

2019

Community Goals to Reduce Barriers to Women Veterans' Healthcare



*A summary of recommendations identified by the
Women Veterans Roundtable Think Tank*

THRESHOLDS



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Illinois Department of Veterans Affairs Commitment to Serving Women Veterans

The mission of the Illinois Department of Veterans' Affairs (IDVA) is to empower veterans and their families to thrive. We do this by assisting them in navigating the system of federal state and local resources and benefits; by providing long-term healthcare for eligible veterans in our Veterans' Homes; and by partnering with other agencies and non-profits to help veterans address education, mental health, housing, employment, and other challenges.

The Illinois Department of Veterans' Affairs is committed to meeting the ever-changing needs of women veterans in the State of Illinois in innovative ways. Our goal is to advocate, empower, and support women who have served in the military. We support our veterans by providing access to resources, benefits, and services that address their unique needs. We endeavor to engage community partners and stakeholders to meet the ever-changing needs of women, to raise awareness of the contributions that women make and have made in service to our country, and to highlight a positive narrative around women veterans.

About Illinois Joining Forces

In 2012, Illinois Joining Forces (IJF) was launched as a public-private partnership facilitated by an intergovernmental agreement between Illinois Department of Military Affairs (IDMA) and Illinois Department of Veterans Affairs (IDVA). As the only statewide, public-private network of military and veteran serving organizations, IJF was initiated as the entity to help service members, veterans and their families (SMVF) navigate Illinois' "sea of goodwill" of existing resources.

Since the initial launch many things have changed for IJF. However, the core mission to assist service members, veterans and their families (SMVF) locate qualified veteran service care as close to home as possible endures.

Despite an ever-growing number of public, private, and government veteran service organizations, many veterans still face persistent issues of homelessness, unemployment or underemployment, and lack of access to food. Many veterans do not qualify for state programs or VA assistance due to the timing of their service, their family situation, or their income level. IJF believes that the answer to this complex problem starts by calling on the very communities to which these warriors transition back to leverage the community's own unique dynamics, social norms, demographics and assets. With this notion in mind, IJF created the Veterans Support Community (VSC) initiative across the state of Illinois. VSCs can be created (or connected to an already existing formal/informal SMVF community support network). Aligning the current IJF mission along Growth and Wellness functions serves to establish the most adaptive VSC model for each designated location. Currently, IJF is in the process of rolling out 18 VSCs throughout the state.

IJF identified a consistent gap in core resource providers after launching the Veteran Support Community (VSC) initiative in the Fall of 2017. Universally, across each of the VSCs, it became clear that there was a lack of resources throughout the state supporting issues specifically related to women veterans. During 2018, IJF established over a dozen statewide VSC programs while focusing on increased awareness and support to aging veterans, increasing access to federal and state services to rural veterans, and prioritizing women veteran issues by launching a statewide Women Veteran Ambassador program (WVAP).

The purpose of the program is to identify highly skilled women veterans in each of the VSCs who want to make Illinois the most beneficial state for their sisters in arms to live and thrive. This will happen with a multi-faceted approach involving advocacy, policy development, and coordination of support and programs at the community level - designed by women veterans for women veterans.

See [Supplement B](#) for more information about the Women Veteran Ambassador Program and a map of the VSC placements.

Introduction

As the number of women veterans rises, so too does the need for high quality, holistic patient-centered care. In order to meet the healthcare needs of women veterans, providers must understand the impact that military service has on their physical, emotional, spiritual, and mental health. Analyzing veterans' experiences improves provider's ability to deliver a more precise diagnosis and offer better, culturally-aware treatment options.

This report is a follow-up to Illinois Joining Forces Women Veterans Think Tank summary from 2015, "[Community Goals to Serve Women Veterans](#)", in which the newly restructured group - The Women Veterans Round Table - came together to focus on a singular issue: women veterans' access to culturally competent medical care. The Women Veterans Round Table is a collaborative comprised of community members committed to serving women veterans. See [Supplement A](#) for a summary of participants.

Like the previous summary, this report pulls together key partners' experiences generated through local partnerships. Rather than focus on six broad issues affecting women veterans generally, as "Community Goals to Serve Women Veterans" did. Consequently, this report is a community-informed solution to promoting women veterans' healthcare.

