



# BUILDING TRUST WITH WOMEN VETERANS

UNDERSTANDING THE MOMENTS THAT MATTER  
IN VA CLINICS FOR WOMEN VETERANS



# **BUILDING TRUST WITH WOMEN VETERANS**

**UNDERSTANDING THE MOMENTS THAT MATTER  
IN VA CLINICS FOR WOMEN VETERANS**

# Building Trust with Women Veterans

Women Veterans are an expanding population and here to stay. They are the fastest growing demographic group of Veterans in the United States. Currently, they make up 2 million or 9.5% of the 20 million living Veterans today. While the number of Veterans overall is decreasing, the number of women Veterans is increasing rapidly. The continued rise will place more demands for women Veteran healthcare services.

Annual surveys indicate that women Veterans have lower trust scores than men. To understand why, the Center for Women Veterans, Women's Health Services and the Veterans Experience Office (VEO) teamed up to explore how women currently experience outpatient care. For our research we spoke with women Veterans who currently use VA healthcare; who tried to access VA healthcare; or who at one point in the past used VA healthcare.

By helping document where women Veterans experience pain points along their outpatient care journey with VA, we can then work to address those pain points. Doing so helps ensure a consistent experience that builds trust with women Veterans within and across VA facilities. Improving care for women Veterans in VA can elevate the standard of care for all Veterans.



**It's not that I prefer going outside VA. I just don't trust VA. This is a beautiful facility, but I do not trust VA.**





# VA Women Veteran Patient Experience Journey Map

The VA Women Veterans Patient Experience (PX) Journey Map identifies the moments that matter most to women Veterans before, during, and after a healthcare appointment. It builds on the original VA Patient Experience Journey map, which establishes the moments that matter for all Veterans. While this new map is not representative of every aspect of all women’s experiences with VA healthcare, it is a starting point to define how VA can build trust with women Veterans.

## Moments That Matter

Across the journey, women Veterans identified many moments that matter. These are moments VA can build trust with women Veterans or lose them entirely. These moments inform women Veterans’ overall experience with— and opinion of— VA healthcare. VA can and should make sure these moments are positive ones for women Veterans.

MOMENTS THAT MATTER	CRITICAL EXPERIENCE MEASURES
Talking to a trusted helper	I know the best way to have my health issue addressed
Scheduling an appointment	I can schedule a timely appointment
Feeling safe while waiting for an appointment	Staff at the clinic empathize with me and respond to my needs
Connecting with my care provider	I feel known by and connected to my provider; we have a relationship
Connecting with my health care team	I know what to expect when I go into the clinic and in between visits
Connecting with other women Veterans	I feel supported by other women Veterans who share similar life and military experiences

## Key Themes

Along their journey and across multiple facilities, women Veterans expressed common experiences that are important to them as they seek and receive care from VA. These are moments that matter to women Veterans — and if VA can ensure that these moments are positive we will go a long way towards rebuilding trust with women Veterans.

**Theme 1:** Women need empathy, compassion, respect and responsive customer service at every step of the journey.

**Theme 2:** Women need to have a connection with their provider, healthcare team and other women Veterans.

**Theme 3:** Women experience unequal care by facility, gender and VA employment status.

**Theme 4:** Women sometimes have specialty care needs that are not easily addressed in the current VA structure.

**Theme 5:** Women Veterans are eager to be involved in the design of patient experience improvements at VA.

## Next Steps and Recommendations

The VA Women Veteran Patient Experience Journey Map lays the foundation for rebuilding trust with women Veterans. With a deeper understanding of their end-to-end experiences with outpatient services, VA has the opportunity to identify and create patient experience improvements across all facilities.

Within this Storybook, we establish concrete next steps at the national, VISN and medical facility level to immediately address what we learned from women Veterans. We also highlight moderate term design opportunities to align with the immediate next steps. These opportunities describe how VA can work with women Veterans and VA employees to design a more compassionate healthcare.



## Purpose

This document enriches the VA Women Veterans Patient Experience Journey Map, which traces women Veterans' journeys as they seek and receive care at VA. Reflected in these tools are the women Veteran's patient experience from their point of view. This document highlights important moments that matter to women Veterans. It also identifies key themes and opportunities to build trust with women Veterans.

## Application

Use this document to develop a deeper understanding of women Veterans' end-to-end journeys through health care at VA. This Storybook and the journey map are not reflective of what every woman Veteran experiences every time, rather these tools help us see how a common set of interconnected moments along the journey impact the overall patient experience. These insights provide a starting point to identify, prioritize, and improve moments that matter in healthcare service delivery for women Veterans their families, and caregivers.



## What's Inside

04	Executive Summary
08	About This Storybook
10	Introduction
14	Measuring Women Veterans' Patient Experience (PX)
16	Navigating the System
20	End-to-end Journey
22	VA Women's Veterans PX Journey Map
24	Key Themes
38	Acknowledgments



# Own today and prepare for tomorrow

## Learning from women Veterans now to anticipate needs for the future

Women Veterans are the fastest growing demographic group of Veterans in the United States. Currently, they make up 2 million or 9.5% of the 20 million Veterans living today. While the number of Veterans overall is decreasing, the number of women Veterans is growing rapidly. The continued rise will increase demands for VA healthcare services among women.

Annual surveys indicate that women Veterans have lower trust scores than men. To understand why, the Center for Women Veterans, VHA Women's Health Services and the Veterans Experience Office (VEO) teamed up to explore how women currently experience outpatient care. This document includes findings from extensive research on women Veterans' point of view.

# Understanding the women Veterans' patient experience

The Center for Women Veterans (CWV), VHA Womens Health Services (WHS) and the Veterans Experience Office (VEO) conducted a human-centered design discovery project to explore how women Veterans experience care at VA. We spoke with Veterans across multiple facilities, and of various races/ethnicities, life stages, military branches, and eras of service. After synthesizing and analyzing the qualitative data we identified patterns and insights. The result is the VA Women Veterans Patient Experience Journey Map and this accompanying Storybook to reflect their experience at VA.



