

MA Department of Veterans' Services

Women Veterans' Network Study | Final Report

September 30, 2022



PUBLIC
CONSULTING GROUP

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EXECUTIVE SUMMARY

The Massachusetts Department of Veterans' Services (DVS) engaged Public Consulting Group (PCG) to conduct a demographic analysis, survey, and focus groups on women veterans in order to:

- Provide a better understanding of the population of women veterans in Massachusetts.
- Examine the unique circumstances that women veterans face and the issues that impact them.
- Understand how to best direct resources to support them in the future.
- Provide guidance on how best to develop strategic outreach programs to identify and connect with women veterans in Massachusetts.

PCG worked with DVS and the Women Veterans' Network (WVN) to develop key findings and recommendations based on the information gathered via demographic review, 581 valid survey responses from women veterans in Massachusetts, and eight focus groups for women veterans, conducted both virtually and in person. Surveys were collected in February and March 2022, and focus groups were conducted in March and April 2022.

KEY FINDINGS

PCG's findings from across the demographic research, survey responses, and focus group feedback gathered during the course of this project can be organized into several high-level themes, presented here by area of focus.

Focus	Themes
General	• Little transition support was provided to veterans of previous eras. • Significant confusion exists around eligibility for benefits and services. • Access to resources is impacted by access to / quality of VSOs by community. • Differing definitions of "veteran" cause confusion. • Transition services don't answer all questions.
Services	• Follow up transition support to returning veterans is inconsistent and somewhat dependent on local Veteran Service Officers (VSOs). • VA medical benefits and how to access health providers in the community is very confusing. • Access to women's health services is sometimes limited. • Women veterans are not well aware of the different benefits available to them, particularly those outside of the VA system. • Childcare issues are less relevant to many women vets after they have left the service (due to the age of their children).
Outreach and Engagement	• Women veterans could not identify a primary up-to-date source for benefit knowledge, in some cases relying on national sources or publications, or word of mouth from fellow veterans. • According to many women veterans, there is not a wide or effective promotion strategy for women veteran events.

- Women veteran events were not seen as accessible to women across the state, often focused on larger cities like Boston.
- Many women veterans who responded to the survey or participated in focus groups currently do not feel connected to other women veterans across the state.

RECOMMENDATIONS

PCG has developed recommendations for DVS and WVN to address the findings highlighted in this report. These recommendations have been categorized as services that could be developed to support women veterans, resources needed to support these services, and outreach and engagement activities to communicate with women veterans about supports that are available to them, and to learn more about the services they seek now and in the future.

Category	Recommendations
Increase Access to Services	• Develop a “Benefits Explainer” for women veterans. • Create connections to women VSOs for women veterans. • Supplement existing VSOs and WVN services with additional resources to support women veterans, who will support: ○ Developing additional in-person events across the state. ○ Expanding and centralizing transition support for veterans returning to Massachusetts. • Leverage existing WVN website to create a centralized source of information. • Partner with an existing resource to provide exercise and wellness activities for women veterans.
Resourcing	• While the exact level of effort can be decided as implementation moves forward, PCG recommends additional resources to bolster regional support of women veterans envisioned. The primary responsibilities of additional resources would include: ○ Planning and coordinating regional events and other programming for women veterans. ○ Serve as a resource to local VSOs seeking support for women veterans. ○ Coordinate with VA Women Veteran Program Managers and other VA contacts to leverage outreach and existing VA programming. ○ Manage expanded transition support efforts at a regional level. ○ Supporting and expanding on the existing efforts of the WVN and WVN Director. • Given their role in statewide coordination, we recommend that these positions remain under the purview of DVS.

**Enhance
Outreach and
Engagement**

- WVN should identify any additional platforms that might be useful for connecting with women veterans.
- WVN should create a landing page that is accessible to all, with no reliance on outside platforms, to serve as the entry point for anyone searching for resources for women veterans.
- DVS and WVN should work to refine the key messages for each organization.
- Messaging around WVN should be targeted to the different segments of the population being served, organized around some key themes.
- WVN should utilize several different delivery methods tailored to appropriate segments of the audience.
- DVS must leverage existing contact information across state government.
- DVS should enter into data sharing agreements with other state programs to regularly share information about program participants with veteran status. SNAP and TANF may be good starting points since those programs are administered by a fellow EOHHS agency.

Additional details on each of these findings and recommendations, as well as the methodology, survey results, and focus group feedback, can be found in the full report that follows this summary.

I. INTRODUCTION

A. PROJECT BACKGROUND

The Massachusetts Department of Veterans' Services (DVS), a state agency within the Executive Office of Health and Human Services (EOHHS), provides an array of services to veterans in the Commonwealth. These services include financial assistance, peer support, and burial services for veterans and families in need. The Department's mission is "to advocate on behalf of all the Commonwealth's veterans and provide them with quality support services and to direct an emergency financial assistance program for those veterans and their dependents who are in need."

The Women Veterans' Network (WVN) was created in 1997 to help address the issues and concerns specific to women who have served in the military. The WVN seeks to connect with women veterans across the state, and provide information on federal, state, and local benefits for which women may be eligible. The Department of Veterans' Services has been awarded funding to expand outreach to women veterans in the Commonwealth and through this study seeks to better understand the changing needs of the estimated 25,000 women veterans in Massachusetts. No similar study has been conducted for women veterans in the state over the last two decades, and the proportion of veterans who are women is rising both in Massachusetts and across the country. This examination comes as women are projected to comprise 11% of the Commonwealth's veterans by 2031, up from an estimated 8% today; nationally, women are projected to increase to 14% of the total veteran population over that same time period.

This initiative was done per the FY22 budget language for DVS pertaining to the Women Veterans' Network:

For the women veterans' outreach program; provided, that not less than \$500,000 shall be expended for the expansion of the women veterans' outreach program; provided further, that the department of veterans' services shall conduct a study on the changing needs of women veterans in the commonwealth; provided further, that said study shall examine and evaluate: (i) current housing options for women veterans; (ii) quality of physical, mental and reproductive healthcare offered to women veterans; (iii) care for military-related sexual trauma; and (iv) possible outreach initiatives to women veterans across the commonwealth; and provided further, that not later than February 1, 2022, the department shall file a report with the clerks of the senate and house of representatives, the house and senate committees on ways and means and the joint committee on veterans and federal affairs detailing the results of said study.

B. PROJECT GOALS

DVS engaged Public Consulting Group (PCG) to conduct demographic analysis, a survey, and focus groups to:

- Provide a better understanding of the population of women veterans in Massachusetts.
- Examine the unique circumstances that women veterans face and the issues that impact them.
- Understand how to best direct resources to support them in the future.
- Provide guidance on how best to develop strategic outreach programs to identify and connect with women veterans in Massachusetts.

This document provides DVS with a summary of analysis and recommendations to assist in the outreach and engagement of women veterans across the Commonwealth.

