opinions or the point of view of The American Legion.
**SURVEY PURPOSE**

Currently, only about 25 percent of the 1.8 million Women Veterans are using the Department of Veterans Affairs (VA) Healthcare System. Many Women Veterans have either chosen not to enroll in VA services, or are unaware of the medical benefits they have earned through their service in the Armed Forces. Other Women Veterans may have negative or ambivalent perceptions of healthcare delivery through the VA Healthcare System. Research on this subject is important yet lacking: women represent a rapidly growing portion of U.S. Veterans, currently forming almost 20 percent of our Armed Forces and representing the fastest growing population segment of the VA Healthcare System. However, the only prior national survey of Women Veterans, the 1985 Survey of Female Veterans, was conducted 25 years ago. Since that time women’s military roles, experiences, and needs have changed dramatically. More current data is needed for evidence-based strategic planning of programs and services for Women Veterans.

The American Legion’s Veterans Affairs and Rehabilitation Commission has developed an outreach program for Women Veterans. The Legion’s Women Veterans Survey sought to assess the experiences and attitudes concerning healthcare provided by the VA, private practitioners and other healthcare providers. By collecting the input of these veterans and speaking on their behalf to Congress, the VA, and the Defense Department, The American Legion hopes to strengthen its advocacy role and see that the needs of this valuable segment of veterans is met. Thus, results from the survey will be used to refine The American Legion’s outreach methods, enhance its written and oral testimony to Congress and federal agencies, and improve its own evaluative programs. The survey results will also help to identify unmet needs among Women Veterans, and to guide the development of specific remedies.

**SURVEY METHODOLOGY**

The study was designed to measure service quality using the following ten attributes: 1) tangibles, 2) reliability, 3) responsiveness, 4) competence, 5) courtesy, 6) communication, 7) credibility, 8) security, 9) access and 10) understanding/knowing the customer.

An online survey was developed, consisting of a total of 67 questions, with questions 1 through 19 covering Demographics. For each of the ten attributes of service quality, there were approximately five (5) questions each.

The survey scales were chosen to create comparable distinctions between the perceptions and experiences of Women Veterans. The scales chosen were preferred by The American Legion and were deemed to have high reliability and predictive validity. Research shows that respondents tend to prefer rating scales with verbal labels. Such scales may provide more valid measurement because choosing a labeled choice is a more natural mental activity than selecting a number within a range.

By using the fixed rating scales, The American Legion can replicate the survey to determine the effects of programming or other advocacy roles on service quality on an annual basis. Research has shown that a 5-point scale with two levels of strong ratings or agreement and two levels of weak ratings or disagreement works best.

The objective was a high level statistical analysis appropriate for a study of service quality in healthcare afforded to Women Veterans. Depending on the questions, other scales may also have been appropriate; however the scales chosen were balanced and did not create a biasing factor. The scales utilized afforded ample flexibility for data analysis. For each question, one of the following three (3) ratings scales were used to provide parameters for responses:
The engagement team worked with The American Legion to promote the survey through national public media and social media networks. Over 3025 persons viewed or began the online survey, and 3012 ultimately became respondents.

The survey respondents were asked questions to determine the character of their specific experiences or perceptions of various components of each attribute, as it related to healthcare provided by the VA, private practitioners and other healthcare providers. Respondents also had the option to indicate “Not Applicable / Could Not Evaluate” to indicate services of which they had no experiences or knowledge.

The Women Veterans Survey specifically omits a comment option to better facilitate statistical analysis. In tandem with the survey, select respondents were offered the opportunity to participate in The American Legion’s Women Veterans Focus Group. The focus group, meant to complement the survey, was also facilitated online. The online focus group was constructed of a broad cross section of Women Veterans from each state, period of United States Military operations; branch of service, and service location. The distribution of the Women Veterans Focus Group was limited to no more than 40 Women Veterans covering the range of branches of the military and United States. Because the focus group ultimately included only 8 completed surveys, further information regarding the focus group has been omitted from the body of this document, but can be found in Appendix D.

**RESEARCH QUESTION**

There was one primary research question for The American Legion Women Veterans Survey and Focus Group:

- **Research Question:** What are the perceptions of and satisfaction levels with Women Veterans’ healthcare, when comparing private or public healthcare systems to the healthcare and other benefits delivered to Women Veterans through The VA System?

- **Engagement Theme:** Assessing the challenges, needs, and opportunities in order to refine programming and assistance for those who served.
RESULTS AND DISCUSSIONS OF RESEARCH

Patient-based determinants of quality and satisfaction play an important role in choosing healthcare services\(^1\). The general concept of service quality includes a comparison between the customer’s expected service and the customer’s experiences, or perceived service. Determinants of service quality are impacted when a gap exists between the two (expected & perceived).

For this reason, if healthcare providers understand what attributes consumers use to judge healthcare quality, steps can be taken to effectively monitor and enhance performance on those attributes.

The engagement team asked approximately five (5) questions for each attribute, addressing the experiences and needs of Women Veterans. The attributes of service quality are as follows:

- **Tangibles**: Appearance of physical facilities, equipment, personnel, and communication materials.
- **Reliability**: Ability to perform the promised service dependably and accurately.
- **Responsiveness**: Willingness to help customers and provide prompt service.
- **Competence**: Possession of required skill and knowledge to perform service.
- **Courtesy**: Politeness, respect, consideration and friendliness of contact personnel.
- **Communication**: Listens to its customers, acknowledges their comments and keeps customers informed in a language which they can understand.
- **Credibility**: Trustworthiness, believability and honesty of the service provider.
- **Security**: Freedom from danger, risk and, or doubt.
- **Access**: Approachable and easy to contact.
- **Understanding/Knowing the Customer**: Making the effort to know customers and their needs.

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FOREWORD

THE INCREASING ROLES FOR WOMEN IN THE MILITARY

Women have served in some role in every major battle in the history of the United States. Over the past century, these roles have become increasingly significant. For example, nearly 400,000 women served in the United States, Europe, North Africa, and Asia during World War II as members of the Army, Navy, Coast Guard, Marines, and civilian relief organizations.

However, during the past two decades women’s military roles have changed rapidly. More than 200,000 women have served in the current wars in Iraq and Afghanistan and many of them have found themselves in direct ground combat situations, despite policies designed to prevent this. The current wars involve a guerrilla insurgency, rather than a traditional enemy, and it is difficult to locate a battlefront in an arena of improvised explosives and surprise attacks. Therefore, women serving in support units as truck drivers, gunners, medics, military police, helicopter pilots and more, often find themselves in direct combat.

The first major factor leading women to an increased role in combat was a shift in the mid-1970’s from the military draft to an all-volunteer force. This change created more opportunities for women as the services sought to meet personnel goals. In the early 1990s, Congress lifted a ban prohibiting women from flying combat aircraft and serving on combat ships. During President Clinton’s first administration, then-Secretary of Defense Les Aspin announced new rules and policies that opened more military jobs to women.

More recently women have been given roles of greater prominence in the Armed Forces. Women currently make up approximately 20% of the United States Armed Forces, and female members now take on some of the roles once filled exclusively by males, such as providing unit and convoy security. According to Department of Defense statistics, women have made up approximately 11% of the military force in Iraq and Afghanistan over the past six years.

Still, from the American Revolution to Panama, Bosnia, Kosovo, Afghanistan and Iraq, women have served in some capacity in every conflict. Estimates show that there are almost two million Women Veterans. Statistics from the VA show that as of September 30, 2010 there were 1,840,380 Women Veterans in all age groups throughout the United States. Over 70% are considered wartime veterans. The VA currently expects the number of Women Veterans to increase by 2020 to 1,964,386, a 6.7% increase.

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2 Martin, Rachel. Women In War: 'I've Lived Out There With The Guys' National Public Radio (NPR) February 21, 2011
BACKGROUND

THE AMERICAN LEGION ORGANIZATION

The American Legion, was chartered and incorporated by Congress in 1919 as a patriotic veterans organization devoted to mutual helpfulness. It is the nation’s largest veteran’s service organization, committed to mentoring and sponsorship of youth programs in the community, advocating patriotism and honor, promoting a strong national security, and continued devotion to fellow service members and veterans.

The American Legion is a nonpartisan, not-for-profit organization with great political influence perpetuated by its grass-roots involvement in the legislation process. The Legion stands behind a sense of obligation to the community, state and nation by driving advocacy for veterans in Washington. The organization’s focus is not on politics, but issues and people that institute progress in the areas of veteran’s rights and quality of life.

The Legion’s positions and programs are guided by resolutions passed by The American Legion National Convention delegates, and by committee and commission members who represent the millions of wartime veterans and their families.
THE AMERICAN LEGION SURVEY

The study was designed to measure service quality through the ten (10) attributes of: 1) tangibles, 2) reliability, 3) responsiveness, 4) competence, 5) courtesy, 6) communication, 7) credibility, 8) security, 9) access, and 10) understanding/knowing the customer. Service quality is a concept relevant to all service related industries, and is properly defined as the extent to which a service meets customers’ needs or expectations. If expectations are greater than performance, then customer perception or experience is impacted.

Within the field of healthcare, service quality encompasses all aspects of traditional services, procedures, operations and interactions with healthcare professionals and support personnel. To assess healthcare quality, every aspect of a healthcare experience must be examined, from the appropriateness of a surgical procedure to a conversation with the surgeon who performed it, from the appearance of the recovery room to the bed on which the patient recuperates.

As previously stated, to conduct the present study, an online survey was developed. This survey was made up of 67 questions, with demographic questions accounting for the first 19 questions. The remaining questions covered the ten (10) attributes of service quality, with approximately five (5) questions for each attribute.

The objective was to measure experiences and/or perceptions of service quality for the organization in question (e.g. the Veterans Administration). The scales chosen were preferred by The American Legion and were deemed to have high reliability and predictive validity. Research shows that respondents tend to prefer rating scales with more verbal labels and believe such scales provide more valid measurement because choosing a labeled choice is a more natural mental activity than selecting a number within a range.

By using the fixed rating scales, The American Legion can replicate the survey to determine the effects of programming or other advocacy roles on service quality on an annual basis. Depending on the questions, other scales may also have been appropriate; however, the scales chosen were balanced and did not create a biasing factor. Research has shown that a 5-point scale with two levels of strong ratings or agreement and two levels of weak ratings or disagreement works best. Each question offered five (5) levels of answer choices with a sixth option for “Not Applicable / Could Not Evaluate”.

Survey respondents were asked to answer five (5) questions pertaining to each of the ten (10) attributes of service quality, to determine an overall rating for the healthcare organizations in question. The objective was a high level statistical analysis appropriate for a study of service quality in healthcare afforded to Women Veterans. The scales utilized afforded ample flexibility for data analysis. For each question, one of the following three (3) ratings scales were used to provide parameters for responses:

<table>
<thead>
<tr>
<th>Three (3) Women Veterans Survey Rating Scales Utilized</th>
</tr>
</thead>
<tbody>
<tr>
<td>1=Almost Never 2=Seldom 3=Occasionally 4=Frequently 5=Almost Always</td>
</tr>
<tr>
<td>1=Poor 2=Moderate 3=Good 4=Very Good 5=Exceptional - Best 6=Not Applicable / Could Not Evaluate</td>
</tr>
<tr>
<td>1=Very dissatisfied 2=Somewhat dissatisfied 3=Neither satisfied nor dissatisfied 4=Somewhat satisfied 5=Very satisfied 6=Not Applicable / Could Not Evaluate</td>
</tr>
</tbody>
</table>

The engagement team worked with The American Legion to promote the survey in national public media and via social media networks. Also, the team reviewed the distribution of respondents by various demographic

characteristics and worked with The American Legion to calibrate the promotion of the survey to ensure balanced representation of all demographics in the survey. This demographic breakdown compares to the backdrop of Women Veterans as reported by the U.S. Department of Veterans Affairs. The survey sample included Women Veterans from all five primary component branches that comprise the United States Armed Forces, its reserve components, and other DOD Personnel.

While consumers and purchasers of healthcare make decisions based on their perceptions and experiences of service quality, it is important for healthcare providers and managers to understand what attributes consumers use to judge healthcare quality, so steps can be taken to monitor and enhance performance. With the current economic environment, greater strain is being placed on the health systems and thereby suggest that Women Veterans will have a greater need to access healthcare through VA Healthcare Systems.

The survey respondents were asked questions to determine the character of their specific experiences or perceptions of various components of each attribute, as it related to healthcare provided by the VA, private practitioners and other healthcare providers. Respondents also had the option of selecting —No Applicable / Could Not Evaluate— to indicate services of which they had no experiences or knowledge.

The Women’s Veterans Survey specifically omits a comment option to better facilitate statistical analysis. In tandem with the survey, select respondents were offered the opportunity to participate in The American Legion’s Women Veterans Focus Group.
THE AMERICAN LEGION WOMEN VETERANS SURVEY OBSERVATIONS

BASIC DEMOGRAPHICS

Demographic questions were asked in order to allow for more detailed analysis and comparisons of questionnaire responses where applicable. The demographics also provided profile attributes on the respondents who completed questionnaires in The American Legion’s Women Veterans Survey. Once these profiles are constructed, they can be used to develop a strategy and plan by The American Legion to refine outreach methods, testimony to Congress and federal agencies, and programs for veterans.

Some questions, such as the question about race, asked the respondents to answer based on U.S. Census categories. Information gathered could then be compared to previously existing information about characteristics of various segments of a population. Demographic questions covered basic information about the respondents such as age, education, and marital status.

The need to keep the survey at a manageable length places constraints on the number of demographic questions included. The items chosen were selected for their ability to segment the overall group of Women Veterans into relevant and meaningful categories, each of which may have different needs and feelings about the subject of the survey.

The demographic questions in this survey serve two main purposes:

1) To see how closely the sample replicates a known population. The more closely the demographic distribution of survey respondents matches the population, the more reliable the survey in measuring an aspect of this population.

2) To allow analysis of sub-groups of those responding to the survey as compared to other known sources like the U.S. Census or other readily available database on Women Veterans such as known characteristics of Women Veterans and non-veterans captured by The U.S. Department of Veterans Affairs.

It is this second purpose, analysis of sub-groups, which provides the most utility. In addition, there are a number of other privately published demographic sources available.

It is important to note that there are criticisms and qualifications of demographic profiling. Demographic profiling is essentially an exercise in generalizing about groups of people. A demographic profile provides enough information about the respondent group to create a mental picture of the hypothetical aggregate. For example, a survey might highlight specific needs of the single, female, middle-class, age 18 to 24, college educated demographic. As with all such generalizations many individuals within these groups will not conform to the profile - demographic information is aggregate and probabilistic information about groups, not specific individuals.

While most of the demographic information was mandated in the survey and focus group, some more sensitive questions allowed the respondents to opt not to answer.
Questions and Observations Relating to Demographics

Question 1  Please provide the following information:

<table>
<thead>
<tr>
<th>Name:</th>
<th>City/Town:</th>
<th>State:</th>
<th>ZIP:</th>
</tr>
</thead>
</table>

| Email Address: | Phone Number: |

<table>
<thead>
<tr>
<th>REG</th>
<th>%</th>
<th>STATE CATEGORIZATIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
<td>11%</td>
<td>Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, Vermont</td>
</tr>
<tr>
<td>II</td>
<td>7%</td>
<td>New Jersey, New York, Puerto Rico, Virgin Islands</td>
</tr>
<tr>
<td>III</td>
<td>11%</td>
<td>Delaware, District of Columbia, Maryland, Pennsylvania, Virginia, West Virginia</td>
</tr>
<tr>
<td>IV</td>
<td>14%</td>
<td>Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, Tennessee</td>
</tr>
<tr>
<td>V</td>
<td>11%</td>
<td>Illinois, Indiana, Michigan, Minnesota, Ohio, Wisconsin</td>
</tr>
<tr>
<td>VI</td>
<td>9%</td>
<td>Arkansas, Louisiana, New Mexico, Oklahoma, Texas</td>
</tr>
<tr>
<td>VII</td>
<td>7%</td>
<td>Iowa, Kansas, Missouri, Nebraska</td>
</tr>
<tr>
<td>VIII</td>
<td>11%</td>
<td>Colorado, Montana, North Dakota, South Dakota, Utah, Wyoming</td>
</tr>
<tr>
<td>IX</td>
<td>14%</td>
<td>Arizona, California, Hawaii, Nevada (American Samoa, Guam, Northern Mariana Islands, Trust Territory of the Pacific Islands)</td>
</tr>
<tr>
<td>X</td>
<td>7%</td>
<td>Alaska, Idaho, Oregon, Washington</td>
</tr>
</tbody>
</table>

A total of 3025 persons viewed the survey online. Of this number, 3012 persons answered survey questions, forming the pool of responses. Because the survey did not require answers to each question, the response pool is variable, with a different number of responses for different questions. Of the 3012 respondents, 2844 provided information regarding the City/Town, State, and ZIP code of their home residence. The residence locations of the survey respondents are represented by U.S. Standard Federal Regions, which were established by the Office of Management and Budget (OMB) Circular A-105, "Standard Federal Regions," in April, 1974, and are required for all executive agencies.