All had a visit to a VA facility in the last 60 days

15%

Saw providers in the primary care clinics

85%

Saw providers in the women's health clinic

50.6

Average age

38%

Served in combat

10.2

Average years served



## Diversity

Race/ethnicities represented: African American, Multi-Racial, Caucasian, Asian-American/Pacific Islander



## Geography

Many served in North Carolina, Alabama, Virginia, Pennsylvania, New Jersey, Ohio, Texas, Germany, Korea, Iraq and Afghanistan



## Occupations

Military Occupational Specialties (MOS) include range from finance, personnel records, logistics, communications, healthcare medic, dental tech, interrogator, drill sergeant, military police, geospatial intel analyst, aviation operations, chemical operations, clerical, machine maintenance



## Enlisted & Officers

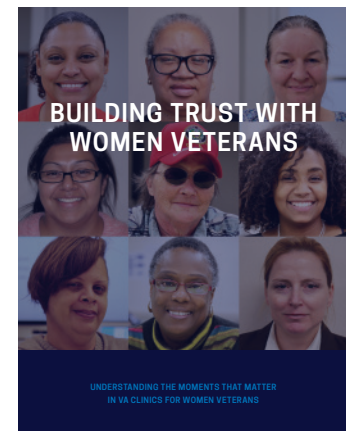
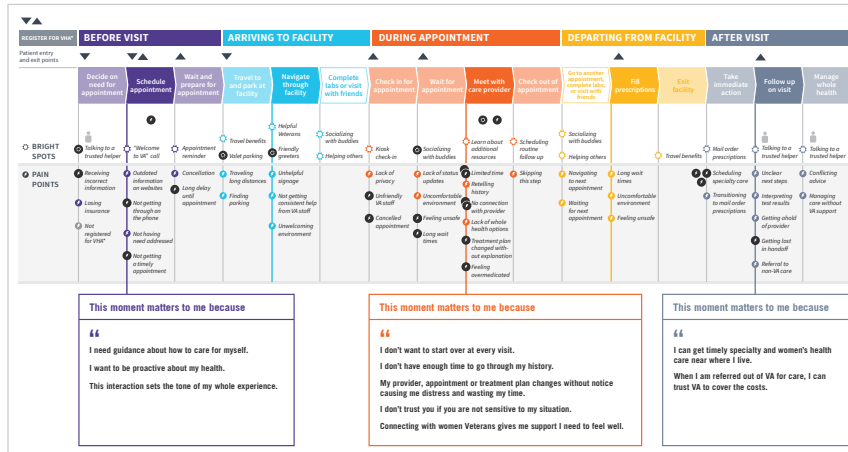


## Represented



## Mapping Patient Experience

The qualitative data generated through our research, coupled with insights from previous research efforts, provided us with the Veteran-centered insights from women. This allowed us to identify critical moments that matter to women Veterans while they are seeking, receiving, and managing their healthcare. The research enabled us to establish the baseline experience of healthcare service delivery at VA for women Veterans. The VA Women Veterans Patient Experience Journey Map represents the common set of moments that matter before, during, and after receiving care during an appointment visit. This map is a good start toward defining the ideal patient experience at VA for women Veterans.



## Defining Patient Experience

Using the VA Women Veterans Patient Experience Journey Map and this Storybook to visualize the end-to-end journey, VA has the opportunity to identify and align patient experience improvement efforts across the system.

# Measuring experience against expectations

VA is working to understand Veterans' experiences from their point of view in order to design products and services to meet their expectations. As we define the ideal patient experience at VA, we evaluate our impact through three primary measures:

## Effectiveness

We have national standards to ensure that we deliver a consistent, high-quality level of service for Veterans, within and across VA facilities.



I got care and services I need.

## Ease

We work to make services feel predictable, by setting expectations with Veterans and making sure they understand where they are in the process and what is coming next.



It was easy to get the care and services I needed.

## Emotion

We strive to engage and connect with Veterans through personal interactions that demonstrate empathy, making Veterans feel like they are valued and heard.



I felt like a valued patient.

## These Measures Vary In Importance Across The Journey

Effectiveness, ease, and emotion are present and important at every moment along Veterans' journeys, including their patient experience journey. Effectiveness and ease focus on the processes in place to deliver services. Emotion is about how we connect with Veterans as we deliver these services. At each moment, however, Veterans told us that one factor is often more important than the others, serving as the anchor to a positive experience. Identifying which measure is most dominant at certain points along the journey is critical. Doing so helps ensure that we meet Veterans' expectations and that our efforts to improve Veterans' experience are not wasted.

## Meeting Baseline Expectations

No one Veteran journey is the same, yet many women Veterans share a common set of baseline expectations. We need to meet in order for us to build trusted, lifelong relationships with them, their families, and supporters. These shared expectations form the foundation for defining the ideal patient experience and how we will measure success. To create a consistent experience, VA must meet the following set of women Veterans' baseline expectations across the journey.

WHAT PATIENT-CENTERED CARE LOOKS LIKE	EFFECTIVENESS	EASE	EMOTION
There is someone who gives me guidance on how to get my health need addressed	●		
Staff feel like trusted helpers who make me feel welcomed			● ● ● ● ●
Staff empathize and respond to my situation			● ● ● ● ●
My care team empathizes and responds to my situation			●
My provider knows me and my health history and I don't have to retell my story			●
If there is a change in my provider or in my treatment plan my care team notifies me		●	
I have enough time to talk about my issues with my provider	●		
I can partner with my provider to develop a treatment plan that works for me		●	
My provider offers natural alternatives to treat my illness or whole health	●		
I can connect with other women Veterans who are experiencing the same issues			●
I can get specialty and women's health care near where I live		●	
When I am referred out of VA for care, I can trust VA to cover the costs	●		







# In good hands from the start

Every women Veteran has a unique experience navigating the VA healthcare system. There is, however, a perspective and mindset that many women Veterans share during their healthcare journey in VA. Many women arrive without knowing what to expect in regards to their care, how they will be treated by others or what will happen after their appointment. The thought of the unknown can be challenging as women Veterans deal with their concerns about their health and wellbeing. As a result of this vulnerability, women Veterans need VA staff to empathize and respond to their concerns at key touchpoints along their journey.