II. METHODOLOGY

A. DEMOGRAPHICS

As part of the first phase of this project PCG developed an interim report focused on our initial demographic research. PCG sought to identify publicly available sources of information for women veterans' demographics. The research included a review of the following sources: US Department of Veterans Affairs "VetPop" database (via the National Center for Veterans Analysis and Statistics (NCVAS)), US Census Bureau, American Community Survey, US Department of Labor (DOL), Small Business Association (SBA), Department of Defense (DoD), General Accounting Office (GAO), Defense Manpower Center, National Women's Business Council, Women Impacting Public Policy, Disabled American Veterans, and the United States Veterans Eligibility Trends and Statistics (USVETS) database. PCG also reviewed recent research that was conducted at the federal level to determine whether it included information pertinent to the Commonwealth.

As it became clear that some of the demographic information sought by DVS would not be readily available through publicly available sources, PCG worked with DVS to identify alternate sources for this information. PCG requested DVS assistance in obtaining the following:

- Access to any (deidentified, if possible) demographic or contact information that is included with the Department of Defense (DoD) reports of veterans that have been discharged from service and relocate to Massachusetts. These reports are shared with DVS by DoD on a regular basis.
- Available information on women veterans from the OnBase system used by DVS to process benefit requests.
- Access to the contact list used by the WVN to conduct current outreach activities.
- Demographic or contact information from the Veterans Bonus Division of the Treasurer's Office "Welcome Home Bonus" program.
- Any results or summary information on prior surveys conducted with women veterans, if applicable.

DVS was able to share the WVN contact list as well as relevant records from OnBase. These records did not include a significant amount of demographic information but assisted with direct outreach to women veterans during the "survey" phase of this project. PCG was not able to gain access to any of the other sources noted here over the course of the project due to privacy constraints.

PCG's secondary approach to gathering demographic information that could not be obtained via publicly available sources or through the information request was to utilize survey questions. The survey, conducted after the initial round of demographic research was completed, included demographics-focused questions to further identify benefit utilization and issues facing women veterans in Massachusetts and to determine the understanding and awareness that women veterans have regarding available benefits. For a full understanding of women veterans in MA, DVS requested that PCG gather the following demographic information. Topics in bold were covered in the interim report document; additional information was gathered through the survey process.

- **Military service history**
- **Population demographics including gender identity, age, race and ethnicity, marital status**
- **Geographic location**
- Housing status
- VA-certified disability
- Education attainments
- Employment & income
- **Pension Benefits**
- Dependents
- Service-connected disability rating

- Health Insurance coverage
- Health status
- Involvement with veterans' organizations

B. SURVEY

A key component of the scope of this project was the development, administration, and analysis of a comprehensive survey of women veterans in the Commonwealth. PCG worked with DVS and WVN stakeholders to develop appropriate survey questions and to gather feedback on initial survey drafts. The survey was open for responses from February 2, 2022, through March 28, 2022. The questions asked as part of the survey are included in Appendix A of this report.

1. Outreach methods

PCG created information requests to gather any available demographic or contact information within DVS or other state systems, reviewed data available within DVS's OnBase system, and delivered presentations to both the Women Veterans' Network and Veteran Service Officers (VSOs) across the state. These presentations served both to introduce and explain the project, and to solicit support in conducting survey outreach over the course of the project.

PCG sent the survey link directly to each e-mail address included as part of the current WVN outreach e-mail list; this totaled almost 1500 direct contacts. PCG also developed outreach materials, including e-mail language and a flyer, that were shared by DVS and WVN with internal and external stakeholders, including VSOs across the Commonwealth. DVS utilized various social media channels, such as Facebook and Twitter, reposting the survey link regularly to encourage participation. Flyers were also distributed at various veteran-focused events that took place in February and March 2022. As an incentive, survey respondents were able to opt into a raffle, where 20 women veterans who completed a survey would be chosen to receive a gift card as a show of appreciation for taking the time to participate in this effort.

2. Survey method (Qualtrics)

PCG used the Qualtrics IT solution to conduct this survey. Qualtrics allows survey respondents to access the survey via a computer or mobile device and saves partial responses should a respondent need to leave and return to the survey at another time. It also allows for the development of different kinds of question models, such as multiple choice, open text response, or matrix response, and incorporates "skip logic," which allows recipients to see only questions that are relevant to them, based on their responses to prior questions. This reduces the amount of time a respondent must spend to complete the survey.

Once PCG identified an appropriate survey tool and developed test questions to ensure that the system would meet the needs of PCG, DVS, and survey respondents, the PCG team provided a demonstration of the tool, and some of its features, to DVS to confirm that this format was acceptable.

Drawing on both the survey topics specified in the project scope and model questions adapted from surveys PCG has successfully administered in the past, PCG developed an initial draft of sample questions for DVS review. Feedback from DVS was incorporated into a second draft of questions, and PCG developed a master question document that explicitly ties each question to the relevant element of the scope, and to what we hope to learn from the answer.

3. Response population vs. women veteran population in MA

The population of survey respondents was very similar to the broader population of women veterans in the Commonwealth according to several key demographic measures. The charts in this section detail the comparison between these populations across race and ethnicity, age, and county of residence.

Some key findings from this comparison include the following:

- Hispanic or Latino women veterans were slightly underrepresented in the survey response, as were Asian women veterans, compared to their share of the women veteran population.
- Survey respondents skewed slightly younger overall; the 35-44 age range was slightly overrepresented, and the 75+ age group was underrepresented.
- Responses from women veterans in Southeastern MA were underrepresented, while those from counties in Western MA were slightly overrepresented.

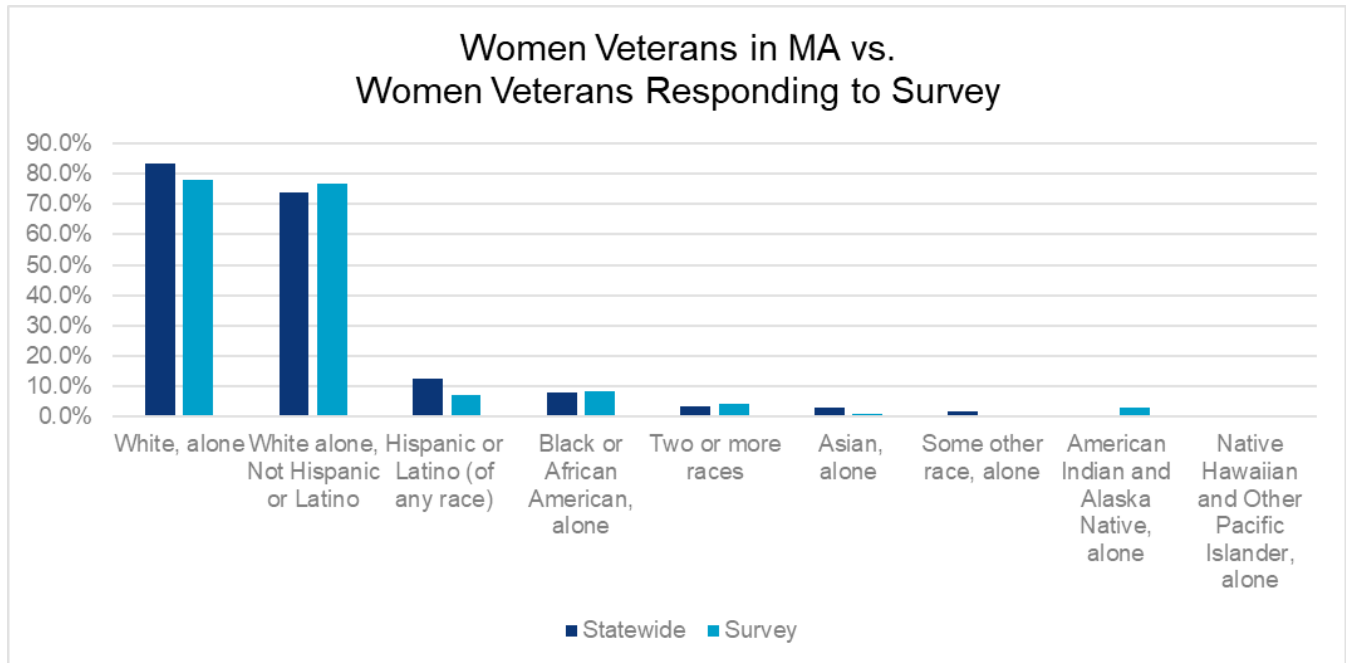


FIGURE 1. Survey respondents reflected race/ethnicity percentages of women veterans statewide, with the majority of both identifying as “white, alone.”