An understanding of the regional breakdown of the survey respondents may assist The American Legion in refining its programming targeted towards Women Veterans based on their location according to Standard Federal Regions.

Question 2  Between what years were you born?


The engagement team noted that although 4% of the respondents skipped question 2, the following represents the percent distribution of age ranges of the respondents. Of the Women Veterans who responded to the Survey, 6.9% of the respondents were aged 18-31. Twelve percent were aged 32 to 41. Twenty-five percent were aged 42 to 51. Thirty-five percent were aged 52-61. Twenty-two percent were 62 or older.

The Department of Veterans Affairs, Veterans Benefits Administration calculates that of the Projected 22,658,000 Veteran Population, 8.1% are Women Veterans. In FY 2009, the VA noted that the average age of Women Veterans...
was 48 years, compared to 63 years for their male counterparts. Therefore, the survey closely approximates responses from the age group of Women Veterans most prevalent according to VA’s latest official estimate of the Veteran population.

### Question 3

Based on census categories what Race best describes your background:

- American Indian or Alaska Native
- Asian
- Native Hawaiian or other Pacific Islander
- black or African-American
- White
- Hispanic
- or Other

80% of the respondents in the survey considered themselves "White" based on census categories. Of the remaining respondents, 11% were Black or African-American, and 4% were Hispanic. Asians comprised 1% of the respondents; while 1% considered themselves American Indian or Alaska Native and 1% were Native Hawaiian or Pacific Islander. The remaining 3% of the respondents characterized their racial category as "other."

This compares to statistics maintained by The VA showing post-9/11 Only Veterans with a racial breakdown of 57% White, not Hispanic; 22.9% Black, not Hispanic; 6.6% Other, not Hispanic; and 13.5% Hispanic. Nonveteran ratios comprising the estimated makeup of the military were similar with a 0.2 approximate margin of error.

Although no statistic existed to compare the Women Veterans survey response ratio to the ratio of Veterans and Nonveterans in the military as a whole (across all periods of service), the analysis shows that with the exception of "Hispanic" and "Other, not Hispanic" groups, the proportions closely approximate responses from the age group of Women Veterans most prevalent according to VA’s latest official estimate of the Veteran population.

### Question 4

In honor of women's military service we have listed timelines of United States Military operations as far back as possible. However, please indicate the most appropriate timelines of United States Military operations for your service.

- 1920-1929
- 1930-1939
- 1940-1945
- 1945-1949
- 1950-1959
- 1960-1969
- 1970-1979
- 1980-1990
- 1991-1999
- 2000-2010

Nineteen of the respondents served between 1920 and 1969. Those who served between 1970 and 1990 comprised 84.2% of the survey respondents and 76.3% of respondents served between 1991 and 2010.

The survey results show that of the Women Veterans who responded to the survey, many served during more than one period.

The VA projects that the proportion of Women Veterans will continue to grow to 10 percent of the total veteran population in 2020 and to almost 14 % by 2030. This growth is due to an increasing number of women entering (and leaving) the military, a more favorable survival rate of women
compared to men at any given age, and the younger age distribution of Women Veterans compared to male veterans.

The distribution of respondents by timeline of United States Military service operations only represents the Women Veterans Survey respondents and not the full population of Women Veterans and service operations.

<table>
<thead>
<tr>
<th>Question 5</th>
<th>What Branch of the military do/did you serve?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Army</td>
</tr>
<tr>
<td>Represented Branches of the U.S. Military</td>
<td>Response Percent</td>
</tr>
<tr>
<td>Army</td>
<td>38.2%</td>
</tr>
<tr>
<td>Marine Corps</td>
<td>8.4%</td>
</tr>
<tr>
<td>Navy</td>
<td>19.1%</td>
</tr>
<tr>
<td>Air Force</td>
<td>25.1%</td>
</tr>
<tr>
<td>Coast Guard</td>
<td>1.1%</td>
</tr>
<tr>
<td>National Guard</td>
<td>15.4%</td>
</tr>
<tr>
<td>Military Reserve Units</td>
<td>19.8%</td>
</tr>
<tr>
<td>Other DOD Personnel</td>
<td>0.5%</td>
</tr>
</tbody>
</table>

The survey sample included Women Veterans from all five branches that comprise the United States Armed Forces, its reserve components, and other DOD Personnel. In addition to other DOD personnel, the tabulation results illustrate that some Women Veterans represent multiple branches of the U.S. Military and that some have served in consecutive deployments.

Numbers current as of 30 September 2009 from the U.S. Department of Defense show that the Army comprises 41% of the Women Veterans, Marine Corps (6%), Navy (21%), Air Force (23%), Reserve Forces (7%) and non-defense roles were 1% of the Women Veterans population.  

The analysis of the survey responses shows that with the exception of the National Guard and Reserve units, the proportions of Women Veterans Surveyed closely approximates to VA's latest official estimate of the veteran population. Figures for National guard and reserve units may be included in the other service branches as once deployed, veterans typically associate with one or more of the primary service branch based on deployment.

<table>
<thead>
<tr>
<th>Question 6</th>
<th>What is the highest level of education you have completed?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Less than High School</td>
</tr>
</tbody>
</table>

A review of the education level of the Women Veterans Survey respondents shows that approximately 32% had a high school/GED, or some college. 27.6% had a 4-year College Degree (BA, BS), while 20.7% had a Masters Degree, Doctoral Degree, or a Professional degree (MD, JD).
Studies from the VA report characteristics of Women Veterans with 22% having at least a high school diploma. In these studies, 60.2% had some college or associate’s degree (53.9% Not currently enrolled, 46.1% enrolled); 11.8% had a Bachelor's degree and 3.8% had an Advanced degree.

Studies from the VA show that of the women who had some college or associates degree, 28% of the Early AVF veterans and 46% of the post-9/11 veterans and non veterans were enrolled in school. This statistic could indicate that post-9/11 Women Veterans were more likely to use the GI Bill benefits than Early AVF veterans. 7 This result also implies an increasing focus on Veterans Affairs & Rehabilitation for outreach efforts to veterans seeking employment or business opportunities after military service. Refined efforts of The Legion’s Economic Commission may also have an impact.

<table>
<thead>
<tr>
<th>Question 7</th>
<th>What is your current marital status?</th>
<th>Single</th>
<th>Never Married</th>
<th>Married</th>
<th>Separated</th>
<th>Divorced</th>
<th>Widowed</th>
</tr>
</thead>
</table>

While 47.8% of the Women Veterans respondents reported their status as Married, 52.2% of the respondents were single, never married, divorced, or widowed. Over the past 40 years, the proportion of military personnel who are married has risen, due in large part to the increased emphasis on reducing turnover and retaining trained and experienced personnel.

In results from the recent Population Reference Bureau report, just over half of today’s military personnel are married (about 51 %), and 73 % of married personnel have children. 8 The studies seem to show that today’s servicewomen are less likely than their counterparts to be married or to have children.

In 2002, 51% of women officers and 42% of enlisted women were married. In contrast, nearly three-fourths of male officers and one-half of enlisted men were married. Among civilians ages 18 to 44 (the age group that constitutes the largest portion of those in the military) about one-half of men and women are married. 9

In addition, across a substantial number of military couples, both husband and wife are in the service. However, according to the Population Reference Bureau Study, most married military women have civilian husbands. The implication of this statistic is that although most of the survey respondents in The American Legion’s survey were married, this does not reflect the population of Women Veterans and non-veterans (those still in the service).

Services to meet the needs of this changing population of Women Veterans will include a greater emphasis on The American Legion’s Temporary Financial Assistance (TFA) programs for military and veteran families with minor children at home; The Child Welfare Foundation to assist with children who face physical disabilities, parenting problems and even homelessness; and The American Legion’s Family Support Network.

Question 8  
Service Location: Please provide the zip code of the VA facility that you most frequently utilize for healthcare services (according to the U.S. Postal Service) with the five-digit Zip codes/ZCTAs.

<table>
<thead>
<tr>
<th>REG</th>
<th>%</th>
<th>STATE CATEGORIZATIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
<td>11%</td>
<td>Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, Vermont</td>
</tr>
<tr>
<td>II</td>
<td>7%</td>
<td>New Jersey, New York, Puerto Rico, Virgin Islands</td>
</tr>
<tr>
<td>III</td>
<td>11%</td>
<td>Delaware, District of Columbia, Maryland, Pennsylvania, Virginia, West Virginia</td>
</tr>
<tr>
<td>IV</td>
<td>14%</td>
<td>Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, Tennessee</td>
</tr>
<tr>
<td>V</td>
<td>11%</td>
<td>Illinois, Indiana, Michigan, Minnesota, Ohio, Wisconsin</td>
</tr>
<tr>
<td>VI</td>
<td>9%</td>
<td>Arkansas, Louisiana, New Mexico, Oklahoma, Texas</td>
</tr>
<tr>
<td>VII</td>
<td>7%</td>
<td>Iowa, Kansas, Missouri, Nebraska</td>
</tr>
<tr>
<td>VIII</td>
<td>11%</td>
<td>Colorado, Montana, North Dakota, South Dakota, Utah, Wyoming</td>
</tr>
<tr>
<td>IX</td>
<td>14%</td>
<td>Arizona, California, Hawaii, Nevada (American Samoa, Guam, Northern Mariana Islands, Trust Territory of the Pacific Islands)</td>
</tr>
<tr>
<td>X</td>
<td>7%</td>
<td>Alaska, Idaho, Oregon, Washington</td>
</tr>
</tbody>
</table>

There are approximately 1725 VA facilities, maintained on a regular basis by administrators throughout the nationwide VA network. Of the respondents who participated in the Women Veterans Survey, the above represents the service locations of the VA facility most frequently utilized for healthcare services (according to the U.S. Postal Service) with the five-digit Zip codes/ZCTAs. The service locations can be compared to residence locations of the survey respondents as both are represented by U.S. Standard Federal Regions. The data from question 8 can be compared to those from question 1, which suggests that Women Veterans receive service in the same area in which they reside.

Question 9  
Have you ever suffered from Traumatic Brain Injury (TBI)?

Of the Women Veterans who participated in the survey, only 6% reported that they have ever suffered from Traumatic Brain Injury (TBI), while 94% reported that they have not suffered from TBI.

However recent studies performed by the VA Office of Inspector General noted that higher proportions of female veterans generally were diagnosed with mental health conditions by VA after separation, but lower proportions were diagnosed with post-traumatic stress disorder (PTSD) and TBI.  

In 2010 the Department of Veterans Affairs interviewed experts in VA, DOD and academia who conduct research on combat injuries and spoke with representatives from veterans service organizations and Women Veterans’ groups to

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review combat stress in Women Veterans receiving VA healthcare and disability benefits. The findings from the study shows that the VA generally diagnosed higher proportions of female veterans with mental health conditions after separation, but lower proportions were diagnosed with the specific mental health condition of PTSD and with TBI.

However, as studies are updated to reflect the more prominent roles of women in contemporary Armed Forces, there will be an ever increased need for preparation and services to address combat stress and injuries related to PTSD and TBI and other mental health conditions in Women Veterans.

**Question 10** Have you ever suffered from Post Traumatic Stress Disorder (PTSD)?
1=Yes, from military sexual trauma (MST) | 2=Yes, from personal trauma | 3=Yes, from combat | 4=Yes, from All above | 5=No

In spite of recent studies from the VA Office of Inspector General noting that lower proportions of female veterans were diagnosed with post-traumatic stress disorder (PTSD) and TBI, the respondent ratios show an alarming difference.

Although 61.3% of the Women Veterans Survey respondents noted that they did not suffer from Post Traumatic Stress Disorder (PTSD), almost 38.7% responded that they did suffer from PTSD. A further review of those who affirmed being affected by PTSD revealed that of those affected, 15% said that their symptoms resulted from Military Sexual Trauma.

Others reported that they suffered from PTSD due to various types of personal trauma (13.5%), while others still reported that they suffered from PTSD due to a combat related incident (6.4%). 6.4% of the 2,963 Women Veteran respondents in the survey noted that they suffered Post Traumatic Stress Disorder (PTSD) from all or a combination of from Military Sexual Trauma (MST), personal trauma, and combat.

**Question 11** Have you ever served in a combat role? Is so, during what era(s)?
1=OEF/OIF | 2=Gulf War | 3=Vietnam | 4=WWII | 5=Korea | 6=Other Theater | 7=Non-Combat Veteran

While a majority of the respondents in the survey considered themselves Non-Combat Veterans (68.8%), others served in combat roles in OEF/OIF (16%), Gulf War (13%), Vietnam (7%), WWII (1%), Korea (1%), and Other Theaters (3%). The survey results show that some respondents served multiple tours of duty with combat role distinctions.
Although some women may not consider their service location to be combat-related, as the face of warfare changes and becomes less predictable many women face combat situations.

<table>
<thead>
<tr>
<th>Question 12</th>
<th>Have you applied for any veterans benefits?</th>
<th>1=Yes</th>
<th>2=No</th>
<th>3=I don't know if I'm eligible to utilize VA healthcare</th>
</tr>
</thead>
<tbody>
<tr>
<td>Question 12 - 2936 Responses</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>8%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>20%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I don't know if I'm eligible to utilize VA Healthcare</td>
<td>72%</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Nearly 72% of the survey respondents affirmed that they have applied for a veteran’s benefit of some kind. However, 28.41% of the survey respondents noted that they either have not applied for any veterans benefit or did not know if they were eligible to utilize VA healthcare.

A follow up question (question 13) was provided to capture additional data points to discern reasons why some Women Veterans did not know whether they were eligible for VA healthcare. The base findings clearly highlight the need for increased education regarding eligibility and benefits available to Women Veterans.

There are many ways that a veteran may qualify to receive VA healthcare at any of over 1,400 medical centers and clinics across the nation.

The engagement team also noted from research that VA healthcare is portable. Once enrolled, veterans may receive care at their home facility as well as the nearest VA facility while traveling.

The department of Veterans Affairs provides a two-question instrument to quickly assess whether a veteran is eligible for VA healthcare. The questions are as follows:

**#1 Are any of these statements true?**
- You served in the active military, naval, or air service and were honorably discharged or released
- You were/are a Reservist or National Guard member and you were called to active duty by a Federal Order (for other than training purposes) and you completed the full call-up period

**#2 Are any of these statements true?**
- You were discharged or separated for medical reasons, early out, or hardship
- You served in theater of combat operations within the past 5 years
- You were discharged from the military because of a disability (not preexisting)
- You are a former Prisoner of War
- You received a Purple Heart Medal
- You receive VA pension or disability benefits
- You receive state Medicaid benefits

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11 VA Health Eligibility Check Tool: [http://www.va.gov/healtheligibility/Library/tools/Quick_Eligibility_Check/index.asp](http://www.va.gov/healtheligibility/Library/tools/Quick_Eligibility_Check/index.asp)
**Question 13**

If you answered no to the above question (Have you applied for any veterans benefits?) please select any of the following reasons:

<table>
<thead>
<tr>
<th>Reason</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>I don’t know what my benefits are</td>
<td></td>
</tr>
<tr>
<td>I am not sure I am a veteran</td>
<td></td>
</tr>
<tr>
<td>I know about my benefits but I am not sure if I am entitled</td>
<td></td>
</tr>
<tr>
<td>I need assistance to file a claim for my benefits</td>
<td></td>
</tr>
<tr>
<td>I do not have transportation to get to an assistance center</td>
<td></td>
</tr>
<tr>
<td>Other (please specify)</td>
<td>33.6%</td>
</tr>
</tbody>
</table>

Although 71.6% of the survey respondents answered "Yes" to question 12 "Have you applied for any veterans benefits?", 28.4% either answered "No" or "I don't know if I'm eligible to utilize VA healthcare." As a result a follow up (question 13) was asked with the following result:

Of the respondents who did not affirm their application for any veterans benefits, 31.5% selected "I don’t know what my benefits are"; 19.6% responded "I know about my benefits but I am not sure if I am entitled"; 10.6% selected "I need assistance to file a claim for my benefits"; and 4.7% responded either that "I am not sure I am a veteran" or "I do not have transportation to get to an assistance center".