## Three models of care

VA provides all women Veterans with Comprehensive Women's Health Care. Comprehensive Women's Health means that one clinician offers all primary and gender specific care (i.e cervical cancer screening, mammography, prenatal care) to their patients. These clinicians, called Women's Health Primary Care Providers (WH-PCPs), are specifically trained to provide Comprehensive Women's Health Care. All newly enrolled women are automatically assigned to a WH-PCP, unless they specifically chooses otherwise. VA has three models designed to meet women's primary and gender specific health care needs.

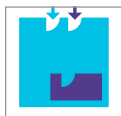
About half of VA Medical Centers have a separate Women's Health Clinic (Model 3). Only women are seen in Women's Health Clinics (WHCs). Often, the WHC has a separate entrance for women to use so they can enter the clinic without having to walk through the rest of the facility. In addition to the WH-PCPs, WHCs are often staffed and co-located with mental health providers, social workers, pharmacists, and others who are a part of the health team.

Some VA Medical Centers have a women's only clinic in general primary care on certain days (Model 2). During those specific days, only women will be seen in this clinic. Similar to Model 3, these clinics are staffed with WH-PCPs who provide primary and gender specific care. Model 2 clinics are often staffed and co-located with mental health providers, social workers, pharmacists, and others who are a part of the health team.

Other VA Medical Centers have mixed gender primary care clinics where men and women are seen at the same time in the same clinic (Model 1). Like Model 3 and 2, Model 1 clinics are often staffed and co-located with mental health providers, social workers, pharmacists, and others who are a part of the health team.

**GENERAL PRIMARY CARE CLINIC**

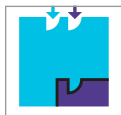
**WOMEN'S HEALTH CENTER**



**Model 1**

General Primary Care Clinics. Care from a WH-PCP belonging to

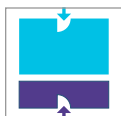
a WH-PACT in a mixed gender primary care clinic with mental health co-located within the clinic. Referral to gynecology services is available on site, at other VA facilities within 50 miles or through a non-VA facility.



**Model 2**

Separate but Shared Space. Care from a WH-PCP belonging to

a WH-PACT in a separate, designated clinic for women Veterans that may be adjacent or within primary clinical areas. It may have designated hours (part-time or full-time) for exclusive use by women Veterans. Mental health and gynecology services are co-located within the space and easily available to women.



**Model 3**

Comprehensive Women's Health Center (WHC). Care from a WH-PCP belonging to

a WH-PACT in a clinic with a separate entrance and waiting room exclusively to women Veterans. Specialty gynecological care, mental health, and social work services and pharmacy are co-located in this space. Other sub-specialty services such as breast care, endocrinology, rheumatology, neurology, cardiology, nutrition, etc., may also be provided in the health center.

Women Veterans are not aware of the nuances between the three models. They refer to their care as being seen in “primary care” or at the “women’s health clinic.”

While women Veterans are automatically enrolled in the Women’s Health Clinic, women want the option to choose the clinic where they get their care. They also want to understand what they can expect from each clinic environment, especially when it comes to wait times. Even though there are 3,000 Women’s Health Primary Care Providers (WH-PCPs) in VA, there is a need for more WH-PCPs because there are not enough clinicians to meet demand. Some women Veterans experience long delays waiting for care in the Women’s Health Clinic. Limited provider access causes frustration and a desire to use the regular primary care clinics.

Furthermore, women Veterans are uncertain about what services are available in the Women’s Health and the primary care clinics. For example, specialty gynecology care goes beyond what a WH-PCP is trained to do and requires a consult to a gynecology specialist. Depending on the VA Medical Center, these services will either be provided in the VA or referred out to the community through the CHOICE program.

The variation in Models across facilities creates confusion about the services offered at the different locations. This confusion is heightened when women Veterans move between states.

# Understanding the end-to-end journey

The VA Women’s Veteran Patient Experience Journey Map reflects women Veterans’ experiences as they seek and receive outpatient care at VA. This map builds on the foundational Patient Experience Journey Map for all Veterans. The map is organized in five phases: **before the visit**, **arriving at the facility**, **during the appointment**, **departing the facility**, and **after the visit**. In addition to indicating where trusted helpers play a role along the journey, each phase includes key moments that matter, bright spots and pain points, entry and exit points, and interaction channels.





## Moments that Matter

Prior research highlights specific touch points which matter to all Veterans along their healthcare journeys.

## Moments that Matter Most to Women Veterans

This research highlights touch points which matter most to women Veterans along their healthcare journeys. These are moments during which VA can build trust with women Veterans or lose that trust entirely. These interactions have downstream impact on other steps and the overall journey. VA can and should ensure these moments are positive experiences for women Veterans.

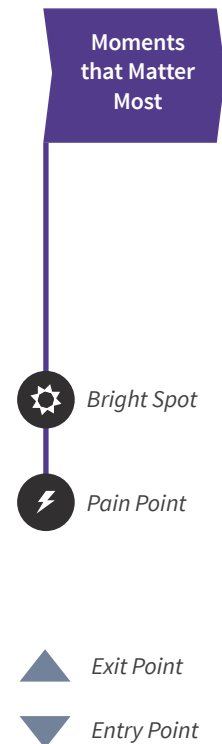
## Bright Spots & Pain Points

Veterans shared both their favorite parts about VA and those aspects of VA they wish they could improve. Bright spots reflect the many things VA is already doing well. Pain points represent parts of the patient experience where VA needs to do better.