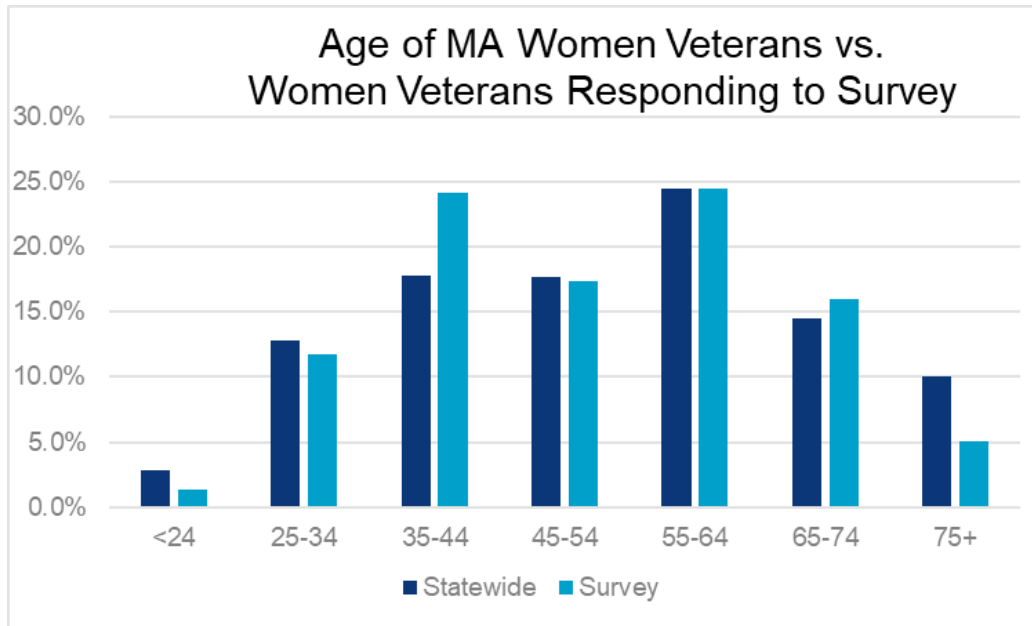


FIGURE 2. Survey respondents reflected the age ranges of the statewide women veteran population, with a slight skew towards those aged 35-44 and away from those over 75.

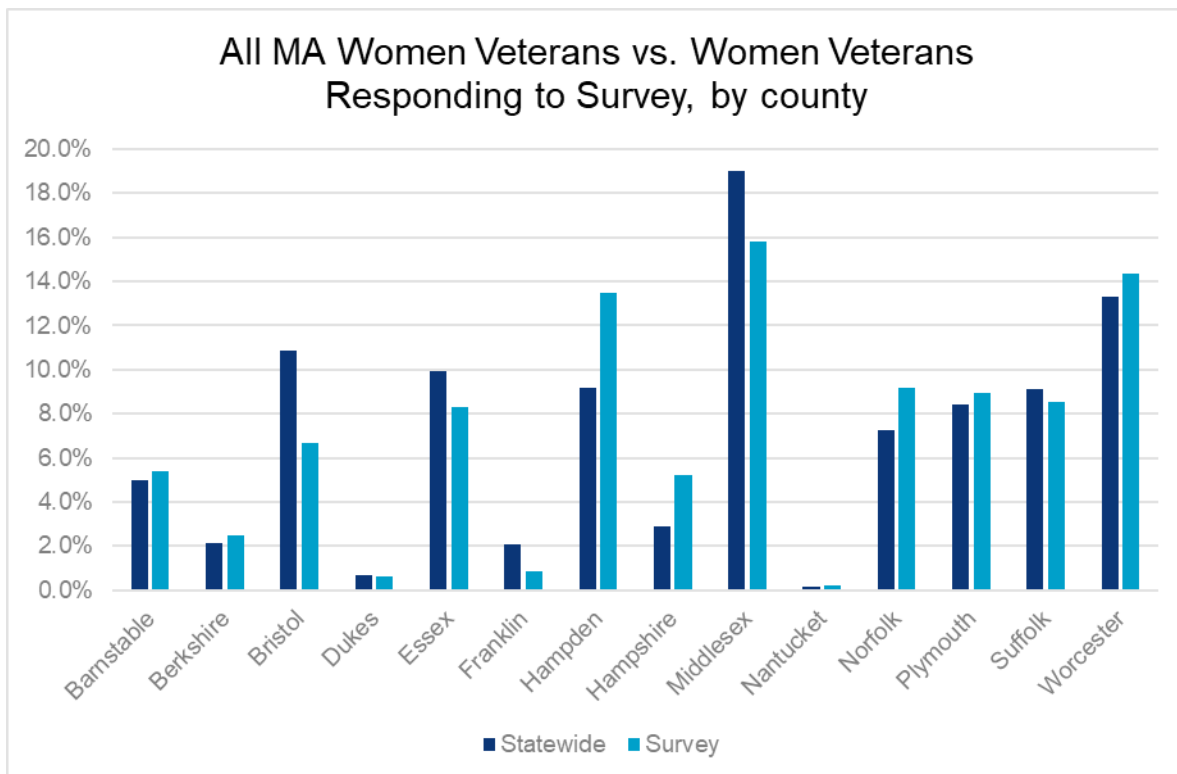


FIGURE 3. Survey respondents generally reflected the geographic distribution of women veterans across the state but skewed slightly higher in Hampden and Norfolk counties and lower in Bristol and Middlesex counties.

C. FOCUS GROUPS

PCG conducted eight focus groups intended to provide an additional layer of detail to support and explain survey findings, and to capture the feedback of women veterans in their own words. These sessions provided an opportunity for the PCG team to ask specific follow up questions based on survey responses, but also for women veterans to raise issues of importance to themselves and others that may not have been captured, or captured completely, by the survey questions. Sessions were intended to be facilitated, small-group discussions; they varied in size from 2-6 women veterans, which allowed plenty of time for each participant to share thoughts and responses to questions. In addition to the veterans present, each session included a PCG facilitator and a PCG notetaker. The WVN Director was able to join several of these sessions but departed prior to discussion of DVS or WVN-focused questions.