The action plans that follow are policy-based and represent the priorities identified through a series of roundtable discussions by collaborative stakeholders throughout 2018 focused explicitly on issues faced by women veterans in healthcare settings.

This report proposes solutions under the change continuum framework, which is discussed in more detail below, providing a method for evaluating the state of healthcare services for women veterans.

Although the Women Veterans' Round Table discussed many topics, this report addresses only the three most pressing issues as identified by the collaborative:

- [lack of questioning or identification of women's military service in healthcare settings,](#)
- [lack of trauma informed professionals in healthcare settings,](#) and
- [women veterans lack of knowledge on available resources.](#)

Change Continuum and Stages

The change continuum is a process by which an issue is broken into many stages that continually progress. This continuum helps put metrics on otherwise abstract and immeasurable activities and is often applied to policy change.

There are ten stages of change in the continuum, beginning with the development of a strategy for creating change and ending with the successful implementation of that change.

Throughout the continuum, each stage builds off the achievements of previous stages as the project advances closer to the goal of success – sustained change across the community.



Action Plan for Identifying Women’s Military Service in Healthcare Settings

Problem Statement

Research suggests, and anecdotes confirm, that medical providers are not asking women about their military service. The failure to identify women veterans leads to improper health screenings and a lack of meaningful connection by the women veteran to the providers of their care.

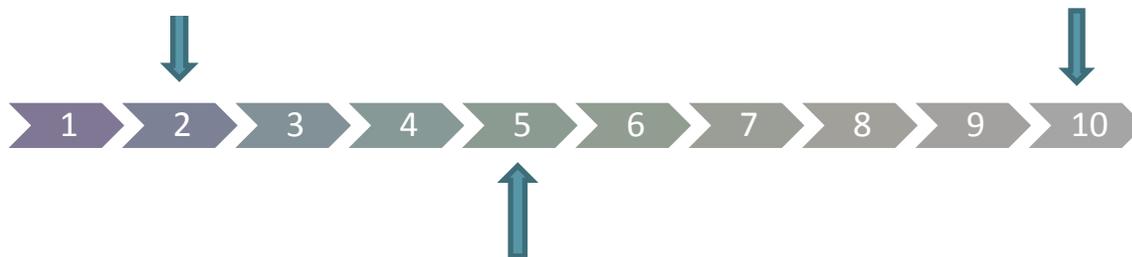
Vision

Civilian and VA medical healthcare systems identify female veterans at 100% of all screenings and use this information to guide treatment.

Continuum Stage

Today, service providers are not asking about military service for patient history.

In five years, all health providers are asking about military status and using the information to provide culturally competent care and medical care that considers the unique needs of women veterans.



By next year, the foundation partners sponsor a presentation on these issues for CEOs of FQHCs; and, FQHC association sponsors a training for its members in Chicago, Springfield, and other key sites to further the awareness of unique needs for women veterans.

Indicators of Continuum Stage Change

- Large healthcare systems mandate staff training that explains why asking about women’s military service makes a difference in diagnosis and management of complex presentations.
- Information on working with women veterans is incorporated into treatment plans and monitored for implementation.
- Associations, such as Illinois Primary Care Association, research national trends and best practices related to women veteran specialized healthcare.

Key Obstacles and Issues for Further Analysis

- Trainings about how to screen for women veterans are not readily available, and those that are available do not provide continuing education units.
- Little research exists that describes how to model any federal and state-wide initiatives addressing women veterans’ health issues.
- Most providers do not know where to find reliable training content