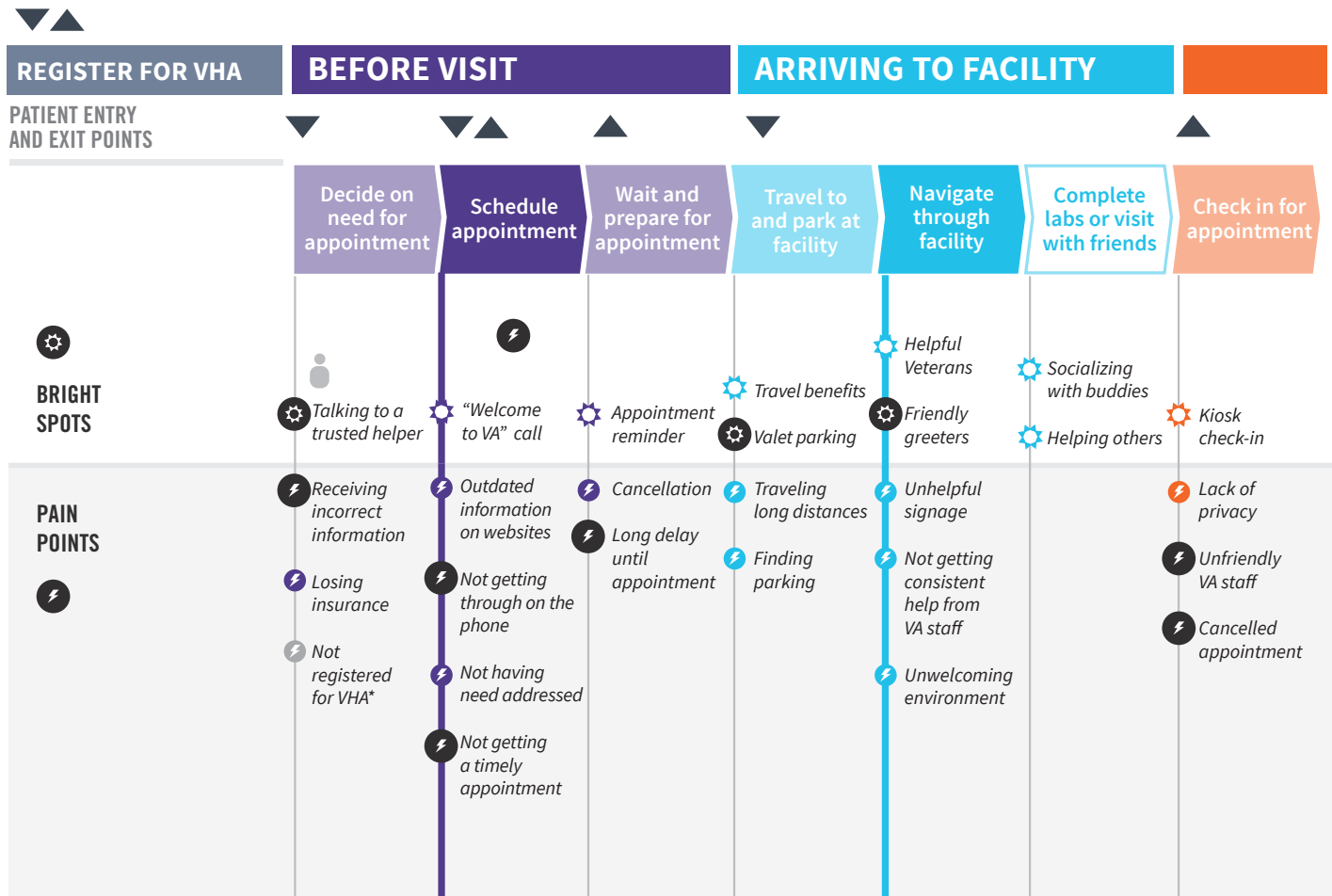
## Entry & Exit Points

Not all Veterans exit and enter at the same points along the journey. For example, some Veterans may skip scheduling an appointment and simply go directly to the facility to take care of their needs (e.g., going to the mental health clinic to wait until their provider is available to see them). Entry and exit points are indicated on the journey map to highlight these important moments.

Some women Veterans access and navigate VA using a trusted helper. These are not specific roles within VA, but are individuals that women Veterans identify for advice, guidance, and directions for understanding and navigating VA's care and benefits. Trusted helpers might not be subject matter experts, but friends or family. Primary care providers or other members of the their care team can also play that role. It is important for VHA to consider this dynamic from the women Veteran's point of view when identifying opportunities to design women Veteran-centered service improvements.