1. Types of groups held

Due to the impact of COVID, it was initially anticipated that all focus groups would be held virtually. As the project continued, it became clear that conditions had improved to the point that holding in-person sessions was not only possible but, in some cases, preferable for both DVS and potential participants.

As part of the survey, respondents were asked whether they would be interested in participating in a follow up focus group. Those who said “yes” were then asked whether they would prefer an in-person session, a virtual session, or if they had no preference. The number of those who preferred an in-person session or otherwise indicated that they were comfortable meeting in person was large enough to provide assurance that the in-person sessions were viable. In order to make sure a robust cross-section of women veterans were able to access these sessions, PCG worked with DVS to develop a hybrid approach, where several in-person sessions would take place across the state, along with two virtual sessions for those who were more comfortable with that approach, or who were a significant distance from the locations of the in-person sessions.

a) Regional / in-person

In-person sessions were held at 5 sites across the Commonwealth, corresponding to five regions of the state. The locations and number of attendees for each session detailed in the table below.

Group #	Region	Date	Location	# of Participants
R1	Northeast	3/23/22	Pollard Memorial Library, Lowell	2
R2	Metro Boston	3/23/22	Morse Institute Library, Natick	6
R3	West	3/28/22	West Springfield Library, West Springfield	5
R4	Southeast	3/31/22	Brockton Public Library, Brockton	2
R5	Central	4/6/22	MassHire Central Regional Workforce Board, Worcester	5

b) Virtual

Three virtual sessions were held, utilizing the Microsoft Teams video conferencing platform. Confirmed participants were sent a slide deck prior to the session with information on how to use Teams, and technical issues were minimal throughout all three sessions. The table below includes additional details on the virtual sessions.

Group #	Participant Group	Date	# of Participants
V1	Women Veterans' Network Steering Committee	3/7/22	3
V2	Women Veterans – Cape Cod and Southeastern MA	3/23/22	6
V3	Women Veterans – Berkshire County and Western MA	3/28/22	3

2. Outreach methods

The primary outreach method for identifying focus group attendees was the survey question referenced earlier in this section. PCG pulled all of the affirmative responses, identified the general location (by region) of each respondent, and organized the responses to help determine where in-person sessions should be held. Then, PCG reached out to a selection of respondents, chosen at random within each region, with individual e-mails (to retain anonymity) providing basic information about the session and inviting them to RSVP. Potential participants were offered a gift card as a show of appreciation for their willingness to support this effort. Aside from email addresses and the answers to the question about focus group participation, PCG did not link survey responses to veteran contact information, and survey responses played no role in who was invited to participate in a focus group.

PCG was able to collect some demographic information from focus group participants to draw comparisons against the population of women veterans who responded to the survey. The focus group participants were a small sample size (as is often the case with supplemental outreach efforts), were slightly older, and somewhat more likely to have an annual household income over \$150,000 (although otherwise fairly similar in terms of income range breakdown). Within our focus group participants, we observed that:

- 67% of focus group participants left the military 10 or more years ago, as compared to 64% of survey respondents.
- 44% of focus group participants reported having a Master's degree, compared with 26% of the survey respondents.
- 56% of focus group participants reported either full or part-time employment, compared with 64% of survey respondents.
- 17% of focus group participants indicated that they were retired, as did 20% of survey respondents.

Despite these minor differences in the demographics of the survey respondents and the subset of focus group participants, we believe that the feedback captured during these focus groups is valuable and lends additional details and focus to the issues highlighted by the broader survey response.

3. Questions

PCG developed a number of questions intended to guide the discussion within each group. These questions were the same for each group, regardless of whether they were in-person or virtual, with the exception of the WVN Steering Committee virtual discussion, where questions were altered slightly to reflect the feedback Steering Committee members receive from other veterans.

In some cases, at the facilitator's discretion, questions were skipped if not relevant to the group or the discussion at hand (e.g., childcare questions were skipped over if it was established that no one in the group had young children). The full list of questions developed for these sessions is included in Appendix B.

III. DEMOGRAPHIC SUMMARY

A. OVERVIEW OF INITIAL DEMOGRAPHIC REVIEW

PCG demographic research validated DVS's assertion that the majority of studies of women veterans have been done at the national level, and that there has not been a recent comprehensive study of women veterans in the Commonwealth. With limited information available it is difficult to fully understand the unique circumstances that women veterans in Massachusetts face and the issues that impact them to best direct resources to support them in the future, highlighting the importance of this project.

The main source for all Massachusetts demographics information for the initial review was the US Department of Veterans Affairs "VetPop" database.¹ The summary below highlights the demographic information gathered.

The key takeaways from PCG's initial demographic review include the following:

- The total Massachusetts veteran population is estimated to be 305,707 as of 9/30/2021.
- Women make up 8% of the veteran population in the Commonwealth, or 25,085 veterans.
- The population of women veterans in MA is more diverse in terms of race and ethnicity than the male veteran population.
- 61% of women veterans in MA are under the age of 60, as compared to only 36% of male veterans in MA.
- Women veterans in MA are just as likely as their male counterparts to have served during wartime. 72% of women veterans in MA are considered to be Wartime Veterans, alongside 73% of male veterans in MA.
- Women veterans in MA seem to be underrepresented in terms of access to VA disability pensions, as women are 8% of the state veteran population but only 5% of those receiving this benefit.

VetPop projections indicate that there will be a continued increase in the percentage of women veterans in Massachusetts, and nationwide, over the coming decade. American Community Survey (ACS) figures from the 2020 US Census place the number of women veterans in MA somewhat lower than VetPop, at 19,257.² It is important to note that while VetPop estimates use ACS data as a baseline, ACS may undercount veterans due to a 2-month residency rule and the self-reported nature of veteran status as part of the Census.³

A factor in this shift is the impact of COVID-19 on the veteran population. Preliminary death data in Massachusetts indicates that nearly 1% of the estimated male veteran population in the Commonwealth succumbed to this disease, along with less than 0.25% of women veterans. This may be attributable in part to the older average age of the male veteran cohort, but it may serve to accelerate the shift, already underway, toward an increased percentage of women veterans.⁴

Veterans in MA 2021			Veterans in US 2021	
Women	25,085	8%	2,045,384	11%
Men	280,622	92%	17,117,131	89%
Total	305,707	--	19,162,515	--

¹ https://www.va.gov/vetdata/veteran_population.asp

² https://data.census.gov/cedsci/table?q=United%20States&g=0100000US_0400000US25&y=2020&tid=ACSST5Y2020.S2101

³ https://www.va.gov/vetdata/docs/Demographics/New_Vetpop_Model/VP_18_A_Brief_Description.pdf

⁴ Figures provided to DVS from DPH indicate 2789 male veterans and 56 women veterans have died from COVID-19 from the start of the pandemic through December 31, 2021, across all settings.