Action Steps for Identifying Women's Military Service in Healthcare Settings

Stakeholder	Action
Community Advocates	<ul style="list-style-type: none"> • Convene CEOs from FQHCs to discuss buy-in to these systematic changes. • Provide input and impact toward FQHCs. • Work with the National Association of Community Health Centers to assess possible partnerships with Illinois FQHCs in creating a pilot on training and becoming culturally competent. • Contact the National Advisory Committee for Women Veterans to assess mandates for healthcare providers to be trained about women veterans' health issues. • Contact the Illinois Primary Care Association to assess their focus on women veterans. • Pilot a culturally competent training. • Review screening tool that SPW developed for Access to adopt for other FQHCs to use, which allows the practitioner to use the information in medical interventions.
Service Providers	<ul style="list-style-type: none"> • Conduct internal assessment to determine challenges to changing electronic medical records per recommendations of the collaborative.
Policy Makers	<ul style="list-style-type: none"> • Work with the Department of Financial and Professional Regulation to require training to work with special populations, such as women veterans, in order to acquire or maintain their license (nurses and doctors). • Follow the model used by the cosmetology field for creating legislation regarding required trainings for domestic violence. • Work with healthcare systems to mandate training for staff and providers. • Work with healthcare systems to implement new protocols where every patient screened is asked about military history. • Edit the question being asked from "Are you a Veteran?" to "Have you served in the U.S. military?"
Female Veterans	<ul style="list-style-type: none"> • Identify as a female veteran. • Register for driver's license that indicates veteran status.

Action Plan for Trauma-Informed Healthcare Professionals

Problem statement

Women veterans have unique needs with respect to gender-specific care. Surveys reveal that current healthcare facilities have deficiencies in their availability and quality of care to meet these needs, lacking cultural awareness and are not trauma informed.

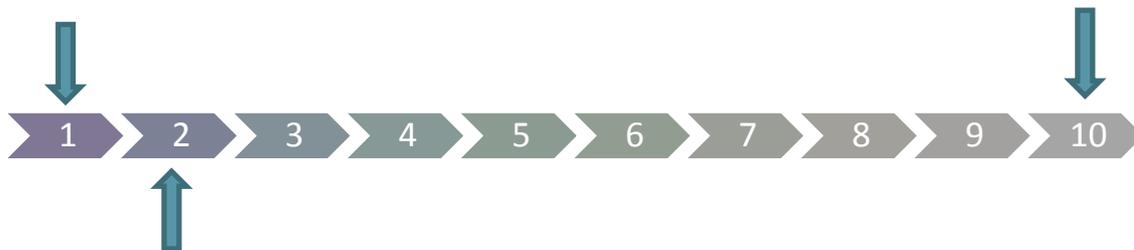
Vision

All healthcare professionals receive training about gender-specific, trauma-informed care with a military focus, which are adapted for both clinical and non-clinical staff.

Continuum Stage

Today, research is current on the impact of trauma or other psychiatric conditions on women veteran's health.

In five years, all healthcare professionals are trained in gender-specific, trauma-informed care.



By May 2020, we will create a needs assessment about trauma-informed care's implementation in facilities and the processes healthcare facilities take to become trauma-informed.

Indicators of Continuum Stage Change

- Each healthcare facility offers female sexual health therapy.
- Administration understands trauma's effect on physical, emotional, spiritual, and mental health.

Key Obstacles and Issues for Further Analysis

- Patients are unaware they require or have access to trauma-informed care.
- Facilities may not be properly equipped or suited to implement the new practices.

Action Steps for Creating Trauma-Informed Healthcare professionals

Stakeholder	Action
Community Advocates (IJF, IDVA, SPW)	<ul style="list-style-type: none"> • Create a survey to collect data conducted at the VA and other facilities • Measure trauma-informed care and implementation • Needs assessment: is training necessary and do materials already exist? <ul style="list-style-type: none"> ○ Surveys ○ Informant interviews ○ Research
Healthcare Service Providers	<ul style="list-style-type: none"> • Provide data • Provide training to employees • Mass training (Women Veterans Health Summit) • Materials & resources to disseminate in workplace with key principles
Legislators and Policy Makers within Facilities	<ul style="list-style-type: none"> • Engage hospitals with VA (be a convener) • Policy makers within facilities will be responsible for implementation
Female Veterans	<ul style="list-style-type: none"> • Receive training on self-reporting