Respondents were also given options to specify with other reasons they may have for not applying for any veteran’s benefits and 340 (33.6%) Women Veterans responded with additional information.

A review of the responses highlights that some respondents were categorized as a dependant wife of a military active duty or retired personnel; may not have been service-connected or may not have a financial need; have TRICARE benefits, or have private employer healthcare. Others feel fortunate to not need VA assistance and wish the benefits to be used by those who are less fortunate.

Other Women Veterans provided responses noting that the nearest facility was too far; there was a lack of responsiveness of VA personnel assigned to their case; lack of information regarding eligibility; or assistance was needed in completing the appropriate enrolment documentation to establish eligibility. Other respondents noted concerns with the wait time to utilize their VA benefits. Yet others addressed difficulty regarding general administrative aspects of maintaining VA benefits including updating required paper work, changes in medical professionals at the facility, and concerns with continuity of service compared to private healthcare options.

There were other responses worthy of special attention. Some respondents reported that although they had a medical condition that was deemed service related, the VA forms provided did not ask for that information. One noted that she was told to join a veterans' wives organization. Still others indicated that they were not interested in applying for VA assistance because they do not want to talk about incidents which occurred while in the service.

In general, the anecdotal comments highlight that some Women Veterans who have not filed for VA benefits avoid doing so for two primary reasons: fear of being further traumatized in the process, and general lack of knowledge about their own qualifications for benefits.
Question 14: Are you enrolled in the Veterans Healthcare System?

1=Yes | 2=No | 3=I don’t know if I’m eligible to utilize VA healthcare

Of the respondents in the survey 62.8% noted that they were enrolled in the VA Healthcare System. Only 29.1% responded that they were not enrolled and 8.1% stated that they did not know if they were eligible to utilize VA healthcare.

The 2010 Department of Veterans Affairs Office of the Inspector General’s report on Women Veterans receiving VA healthcare and disability benefits states that, in general, female veterans are more likely to transition to and continue using VA healthcare services. They are also more likely to continue using VA healthcare services—even years after separating from active military service—and to use it more frequently. 12

As with responses to previous questions regarding VA healthcare eligibility, there seems to be a need for better information and training regarding the eligibility criteria for VA healthcare services.

Question 15: Do you currently have a medical condition that the VA has deemed connected to your military service?

1=Yes | 2=No

The survey response to service-connected disability was split almost evenly with 49% of respondents answering —No—and 51% answering —Yes.”. The team noted from previous responses that there may still be higher proportions of Women Veterans who qualify for service-connected disability and associated benefits but may not know their eligibility status.

A review of the subject of service-connected and non-service-connected benefits reveals that there are eight “priority groups” the VA uses to determine which benefits are received, with “1” being the highest priority group and ”8” the lowest (as of 2003, no new veterans are enrolled into group 8).

A service-connected disability is any injury or illness contracted while on active duty, or that has worsened as a result of active military service. Since the status of a disability as service-connected or non-service-connected can have a great effect on the benefits received, it is important to have a good understanding of the specific requirements for each of these two types of benefits.

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Question 16
Do you have employer-based or other health insurance? 1=Yes  2=No

Although almost 66% of the survey respondents were enrolled in the Veterans Healthcare System, up to 66% also reported that they have or maintain employer-based or other health insurance. This can be expected based on previous responses indicating that many of the Women Veterans in the survey are uncomfortable with requirements and processes involved in VA healthcare or believe that VA healthcare is or should be reserved for those less fortunate than themselves.

Based on the points of view and experiences expressed in the responses to question 13, other reasons may exist as well, notably an unwillingness to discuss service related issues such as MST.

Question 17
What percentage of your Healthcare is Provided by the VA? 1=All  1=Half  1=Less than half  1=None

Though almost 66% of the survey respondents were enrolled in the Veterans Healthcare System, up to 66% also reported that they had or maintained employer-based or other health insurance and 47% reported that none of their healthcare was provided by the VA.

Of the respondents 31.9% indicated that all of their healthcare was provided by the VA, while 9.6% reported that the VA provided half of their healthcare. Others (11.1%) reported that less than half of their healthcare was VA provided while 47.4 % of the respondents reported that none of their healthcare was provided by the VA Healthcare System.

While healthcare consumers are making decisions based on their perceptions and experiences of service quality, it is important for healthcare providers and managers to understand what attributes consumers use to judge healthcare quality so steps can be taken to monitor and enhance performance.

Question 18
Are you a member of The American Legion or any other Veterans Service Organization?

A majority of the survey respondents (64%) noted that they were members of The American Legion or another Veterans Service Organization. Recent studies of membership renewal at The American Legion show that the organization is viewed favorably by its members and...
that veterans (men and women) give the highest approval ratings to The American Legion’s veteran-focused policy positions such as full funding for the VA and use of private health insurance at VA hospitals.

However, recommendations from these studies also show the increasing importance of new programs and/or benefits targeting Women Veterans. With the changing face of the U.S. military there will also be a change in the composition of the Legion’s membership.

In the coming years, The American Legion’s membership will experience an increase in the percentage of women and racial minorities. In fact, post-9/11 Women Veterans are more likely than early AVF Women Veterans to be racially diverse, never married, and more educated.  

| Question 19 | Have you used a Veterans Service Organization (VSO) for services or assistance? | 1=Yes | 2=No |

![Question 19 - 2936 Responses](image)

Although 64% of the respondents noted that they were members of either The American Legion or another Veterans Service Organization, up to 65% of the respondents stated that they have never used a Veterans Service Organization (VSO) for services or assistance.

Numerous service organizations provide veterans with benefits and services, camaraderie with fellow veterans, and opportunities to serve their communities.

Just as importantly, many of the benefits enjoyed by veterans are a result of the political activity of veteran organizations. Those who need help learning about VA programs or with a VA application process, are encouraged to work with an approved Veterans Service Organization (VSO).

However with the changing demographics of Women Veterans, post-9/11 veterans are more likely than early AVF Women Veterans to be racially diverse, never married, more educated, and unaffiliated with a VSO.

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TANGIBLES

Tangibles are defined as the physical evidence of the service. It includes the appearance of physical facilities, equipment, personnel, and communication materials. It also includes the general reputation the facility has in the community.

The SERVQUAL attribute of tangibles in The American Legion’s Women Veteran’s Survey includes appearance of physical facilities, equipment, personnel, and communication materials.

There are six (6) questions in this category.

Questions - Tangibles

| Question 20 | Tangibles are defined as the physical evidence of the service. It includes the appearance of physical facilities, equipment, personnel, and communication materials as well as the general reputation the facility has in the community. Based on your perceptions of and satisfaction level with measures of Tangibles in Women Veterans healthcare; how would you COMPARE healthcare provided by the VA to private practitioners and other healthcare providers? | 1=Very Dissatisfied  
2=Somewhat Dissatisfied  
3=Neither Satisfied nor Dissatisfied  
4=Somewhat Satisfied  
5=Very Satisfied |
<table>
<thead>
<tr>
<th></th>
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<tbody>
<tr>
<td>More than half of the respondents (57%) answered favorably – either Somewhat Satisfied or Very Satisfied – regarding the care provided by the VA compared to that provided by other healthcare providers. Conversely, a small percentage (12%) of respondents were Very Dissatisfied, while 20% were Somewhat Dissatisfied with the care provided. This demonstrates a relatively positive perception and level of satisfaction with the measurable tangibles in Women Veterans’ healthcare.</td>
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</table>

| Question 21 | Based on your general perception of and satisfaction level with Women Veterans’ healthcare and other benefits delivered through the VA system, how would you rank the equipment and space provided for treatment related to Women Veterans’ healthcare? | 1=Poor  
2=Moderate  
3=Good  
4=Very Good  
5=Exceptional - Best |
<table>
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<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>The distribution between Poor/Moderate and Good/Very Good responses is equal at roughly 47%. Only 6% of respondents believed the equipment and space provided for treatment related to Women Veterans’ healthcare was Exceptional-Best. These results indicate that slightly more than half of all respondents have a reasonably positive perception of the quality of equipment and space provided for their care.</td>
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</tbody>
</table>

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Question 22
Based on your most recent experiences with healthcare services provided by the VA, how would you rank the appearance of the facilities such as the examination room, amenities (restrooms, phones, seats, and televisions, etc) and accommodations provided to the patient and family members who may accompany you to the facility?

More than two-thirds of the respondents answering this question gave positive marks (Good, Very Good, or Exceptional-Best), to the quality and appearance of physical facilities provided by the VA. Only 10% of the responses were in the Poor range, and 23% in the Moderate range.

Question 23
Based on your most recent experiences with healthcare services provided by the VA, how would you rank the convenience in location of the facility and other amenities (restrooms, phones, seats, changing rooms, etc) as it pertains to the patient and family members who may accompany you to the facility?

Again, two-thirds of respondents were Satisfied or Very Satisfied with the location of facilities and the amenities within the facilities for patients and family members.
Question 24

Based on your general perception of and satisfaction level with Women Veterans healthcare and other benefits delivered through the VA system, how would you rank the convenience in location of facilities and centers equipped to address cases specific to Women Veterans' healthcare?

1=Poor
2=Moderate
3=Good
4=Very Good
5=Exceptional - Best

While satisfaction levels were high for physical location of facilities and amenities in general, more than half of the respondents ranked convenience in location and equipment for issues specific to Women Veterans as Poor or Moderate. This response indicates that care for gender-specific cases is more difficult for women to obtain from VA facilities. With the growing number of women in combat zones and other high risk situations, it is important that issues specific to women be addressed more readily in all VA facilities.

Question 25

In general, based on your most recent experiences with healthcare services provided by the VA, how would you rank the VA healthcare provider in your area in terms of equipment for diagnosis and treatment of women's healthcare issues?

1=Poor
2=Moderate
3=Good
4=Very Good
5=Exceptional - Best

54% of the responses to this question were favorable (Good, Very Good, or Exceptional) for ranking the VA health provider in their area in terms of equipment for diagnosis and treatment of women's healthcare issues. Of the less favorable responses, 19% of respondents ranked VA equipment as Poor and 27% ranked it as Moderate. Based on responses to this question, it would seem appropriate to evaluate the overall availability of resources for issues and cases specific to women’s healthcare.

Observations and Recommendations - Tangibles

Tangibles are defined as the physical evidence of the service, including the appearance of physical facilities, equipment, personnel, and communication materials. The overall trend in this area is slightly more favorable than unfavorable. A notable exception is ranking of the equipment and space provided for treatment (question 21) which sees 48% of respondents ranking the VA unfavorably (poor or moderate) and only 52% ranking the VA favorably (Good, Very Good, or Exceptional-Best). Also noteworthy is the ranking of the convenience of location of VA facilities (question 24) with 53% of respondents ranking the VA unfavorably while 52% ranked it favorably. This suggests that some improvement is warranted in the area of tangibles, particularly with regard to the equipment and space used for treatment, as well as the convenience of the location of facilities.
RELIABILITY

Reliability involves the ability to perform the promised service dependably and accurately. The SERVQUAL attribute of reliability in The American Legion’s Women Veteran’s Survey includes accuracy in billing, keeping records correctly, and performing the service at the designated time.

This attribute includes: providing services as promised, dependability in handling customers’ service problems, providing services at the promised time, and keeping customers informed about when services will be performed.

There are six (6) questions in this category

**Questions - Reliability**

<table>
<thead>
<tr>
<th>Question 26</th>
<th>Reliability is defined as the ability to perform the promised service dependably and accurately. This includes the accuracy of information provided, accuracy in billing, keeping records correctly, and performing the service at the designated time. Based on your perceptions of and satisfaction level with measures of reliability in Women Veterans’ healthcare; how would you COMPARE healthcare provided by the VA to private practitioners and other healthcare providers?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1=Very Dissatisfied</td>
<td>2=Somewhat Dissatisfied</td>
</tr>
</tbody>
</table>

This question offered a 1-5 satisfaction rating scale versus a 1-5 quality level scale. 29% of respondents indicated they were dissatisfied with the reliability of healthcare provided by the VA, compared to private practitioners and other healthcare providers. 57% were Satisfied or Very Satisfied, and 14% were neutral. Neutral responses could be considered positive, as those respondents likely have not had a specific negative experience with the level of care provided by the VA.

<table>
<thead>
<tr>
<th>Question 27</th>
<th>Based on your perceptions of and satisfaction level with Women Veterans’ healthcare in private or public systems, do you feel comfortable with the accuracy of information provided regarding symptoms or health problems to address once you leave the healthcare facility?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1=Almost Never</td>
<td>2=Seldom</td>
</tr>
</tbody>
</table>

This question offered a 1-5 frequency rating scale (1=Almost Never to 5=Almost Always). Almost two-thirds of the respondents, or 61% either Frequently or Almost Always feel comfortable with the accuracy of information provided about symptoms or health problems to address after leaving a private or public healthcare facility. Only
15% answered Almost Never or Seldom; 24% said they Occasionally feel comfortable.

<table>
<thead>
<tr>
<th>Question 28</th>
<th>Based on your perceptions of and satisfaction level with Women Veterans healthcare in the VA system and other benefits delivered, do you feel comfortable with the accuracy of information provided regarding symptoms or health problems to address once you leave the healthcare facility?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1=Almost Never                                                                                                                                       2=Seldom</td>
</tr>
<tr>
<td></td>
<td>3=Occasionally                                                                                                                                  4=Frequently</td>
</tr>
<tr>
<td></td>
<td>5=Almost Always</td>
</tr>
</tbody>
</table>

The distribution between the low and high rankings for this question varies slightly from that of question 27 above. 57% of respondents are Frequently or Almost Always comfortable with accuracy of information provided within the VA system, and 19% are Almost Never or Seldom comfortable. The mid-point of the rating scale (Occasionally) received 25% of responses. These results indicate consistency in the accuracy of information being provided between VA and non-VA Healthcare Systems.

<table>
<thead>
<tr>
<th>Question 29</th>
<th>Based on your most recent experiences with healthcare services provided by the VA, how often do you feel that the healthcare facility you visit consistently provides you with accurate diagnosis and follow-up treatment of your healthcare problems?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1=Almost Never                                                                                               2=Seldom</td>
</tr>
<tr>
<td></td>
<td>3=Occasionally                                                                                               4=Frequently</td>
</tr>
<tr>
<td></td>
<td>5=Almost Always</td>
</tr>
</tbody>
</table>

While the favorable responses to this question (Frequently or Almost Always) are more than half at 56%, consistency in accurate diagnosis and treatment should be a high priority for any healthcare system. 24% of respondents said they Occasionally receive consistency in diagnosis and follow-up treatment. It is noteworthy, then, that nearly half of the respondents have indicated inconsistencies in this area when factoring in the responses of Almost Never (8%), Seldom (11%) and Occasionally. The American Legion should consider a recommendation to the VA to investigate this area further.
Question 30: Based on your most recent experiences with healthcare services provided by the VA, how often do you feel you can depend on your assigned healthcare professional (doctor, nurse, health technician) to deliver the promised healthcare service that was recommended for your case?

1=Almost Never
2=Seldom
3=Occasionally
4=Frequently
5=Almost Always

There was a 60% favorable response (Frequently or Almost Always) to this question. Of the remaining responses, 21% felt they could Occasionally depend on receiving the promised healthcare services. These results could relate to the responses in question 25 above regarding availability and/or quality of equipment for diagnosis and treatment of women’s healthcare issues.

Question 31: Based on your most recent experiences with healthcare services provided by the VA, how often do you feel you can depend on your assigned healthcare professional (doctor, nurse, health technician) to know enough about your condition or treatment for your case?

1=Almost Never
2=Seldom
3=Occasionally
4=Frequently
5=Almost Always

Fifty nine percent of respondents expressed high levels of confidence in their assigned healthcare professional to know enough about conditions and treatment for their specific case. 21% responded that they Occasionally felt they could depend on their assigned healthcare professional and 20% felt that they Almost Never or Seldom could. There may be a direct correlation between the expressed level of confidence by respondents in the knowledge of their provider and the responses related to consistency in accurate diagnosis and treatment in question 29 above.
RESPONSIVENESS

Responsiveness concerns the willingness to help customers and provide prompt service. The SERVQUAL attribute of responsiveness in The American Legion’s Women Veteran’s Survey includes readiness of health care employees to provide service.

It involves timeliness of service. This includes mailing of health care service documentation in a timely manner, timeliness in responding to or returning customer calls, and giving prompt service (e.g. setting up appointments quickly).