Veterans in MA 2031			Veterans in US 2031	
Women	26,156	11%	2,165,884	14%
Men	206,220	89%	13,729,985	86%
Total	232,375	--	15,895,868	--

B. SUMMARY OF SURVEY-RELATED DEMOGRAPHIC INFORMATION

PCG asked a number of demographic questions as part of the survey component of this project to better understand the women veteran population across topics for which existing relevant demographic information is not available. Results from the total population of survey respondents are included in this section across a number of topics, including current housing status, educational attainment, employment status, household income, number of dependents included in the respondent's household, and service-connected disability information. Much of this information is not publicly available at the state level at this time, so we are unable to draw comparisons with the broader population of women veterans. However, we are able to use this information to further examine the answers provided to other questions in the survey pertaining to benefits and issues faced. Breaking out responses to those questions by demographic category allows us to better understand the needs of women veterans across different segments of the population.

The charts in this section reflect the total number of women veterans who responded to the relevant survey question. Based on these responses, we can see that in the most common scenarios for women veterans in the Commonwealth, a veteran:

- Owns her own home
- Has attained a bachelor's or master's degree
- Is employed full-time
- Has an annual household income of \$70,000 or more
- Is married or in a domestic partnership
- Has 0 or 1 dependents as part of their household
- Has a VA certified disability

The differences in demographics between the total population of women veterans in the state and the survey respondents are small enough that PCG is confident that the demographics of the survey respondents are sufficiently representative of the full population. The overall number of survey responses, 581, is sufficient and large for this type of survey and the research questions posed. Any numerical estimates have a confidence level of 95% with a margin of error of 4% for the sample size of 581 and population size of just over 25,000 (for comparison, many social services data sources, including the American Community Survey (ACS), report data points with a 90% confidence level). Most research questions answered in this report do not require precise numerical estimates, providing for even greater confidence in the sufficiency of the 581-response sample size. Based on the number of responses received, PCG is confident that the survey sample size is sufficiently representative of the total population, and that these findings may be used with confidence to understand and guide resourcing decisions for women veterans in the Commonwealth.

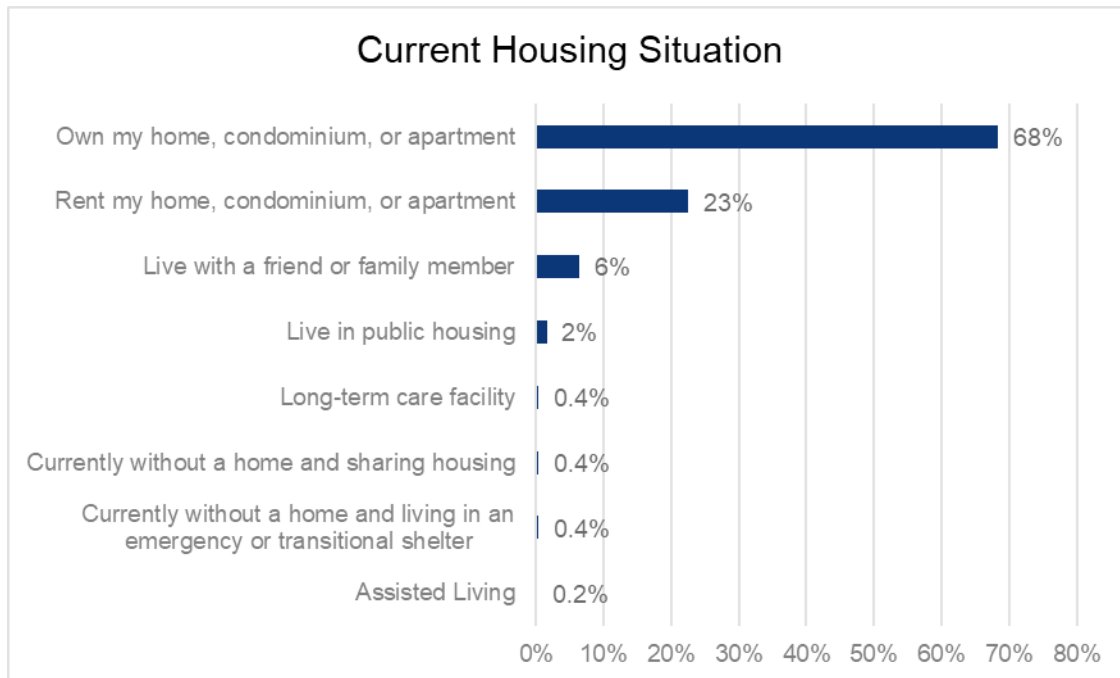


FIGURE 4. The majority of women veterans responding to the survey report owning their own homes.

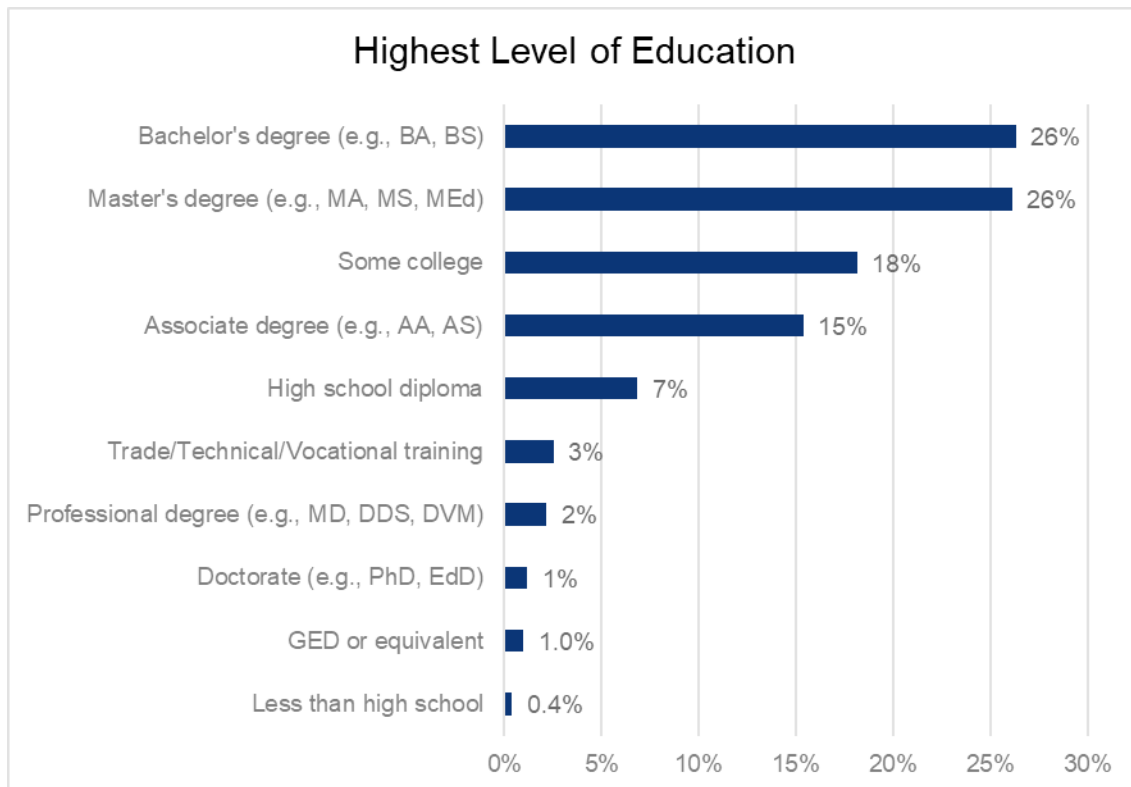


FIGURE 5. More than half of survey respondents reported having a bachelor's degree or Master's degree.