Action Plan for Increasing Awareness of Healthcare and other Resources

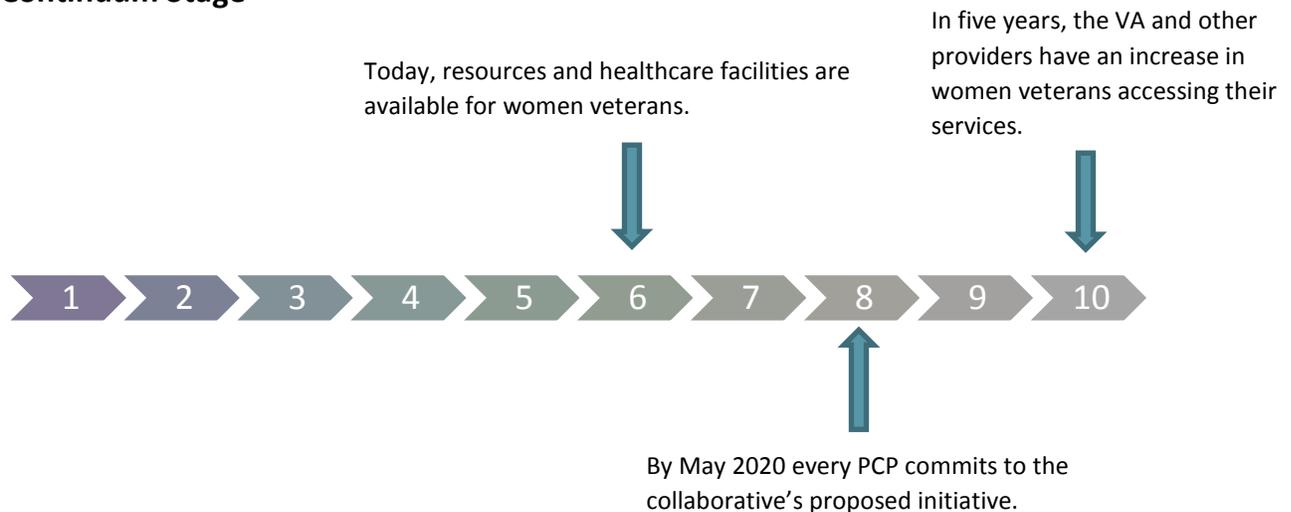
Problem Statement

Many women veterans remain unaware of the resources available through the VA and other community providers. We must increase access to VA and other resources through promoting a call center modeled after the women veteran’s national call center and Illinois Joining Forces by simultaneously building relationships with key stakeholders from the ground up.

Vision

All females, who identify as veterans, have access to an integrated health home that they use at least once a year.

Continuum Stage



Indicators of Continuum Stage Progress

- Medical service providers opt-in to be a part of an integrative network.
- Women veterans follow a proactive and preventive approach to their healthcare rather than seeking medical attention at the point of crisis.
- Women veterans see a trained provider (PCP) once a year to achieve and enact preventative measures that reduce women-veteran-specific issues.

Key Obstacles and Issues for Further Analysis

- IJF may not have the infrastructure to screen women veterans.
- Service providers do not know from where women veterans are referred.
- The universal needs assessment, IM CANS, may not be appropriate for determining the needs of women veterans.

Action Steps for Increasing Awareness of Healthcare and other Resources

Stakeholder	Action
IDVA Director, Women Veterans Coordinator	<ul style="list-style-type: none"> • Build women certified veteran support specialist program through IDFPR or similar accrediting body. • Create and implement survey that informs the collaborative about where women veterans learn about medical care options and other resources.
DMH, VISNS, IJF, and VSOS	<ul style="list-style-type: none"> • Partner with each other to create a resource guide for state veteran resource call center. • Create a medical questionnaire and a screening prompt for the resource navigator in the state call center.
Community providers	<ul style="list-style-type: none"> • Create and use two different trainings for red flags with clinical and non-military cultural, non-clinical staff. • Create education on internal VA learning platform and TMS system of DV lobbyists to effect change. • Collaborate with local VSO to serve as the referrer.
Policy	<ul style="list-style-type: none"> • Establish best-practice measures with PCPs. • Establish culturally competent training that is gender-specific and trauma-informed. • Enact legislation that requires as part of professional licensure to participate in call center referral program.

Conclusion

As expressed in this paper, there are numerous steps required to advance the current methods of healthcare practice affecting women veterans.

Five years from now, we expect to see vast improvements in the healthcare services available for our women veterans thanks to the work we are doing today.

Ten years from now, the system will be unrecognizable by current standards, as women veterans will be accessing and receiving quality healthcare at rates once unimaginable.

All these changes begin with the actions we are putting into place. Through the shared experiences, knowledge, and expertise of the stakeholders and partners, the community can implement these changes, too.