# VA Women Veterans Patient Experience Journey Map



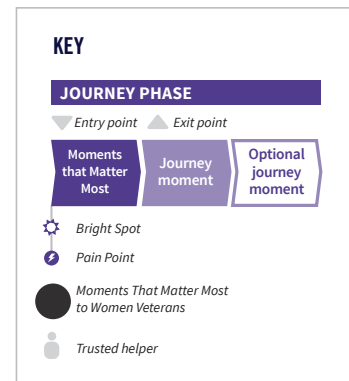
**THIS MOMENT MATTERS BECAUSE**

“

I need guidance about how to care for myself

I want to be proactive about my health

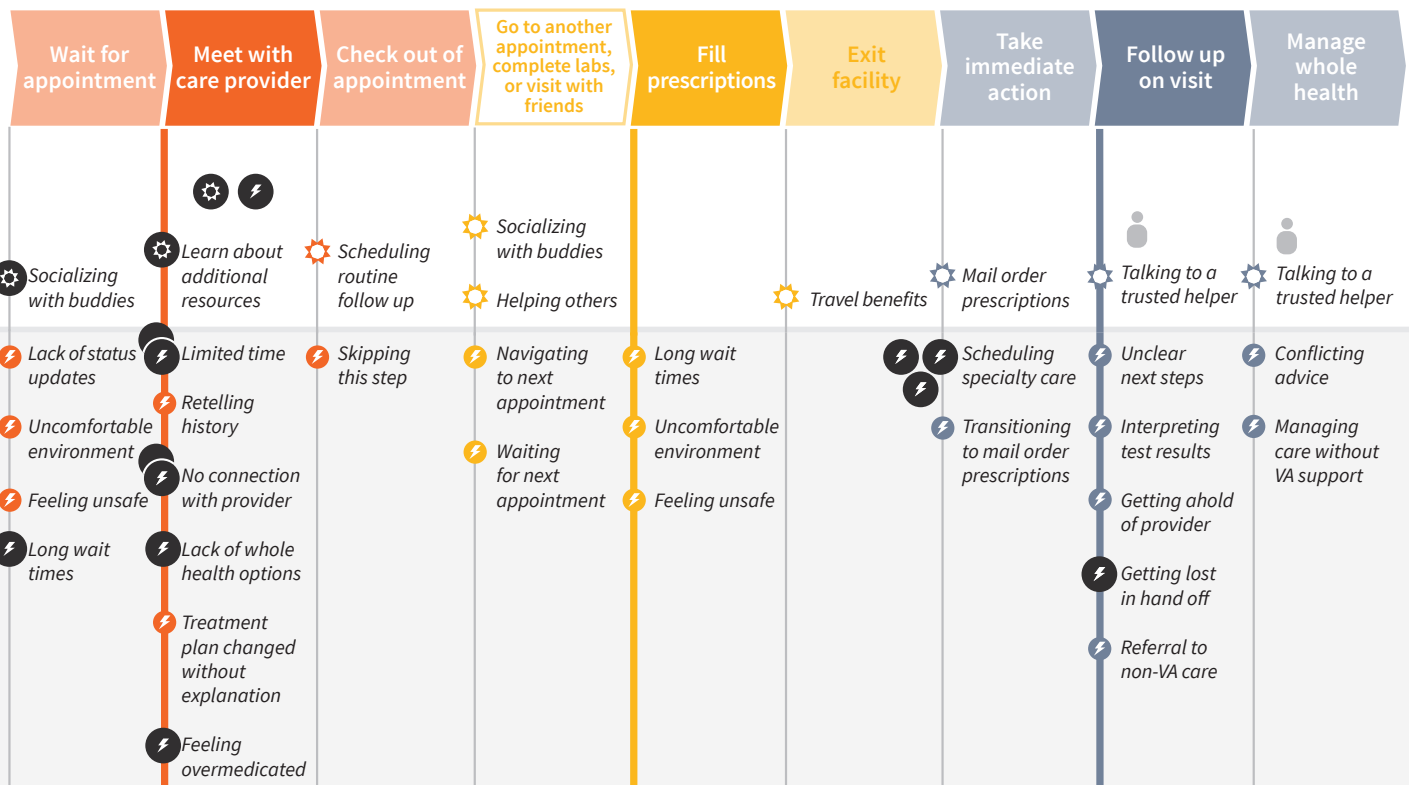
This interaction sets the tone of my whole experience



**DURING APPOINTMENT**

**DEPARTING FROM FACILITY**

**AFTER VISIT**



**THIS MOMENT MATTERS BECAUSE**

“

I don't want to start over at every visit.

I don't have enough time to go through my history.

My provider, appointment or treatment plan changes without notice causing me distress and wasting time.

I don't trust you if you are not sensitive to my situation.

Connecting with women Veterans gives me support I need to feel well.

**THIS MOMENT MATTERS BECAUSE**

“

I can get timely specialty and women's health care near where I live.

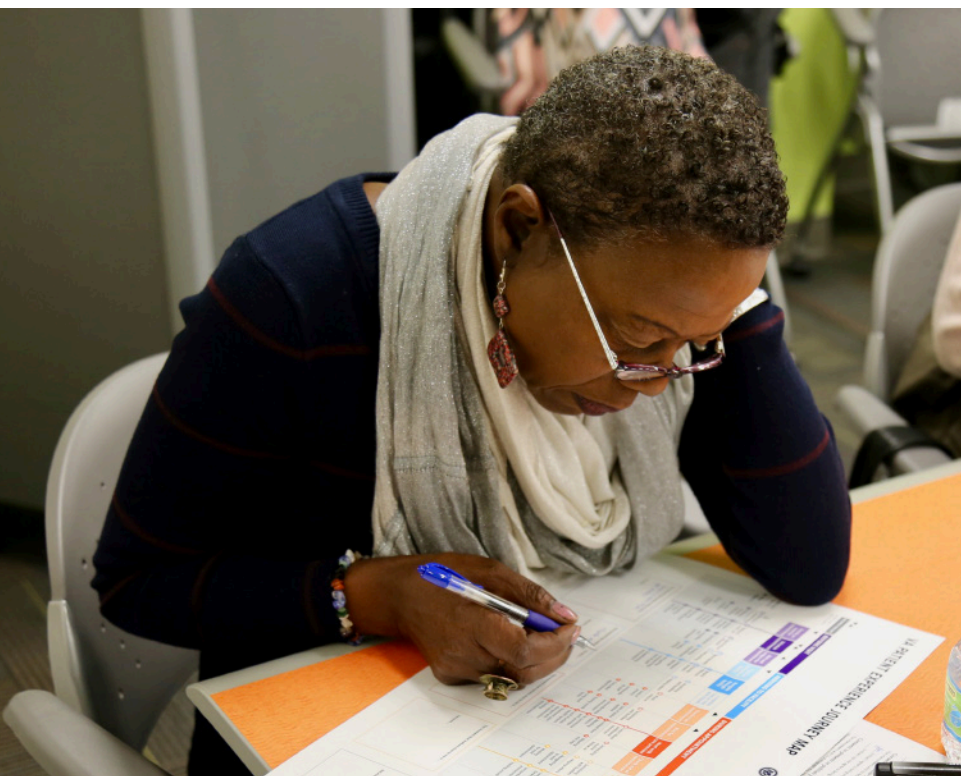
When I am referred out of VA for care, I can trust VA to cover the costs.