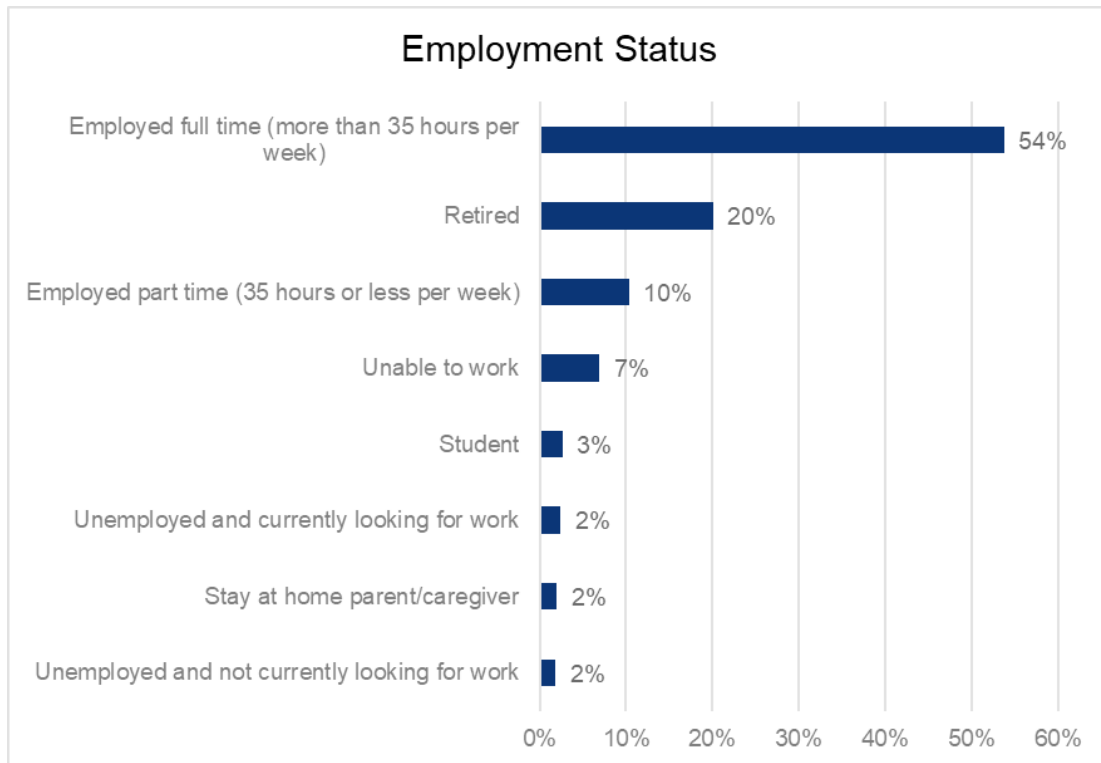


FIGURE 6. Nearly two-thirds of survey respondents reported full or part time employment.

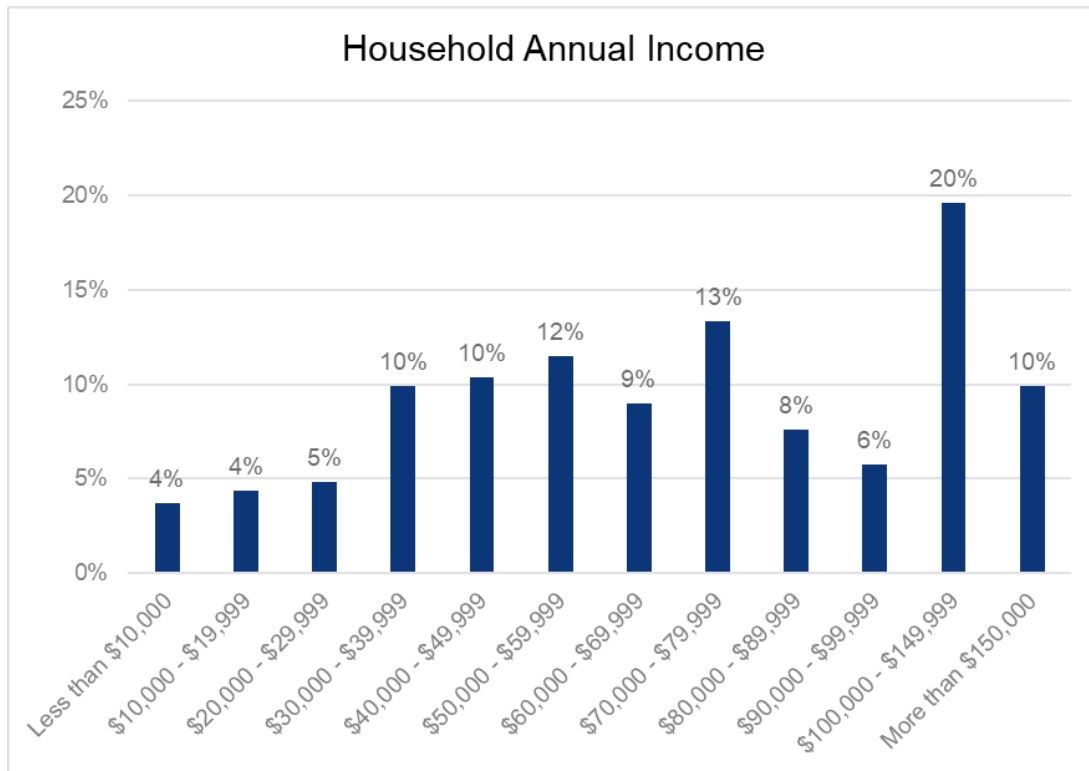


FIGURE 7. Thirty percent of survey respondents reported annual household incomes of \$100,000 or more.

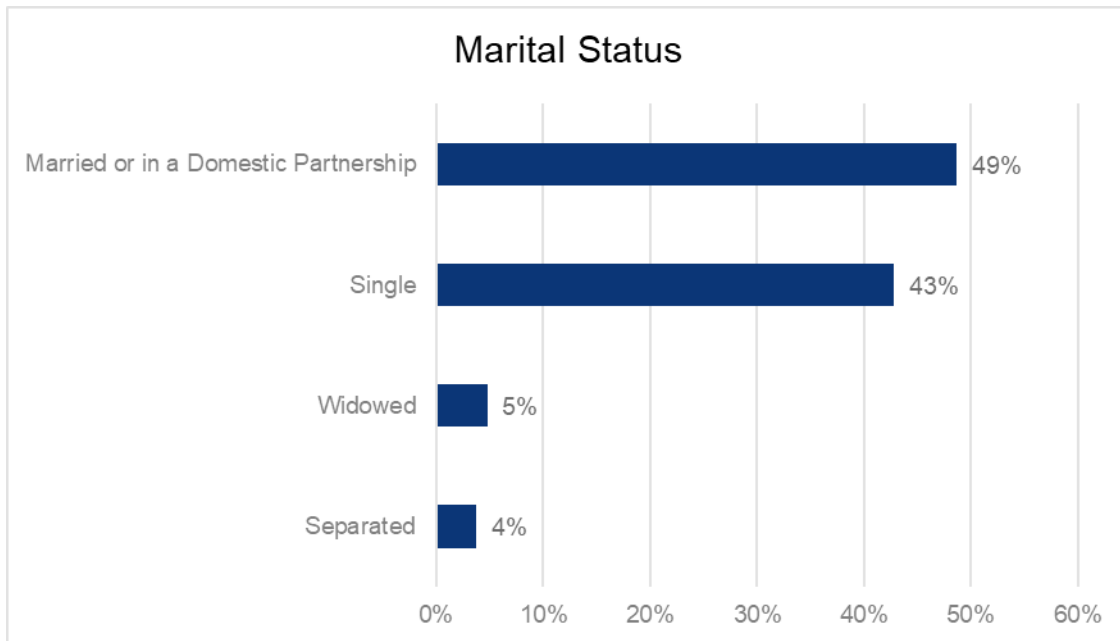


FIGURE 8. Nearly half of survey respondents indicated they were married or in a domestic partnership. Respondents who are divorced had the option to indicate their status as “single” or “separated.”