There are five (5) questions in this category

Questions – Responsiveness

| Question 32 | Responsiveness is defined as willingness to help customers and provide prompt service. This also includes readiness of healthcare employees and the VA’s responsiveness to advice as well as recommendations for new programs to enhance healthcare for Women Veterans. | 1=Very Dissatisfied  
2=Somewhat Dissatisfied  
3=Neither Satisfied nor Dissatisfied  
4=Somewhat Satisfied  
5=Very Satisfied |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Based on your perceptions of and satisfaction level with measures of Responsiveness in Women Veterans healthcare; how would you COMPARE healthcare provided by the VA to private practitioners and other healthcare providers?</td>
<td>This question offered a 1-5 level of satisfaction rating scale. The responses indicate a noteworthy level of dissatisfaction when comparing responsiveness provided by the VA to that of private practitioners and other healthcare providers. 34% of respondents indicated they were Very Dissatisfied or Somewhat Dissatisfied. On the other hand, 25% were Somewhat Satisfied and 30% were Very Satisfied. Only 12% of the respondents, or 190 people, responded that they were Neither Satisfied nor Dissatisfied. The fact that just over half of respondents were satisfied but more than one-third were not should perhaps be considered as an area of concern for the VA.</td>
<td></td>
</tr>
</tbody>
</table>
**Question 33** Based on your most recent experiences with healthcare services provided by the VA, how often do you feel the healthcare facility you visit provides prompt referrals to other medical specialists who can best address healthcare problems for your case?

1=Almost Never
2=Seldom
3=Occasionally
4=Frequently
5=Almost Always

Perceptions of promptness can vary widely based on a respondent's individual expectations or beliefs about what constitutes promptness. This question yielded relatively positive responses regarding obtaining prompt referrals to medical specialists. 31% of respondents selected Almost Always, with 24% Frequently; and 20% Occasionally. These three response levels display three-fourths of respondents that feel relatively good about the referral process by the VA. Of the 2333 total responses, only 340 said they Almost Never or Seldom feel they receive prompt referrals.

**Question 34** Based on your most recent experiences with healthcare services provided by the VA, how often do you feel the healthcare facility you visit provides prompt responses to urgent requests (such as for copies of medical records and returning phone calls for medical inquiries) which can best address healthcare problems for your case?

1=Almost Never
2=Seldom
3=Occasionally
4=Frequently
5=Almost Always

More than half of the respondents, or 55%, feel they Frequently or Almost Always receive prompt responses to urgent requests from the VA facility they visit, and 22% said they Occasionally do. These results are an indication that VA facilities are likely working hard to provide prompt service to their patients in a consistent manner.
Question 35: Based on your most recent experiences with healthcare services provided by the VA, how would you rank the efforts of the VA in providing Women Veterans with information on available VA benefits and services?

1 = Poor  
2 = Moderate  
3 = Good  
4 = Very Good  
5 = Exceptional - Best

Half of the respondents ranked the efforts of the VA in providing Women Veterans with information on available benefits and services as Poor or Moderate. A 50% negative response rate for this question may indicate a significant area for improvement for The American Legion and the VA to address. The rapidly rising number of Women Veterans, and more specifically women who have been in combat zones and other high-risk areas of service, will continue to increase the demand for information about VA benefits and services.

Question 36: Based on your perceptions of and satisfaction level with Women Veterans’ healthcare in the VA system and other benefits delivered, how would you rank the VA healthcare system in terms of general responsiveness in meeting your gender-specific healthcare needs?

1 = Poor  
2 = Moderate  
3 = Good  
4 = Very Good  
5 = Exceptional - Best

Slightly more than half of the respondents, or 52%, ranked the general responsiveness of the VA healthcare system in meeting gender-specific needs as Good, Very Good, or Exceptional-Best. However, 48% ranked it as Poor or Moderate. These responses are similar to those for question 35 above and could indicate a direct correlation between the availability of information about VA benefits and services to Women Veterans and the general responsiveness to meeting the healthcare needs specific to Women Veterans. This could be an area for further investigation.

Observations and Recommendations - Responsiveness

In general, responses in this category were more favorable than unfavorable. However, in assessing the efforts of the VA in providing Women Veterans with information on available VA benefits and services (question 35), respondents responded favorably and unfavorably in nearly equal amounts. When ranking the VA Healthcare System in terms of general responsiveness in meeting their gender-specific healthcare needs (question 36), favorable and unfavorable rates were also close with 48% ranking the VA unfavorably while only 52% ranked it favorably. This indicates that improvements in these areas should be further studied.
COMPETENCE

Competence means possession of the required skills and knowledge to perform the service. The SERVQUAL attribute of competence in The American Legion's Women Veteran's Survey includes knowledge and skill of the contact personnel and operational support personnel.

This attribute also covers the research capability of the organization e.g. —"Managing Patient and System Complexities to Improve the Quality and Outcomes of Chronic Care" as cited in Papers from The VA’s State-of-the-Art Conference: Managing Complexity in Chronic Care" by Joel Kupersmith, MD.

It involves knowledge of employees and their ability to inspire trust and confidence. Other components of this attribute include assurance, knowledge, and courtesy of employees as well as their ability to convey trust and confidence.

There are five (5) questions in this category

Questions – Competence

<table>
<thead>
<tr>
<th>Question</th>
<th>Description</th>
<th>Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Question 37</td>
<td>Competence is defined as possession of the required skills and knowledge to perform the service. Based on your perceptions of and satisfaction level with measures of competence in Women Veterans healthcare; how would you COMPARE healthcare provided by the VA to private practitioners and other healthcare providers?</td>
<td>1=Very Dissatisfied, 2=Somewhat Dissatisfied, 3=Neither Satisfied nor Dissatisfied, 4=Somewhat Satisfied, 5=Very Satisfied</td>
</tr>
</tbody>
</table>

More than half of respondents (60%) rated their satisfaction level as Somewhat Satisfied or Very Satisfied with the competence of VA healthcare providers. Roughly one-fourth of the respondents said they were Very Dissatisfied or Somewhat Dissatisfied, and, while 14% were Neither Satisfied nor Dissatisfied. These results may imply that the competence of the VA professionals is lacking in the areas specific to women-related issues and needs, and some development in this area may be necessary.
**Question 38** In your most recent experiences with healthcare services provided by the VA, how would you rank the level of information provided and documentation shared in terms of your specific health-related issues and concerns?

1. Poor
2. Moderate
3. Good
4. Very Good
5. Exceptional - Best

Nearly 63% of the respondents indicated their level of experience ranged from Good to Exceptional with Healthcare services provided by the VA regarding the level of information and documentation shared in terms of specific health related issues and concerns. Fifteen percent answered poor and thus nearly three fourths of all respondents expressed some satisfaction in their response.

**Question 39** In your most recent experiences with healthcare services provided by the VA, were you satisfied with the level of competence in terms of your assigned healthcare professional’s (doctor, nurse, health technician) referral network as well as knowledge and skill of operational support personnel when you left the facility?

1. Very Dissatisfied
2. Somewhat Dissatisfied
3. Neither satisfied nor Dissatisfied
4. Somewhat Satisfied
5. Very Satisfied

Sixty two percent of the respondents were very satisfied or Somewhat Satisfied with the level of competence in this area. The total percentage of respondents that were either Very Dissatisfied or Somewhat Dissatisfied was 24%. These results reflect that nearly two thirds of respondents were satisfied with the referral network as well as the knowledge and skill of operational support personnel.
**Question 40** Based on your perception of the healthcare services provided by the VA, are you satisfied with the level of competence in terms of the research capability, ability to manage patient complexities, and written information about health problems you face as a patient?

<table>
<thead>
<tr>
<th>Satisfaction Level</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1=Very Dissatisfied</td>
<td>12%</td>
</tr>
<tr>
<td>2=Somewhat Dissatisfied</td>
<td>17%</td>
</tr>
<tr>
<td>3=Neither Satisfied nor Dissatisfied</td>
<td>27%</td>
</tr>
<tr>
<td>4=Somewhat Satisfied</td>
<td>15%</td>
</tr>
<tr>
<td>5=Very Satisfied</td>
<td>29%</td>
</tr>
</tbody>
</table>

More than half of the Women Veterans who responded to this question said they were Somewhat Satisfied or Very Satisfied with the level of competence related to research capability, ability to manage patient complexities, and written information provided about health problems they face as a patient. Conversely, 12% were Very Dissatisfied and 17% were Somewhat Dissatisfied; 15% responded that they were Neither Satisfied nor Dissatisfied. In summary one out of four was less than satisfied with the VA's level of competence in the area of research capabilities at VA healthcare facilities. Protocols may be introduced to better serve patients and increase the ability of the providers to manage patient complexities and written documentation regarding their specific health problems.

**Question 41** In your most recent experiences with healthcare services provided by the VA, how would you rank the competence of your assigned healthcare professional (doctor, nurse, health technician) in terms of knowledge and their ability to inspire trust and confidence?

<table>
<thead>
<tr>
<th>Competence Level</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1=Poor</td>
<td>12%</td>
</tr>
<tr>
<td>2=Moderate</td>
<td>19%</td>
</tr>
<tr>
<td>3=Good</td>
<td>19%</td>
</tr>
<tr>
<td>4=Very Good</td>
<td>22%</td>
</tr>
<tr>
<td>5=Exceptional - Best</td>
<td>27%</td>
</tr>
</tbody>
</table>

Of the Women Veterans who responded to this question, 69% answered either Good, Very Good, or Exceptional regarding their perception of the competence of their assigned healthcare professional in terms of their level of knowledge and ability to inspire trust and confidence. Only 12% had a Poor perception and 19% had a Moderate perception of this topic. These results are noteworthy and demonstrate a relatively high level of trust and confidence in the VA healthcare professionals.

**Observations and Recommendations - Competence**

Roughly one-fourth of the respondents said they were very dissatisfied or somewhat dissatisfied with the competence of VA healthcare providers compared to that of private practitioners. 14% were neither satisfied nor dissatisfied. These results suggest that perceptions of competence of the VA professionals may be lacking in the areas specific to women-related issues and needs, and some development in this area may be necessary. The VA should improve the capabilities of healthcare providers for managing the complexities of patient care and for providing education and information to practitioners regarding specific health issues.
COURTESY

Courtesy involves politeness, respect, consideration, and friendliness of contact personnel (including receptionists, telephone operators, etc.).

The SERVQUAL attribute of Courtesy in The American Legion’s Women Veteran’s Survey includes consideration for the patient’s property (e.g. care taken for placement and storage of personal belongings such as jewelry, garments, and other valuables).

This includes the clean and neat appearance of public contact personnel, assurance and knowledge of employees and their ability to inspire trust and confidence.

Other areas include consideration, cooperation, and generosity in providing care with decorum and privacy.

There are four (4) questions in this category

Questions – Courtesy

<table>
<thead>
<tr>
<th>Question 42</th>
<th>Courtesy is defined as politeness, respect, consideration, and friendliness. It also includes consideration, cooperation, and generosity in providing care with decorum and privacy.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Based on your perceptions of and satisfaction level with measures of courtesy in Women Veterans’ healthcare; how would you COMPARE healthcare provided by the VA to private practitioners and other healthcare providers?</td>
</tr>
<tr>
<td>1=Very Dissatisfied</td>
<td>2=Somewhat Dissatisfied</td>
</tr>
</tbody>
</table>

Of the respondents, 45% ranked themselves as Very Satisfied, and 22% as Somewhat Satisfied with the overall courtesy of VA-provided healthcare, as compared to that of private practitioners and other providers. These figures account for roughly two-thirds of the women veterans who responded to this question. Approximately 32% of respondents accounted for the remaining distribution among the other three levels of the scale - Very Dissatisfied, Somewhat Dissatisfied, or Neither Satisfied nor Dissatisfied. These results reflect a generally positive response overall. However, there may be room for further improvement in the level of courtesy provided by the VA healthcare.
Question 43: In your most recent experiences with healthcare services provided by the VA, were you offered (WHEN NEEDED, WHEN AVAILABLE or WHEN REQUESTED) the courtesy of Certified Nursing Aides, Certified Home Health Aides, hospital sitters and caregivers, or any other dedicated member of staff which best fits your needs?

The distribution of responses to this question varied widely. 23% of respondents felt they were Almost Never offered these services, with 9% responding that they Seldom were. 18% of respondents selected Occasionally, 16% Frequently, and 34% Almost Always. This variability is noteworthy and may be an area of concern that needs further investigation into the availability of these resources at VA healthcare facilities.

Question 44: Based on your perceptions of and satisfaction level with Women Veterans healthcare in the VA system and other benefits delivered, how would you rank the VA healthcare system in terms of the appearance of public contact personnel, as well as assurance and knowledge of employees in their ability to inspire trust and confidence?

The results to this question suggest that, overall, the VA healthcare system is performing relatively well in this area. 37% of respondents were Very Satisfied, and 29% were Somewhat Satisfied. Only 10% were Very Dissatisfied and 11% Somewhat Dissatisfied; 13% were neutral.
Question 45

<table>
<thead>
<tr>
<th>In your most recent experiences with healthcare services provided by the VA, were you given the courtesy and opportunity for further review and study of your specific healthcare issue despite facts presented?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1=Almost Never</td>
</tr>
<tr>
<td>2=Seldom</td>
</tr>
<tr>
<td>3=Occasionally</td>
</tr>
<tr>
<td>4=Frequently</td>
</tr>
<tr>
<td>5=Almost Always</td>
</tr>
</tbody>
</table>

Similar to the results for question 43 above, the results to this question varied widely. 23% said Almost Never; 15% Seldom; 18% Occasionally; 19% Frequently; and 25% Almost Always. The variability of responses may suggest that this should be an area for further investigation by the VA to gain a better understanding of what these results mean.

**Observations and Recommendations - Courtesy**

Courtesy is defined as politeness, respect, consideration, and friendliness. It also includes consideration, cooperation, and generosity in providing care with decorum and privacy. Overall, the questions relating to courtesy in general and appearance and knowledge of contact personnel were rated relatively high with more than two thirds of respondents being very satisfied or somewhat satisfied. However, there were two questions with widely varied responses among the frequency rating scale, both of which related more specifically to services offered as a courtesy, e.g. skilled aides and further review and study of specific health issues. The variability of responses would suggest that there may be need for further investigation into the availability of skilled resources and to gain a better understanding of what might be missing in terms of courtesy offerings.
COMMUNICATION

Communication means keeping customers informed in language they can understand, listening to them, providing adequate status updates, and ensuring resources to provide guidance.

The SERVQUAL attribute of communication in The American Legion’s Women Veteran’s Survey includes the manner in which the health care service provider adjusts his/her language for different patients - increasing the level of sophistication with a well-educated patient and speaking plainly and respectfully with a novice.

Communication in the service quality context involves appropriately and thoroughly explaining the service itself; explaining the trade-offs between service and cost; as well as assuring the patient that a problem will be handled.

There are five (5) questions in this category

Questions – Communication

<table>
<thead>
<tr>
<th>Question 46</th>
<th>Communication is defined as the manner in which the healthcare service provider adjusts his/her language for different patients by speaking plainly and respectfully to the patient.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Communication in the service quality context also involves appropriately and thoroughly explaining the service itself; explaining the trade-offs between service and cost; as well as assuring the patient that a problem will be handled.</td>
</tr>
<tr>
<td></td>
<td>Based on your perceptions of and satisfaction level with measures of communication in Women Veterans’ healthcare, how would you COMPARE healthcare provided by the VA to private practitioners and other healthcare providers?</td>
</tr>
</tbody>
</table>

Of the Women Veterans who responded, 38% were Very Satisfied and 23% were Somewhat Satisfied with the measures of communication in Women Veterans' healthcare as defined, when comparing the VA to private practitioners. The distribution of responses among Very Dissatisfied, Somewhat Dissatisfied, and Neither Satisfied nor Dissatisfied was 13%, 14%, and 13%, respectively. Since this definition of communication is quite broad, The American Legion and the VA should consider a further breakdown in defining communication to gain more specific information about the satisfaction levels of Women Veterans. More specificity may uncover areas of strength and areas for improvement.
Question 47 | In your most recent experiences with healthcare services provided, how would you COMPARE levels of communication when dealing with issues including updates of changes, revisions, and other case related issues in healthcare provided by the VA to private practitioners or other healthcare providers?  
1=Very Dissatisfied  
2=Somewhat Dissatisfied  
3=Neither Satisfied nor Dissatisfied  
4=Somewhat Satisfied  
5=Very Satisfied  

The majority, or 56%, were either Somewhat Satisfied or Very Satisfied with communication dealing with issues including updates of changes, revisions, and other case related issues when comparing the care provided by the VA to that of private practitioners or other providers. Almost 30% were either Very or Somewhat Dissatisfied, and 15% were Neither Satisfied nor Dissatisfied.