During the next year, we commit to diligently focusing on the action steps described above, to meet again to evaluate our progress, and then prepare for the next stages of change.

Supplement A: Women Veterans' Round Table Participants

The following organizations served as members:

- Allen Force
- Boeing
- Brain Injury Association of Illinois
- Community Memorial Foundation
- Danville VA
- Department of Veterans Affairs
- Evanston Vet Center
- Forest Park Vet Center
- Illinois Joining Forces
- Illinois Department of Veterans' Affairs
- Illinois Primary Health Care Association
- Jesse Brown VA Medical Center
- Lake County Veterans & Family Services Foundation
- Lovell FHCC
- National Women Veterans United
- Robert R. McCormick Foundation
- Rush University Medical Center
- Senator Duckworth's Office
- Smart Policy Works
- State of Illinois Department of Human Services, Division of Mental Health
- Thresholds
- Veterans Health Administration
- VISN 12
- VNA Foundation
- West Side Institute for Science & Education
- YWCA Metropolitan Chicago

Supplement B: IJF Veteran Support Communities

WOMEN VETERAN AMBASSADOR PROGRAM

1. Background on Illinois Joining Forces (IJF)

“In 2011, First Lady Michelle Obama and Dr. Jill Biden came together to launch Joining Forces, a nationwide initiative calling all Americans to rally around service members, veterans, and their families and support them through wellness, education, and employment opportunities.” The following year in 2012, Illinois Joining Forces (IJF) was launched as a public-private partnership facilitated by an intergovernmental agreement between Illinois Department of Military Affairs (IDMA) and Illinois Department of Veterans Affairs (IDVA). As the only statewide, public-private network of military and veteran serving organizations, IJF was initiated as the entity to gather Illinois' "sea of goodwill" of resources and help Service Members, Veterans and their Families (SMVF) navigate them.

Since the initial launch many things have changed for IJF. However, the core mission to assist service members, veterans and their families (SMVF) locate qualified veteran service care as close to home as possible has stayed the same.

Despite an ever-growing number of public, private, and government veteran service organizations, many veterans still face persistent issues of homelessness, unemployment or underemployment, and lack of food. Many veterans do not qualify for state programs or VA assistance due to the timing of their service, their family situation, or their income level. IJF believes that the answer to this complex problem starts by calling on the very communities that these warriors transition back to. Each community has its own unique dynamics, social norms, demographics and assets. With this notion in mind, IJF created the Veterans Support Community (VSC) initiative across the state of Illinois. VSCs can be created (or connected to an already existing formal/informal SMVF community support network). Aligning the current IJF mission along Growth and Wellness functions serves to establish the most adaptive VSC model for each designated location. Currently, IJF is in the process of rolling out 18 VSCs throughout the state.

2. Program background and description

Illinois Joining Forces identified a consistent gap in core resource providers after launching the Veteran Support Community (VSC) initiative in the Fall of 2017. Universally, across each of the VSCs, it became clear that there was a lack of resources throughout the state supporting issues specifically related to women veterans. During 2018, IJF established over a dozen statewide Veteran Support Community programs while focusing on increased awareness and support to aging veterans, increasing access to federal and state services to rural veterans, and prioritizing women veteran issues by launching a statewide Women Veteran Ambassador program (WVAP).

The purpose of the program is to identify highly-skilled women veterans in each of the VSCs who want to make Illinois the most beneficial state for their sisters in arms to live and thrive.

This will happen with a multi-faceted approach involving advocacy, policy development, and coordination of support and programs at the community level ~ designed by women veterans for women veterans.

3. Women Veteran Ambassadors

Ambassadors are women veterans chosen and appointed based on their dedication to veteran issues and are the local subject-matter experts. They are unapologetic when it comes to speaking up on women veteran issues and are willing to go the extra mile to track down resources and answers. Ambassadors will have managed a budget in the past and are comfortable hosting events. These tough, but caring veterans have personally gone through their own trials and transitions and are ready to focus on others who need assistance. Funding and resources will be provided through IJF and community partners.