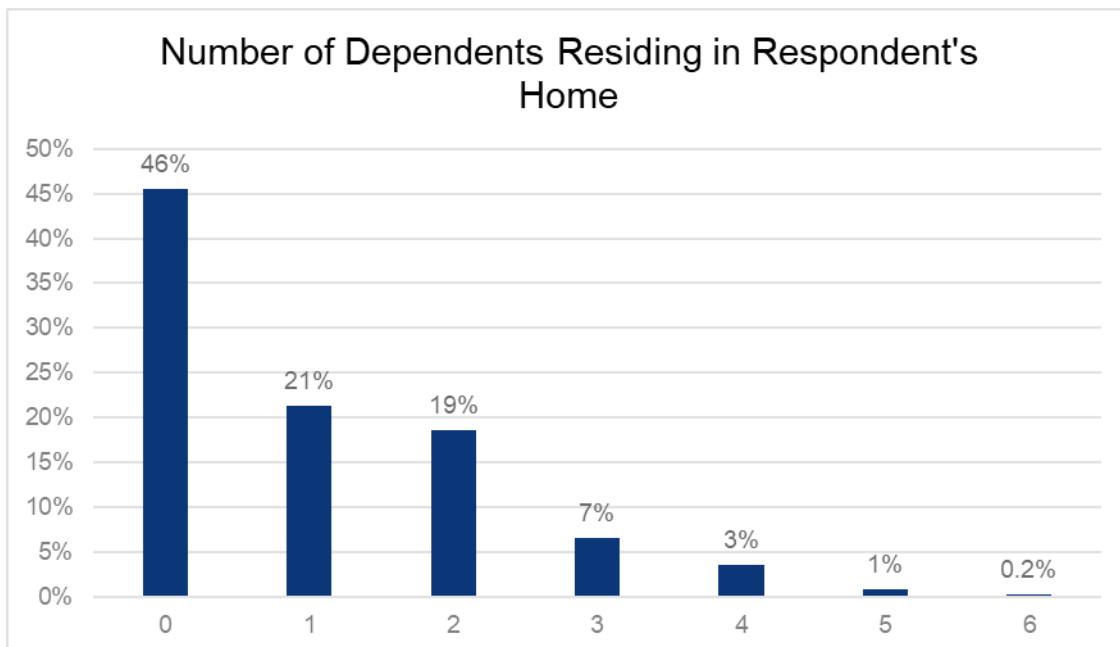


FIGURE 9. Two-thirds of survey respondents reported having zero or one dependent in their home.

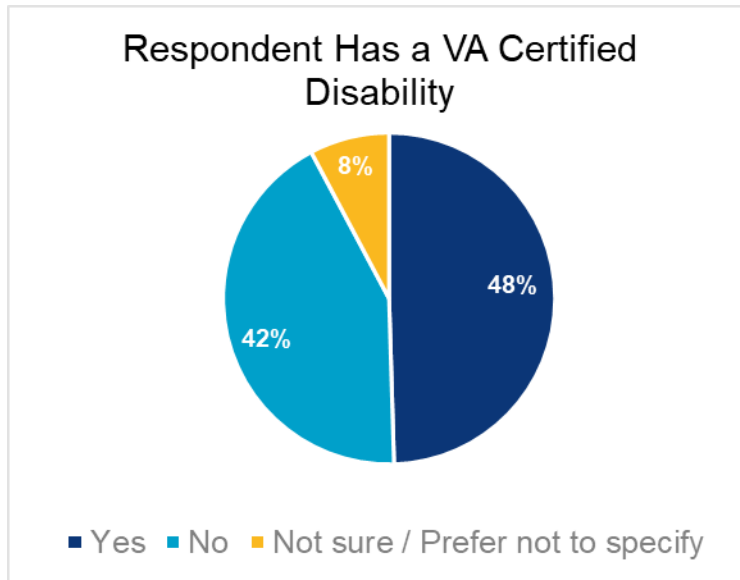


FIGURE 10. Nearly half of respondents indicated that they had a VA certified disability. (Note – only 98% of survey respondents answered this question, so the total % of data represented in chart is 98%)

IV. SURVEY SUMMARY

A. RESPONSE SUMMARY

PCG received 581 valid responses to the survey. For a response to be considered valid, the respondent was required to indicate, via answers to screening questions, that they are a woman veteran currently residing in Massachusetts. PCG's survey evaluation team reviewed all survey responses and removed any that did not provide appropriate answers to the screening questions from the dataset to arrive at the 581 valid responses that was ultimately used for analysis.

As indicated in the Methodology section above, overall, the demographics of the survey respondents fairly closely match those of the larger women veteran population in the Commonwealth, with a few exceptions. This is likely due to the extensive outreach conducted by DVS, WVN and their partners and stakeholders, which enabled the survey to reach veterans around the state and across various walks of life.

Survey respondents included veterans of each branch of the military, led by veterans of the Army and Air Force.

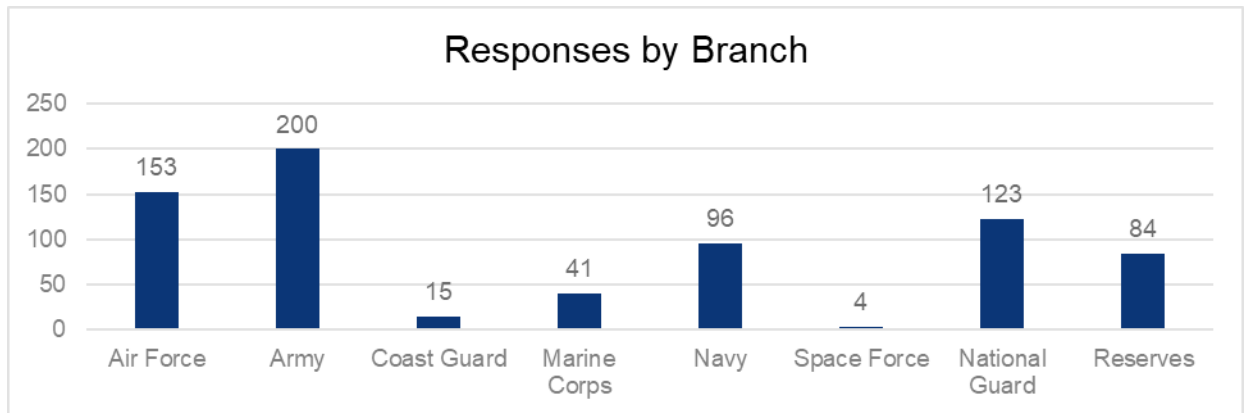


FIGURE 11. Sixty percent of survey respondents indicated they had served in the Air Force or Army. Note that responses exceed the total number of respondents as some veterans served in multiple branches.