# We uncovered five major themes that resonated with the women Veterans we met.

- Theme 1** Women need empathy, compassion, respect and responsive customer service at every step of the journey.
- Theme 2** Women need to have a connection with their provider, their healthcare team and other women Veterans.
- Theme 3** Women experience inequity between different facilities, by gender and VA employment status.
- Theme 4** Women have specific healthcare needs that are not easily addressed in the current VA care structure.
- Theme 5** Women Veterans want to be involved in the design of patient and care experience improvements.

These next pages describe each theme and provides recommendations to address immediate and moderate term improvements.







## Theme 1

# Empathy, compassion & responsiveness

Women want empathy, compassion, respect and responsive customer service at every step of their journey. In order to build trust with women Veterans, VA needs to consider what women expect as they interact with VA team members along the way. Many women Veterans encounter staff members who are preoccupied with other things or who are not responsive to their requests for information, help or support. This leaves women Veterans not feeling valued and left out by VA. Women arrive at VA without knowing what to anticipate in regards to their care. Due to this vulnerability, women Veterans are looking to be treated with empathy, respect, and compassion by each person they meet. Whether this interaction is on the phone, in the hallway or by a medical support assistant, women Veterans want to be treated kindly and fairly.



## WHAT WOMEN SAID

---

*“Getting through on the phone is a pain. This man told me, ‘we can’t put this here because it is 75 days out’ — so you’re telling me that to make it look good for the public, you can’t schedule my appointment?”*

*“There were times I went to my appointments and I am standing behind the red tape — and then homegirl is selling Avon to another girl.”*

*“Long wait times...employees waste time on their cell phones instead of helping Vets — Because of the unnecessary delay, areas of concern have worsened. And my overall health declines (physical and mental).”*

*“The phone system makes me want to give up all together. You get an operator. The first time you are on hold. Then the next time it rings and rings. I am saying, ‘Can you please connect me to a real person?’ and then I am sent in to someone’s voicemail.”*

*“It depends on the day if the staff (front desk, nurses, or doctors) feel like helping you. Sometimes they can be helpful, other times you have to contact them 5 or more times to get what you need.”*

## RECOMMENDATIONS

---

### Facility

- Prioritize customer experience Own the Moment (OTM) patient training for all staff
- Implement patient experience WECARE Rounding to establish opportunities for experience improvement
- Hold women Veteran town halls to gather the Voice of the Veteran
- Reward and hold staff accountable for creating an empathetic and responsive culture using The VA Way and implementing the End Harassment Campaign

---

### VISN

- Foster a culture of getting to Yes, instead of an automatic No, while still adhering to VA policy
- Align MSA reporting structure to the clinic in addition to the business line
- Analyze and stratify data by race and gender based on patient experience (SHEP/SAIL, PATS, Medallia)
- Reward and hold staff accountable for creating an empathetic and responsive culture using The VA Way and implementing the End Harassment Campaign
- Develop a Veterans Experience secret shopper program

---

### National

- VEO PX to partner with the facility to implement OTM, The VA Way and WECARE Rounding
- Analyze and stratify by race and gender based on patient experience (SHEP/SAIL, PATS, Medallia) and stratify by race

## Theme 2

# Building lifelong relationships

Women want to have a connection with their provider and their healthcare team. Encounters with their providers and care team are the most important moments that matter to women Veterans. Women Veterans want to build lifelong bonds with those who care for them. These bonds are built through positive interactions, consistency of personnel and setting of expectations. Women Veterans feel caught off guard when there are lapses in communication by the provider and care team. Changes to their provider or treatment plan can feel unsettling when they are not informed in advance. Women Veterans need a stable care team who know them and can address their health needs as they age. Women Veterans appreciate when they can build on the discussion from the last appointment and they do not have to retell their story. They are interested in alternative ways to manage their health concerns. They worry about being over-medicated and want whole health options. Women Veterans want to be seen as partners in their care desire to work together with their provider to develop a care plan that works for them.



## WHAT WOMEN SAID

---

*“My provider changes and I don’t have any advance warning. I find out when I arrive. Respect me. Send me a letter saying that my provider has changed. Don’t tell me as I am waiting in the waiting room for my doctor. Be respectful and drop a note to me before that.”*

*“I love my provider. She listens, she’s attentive. She’s not afraid to admit when she doesn’t know and needs to consult. I can say, ‘I have found this’ and she’ll say, ‘Oh, that’s interesting, let me see...’ I like that she is open and she thinks about things in my care that I didn’t even realize that I need.”*

*“I want you to treat me like a whole person, not just someone assigned to you. I want you to care about me and not just your numbers.”*

*“My biggest complaint is that with the stack of medical issues I have...when I am assigned a new doctor. The new doctors do not take the time to read up on who they are seeing. I don’t have time to explain everything and to catch them up on everything. So then they ask questions like, ‘well, why do you need this?’ and then I have to go explaining my whole health history.”*

*“I am on my third hand-off in two years. The process takes too long and requires a long wait time, a retelling of my long and complicated history which the doctor never seems to take time to review before my first appointment. It shows a lack of concern for patients on the provider’s part and never fosters a health connection between me and my provider.”*

## RECOMMENDATIONS

---

### Facility

- VEO PX Notification of Provider Change Letter
- Ensure that each facility has an adequate number of WH-PCPs that are trained and ready to provide gender specific care in a timely manner
- Educate patients on team communication model (PACT) and hold teams accountable for timely responses
- Inform providers what women Veterans expect during their healthcare appointments

---

### VISN

- Recruit, retain and promote diverse providers who are committed and compassionate to the VA mission of serving Veterans
- Enforce policy on women’s health provider panel sizes
- Streamline hiring of providers to compete with industry timelines

---

### National

- Make whole health the standard of care
- Provide more time for the appointment when there is a provider change
- Ensure adequate time for all women’s health appointments
- Give women a choice where they receive care — in the general primary care clinics or the women’s health clinic
- When access in the women’s health clinic is limited, give women the option of receiving care in a primary care clinic
- Consider offering incentives to hire and retain women’s health and specialty providers
- Establish patient experience training for clinical staff



### Theme 3

# Health care equity

Women experience inequity between different facilities, by gender and VA employment status.