Question 47 - 1272 Responses

<table>
<thead>
<tr>
<th>Response Level</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1=Very dissatisfied</td>
<td>13%</td>
</tr>
<tr>
<td>2=Somewhat dissatisfied</td>
<td>16%</td>
</tr>
<tr>
<td>3=Neither satisfied nor dissatisfied</td>
<td>24%</td>
</tr>
<tr>
<td>4=Somewhat satisfied</td>
<td>15%</td>
</tr>
<tr>
<td>5=Very satisfied</td>
<td>32%</td>
</tr>
</tbody>
</table>

Question 48 | In your most recent experiences with healthcare services provided by the VA, does your assigned healthcare professional (doctor, nurse, health technician) listen carefully to your specific explanation of healthcare needs?  
1=Almost Never  
2=Seldom  
3=Occasionally  
4=Frequently  
5=Almost Always  

Of the Women Veterans who responded to this question, 17% said their assigned healthcare professional Almost Never or Seldom listened carefully to their specific explanation of healthcare needs. Of the respondents 17% indicated that their assigned healthcare professional listened Occasionally, while 66% of respondents indicated that their assigned healthcare professional listened Frequently or Almost Always. These results suggest that the healthcare professionals at VA facilities are demonstrating good listening skills and providing a positive experience for the respondents.

Question 48 - 1373 Responses

<table>
<thead>
<tr>
<th>Response Level</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1=Almost Never</td>
<td>8%</td>
</tr>
<tr>
<td>2=Seldom</td>
<td>9%</td>
</tr>
<tr>
<td>3=Occasionally</td>
<td>17%</td>
</tr>
<tr>
<td>4=Frequently</td>
<td>20%</td>
</tr>
<tr>
<td>5=Almost Always</td>
<td>46%</td>
</tr>
</tbody>
</table>
Question 49  In your most recent experiences with healthcare services provided by the VA, how would you rank the level of communication in terms of your assigned healthcare professional’s (doctor, nurse, and health technician) time spent discussing your specific health related issues?

<table>
<thead>
<tr>
<th>1=Poor</th>
<th>2=Moderate</th>
<th>3=Good</th>
<th>4=Very Good</th>
<th>5=Exceptional - Best</th>
</tr>
</thead>
<tbody>
<tr>
<td>23%</td>
<td>12%</td>
<td>19%</td>
<td>28%</td>
<td>19%</td>
</tr>
</tbody>
</table>

Just over half of the respondents ranked the level of communication in terms of the time their assigned healthcare professional spent discussing their specific health related issues as Very Good or Exceptional; 19% ranked it as Good. However, 12% ranked communication on this topic as Poor and 19% ranked it as Moderate. While 70% gave a positive response to this question, it is noteworthy that about 30% still felt that they were not receiving an appropriate amount of time to discuss their specific health related issues with their provider. Given the unique nature of some of the specific issues experienced by Women Veterans, the VA should consider determining ways to improve in this area.

Question 50  In your most recent experiences with healthcare services provided by the VA, how would you rank the level of communication in terms of explaining things to you while speaking plainly and respectfully?

<table>
<thead>
<tr>
<th>1=Almost Never</th>
<th>2=Seldom</th>
<th>3=Occasionally</th>
<th>4=Frequently</th>
<th>5=Almost Always</th>
</tr>
</thead>
<tbody>
<tr>
<td>7%</td>
<td>8%</td>
<td>17%</td>
<td>21%</td>
<td>47%</td>
</tr>
</tbody>
</table>

Overall, the responses to this question were positive with 68% of respondents saying that the communication is Frequently or Almost Always explained plainly and respectfully, and 17% said that this took place Occasionally. A total of 15% of respondents indicated that this type of communication Seldom or Almost Never took place.

**Observations and Recommendations - Communication**

Communication is defined as the manner in which the healthcare service provider adjusts his or her language for different patients by speaking plainly and respectfully to the patient. Communication in the service quality context also involves appropriately and thoroughly explaining the service itself, explaining the trade-offs between service and cost; as well as assuring the patient that a problem will be handled. Responses regarding communication were positive overall. Nearly three fourths of respondents indicated that they felt their assigned care professional frequently listened carefully to their concerns and spoke plainly and respectfully when providing explanations.

Additionally, there was a 70% positive response to the question related to the amount of time healthcare providers spent with the respondents. However, given the unique nature of some of the specific issues experienced by Women Veterans, the VA should consider further examination of this topic with its providers to determine possible ways to improve in this area. Since this definition of communication is quite broad, The American Legion and the VA should consider a further breakdown of the definition of communication to gain more specific information about the satisfaction levels of Women Veterans. More specificity may uncover areas of strength and areas for improvement.
CREDIBILITY

Credibility involves trustworthiness, believability, and honesty. The SERVQUAL attribute of credibility in The American Legion’s Women Veteran’s Survey includes consideration while having the customer’s best interests at heart.

Contributing to credibility is the health care organization’s name and reputation. Trustworthiness and expertise as well as other personal characteristics of the contact personnel in the health care community and the management of patients with an acceptable degree of patient interactions.

There are five (5) questions in this category

Questions – Credibility

| Question 51 | Credibility is defined as trustworthiness, believability, honesty, and consideration while having the customer’s best interests at heart. | 1=Very Dissatisfied  
2=Somewhat Dissatisfied  
3=Neither Satisfied nor Dissatisfied  
4=Somewhat Satisfied  
5=Very Satisfied |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Based on your perceptions of and satisfaction level with measures of Credibility in Women Veterans healthcare; how would you COMPARE healthcare provided by the VA to private practitioners and other healthcare providers?</td>
<td></td>
</tr>
</tbody>
</table>

When comparing aspects of credibility of healthcare provided by the VA with that of private practitioners and other providers, 62% of the Women Veterans who responded to this question said they were either Somewhat Satisfied or Very Satisfied. Twenty four percent were Very Dissatisfied or Somewhat Dissatisfied. 14% were neutral. Credibility is extremely important in terms of healthcare related topics. As such, these results may suggest room for improvement for the VA in this area when compared to other providers.
Question 52 | In your most recent experiences with healthcare services provided by the VA, does your assigned healthcare professional (doctor, nurse, health technician) exhibit trustworthiness, expertise and other personal characteristics that instilled a sense of credibility in the care provided?

1=Almost Never
2=Seldom
3=Occasionally
4=Frequently
5=Almost Always

This question gained a positive response overall from the respondents, with 67% saying that their assigned healthcare professional either Frequently or Almost Always exhibited these characteristics that instilled a sense of credibility in the care provided. Only 10% answered Occasionally, and 16% answered Almost Never or Seldom. The fact that the positive rating here was higher than in question 51 above is noteworthy in that it displays a level of confidence in credibility of providers within the VA system when not compared to those in other public or private healthcare systems.

Question 53 | Based on your most recent experiences with healthcare services provided by the VA, would you recommend the VA health facility where you last received care, to another Female Veteran Service Member from your service branch?

1=Almost Never
2=Seldom
3=Occasionally
4=Frequently
5=Almost Always

While 62% of respondents said they would Frequently or Almost Always recommend the VA health facility to other female veteran service members, 21% said they Almost Never or Seldom would do so. At the mid-point of the rating scale, 17% of respondents said they would Occasionally make such a recommendation. Since it is possible that some female veteran service members may not have other options for healthcare services outside of the VA, these results would indicate that the frequency of recommendations could be increased and that the VA may wish to improve services in this area.
Question 54

According to the 2010 Veterans Healthcare Handbook, the VA does not require a second opinion; however, if you want a second opinion, one will be arranged for you.

Based on your most recent experiences with healthcare services provided by the VA, how likely are you to request a second opinion for a medical and surgical procedure by doctors and hospitals outside the VA network?

1 = Almost Never  
2 = Seldom  
3 = Occasionally  
4 = Frequently  
5 = Almost Always

When asked about the likelihood of using the VA’s healthcare services for a second opinion required for specialized care 38% of the respondents indicated that they would seldom or almost never seek a second opinion from the VA system. A similar percentage (42%) indicated that they would use the VA system for a second opinion. These results indicate that women veterans are divided almost equally in their perceptions of the usefulness of the VA system for second opinions for evaluating medical care from another source outside the VA.

Question 55

If you are evaluating medical care from another source (private physician, HMO, etc) outside the VA network and a second opinion is required for specialized care, and you are also enrolled with VA healthcare; how likely are you to use the VA’s healthcare services for that second opinion?

1 = Almost Never  
2 = Seldom  
3 = Occasionally  
4 = Frequently  
5 = Almost Always

The Women Veterans who responded to this question are nearly equally divided between Almost Never or Seldom likely (39%), to use the VA’s healthcare services for a second opinion, and Frequently or Almost Always likely, at (42%), to do so. Nineteen percent of respondents said they would occasionally use the VA for the second opinion. This could be an area for further breakdown of the question about using the VA for second opinions to gain more specific information and insight into the results noted here.
Observations and Recommendations - Credibility

Credibility is defined as trustworthiness, believability, honesty, and consideration, with the customer’s best interests at heart. Generally, respondents rated this attribute fairly high with levels of satisfaction above 60% for all of the questions. The highest level of dissatisfaction was for question 51, wherein one out of four respondents indicated they were dissatisfied with the credibility of healthcare provided by the VA when compared to similar services provided by private practitioners.

This suggests that there is room for improvement in the area of credibility for the VA. Responses to question 54, which asked respondents how frequently they would seek a second opinion, were split fairly evenly across the scale (from Almost Never to Almost Always). When asked if the VA would be used for the second opinion (question 55), the majority of responses were split between Almost Never or Seldom (39%), and Frequently or Almost Always (42%). This indicates an area where further breakdown may be needed to gain an understanding of the different variables accounting for this distribution.
SECURITY

Security is the freedom from danger, risk or doubt. The SERVQUAL attribute of security in The American Legion’s Women Veteran’s Survey also includes consideration for the patient’s best interests such as privacy and confidentiality (Are dealings with the patient held private?).

This includes physical safety that affirms management’s commitment to a patient and worker-supportive environment that places as much importance on employee safety and health as on serving the patient or client.

Financial security is also included in this category and addresses the increased cost of health care, to make sure patients have enough income and health care to maintain their health care standard.

Additionally, this attribute ensures access to information is both protected and available with an expected degree of personalization. This attribute addresses personalization and the ability to satisfy specific needs of individual customers while maintaining privacy for customers.

This includes the ability to acquire customer information in exchange for personalized services. Regardless of the nature of environments, personalization depends on the knowledge about an individual customer and the ability to cater to her needs.

There are four (4) questions in this category

Questions - Security

<table>
<thead>
<tr>
<th>Question 56</th>
<th>Security is defined as freedom from danger, risk or doubt. It includes considerations for customer’s best interests such as privacy and confidentiality. It also includes physical safety, financial security, access to information, and other privacy sensitivities of a patient. Based on your perceptions of and satisfaction level with measures of security in Women Veterans healthcare; how would you COMPARE healthcare provided by the VA to private practitioners and other healthcare providers?</th>
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</thead>
<tbody>
<tr>
<td>1=Very Dissatisfied</td>
<td></td>
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<tr>
<td>2=Somewhat Dissatisfied</td>
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<tr>
<td>3=Neither Satisfied nor Dissatisfied</td>
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<tr>
<td>4=Somewhat Satisfied</td>
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<tr>
<td>5=Very Satisfied</td>
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</table>

Based on the responses, 67% of the Women Veterans responding stated that they were satisfied or very satisfied with measures of security defined as freedom from danger, risk or doubt, and considerations for customer’s best interests in healthcare provided by the VA. In contrast 18% of the Women Veterans responding stated that they were either very dissatisfied or somewhat dissatisfied with physical safety, financial security, access to information, and other privacy sensitivities related to Women Veterans healthcare at the VA when compared to private practitioners and other healthcare providers.

While the majority indicated favorable responses, more than 20% were not. This result indicates that practices and polices related to security may require additional enhancement in order to increase favorable perceptions.
Question 57: Based on your perceptions of and satisfaction level with Women Veterans healthcare in the VA system and other benefits delivered, how would you rank the VA Healthcare System in terms of access to information which is both protected and available with an expected degree of personalization?

Based on the responses, 27% of the Women Veterans responding stated that they would rank the VA Healthcare System as Poor or Moderate in terms of access to information which is both protected and available with an expected degree of personalization.

There were 23% who ranked the VA as Good in terms of an expected degree of personalization while ensuring information is both protected and available. However, 16% of the Women Veterans responding stated that they felt the VA was exceptional to best in this regard in this regard.

Question 58: Based on your perceptions of and satisfaction level with Women Veterans healthcare in the VA system and other benefits delivered, how would you rank the VA Healthcare System in terms of sensitivity to the patient’s personal information and the collection and storing of patient information?

Fully 25% of the Women Veterans responding stated that they would rank the VA Healthcare System as either Poor or Moderate in terms of sensitivity to the patient’s personal information and the collection and storing of patient information.

There were 23% who ranked the VA Healthcare System as Good in terms of sensitivity to the patient’s personal information. 52% of the Women Veterans responding stated that they rank the VA Healthcare System as Exceptional-Best or Very Good. While nearly 75% rated this area favorably, a 25% negative evaluation suggests significant room for improvement in the view of Women Veterans.
Question 59: How would you COMPARE the security and privacy protection mechanisms for healthcare provided by the VA to private practitioners and other healthcare providers?

<table>
<thead>
<tr>
<th>1=Very Dissatisfied</th>
<th>2=Somewhat Dissatisfied</th>
<th>3=Neither Satisfied nor Dissatisfied</th>
<th>4=Somewhat Satisfied</th>
<th>5=Very Satisfied</th>
</tr>
</thead>
<tbody>
<tr>
<td>8%</td>
<td>9%</td>
<td>16%</td>
<td>21%</td>
<td>46%</td>
</tr>
</tbody>
</table>

When compared to private practitioners and other healthcare providers, Women Veterans were slightly more positive. Of the respondents, 17% stated that they were either Very Dissatisfied or Somewhat Dissatisfied with the security and privacy protection mechanisms for healthcare provided by the VA when compared to private practitioners and other healthcare providers.

Of the Women Veterans responding 67% stated that they were Somewhat Satisfied or Very Satisfied with security and privacy protection mechanisms for healthcare provided by the VA.

Observations and Recommendations - Security

Security is defined as freedom from danger, risk, or doubt, and includes consideration for customers’ best interests such as privacy and confidentiality. It also includes physical safety, financial security, access to information, and other privacy sensitivities. Responses to questions regarding Security were somewhat mixed. Nearly 75% of the respondents rated the sensitivity to patients’ personal information (question 58) favorably (Good or higher), and 67% stated that they were Satisfied or Very Satisfied with the security and privacy protection mechanisms provided by the VA (question 59). On the other hand, 17% of the women veterans suggest that there is room for improvement in Security-related issues for the VA healthcare services.
ACCESS

Access involves approachability and ease of contact. Differences in access to health care can have far-reaching consequences. Those denied access to basic health care might live shorter and more constrained lives. Access to health care, community-based programs and services is vital.

The SERVQUAL attribute of access in The American Legion’s Women Veteran’s Survey includes consideration that the service is easily accessible by telephone (lines are not busy and they do not put you on hold), waiting time to receive service (e.g. at a clinic) is not extensive, there are convenient hours of operation, and there are convenient locations for health care services.

Access for Women Veterans means delivering the highest quality health care to each woman, while offering her the privacy, dignity, and sensitivity to gender-specific needs that she deserves. This includes getting timely access when and where service is needed.

There are five (5) questions in this category

Questions - Access

<table>
<thead>
<tr>
<th>Question 60</th>
<th>Access is defined as consideration that the service is easily accessible; waiting time to receive service is not extensive, convenient hours of operation, and convenient location of healthcare service facility. Based on your perceptions of and satisfaction level with measures of access in Women Veterans healthcare; how would you COMPARE healthcare provided by the VA to private practitioners and other healthcare providers?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1=Very Dissatisfied</td>
<td></td>
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<tr>
<td>2=Somewhat Dissatisfied</td>
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<tr>
<td>3=Neither Satisfied nor Dissatisfied</td>
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<tr>
<td>4=Somewhat Satisfied</td>
<td></td>
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<tr>
<td>5=Very Satisfied</td>
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</table>

When rating access-related issues as compared to private practitioners and other healthcare providers, the responses were decidedly more negative than in other categories. 38% of the Women Veterans responding stated that they were either Very Dissatisfied or Somewhat Dissatisfied with measures of access in Women Veterans’ healthcare at the VA when compared to private practitioners and other healthcare providers.