4. Volunteer Agreement

- Ambassadors must be able to attend bi-monthly virtual meetings and two annual meetups on a state level
- Ambassadors also must be able to meet with their local Veteran Support Community and host at least two Veteran Women meet-ups annually in their area
- Candidates must be able to facilitate referrals from within their associated community networks and be responsive to women veterans in crisis

5. Area of Support

Each Ambassador will be part of a VSC close to where they live or work – digital presence and person-to-person engagements will be determined by location and access to services. The communities identified as Veteran Support Communities are as follows:

- | | | |
|---------------------------|------------------------------|---|
| ★ Rockford* | ★ Champaign/Urbana | ★ Lake/McHenry Counties |
| ★ Chicago (x3) | ★ Quincy | ★ Quad Cities |
| ★ Southland (S. Chicago)* | ★ Capital Area (Springfield) | ★ Bloomington/Normal |
| ★ Aurora | ★ Effingham | ★ Southern Illinois (Carbondale/Marion) |
| ★ Joliet | ★ Metro East | |
| ★ Kankakee* | ★ Mt. Vernon* | |
| ★ Peoria | | |

* Targeted VSCs

6. Selection Timeframe

Ambassadors will be selected on a rolling basis as each community VSC is established or when emerging women veteran leaders are identified. Ambassadors that are employed by government entities will be screened for conflicts of interest. Selections will be made by application and local referral procedures with the selectee being identified as the best candidate that can impact their assigned geographic region.

7. Designated Veteran Support Communities



Supplement C: Change Continuum and Stages

Stage		Activities, Markers and Measurements
1	Conduct research	Do we agree this is a problem? What are the current issues of the problem, including the context for change (political scan, current work on the issue.)? What are best practices and policies on resolving the issue? Who are the issue area experts? What are opportunities for system change, i.e. is it on the radar screen of politicians and policymakers? Is this a timely issue?
2	Define Problems and Solutions	What is the gap analysis? Can you articulate the problem you are trying to solve with intervention/initiative, using both quantitative and qualitative data? What are possible solutions? What is the best solution to solve the problem given its context (i.e., program, report, fact sheet, training etc.)?
3	Develop Framework for Change	What is the vision for sustainable change (what will exist beyond this plan for action? How will we get to 10 on the continuum?)? What is your strategy to raise awareness and advance solutions (i.e., policy levers, key stakeholders)? What resources are needed? What is your plan for the collection of data and the method of evaluation (i.e. how will the organization make its case?)? How soon can you begin to collect data?
4	Raise Awareness and Advocate Solutions	What are the communications and outreach plan and how will you execute it? How will you communicate the problem to targeted audience? How will you advocate the solution we are advancing (i.e., report, brochure, meeting etc.)? How will you target the following types of stakeholders: broad public, key stakeholders in various “inside” policy groups, key constituency groups, community groups, media, etc. to build public will for change?
5	Build Coalitions and Public Will	What is your strategy to build support? How will you deepen relationships and find allies in effort to gain support of statewide advocacy groups? How will you gain awareness and support of broader public, i.e. build broad public will for change? How will you deepen relationship with news media, policymakers, etc. Identify legislative champions?
6	Achieve Interim Change	Is there official acknowledgement in public? Can you include publicly acknowledged sign from coalitions or key groups of stakeholders on larger agenda, initial or piece of needed legislative support, state support of change (i.e., commission, state reports, public addresses from key leaders, etc.) documents or by public bodies? If not, how will you get the public, and official acknowledgement?

7	Propose Sustainable Policy Change	Can you collect data and results based on evaluations to make the case for change? What have you determined are the lessons from program/research? How will you craft and execute a policy response? How will you communicate your policy response broadly and to key stakeholders? How will you mobilize or partner with key stakeholders or allies for policy change?
8	Achieve Sustainable Change	How can you continue to permanently redirects or institutes state funding or governance that institutionalizes policy change proposal in regulation or law? What other changes in policies and laws are needed to sustain and expand solutions?
9	Sustain Change Among Stakeholders	How will you get key stakeholders to own the change, and advocate and implement change? How will you identify changes in other institution practices, priorities, and policies? How can you ensure that change is sustained even after change in administration, leadership or governance teams?
10	Sustain Change Across “Community”	How can you get the broader public to own the change and defend the improvement? How will you manage the demand for more change in their community? What changes in public opinion, access or demand for access to changes are possible?

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