Women Veterans stay with the VA throughout their entire life journey and expect the same entitlement and standard of care at each VA. When women Veterans move between cities, they switch clinics. However, entitlement policies are interpreted differently by facility and provider, causing frustration and confusion. As a result, some women Veterans come to their appointments with policy booklets to support their case. The inconsistency can become so overwhelming that some women Veterans give up.

Women Veterans do not feel valued when they observe men receiving preferential treatment or experience lack of sensitivity to female-related health issues. VHA has made strides in closing gaps in the quality of care between women and men Veterans. However, there are some quality issues that persist. Some women Veterans experience gender disparity in terms of access at VA clinics. They also have greater needs for sensitivity and privacy. Also, women Veterans who are employed by VA find that they receive special treatment because of their employment status.



## WHAT WOMEN SAID

---

*“I am angry about this because I have two forms of cancer: lymphoma and bone cancer. Pittsburgh VA told me I need to get radiation... Then I moved to Ohio, and they said, ‘absolutely not’ – they were not doing the radiation for the cancer. They didn’t even have my records from Pittsburgh!”*

*“My husband and I went to the eye clinic. My husband is a Vet and rated at 70% and can get anything he asks for. I’m at 100%. I tried to get an appointment there but I was told [by the same clerk] that ‘We don’t have anything available.’ Then my husband went up to ask for an appointment, to the **same** clerk, at the same window. He got one right away. I’m at 100% and he’s at 70%. He came up with me and he told the clerk to give me his appointment. They did. But then they found another appointment for him.”*

*“There’s no consideration for women Veterans’ privacy. Some medical appointments are sensitive in nature.”*

*“When I first found I was pregnant I was calling from my cell. **No one answered.** As soon as I called from my VA office line, I had a callback.”*

*“I had no problems getting appointments when I worked at VA as a security officer.”*

## RECOMMENDATIONS

---

### Facility

- Clarify what services are available for women across the VISN by facility for new or returning patients
- Help women understand what services they are eligible for
- Ensure that patient experience and quality scores by gender and race/ethnicity transparent and analyzed to target improvement areas at the facility
- Hold listening sessions and town halls to gather the voice of the woman Veteran and report on action plans to address care inequity

---

### VISN

- Report and monitor patient experience and health outcome measures by gender; include suicide statistics
- Stratify and report women patient experience and health outcome statistics by race/ethnicity across the VISN
- Recruit for providers at minority and women serving universities and colleges

---

### National

- SECVA and Undersecretary for Health report, monitor and address variation in patient experience and quality scores by gender, race and facility
- SECVA, Undersecretary for Health, DUSHOM, and the VISN Directors should endorse and promote the national campaigns that highlights women’s contributions in military service and calls for an end to harassment of women at VA facilities

## Theme 4

# Addressing women's specific needs

Women have specific healthcare needs that are not always easily addressed in the current VA care models. Photos on the wall and in person interactions with staff raise concerns for women Veterans when they do not see women or racially/ethnically diverse individuals represented. Women want to see people who represent themselves serve as leaders across VA facilities.

Women Veterans want a healthcare system to be sensitive to their unique needs. This would put them on equal footing with male Veterans. Women Veterans continue to need access to female providers, especially in the case of traumatic events, such as military sexual trauma or intimate partner violence. In these situations, female and male employees need be sensitive and responsive to requests for a female provider. These instances need to be handled with utmost concern and care.

Access to women's mental health and peer support groups are limited and in cases, in short duration. These groups are vital to their continued well-being and can prevent future mental health issues such as depression and suicide. Another area of great concern is the clinical need for dental care.

Lastly, many women Veterans utilize CHOICE to access care. VA's late and/or non-payments to CHOICE providers for all Veterans and the heavy utilization of CHOICE by women adversely affects many women Veterans' credit scores. This causes despair and financial hardship among women Veterans who feel they have no one to turn to for help.

## WHAT WOMEN SAID

---

*“I had an emergency. I was assaulted. I came in on an ambulance. They wheeled me in and there was a male nurse there. I said, ‘I want a female nurse’ ... that’s all I could say, “I want a female nurse. I want a female nurse.’ He [the male nurse] got angry; I could hear him in the back yelling about it. I couldn’t stop crying”*

*“I got infections and they pulled my teeth. I am still waiting on a full set of dentures. I haven’t had my teeth since they were pulled out last year... ”*

*“I live with pain everyday... and so I am going to talk about mental health. These women groups — the six week class. That group helped me. I was so to myself and I had a wall up, and those ladies helped bring that wall down. If I don’t have this group I am going to go back into my shell. I feel like the VA should keep these support groups ongoing.”*

*“When I look at the leader photos on the wall... its not enough to have A woman. That’s a no-go. If I don’t see a person who represents me, I’m concerned for my physical, emotional, racial, gender safety.”*

*“The worst is VA Choice. My credit was ruined. VA didn’t pay the bills. CHOICE ruins credit. Fee-based worked perfectly; they should have kept it”*

*“CHOICE is awful. I am waiting too long for outside care.”*

*“VA CHOICE is not reliable. My past experience have left a hopelessness of getting solutions to my credit report being damaged”*

## RECOMMENDATIONS

---

### Facility

- Raise awareness and implement policy that allows patients to request care from a provider of gender choice
- Create opportunities for women’s social support groups/networks and consider partnership with non-profits
- Create and support women’s only mental health treatment interventions to address gender specific needs

---

### VISN

- Develop relationships with local DoD military installations
- Partner with local DoD military installations to expand the provider network for women Veterans

---

### National

- Generate reports to monitor adverse credit impacts of CHOICE to Veterans and stratify by gender
- Integrate best practices from fee-based care into VA CHOICE operations
- Implement a program to assist Veterans with credit repair for those adversely affected by non or late payment to CHOICE providers
- Partner with DoD to give Veterans access to care on military installations
- Make quality dental available and easily accessible for women Veterans
- WHS and the Office of Mental Health to define mental and peer based support modalities for women Veterans

## Theme 5

# Designing with women Veterans

Women Veterans are eager to be involved in the design of VA patient experience and care improvements. When asked for their opinion, women Veterans are vocal about what they need and where they want VA to focus. However, all too many times, they have spoken up and have not seen any changes. Women Veterans want to know that VA is taking action. They are motivated to be part of the solution and want to work with VA and other women Veterans towards a common goal. They want to be included and given the same considerations and priority as their male peers.