There were 12% who stated that they were Neither Satisfied nor Dissatisfied with measures of access in Women Veterans’ healthcare at the VA. 50% of the Women Veterans responding stated that they were Somewhat Satisfied or Very Satisfied in this regard.
Question 61
In your most recent experience with the VA, how would you rank the role of the Women Veterans Program Manager (WVPM) in terms of interviews with women patients upon admission to provide information and assistance to increase your utilization of gender-specific services, such as, Papanicolaou Tests (PAP smears) and mammograms?

1=Very Dissatisfied
2=Somewhat Dissatisfied
3=Neither Satisfied nor Dissatisfied
4=Somewhat Satisfied
5=Very Satisfied

Nearly one third (31%) of the Women Veterans responding stated that they were either Very Dissatisfied or Somewhat Dissatisfied with their most recent experience with the Women Veterans Program Manager (WVPM) at the VA in terms of interviews to provide information and assistance to increase utilization of gender-specific services, such as Papanicolaou Tests (PAP smears) and mammograms. This suggests significant room for improvement with the ability of the VA to provide gender specific intake services utilizing this role.

Question 62
In your most recent experiences with healthcare services provided, how would you COMPARE considerations of privacy, dignity, and sensitivity to gender-specific needs afforded in healthcare by the VA to private practitioners or other healthcare providers?

1=Very Dissatisfied
2=Somewhat Dissatisfied
3=Neither Satisfied nor Dissatisfied
4=Somewhat Satisfied
5=Very Satisfied

Almost a quarter (24%) of the Women Veterans responding stated that they were either Very Dissatisfied or Somewhat Dissatisfied with considerations of privacy, dignity, and sensitivity to gender-specific needs afforded in healthcare by the VA when compared to private practitioners or other healthcare providers.

In contrast, 62% of the Women Veterans responding indicated that they were either Very or Somewhat Satisfied with considerations of privacy, dignity, and sensitivity to gender-specific needs afforded in healthcare by the VA.
Question 63 In your most recent experiences with healthcare services, how would you COMPARE access to a primary care providers who meet all your primary care needs, including gender-specific and mental healthcare by the VA to private practitioners or other healthcare providers?

<table>
<thead>
<tr>
<th>Response</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1=Very Dissatisfied</td>
<td>33%</td>
</tr>
<tr>
<td>2=Somewhat Dissatisfied</td>
<td>16%</td>
</tr>
<tr>
<td>3=Neither Satisfied nor Dissatisfied</td>
<td>16%</td>
</tr>
<tr>
<td>4=Somewhat Satisfied</td>
<td>24%</td>
</tr>
<tr>
<td>5=Very Satisfied</td>
<td>12%</td>
</tr>
</tbody>
</table>

Of the Women Veterans responding, 33% stated that they were either Very Dissatisfied or Somewhat Dissatisfied with the VA in access to primary care providers who meet all their primary care needs, including gender-specific and mental healthcare compared to private practitioners or other healthcare providers.

Of the Women Veterans responding, 57% stated that they were either Very Satisfied or Somewhat Satisfied with the VA in access to primary care providers.
Question 64  

Our veterans (men and women) have different preferences for how they receive healthcare. For each of the following options, please rank your preferred choice(s) for healthcare delivery specifically for Women Veterans’ healthcare:

A) Women’s health resource centers that offer health information and a referral network.

B) Women’s health centers where you can receive most of your basic healthcare, access to mental health, primary care, and gynecologic care in a single portal, with appropriate privacy and waiting rooms, and sensitivity to the needs that our Women Veterans deserve.

C) The choice of getting regular on-going healthcare and support from a professional who is not a physician, like a nurse practitioner or nurse midwife.

D) Women’s health support groups on specific topics with a choice of alternative medicines and healthcare practices.

E) A directory of opportunities to participate in women’s health research projects.

F) The option to “opt-out” of VA provided healthcare with a voucher to choose a private practitioner and other healthcare provider.

1=Poor  
2=Moderate  
3=Good  
4=Very Good  
5=Exceptional - Best

The survey asked a series of questions with the rankings provided based on preferred choice(s) for healthcare delivery specifically for Women Veterans’ healthcare. The respondents were asked to consider different preferences for how they receive healthcare. Question 64 attempted to capture information on the favorability of each independent choice based on the perceptions, experiences, and desires of the Women Veterans who participated in the survey.

The survey respondents were given a series of choices and asked to rank each choice from 1-5 [Rank 1 = Poor | 3 = Good | 5 = Exceptional - Best]. Each series of “Answer Options” were independent from the other choices available.

Based on an assessment of the responses, most of the respondents favored “Women’s health centers where you can receive most of your basic healthcare, access to mental health, primary care, and gynecologic care in a single portal, with appropriate privacy and waiting rooms, and sensitivity to the needs that our Women Veterans deserve.” Seventy one percent of respondents gave this option a 4 or 5. The next most favored option was “Women’s health resource centers that offer health information and a referral network”. Fifty seven percent rated this option a 4 or 5.

The remaining options were fairly evenly endorsed by the respondents with the choice “The option to “opt-out” of VA provided healthcare with a voucher to choose a private practitioner and other healthcare provider” receiving the third highest number of 4s and 5s.
**Observations and Recommendations - Access**

Access is defined as services being easily accessible, with reasonable waiting times, and convenient locations and hours of operation. In general, one half of the respondents indicated that they were Satisfied or Very Satisfied with this attribute. However, one third of the respondents were Dissatisfied or Very Dissatisfied with access to VA healthcare when compared to private practitioners (question 63). Additionally, over one third were Dissatisfied or Very Dissatisfied with services designed to provide information and assistance regarding procedures such as PAP smears and mammograms (question 61). This may suggest there is significant room for improvement in the VA system for providing gender-specific services to Women Veterans.
UNDERSTANDING/KNOWING THE CUSTOMER

Understanding (or knowing) the customer involves making the effort to understand the patient’s needs. The SERVQUAL attribute of Understanding (or knowing) the customer in The American Legion’s Women Veteran’s Survey includes consideration that the health care provider takes care to learn patient specific requirements of the Woman Veteran health care recipient.

It covers providing individualized attention and recognizing a regular patient. It includes empathy and caring as well as individualized attention provided to Woman Veteran patients. To understand the women’s veteran health care perspective is to have conceptualized it to a given measure. Therefore, health care providers that react appropriately to women veteran health care perspectives also appropriately understand women veteran’s health care.

There are three (3) questions in this category.

Questions - Understanding/Knowing the Customer

<table>
<thead>
<tr>
<th>Question 65</th>
<th>Understanding is defined as making the effort to understand the patient’s needs and includes consideration that the healthcare provider takes care to learn patient specific requirements of the Woman Veteran healthcare recipient.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Based on your perceptions of and satisfaction level with measures of understanding in Women Veterans healthcare, how would you COMPARE healthcare provided by the VA to private practitioners and other healthcare providers?</td>
</tr>
<tr>
<td>1=Very Dissatisfied</td>
<td>2=Somewhat Dissatisfied</td>
</tr>
</tbody>
</table>

Of the Women Veterans responding, 27% stated that they were either Very Dissatisfied or Somewhat Dissatisfied with the VA in terms of measures of understanding and knowing the customer in Women Veterans healthcare when compared to private practitioners and other healthcare providers.

There were 57% of the respondents who stated that they were either Somewhat Satisfied or Very Satisfied with the VA in terms of measures of understanding and knowing the customer in Women Veterans healthcare.
On March 25, 2005 the Department of Veterans Affairs Veterans Health Administration (VHA) Directive 2005-015 mandated that all enrolled veterans be universally screened for military sexual trauma (MST). This VHA Directive provides policy for clinical care, monitoring, staff education, and informational outreach related to MST counseling, care, and services.

Universal Screening: All Veterans and potentially eligible individuals seen in VHA facilities and associated CBOCs must be screened for experiences of MST. This must be done using the MST Clinical Reminder in the Computerized Patient Record System (CPRS). Screening is to be conducted in appropriate clinical settings by providers with an appropriate level of clinical training; screenings are not to be conducted by clerks or health technicians.


QUESTION: During your visits to the VA since March 25, 2005, have you been offered the opportunity for a MST screening? If so, how would you rate your experience with the VA MST screening process?

More than a third (36%) of the Women Veterans responding stated that during their visits to the VA since March 25, 2005 they were either Very Dissatisfied or Somewhat Dissatisfied with their experience with the VA MST screening process.

There were 42% of the respondents who stated that they were either Somewhat Satisfied or Very Satisfied with the VA in terms of their experience with the VA MST screening process.

Based on your most recent experiences with the VA, how would you rank the treatment you received from the specialized care professional assigned to your case? (Example: care for chronic conditions or reproductive health, the lab technologist who drew your blood, the x-ray technician, the physiotherapist, etc):

A) How well did the specialized healthcare professionals answer your questions?
B) How respectful were the specialized healthcare professionals?
C) Were you involved in decisions affecting your care and were you kept informed about the care planned for you?

1=Very Dissatisfied
2=Somewhat Dissatisfied
3=Neither Satisfied nor Dissatisfied
4=Somewhat Satisfied
5=Very Satisfied
D) How would you rate the hours of service for the specialized healthcare you received?“
E) Was your treatment/procedure clearly explained to you?“
F) Did the healthcare professional (doctor, nurse, health technician) assigned to your case appropriately understand Women Veterans healthcare concerns.

The survey asked a series of questions where the rankings provided were based on the most recent experiences with the VA. The focus of the question was the treatment received from the specialized care professional assigned to their case. Examples included care for chronic conditions or reproductive health, the lab technologist who drew blood, the x-ray technician, the physiotherapist, etc.

The survey respondents were given a series of choices and asked to rank each choice from 1-5 [Rank 1 = Poor | 3 = Good | 5 = Exceptional - Best]. Each series of “Answer Options” were independent from the other choices available.

Based on an assessment of the responses, most of the respondents gave favorable ratings (70% rated this option a 4 or 5) “How respectful were the specialized health care professionals”. The next most highly rated option was “Was your treatment/procedure clearly explained to you?” (61% 4 or 5 rating) followed closely by “How well did the specialized health care professionals answer your questions?” (60% 4 or 5 rating) and “Were you involved in decisions affecting your care and were you kept informed about the care planned for you?” (59% 4 or 5 rating).

The remaining options were fairly evenly endorsed by the respondents with the choice “The option to “opt-out” of VA provided health care with a voucher to choose a private practitioner and other health care provider” receiving the third highest endorsement using the approach of summing the percent of respondents who gave the option a 4 or 5 rating.

**Observations and Recommendations - Understanding/Knowing the Customer**

Understanding is defined as making an effort to understand the patient’s needs. In general, the levels of satisfaction with this attribute were around 50%. While 57% of respondents were Satisfied or Very Satisfied with the VA’s level of understanding the patient (question 65), only 42% were Satisfied or Very Satisfied with their experience with the MST screening process (question 66). The MST screening process is one area in which there is room for considerable improvement in the VA.

On the final question (question 67), respondents were asked to rate the quality of services received recently from specialized-care professionals assigned to their case (e.g., chronic conditions, reproductive health, x-rays, physiotherapy, etc.). In general, respondents were reasonably satisfied with these services. Most (70%) gave favorable ratings to the level of respect they received from specialized-care professionals. Around 60% indicated that their treatment/procedure was clearly explained to them, their questions were answered, and they were kept informed about the care planned for them.
SUMMARY FINDINGS

The team’s Review and Assessment highlighted the following summaries grouped according to the service quality attribute reviewed. Findings from the survey represent the best opinion of ProSidian Consulting, LLC based on results derived from the Women Veterans Survey. Responses to each question were evaluated with in recommendations provided to The American Legion to identify unmet needs among Women Veterans and guide the development of specific remedies.

In so doing, The American Legion may refine programming; provide testimony, and assistance for those who served. Specific findings and assessments may not necessarily represent the opinions or point of view of The American Legion.

This provides an assessment of the gap between desired and actual performance, together with a Harvey Ball ranking each service quality attribute reviewed. This allows The American Legion to focus its resources, guide the development of specific remedies, and refine programming to improve the service quality of Women Veterans healthcare based on perceptions of and satisfaction with healthcare and other benefits delivered through the VA system.

Recall that the purpose of the survey and focus group was to assess the perceptions of and satisfaction levels with Women Veterans healthcare between private or public healthcare systems and the healthcare and other benefits delivered to Women Veterans through The VA System. For each attribute, the team asked approximately five (5) questions each. Our research addressed the experiences and needs of Women Veterans.

Tangibles
While satisfaction levels are high with regard to physical location of facilities and amenities in general, more than half of the respondents ranked convenience in location and equipment for women-specific issues as Poor or Moderate. Almost one quarter of the respondents rated the convenience of location of VA facilities for women-specific issues as poor, indicating that gender-specific care is difficult to obtain for a significant number of women veterans.

These data indicate that care for women-specific issues may be difficult to obtain from VA facilities. With the increasing number of women in the military, and the growing number of women in combat zones and other high risk situations, it is important that issues specific to women be addressed more readily in all VA facilities. Further, it is important that these issues be promptly addressed by the VA in order to enhance its ability to provide gender specific care.

Reliability
While the favorable responses to this attribute (frequently or almost always) are more than (56%), consistency and accurate diagnosis and treatment should be a high priority to ensure that VA health services are responsive to women veterans. Twenty-four percent of respondents said they (only) occasionally receive consistency in diagnosis and follow-up treatment. It is noteworthy, then, that nearly half of the respondents have indicated inconsistencies in this area when factoring in the responses of almost never (8%) and seldom (11%). Almost 30% of respondents were dissatisfied with the reliability of healthcare provided by the VA compared to private healthcare providers. It is recommended that the VA consider studying and adopting practices related to reliability that are used in the private healthcare sector.
Responsiveness
Half of the respondents ranked the efforts of the VA in providing women veterans with information on available benefits and services as poor or moderate. A 50% negative response rate for this question may indicate a significant area for improvement. The rapidly rising number of women veterans, and more specifically women who have been in combat zones and other high-risk areas of service will continue to increase the demand for access to necessary information about VA benefits and services. Over 30% of respondents are very dissatisfied when comparing responsiveness provided by the VA to that of private healthcare providers. This is a theme that occurs throughout these results—the perceptions of a fairly large percentage of women veterans is that more responsive healthcare is provided by the private healthcare sector. Again, adopting more of the practices used in private healthcare may benefit the VA.

Competence
Roughly one-fourth of the respondents said they were very dissatisfied or somewhat dissatisfied with the competence of VA healthcare providers compared to that of private practitioners. Fourteen percent were neither satisfied nor dissatisfied. These results suggest that perceptions of competence of the VA professionals may be lacking in the areas specific to women-related issues and needs, and some development in this area may be necessary. The VA should improve the capabilities of healthcare providers for managing the complexities of patient care and for providing education and information to practitioners regarding specific health issues.

Courtesy
The distribution of responses to the question regarding services offerings for Certified Nurses Aides, Certified Home Health Aides, or other dedicated members of staff varied widely. The variability itself is noteworthy and may be an area of concern that needs further investigation into the availability of these resources at VA healthcare facilities. Courtesy appears to be a major issue for the VA to address with almost one quarter of the respondents rating this attribute less that positive. Providing additional training in courtesy to healthcare providers may be necessary.

Communication
Of the women veterans who responded favorably with regard to measures of communication in women veteran’s healthcare, the majority, of the respondents (56%), were either somewhat satisfied or very satisfied. This covered issues related to updates, changes, revisions, and other case related issues when comparing the care provided by the VA to that of private practitioners or other providers. These results suggest that the healthcare professionals at VA facilities are demonstrating good listening skills and providing a positive experience for the respondents. Just over half of the respondents ranked the level of communication in terms of their assigned healthcare professional spending time discussing their specific health related issues as being very good or exceptional. However, 31% ranked communication on this topic as poor and or moderate. While almost 70% gave a positive response to this question, it is noteworthy that such a large proportion still felt that they were not receiving an appropriate amount of time to discuss their specific health related issues with their provider. Given the unique nature of some of the specific issues experienced by women veterans, the VA should consider possible ways to improve in this area.

Credibility
A relatively high level of dissatisfaction was expressed by respondents for the question that asked them to compare the credibility of healthcare provided by the VA with similar services provided by private practitioners. This suggests that there is room for improvement in this area for the VA relative to private healthcare providers. Perhaps the VA might adopt some of the practices related to credibility that are used by the private healthcare sector.
Security
Dissatisfaction levels of over 25% suggest that there is room for improvement in Security-related issues for the VA, especially in the degree of sensitivity surrounding the patient’s personal information. A recommended course of action is to provide additional training to VA staff on the importance of patient confidentiality.

Access
Nearly one third, 31% of the Women Veterans responding stated that they were either very dissatisfied or somewhat dissatisfied with their most recent experience with the Women Veterans Program Manager (WVPM) at the VA in terms of interviews with women patients upon admission to provide information and assistance to increase your utilization of gender-specific services, such as, Papanicolaou Tests (PAP smears) and mammograms. This suggests significant room for improvement with the ability of the VA to provide gender specific intake services utilizing this role. The data indicates that over one third of the respondents were dissatisfied with gender specific service suggesting there is significant room for improvement in the VA for providing gender-specific services to women veterans and that a more capacity to provide such services are needed.

Understanding
Only 42% of the respondents were satisfied with their experiences with the MST screening process. The MST screening process is one area in which there is room for considerable improvement in the VA. Additionally, only 60% of the respondents indicated that their treatment/procedure was clearly explained to them. The MST screening process is an area in which the VA needs to focus its attention to improve practices in gender-specific services.
APPENDIX

APPENDIX A: SURVEY INSTRUMENT

The American Legion Women's Veterans Survey

1. American Legion Women Veterans Survey - Program Statement

The American Legion, the nation’s largest veterans service organization, has long recognized the important contributions of women in the military; they now account for nearly 20 percent of our armed forces. However, only about 25 percent of 1.8 million women veterans are using the Department of Veterans Affairs (VA) health-care system. Many women veterans have either chosen not to enroll in VA services, or are unaware of the medical benefits they have earned through their service.

The American Legion’s Veterans Affairs and Rehabilitation Commission has developed an outreach program for women veterans, collecting their input and speaking on their behalf to Congress, the VA and the Defense Dept. In order to strengthen its advocacy role, the Legion needs to conduct a comprehensive survey of women veterans about their experiences and attitudes concerning health care provided by the VA, private practitioners and other health-care providers.

Results from this survey will be used to refine the Legion’s outreach methods, enhance its written and oral testimony to Congress and federal agencies, and improve its own programs that evaluate the quality of VA health care. The survey will also help to identify unmet needs among women veterans, and guide the development of specific remedies.

Survey areas may include SERVQUAL attributes measuring ten aspects of service quality: reliability, responsiveness, competence, access, courtesy, communication, credibility, security, understanding (or knowing) the customer and tangibles. The objective is to measure the extent to which available service meets the perceptions, needs, and expectations of women veterans.

This research is important for many reasons, including the fact that women represent a rapidly growing portion of U.S. veterans. After analyzing the survey’s data, The American Legion will be better qualified to make specific recommendations for congressional appropriations, VA programs and facilities, and to increase public awareness of issues facing women veterans.

The survey will be disseminated to women veterans worldwide. The American Legion has teamed with other veterans service organizations to reach all branches of the armed forces, reserve, and National Guard.

This survey was developed by American Legion specialists on women veterans issues, who are responsible for its content, distribution, data collection and analysis.

This survey shall be available for your input beginning Wednesday, January 5, 2011 through Monday, January 31, 2011.

2. Basic Demographic Questions

Demographic questions are used to capture general information about each respondent. The information you provide will enable more detailed analysis and comparisons of response profiles.

Once these profiles are constructed, they can be used to develop a strategy and plan by the American legion to refine outreach methods, enhance written and oral testimony to Congress and Federal Agencies, and improve programs to better serve veterans.

The following questions are usually included in surveys for two main purposes:

1. To see how closely the sample replicates the known population. The more closely the demographic distribution of survey respondents matches the population, the more confidence you can have in the data.

2. To allow analysis of sub-groups of those responding to the survey as compared to other known sources like the U.S. Census or other readily available databases on women veterans.
The American Legion Women’s Veterans Survey

Please take the time to complete the following Basic Demographic Questions to create a clear and complete picture of the characteristics of women veterans responding to the survey.

1. Please complete the following:
   - Name: 
   - City/Town: 
   - State: 
   - ZIP: 
   - Country: 
   - Email Address: 
   - Phone Number: 

2. Between what years were you born?

3. Based on census categories what Race best describes your background?

4. In honor of women’s military service we have listed timelines of United States Military operations as far back as possible. However, please indicate the most appropriate timelines of United States Military operations for your service.
   - 1920-1929
   - 1930-1939
   - 1940-1945
   - 1945-1949
   - 1950-1959
   - 1960-1969
   - 1970-1979
   - 1980-1990
   - 1990-2000
   - 2000-2010
   - 2011-2019

5. What Branch of the military do/did you serve?
   - Army
   - Marine Corps
   - Navy
   - Air Force
   - Coast Guard
   - Army National Guard
   - Army Reserve
   - Marine Forces Reserve
   - Navy Reserve
   - Air National Guard
   - Air Force Reserve
   - Coast Guard Reserve
   - Other DOD Personnel

6. What is the highest level of education you have completed?

7. What is your current marital status?
The American Legion Women's Veterans Survey

8. Service Location: Please provide the zip code of the VA facility that you most frequently utilize for health care services (according to the U.S. Postal Service) with the five-digit Zip codes/ZCTAs.

ZIP: 

* 9. Have you ever suffered from Traumatic Brain Injury (TBI)?

* 10. Have you ever suffered from Post Traumatic Stress Disorder (PTSD)?

* 11. Are you a combat veteran? If so, what era(s)?

- [ ] OEF/OIF
- [ ] WWII
- [ ] Other Theater
- [ ] Vietnam
- [ ] Korea
- [ ] Non-Combat Veteran

* 12. Have you applied for any veterans benefits?

13. If you answered no to the above question (Have you applied for any veterans benefits?) please select any of the following reasons:

- [ ] N/A
- [ ] I don’t know what my benefits are
- [ ] I am not sure I am a veteran
- [ ] I know about my benefits but I am not sure if I am entitled
- [ ] I need assistance to file a claim for my benefits
- [ ] I do not have transportation to get to an assistance center

Other (please specify)

[ ] 

* 14. Are you enrolled in the VA Health Care System?

* 15. Do you currently have a medical condition that the VA has deemed connected to your military service?
The American Legion Women's Veterans Survey

16. Do you have employer-based or other health insurance?

17. What percentage of your Health Care is Provided by the VA?

18. Are you a member of The American Legion or any other Veterans Service Organization?

19. Have you used a Veterans Service Organization (VSO) for services or assistance?

3. SERVQUAL Attribute: Tangibles

Tangibles are defined as the physical evidence of the service. It includes the appearance of physical facilities, equipment, personnel, and communication materials. It also includes the general reputation the facility has in the community.

The SERVQUAL attribute of tangibles in The American Legion's Women Veteran's Survey includes appearance of physical facilities, equipment, personnel, and communication materials.

20. Tangibles are defined as the physical evidence of the service. It includes the appearance of physical facilities, equipment, personnel, and communication materials as well as the general reputation the facility has in the community. Based on your perceptions of and satisfaction level with measures of Tangibles in Women Veteran’s health care; how would you COMPARE health care provided by the VA TO private practitioners and other health-care providers?

21. Based on your general perception of and satisfaction level with Women Veteran’s health care and other benefits delivered through the VA system, how would you rank the equipment and space provided for treatment related to women veterans health care?

22. Based on your most recent experiences with health care services provided by the VA, how would you rank the appearance of the facilities such as the examination room, amenities (restrooms, phones, seats, and televisions, etc) and accommodations provided to the patient and family members who may accompany you to the facility?
<table>
<thead>
<tr>
<th>The American Legion Women’s Veterans Survey</th>
</tr>
</thead>
<tbody>
<tr>
<td>23. Based on your most recent experiences with health care services provided by the VA, how would you rank the convenience in location of the facility and other amenities (restrooms, phones, seats, changing rooms, etc) as it pertains to the patient and family members who may accompany you to the facility?</td>
</tr>
<tr>
<td>24. Based on your general perception of and satisfaction level with Women Veteran’s health care and other benefits delivered through the VA system, how would you rank the convenience in location of facilities and centers equipped to address cases specific to women veteran’s health care?</td>
</tr>
<tr>
<td>25. In general, based on your most recent experiences with health care services provided by the VA, how would you rank the VA health care provider in your area in terms of equipment for diagnosis and treatment of women's health care issues?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4. SERVQUAL Attribute: Reliability</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reliability involves the ability to perform the promised service dependably and accurately. The SERVQUAL attribute of reliability in The American Legion’s Women Veteran’s Survey includes accuracy in billing, keeping records correctly, and performing the service at the designated time.</td>
</tr>
<tr>
<td>This attribute includes: providing services as promised, dependability in handling customers' service problems, providing services at the promised time, and keeping customers informed about when services will be performed.</td>
</tr>
<tr>
<td>There are only six (6) questions in this category</td>
</tr>
<tr>
<td>*26. Reliability is defined as the ability to perform the promised service dependably and accurately. This includes the accuracy of information provided, accuracy in billing, keeping records correctly, and performing the service at the designated time. Based on your perceptions of and satisfaction level with measures of reliability in Women Veteran’s health care; how would you COMPARE health care provided by the VA TO private practitioners and other health care providers?</td>
</tr>
<tr>
<td>27. Based on your perceptions of and satisfaction level with Women Veteran’s health care in private or public systems, do you feel comfortable with the accuracy of information provided regarding symptoms or health problems to address once you leave the health care facility?</td>
</tr>
</tbody>
</table>
The American Legion Women’s Veterans Survey

28. Based on your perceptions of and satisfaction level with Women Veteran’s health care in the VA System and other benefits delivered, do you feel comfortable with the accuracy of information provided regarding symptoms or health problems to address once you leave the health care facility?

29. Based on your most recent experiences with health care services provided by the VA, how often do you feel that the health care facility you visit consistently provides you with accurate diagnosis and follow-up treatment of your health care problems?

30. Based on your most recent experiences with health care services provided by the VA, how often do you feel you can depend on your assigned health care professional (doctor, nurse, health technician) to deliver the promised health care service that was recommended for your case?

31. Based on your most recent experiences with health care services provided by the VA, how often do you feel you can depend on your assigned health care professional (doctor, nurse, health technician) to know enough about your condition or treatment for your case?

5. SERVQUAL Attribute: Responsiveness

Responsiveness concerns the willingness to help customers and provide prompt service. The SERVQUAL attribute of responsiveness in The American Legion’s Women Veteran’s Survey includes readiness of health care employees to provide service.

It involves timeliness of service. This includes mailing of health care service documentation in a timely manner, timeliness in responding to or returning customer calls, and giving prompt service (e.g. setting up appointments quickly).

There are only five (5) questions in this category.
The American Legion Women's Veterans Survey

32. Responsiveness is defined as willingness to help customers and provide prompt service. This also includes readiness of health care employees and the VA’s responsiveness to advice as well as recommendations for new programs to enhance health care for Women Veterans.

Based on your perceptions of and satisfaction level with measures of Responsiveness in Women Veteran’s health care; how would you COMPARE health care provided by the VA TO private practitioners and other health care providers?

33. Based on your most recent experiences with health care services provided by the VA, how often do you feel the health care facility you visit provides prompt referrals to other medical specialists which can best address health care problems for your case?

34. Based on your most recent experiences with health care services provided by the VA, how often do you feel the health care facility you visit provides prompt responses to urgent requests (such as copies of medical records and returning phone calls for medical inquiries) which can best address health care problems for your case?

35. Based on your most recent experiences with health care services provided by the VA, how would you rank the efforts of the VA in providing women veterans with information on available VA benefits and services?

36. Based on your perceptions of and satisfaction level with Women Veteran’s health care in the VA system and other benefits delivered, how would you rank the VA health care system in terms of general responsiveness in meeting your gender-specific health care needs?

6. SERVQUAL Attribute: Competence

Competence means possession of the required skills and knowledge to perform the service. The SERVQUAL attribute of competence in The American Legion's Women Veteran's Survey includes knowledge and skill of the contact personnel and operational support personnel.

This attribute also covers the research capability of the organization e.g. ‘Managing Patient and System Complexities to Improve the Quality and Outcomes of Chronic Care’ as cited in Papers from The VA’s State-of-the-Art Conference: Managing Complexity in Chronic Care’ by Joel Kupersmith, MD.

It involves knowledge of employees and their ability to inspire trust and confidence. Other components of this attribute...
The American Legion Women’s Veterans Survey

include assurance, knowledge, and courtesy of employees as well as their ability to convey trust and confidence.

There are only five (5) questions in this category

37. Competence is defined as possession of the required skills and knowledge to perform the service. Based on your perceptions of and satisfaction level with measures of competence in Women Veteran’s health care; how would you COMPARE health care provided by the VA TO private practitioners and other health care providers?

38. In your most recent experiences with health care services provided by the VA, how would you rank the level of information provided and documentation shared in terms of your specific health related issues and concerns?

39. In your most recent experiences with health care services provided by the VA, were you satisfied with the level of competence in terms of your assigned health care professional’s (doctor, nurse, health technician) referral network as well as knowledge and skill of operational support personnel when you left the facility?

40. Based on your perception of the health care services provided by the VA, are you satisfied with the level of competence in terms of the research capability, ability to manage patient complexities, and written information about health problems you face as a patient?

41. In your most recent experiences with health care services provided by the VA, how would you rank the competence of your assigned health care professional (doctor, nurse, health technician) in terms of knowledge and their ability to inspire trust and confidence?

7. SERVQUAL Attribute: Courtesy

Courtesy involves politeness, respect, consideration, and friendliness of contact personnel (including receptionists, telephone operators, etc.).

The SERVQUAL attribute of Courtesy in The American Legion’s Women Veteran’s Survey includes consideration for the patient’s property (e.g. care taken for placement and storage of personal belongings such as jewelry, garments, and other valuables).

This includes the clean and neat appearance of public contact personnel, assurance and knowledge of employees and their ability to inspire trust and confidence.
The American Legion Women’s Veterans Survey

Other areas include consideration, cooperation, and generosity in providing care with decorum and privacy.

There are only four (4) questions in this category

* 42. Courtesy is defined as politeness, respect, consideration, and friendliness. It also includes consideration, cooperation, and generosity in providing care with decorum and privacy.

Based on your perceptions of and satisfaction level with measures of courtesy in Women Veteran’s health care; how would you COMPARE health care provided by the VA TO private practitioners and other health-care providers?

43. In your most recent experiences with health care services provided by the VA, were you offered (WHEN NEEDED, WHEN AVAILABLE or WHEN REQUESTED) the courtesy of Certified Nursing Aides, Certified Home Health Aides, hospital sitters and caregivers, or any other dedicated member of staff which best fits your needs?

44. Based on your perceptions of and satisfaction level with Women Veteran’s health care in the VA system and other benefits delivered, how would you rank the VA health care system in terms of the appearance of public contact personnel, as well as assurance and knowledge of employees in their ability to inspire trust and confidence?

45. In your most recent experiences with health care services provided by the VA, were you given the courtesy and opportunity for further review and study of your specific health care issue despite facts presented?

8. SERVQUAL Attribute: Communication

Communication means keeping customers informed in language they can understand, listening to them, providing adequate status updates, and ensuring resources to provide guidance.

The SERVQUAL attribute of communication in The American Legion’s Women Veteran’s Survey includes the manner in which the health care service provider adjusts his/her language for different patients - increasing the level of sophistication with a well-educated patient and speaking plainly and respectfully with a novice.

Communication in the service quality context involves appropriately and thoroughly explaining the service itself, explaining the trade-offs between service and cost; as well as assuring the patient that a problem will be handled.

There are only five (5) questions in this category
The American Legion Women's Veterans Survey

46. Communication is defined as the manner in which the health care service provider adjusts his/her language for different patients by speaking plainly and respectfully to the patient.

Communication in the service quality context also involves appropriately and thoroughly explaining the service itself; explaining the trade-offs between service and cost; as well as assuring the patient that a problem will be handled.

Based on your perceptions of and satisfaction level with measures of communication in Women Veteran’s health care, how would you COMPARE health care provided by the VA TO private practitioners and other health care providers?

47. In your most recent experiences with health care services provided, how would you COMPARE levels of communication when dealing with issues including updates of changes, revisions, and other case related issues in health care provided by the VA TO private practitioners or other health-care providers?

48. In your most recent experiences with health care services provided by the VA, does your assigned health care professional (doctor, nurse, health technician) listen carefully to your specific explanation of health care needs?