## WHAT WOMEN SAID

---

*“My concern is that I have attended so many workshops about improving the lives of Veterans and that is a good thing. I hope this is not just another workshop and I hope there will be follow up.”*

*“We can complain all day — but until we show up, we have nothing.”*

*“I am glad that I came. It’s good to have fellowship with my peers, to know we are working together and have a common goal.”*

*“ I am appreciative to be in the presence of other Veterans...we are our best advocates. And anyone who has put a human face on the issue. We have a responsibility to stay on it until we get resolution. Refusing to settle, refusing to be marginalized. I have to be careful not to make everything a war. So I look for openings, I look for ways to advocate on my behalf. In order to maximize... create an opportunity where it is national. What is the core need? What does it take to get that credit resolved? What does it take —where Veterans are a part of the solution. It is not working. It is real, it is heart-wrenching. I am here, I got up today, I got dressed, I am here.”*

## RECOMMENDATIONS

---

### Facility

- Hold co-creation sessions with women Veterans and VHA staff to design new local products and services
- Include women Veterans in the testing process of new local products and services
- Volunteer to support national design efforts by recruiting women to participate in solutions that will be scaled across VA
- Develop and utilize women’s health councils and town halls to gather feedback from women Veterans on their care experience
- Incorporate feedback ( SHEP/SAIL, PATS, Medaillia, WH council, town halls) into facility strategy for improving the patient experience for women Veterans

---

### VISN

- Partner with VACI or VEO to sponsor human-centered design training to increase the number of Innovation Specialists at each site
- Consider implementation of the Distress Screening Tool that asks patients for their top three issues they want to discuss with the provider

---

### National

- Establish key design opportunities to build trust with women Veterans
- Identify and fund a human-centered design expert to support key design opportunities
- Hold co-creation and testing sessions with women Veterans and VHA staff (including clinicians) to design new national products and services
- Include women Veterans in the testing process of new products and services

# Digging deeper

In addition to implementing immediate recommendations at the facility, VISN and national levels, there are longer term improvement areas to explore. We identified a set of questions that merit further discovery and design. Addressing these opportunities would meaningfully improve how women Veterans experience care at VA facilities and are connected to each theme. We recommend that VA explore these questions using a human centered design approach. They should also integrate women Veterans and staff to co-create, test and refine the final solutions.



<b>DESIGN QUESTION</b>	<b>MINDSET</b> In good hands from the start	<b>THEME 1</b> Empathy, compassion & responsiveness	<b>THEME 2</b> Building lifelong relationships	<b>THEME 3</b> Addressing inequity	<b>THEME 4</b> Addressing women's specific needs	<b>THEME 5</b> Designing with women Veterans
How might we set expectations with women Veterans so they understand what services VA can offer them?	●		●		●	●
How might we help women Veterans access the services available to them?	●	●	●		●	●
How might we create a culture of get to YES among VA staff?		●	●			
How might we resource the supply of providers to meet the demands of our women Veterans in the community?		●	●	●	●	
How might we reduce administrative demands and optimize face time with women Veterans so physicians can be attentive to women Veterans' needs?		●	●			●
How might we facilitate more positive relationships between providers and women patients?	●	●	●			●
How might we facilitate a partnership with DoD where women Veterans can receive care at military installations?			●	●	●	●
How might we create a culture where women feel equally appreciated as patients?	●	●	●	●		●
How might leaders be more visible and reflective of the population?	●	●	●	●		

## Contributors

**Veronica X. Vela**, Insight & Design, Veterans Experience Office (VEO)

**Chakakhon Lea**, Benefit Experience, VEO

**Sarah Hughes**, Insight & Design, VEO

**Corinne Vizzacchero**, Insight & Design, VEO

**Aaron Stienstra**, Insight & Design, VEO

**Shenekia D. Williams-Johnson**, Lead Women's Veterans Program Manager, VISN 6

**Jamie Upchurch**, Women's Veterans Program Manager, Durham

**Courtney Ma'at**, Social Worker, Durham VAMC

**Dr. Janay Malloy**, Women's Health Center Program Support Assistance, Fayetteville

**Susanna Lewis**, Women's Health Clinic Administrative Officer, Fayetteville

**Benita Harriston**, Chaplain, Fayetteville

## Sponsors

**Lynda Davis**, Veterans Experience Officer, VEO

**DeAnne M Seekins, Director**, Mid-Atlantic Health Care Network (VISN 6)

**Maggie Czarnogorski**, Deputy Director of Comprehensive Health, Women's Health Services

**Kayla Williams**, Director, Center for Women's Veterans

**Jennifer Purdy**, Executive Director, VEO Patient Experience

## Acknowledgments

A special thank you to the courageous women Veterans shared their experiences using VA care. Women Veterans opened their hearts and conveyed with passion and emotion what they need from VA care to feel valued and whole. This project would not be possible without their sincerity, candor and desire to help make VA the best place for women Veterans to get care. We are grateful for their time and energy because without them this work would not be possible.





VETERANS EXPERIENCE OFFICE  
INSIGHT & DESIGN