49. In your most recent experiences with health care services provided by the VA, how would you rank the level of communication in terms of your assigned health care professional’s (doctor, nurse, health technician) time spent discussing your specific health related issues?

50. In your most recent experiences with health care services provided by the VA, how would you rank the level of communication in terms of explaining things to you while speaking plainly and respectfully?

9. SERVQUAL Attribute: Credibility

Credibility involves trustworthiness, believability, and honesty. The SERVQUAL attribute of credibility in The American Legion’s Women Veteran’s Survey includes consideration while having the customer’s best interests at heart.

Contributing to credibility is the health care organization’s name and reputation. Trustworthiness and expertise as well as
The American Legion Women's Veterans Survey

other personal characteristics of the contact personnel in the health care community and the management of patients with an acceptable degree of patient interactions.

There are only five (5) questions in this category

**51. Credibility is defined as trustworthiness, believability, honesty, and consideration while having the customer's best interests at heart.**

Based on your perceptions of and satisfaction level with measures of Credibility in Women Veteran’s health care; how would you COMPARE health care provided by the VA TO private practitioners and other health care providers?

52. In your most recent experiences with health care services provided by the VA, does your assigned health care professional (doctor, nurse, health technician) exhibit trustworthiness, expertise and other personal characteristics that instilled a sense of credibility in the care provided?

53. Based on your most recent experiences with health care services provided by the VA, would you recommend the VA health facility where you last received care, to another Female Veteran Service Member from your service branch?

54. According to the 2010 Veterans Health Care Handbook, the VA does not require a second opinion; however, if you want a second opinion, one will be arranged for you.

Based on your most recent experiences with health care services provided by the VA, how likely are you to request a second opinion for a medical and surgical procedure by doctors and hospitals outside the VA network?

55. If you are evaluating medical care from another source (private physician, HMO, etc) outside the VA network and a second opinion is required for specialized care, and you are also enrolled with VA health care; how likely are you to use the VA’s health care services for that second opinion?

10. SERVQUAL Attribute: Security

Security is the freedom from danger, risk or doubt. The SERVQUAL attribute of security in The American Legion's Women Veteran's Survey also includes consideration for the patient’s best interests such as privacy and confidentiality.
The American Legion Women’s Veterans Survey

(Are dealings with the patient held private?)

This includes physical safety that affirms management’s commitment to a patient and worker-supportive environment that places as much importance on employee safety and health as on serving the patient or client.

Financial security is also included in this category and addresses the increased cost of health care, to make sure patients have enough income and health care to maintain their health care standard.

Additionally, this attribute ensures access to information is both protected and available with an expected degree of personalization. This attribute addresses personalization and the ability to satisfy specific needs of individual customers while maintaining privacy for customers.

This includes the ability to acquire customer information in exchange for personalized services. Regardless of the nature of environments, personalization depends on the knowledge about an individual customer and the ability to cater to her needs.

There are only four (4) questions in this category

* 56. Security is defined as freedom from danger, risk or doubt. It includes considerations for customer’s best interests such as privacy and confidentiality. It also includes physical safety, financial security, access to information, and other privacy sensitivities of a patient.

Based on your perceptions of and satisfaction level with measures of security in Women Veteran’s health care; how would you COMPARE health care provided by the VA TO private practitioners and other health care providers?

57. Based on your perceptions of and satisfaction level with Women Veteran’s health care in the VA system and other benefits delivered, how would you rank the VA health care system in terms of access to information which is both protected and available with an expected degree of personalization?

58. Based on your perceptions of and satisfaction level with Women Veteran’s health care in the VA system and other benefits delivered, how would you rank the VA health care system in terms of sensitivity to the patient’s personal information and the collection and storing of patient information?

59. How would you COMPARE the security and privacy protection mechanisms for health care provided by the VA TO private practitioners and other health care providers?

11. SERVQUAL Attribute: Access
The American Legion Women’s Veterans Survey

Access involves approachability and ease of contact. Differences in access to health care can have far-reaching consequences. Those denied access to basic health care might live shorter and more constrained lives. Access to health care, community-based programs and services is vital.

The SERVQUAL attribute of access in The American Legion’s Women Veteran’s Survey includes consideration that the service is easily accessible by telephone (lines are not busy and they do not put you on hold), waiting time to receive service (e.g. at a clinic) is not extensive, there are convenient hours of operation, and there are convenient locations for health care services.

Access for Women Veterans means delivering the highest quality health care to each woman, while offering her the privacy, dignity, and sensitivity to gender-specific needs that she deserves. This includes getting timely access when and where service is needed.

Access for Women Veteran patients also includes the portal of entry for these women, so they don’t have to feel like they are fighting their way through the network. This means that they have access to mental health, primary care, and gynecologic care in a single portal; appropriate privacy and waiting rooms; and sensitivity to the needs that our Women Veterans deserve.

There are only five (5) questions in this category

* 60. Access is defined as consideration that the service is easily accessible, waiting time to receive service is not extensive, convenient hours of operation, and convenient location of health care service facility.

   Based on your perceptions of and satisfaction level with measures of access in Women Veteran’s health care; how would you COMPARE health care provided by the VA TO private practitioners and other health care providers?

61. In your most recent experience with the VA, how would you rank the role of the Women Veterans Program Manager (WVPM) in terms of interviews with women patients upon admission to provide information and assistance to increase your utilization of gender-specific services, such as, Papanicolaou Tests (PAP smears) and mammograms?

62. In your most recent experiences with health care services provided, how would you COMPARE considerations of privacy, dignity, and sensitivity to gender-specific needs afforded in health care by the VA TO private practitioners or other health care providers?
The American Legion Women's Veterans Survey

63. In your most recent experiences with health care services, how would you compare access to a primary care providers who meet all your primary care needs, including gender-specific and mental health care by the VA TO private practitioners or other health care providers?

64. Our veterans (men and women) have different preferences for how they receive health care. For each of the following options, please rank your preferred choice(s) for health care delivery specifically for Women Veteran's health care:

[Rank 1 = Poor | 3 = Good | 5 = Exceptional - Best]

A) Women's health resource centers that offer health information and a referral network.
B) Women's health centers where you can receive most of your basic health care, access to mental health, primary care, and gynecologic care in a single portal, with appropriate privacy and waiting rooms, and sensitivity to the needs that our Women Veterans deserve.
C) The choice of getting regular ongoing health care and support from a professional who is not a physician, like a nurse practitioner or nurse midwife.
D) Women's health support groups on specific topics with a choice of alternative medicine and health care practices.
E) A directory of opportunities to participate in women's health research projects.
F) The option to "opt-out" of VA provided health care with a voucher to choose a private practitioner and other health care provider.

12. SERVQUAL Attribute: Understanding/Knowing the Customer

Understanding (or knowing) the customer involves making the effort to understand the patient's needs. The SERVQUAL attribute of Understanding (or knowing) the customer in The American Legion's Women Veteran's Survey includes consideration that the health care provider takes care to learn patient specific requirements of the Woman Veteran health care recipient.

It covers providing individualized attention and recognizing a regular patient. It includes empathy and caring as well as individualized attention provided to Woman Veteran patients. To understand the women's veteran health care perspective is to have conceptualized it to a given measure. Therefore, health care providers that react appropriately to women veteran health care perspectives also appropriately understand women veteran's health care.

THIS IS THE LAST CATEGORY. There are only three (3) questions in this category.
**The American Legion Women's Veterans Survey**

* 65. Understanding is defined as making the effort to understand the patient's needs and includes consideration that the health care provider takes care to learn patient specific requirements of the Woman Veteran health care recipient.

Based on your perceptions of and satisfaction level with measures of understanding in Women Veteran's health care, how would you COMPARE health care provided by the VA TO private practitioners and other health care providers?

66. On March 25, 2005 the Department of Veterans Affairs Veterans Health Administration (VHA) Directive 2005-015 mandated that all enrolled veterans be universally screened for military sexual trauma (MST). This VHA Directive provides policy for clinical care, monitoring, staff education, and informational outreach related to MST counseling, care, and services.

Universal Screening: All Veterans and potentially eligible individuals seen in VHA facilities and associated CBOCs must be screened for experiences of MST. This must be done using the MST Clinical Reminder in the Computerized Patient Record System (CPRS). Screening is to be conducted in appropriate clinical settings by providers with an appropriate level of clinical training; screenings are not to be conducted by clerks or health technicians.

Note: See also VHA Directive 2010-033 - Recently updated July 14, 2010: THIS VHA DIRECTIVE EXPIRES JULY 31, 2015

QUESTION: During your visits to the VA since March 25, 2005, have you been offered the opportunity for a MST screening? If so, how would you rate your experience with the VA MST screening process?
The American Legion Women’s Veterans Survey

67. Based on your most recent experiences with the VA, how would you rank the treatment you received from the specialized care professional assigned to your case? (Example: care for chronic conditions or reproductive health, the lab technologist who drew your blood, the x-ray technician, the physiotherapist, etc):

[Rank 1 = Poor | 3 = Good | 5 = Exceptional - Best]

<table>
<thead>
<tr>
<th>A) How well did the specialized health care professionals answer your questions?</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>B) How respectful were the specialized health care professionals?</td>
<td></td>
<td></td>
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<tr>
<td>C) Were you involved in decisions affecting your care and were you kept informed about the care planned for you?</td>
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<tr>
<td>D) How would you rate the hours of service for the specialized health care you received?</td>
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<tr>
<td>E) Was your treatment/procedure clearly explained to you?</td>
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<tr>
<td>F) Did the health care professional (doctor, nurse, health technician) assigned to your case appropriately understand women veteran’s health care concerns.</td>
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</table>

13. CONGRATULATIONS. YOU HAVE COMPLETED YOUR RESPONSES TO THIS VERY IMPORTANT ...

The American Legion's Women Veterans Survey

The American Legion's Women Veterans Survey shall assess perceptions of and satisfaction with Women Veterans health care and other benefits delivered to Women Veterans through The VA system. Additionally, the survey shall determine the factors driving Women Veterans’ decision to use the VA system as opposed to other private or public health care systems.

Through this survey The American Legion hopes to identify unmet needs among women veterans and guide the development of specific remedies.

Your input is critical in assessing the challenges, needs and opportunities so that The American Legion may refine programming, provide testimony, and assistance for those who served.
APPENDIX B: PROSIDIAN CONSULTING WOMEN VETERANS SURVEY FLYER

Women Veterans: Let your voice be heard!

The American Legion, the nation's largest veterans service organization, has long recognized the important contributions of women in the military, yet we know only 35 percent of women veterans are using the Veterans Affairs (VA) health care system. Many veteran women know they are not being served by their VA services, or are unsure of all the benefits they are entitled to through their service.

The American Legion's division for veterans affairs has developed a comprehensive program for women veterans, collecting input and speaking on behalf to Congress, the VA, and the Defense Dept. In order to strengthen its advocacy role, the Legion needs to conduct a comprehensive survey of women veterans about their experiences and attitudes concerning health care provided by the VA, private practitioners and other health care providers.

Results from this survey will be used to refine the Legion's outreach methods, influence its written and oral testimony to Congress and Federal agencies and improve its programs that examine the quality of VA health care. The survey will also help to identify areas for improvement, and will help to develop the Legion's outreach to women veterans.

Please complete the survey by clicking on the link below. By participating in the survey, your name will be entered into a drawing to win a limited edition plaque designed by a Congressional Medal of Honor winner.

Survey areas may include:
- Beneficial attributes measuring the impact of service quality, reliability, responsiveness, accessibility, communication, comfort and understanding and (or) knowing the customer and their needs.
- The objective is to measure the extent to which benefits are being delivered.

Survey is available for your input beginning Wednesday, January 5, 2011 through Monday, January 30, 2011.
APPENDIX C: SELECTED RECIPIENT OF THE LIMITED EDITION CONGRESSIONAL MEDAL OF HONOR PLAQUE

In appreciation for the service as well as the time spent providing valuable input on behalf of the Women Veteran survey respondents, The American Legion and The ProSidian Consulting Engagement team sought to honor those who served. A selection was made from The American Legion Women Veterans Survey or Focus Group to receive a limited edition signed Congressional Medal of Honor plaque. The plaque contained signatures and other commemorative items from ten (10) winners of The Medal Of Honor.

The Medal of Honor is the highest award for valor in action against an enemy force which can be bestowed upon an individual serving in the Armed Services of the United States. The award is generally presented to its recipient by the President of the United States of America in the name of Congress. As of February 18, 2011, there have been a total of 3,454 Recipients of The Medal of Honor; 85 Living Recipients and 19 Double Recipients.

Of the most recent awardees of The Medal of Honor was Staff Sergeant Salvatore Augustine Giunta who was born January 21, 1985 in Clinton, Iowa. As a member of the United States Army, Staff Sergeant Giunta served on the 2nd Battalion, 503rd Infantry Regiment, 173rd Airborne Brigade Combat Team in the War in Afghanistan. In addition to The Medal of Honor, he is also the recipient of The Bronze Star and The Purple Heart.

The only woman to have been awarded the medal is Dr. Mary Edwards Walker who, as a civilian, accompanied members of the 27th Maine, 29 who served as Abraham Lincoln's funeral guard, six civilians. Dr. Mary Edwards Walker was a Surgeon employed by the United States Army and is best known for being the 1st Female U.S. Army Surgeon, receiving the Medal of Honor during the American Civil War, and for being a feminist, prohibitionist, and abolitionist. Dr. Walker's medal was restored by President Jimmy Carter in 1977.

The American Legion plans to unveil the limited edition plaque during The American Legion's Washington Conference on Monday, March 21st. In doing so The Legion will also highlight the recipient of the limited edition Congressional Medal of Honor plaque by listing basic details such as your name, branch of military service and dates of service.

<table>
<thead>
<tr>
<th>George C. Lang</th>
<th>Joseph G. Rodriguez</th>
<th>Richard Earl Bush</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Service/Branch:</strong></td>
<td>Army</td>
<td>Army</td>
</tr>
<tr>
<td><strong>Rank:</strong></td>
<td>Specialist Four</td>
<td>Colonel</td>
</tr>
<tr>
<td><strong>Unit:</strong></td>
<td>47th Infantry Regiment, 9th Infantry</td>
<td>Company F, 17th Infantry Regiment, 7th Infantry Division</td>
</tr>
<tr>
<td><strong>Battles/wars:</strong></td>
<td>Vietnam War</td>
<td>Korean War</td>
</tr>
<tr>
<td><strong>Awards:</strong></td>
<td>Medal of Honor</td>
<td>Medal of Honor</td>
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<tr>
<th>John Druse Hawk - Nickname “Bud”</th>
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<tr>
<td><strong>Service/Branch:</strong></td>
<td>Army</td>
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<tr>
<td><strong>Rank:</strong></td>
<td>Sergeant</td>
<td></td>
</tr>
<tr>
<td><strong>Unit:</strong></td>
<td>39th Infantry</td>
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</tr>
<tr>
<td><strong>Battles/wars:</strong></td>
<td>World War II</td>
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<tr>
<td><strong>Awards:</strong></td>
<td>Purple Heart</td>
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<tr>
<th>Harold Arthur Fritz</th>
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<td><strong>Battles/wars:</strong></td>
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<tr>
<td><strong>Awards:</strong></td>
<td>Medal of Honor</td>
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<td><strong>Rank:</strong></td>
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<td><strong>Awards:</strong></td>
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APPENDIX D: WOMEN VETERANS SURVEY ORGANIZATIONS WHO SUPPORTED THE SURVEY

The following is a list of Veterans Survey Organizations who supported the survey. The American Legion and The ProSidian Consulting Engagement team would like to thank these organizations for their support and continued efforts in support of Women Veterans.

National Alliance of Women Veterans
http://phillyvet.blogspot.com

Ms. Semper Fi Pageant
http://www.clix.to/pageant

National Association of Black Military Women
http://NABMW.com

National Women Veterans United (NWVU)
P.O. Box 438966 Chicago, IL 60643-9998

WAVES National
http://www.womenofthewaves.com

Women in Military Service for America Memorial Foundation
http://www.womensmemorial.org

Women Marines Association
http://www.womenmarines.org

Women Organizing Women
http://www.vetwow.com

Women Veterans of America
http://www.womenveteransofamerica.com

Vietnam Women’s Memorial Project
http://www.vietnamwomensmemorial.org

U.S. Army Women’s Foundation
http://www.awfdn.org

Business and Professional Women’s Foundation
http://www.bpwfoundation.org

National Guard Association of the United States
Melissa Swanson, Communications Products Program Manager
https://www.ngaus.org