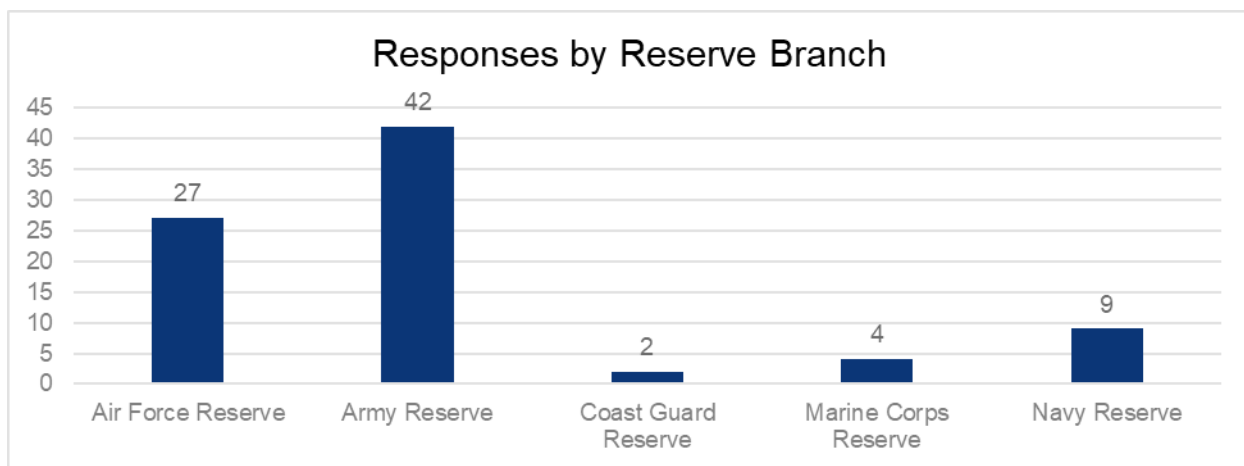


FIGURE 12. Half of respondents with Reserve service indicated that they had served in the Army Reserves.

B. SURVEY ANALYSIS

The focus of many of the survey questions was on awareness of, access to, and need for benefits and services. To gain additional insight, PCG split the questions into categories based on whether a benefit was “veteran-focused,” i.e., only available to those who have served in the military, or “general,” which includes any benefit that veterans could access that is also available to the general public (but which may include other eligibility factors).

Our initial questions focused on benefits that survey respondents were currently accessing or would be interested in accessing. The most commonly accessed resources were VA Health Care and Disability Compensation. Fewer respondents reported utilizing general benefits, although nearly 10% of valid responses indicated an interest in cash assistance, job search assistance, food assistance and housing assistance in both the veteran-specific and general benefit categories.

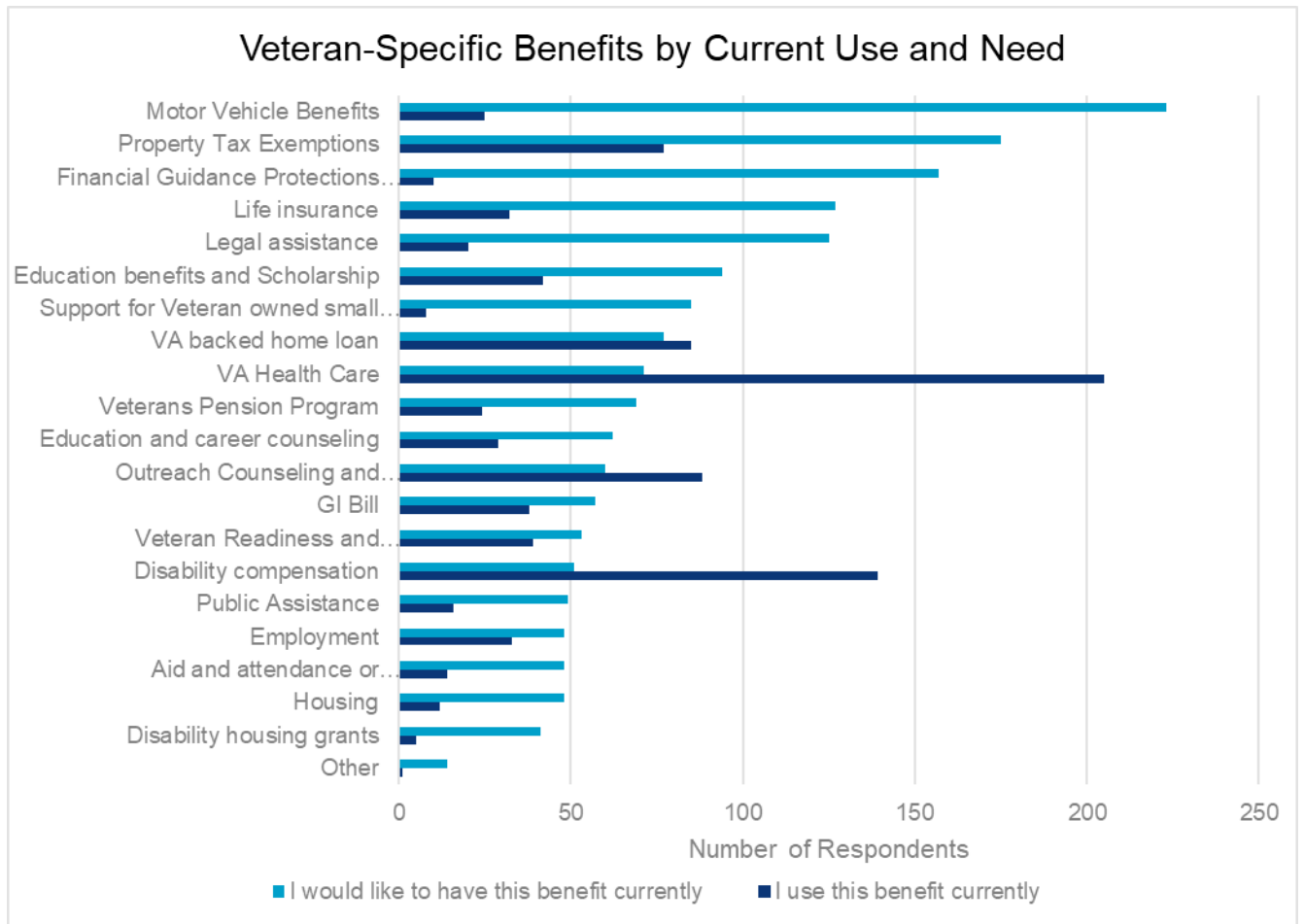


FIGURE 13. VA Health Care is the service most respondents indicated that they currently access, while respondents indicated interest in many state-level benefits that they do not currently access.

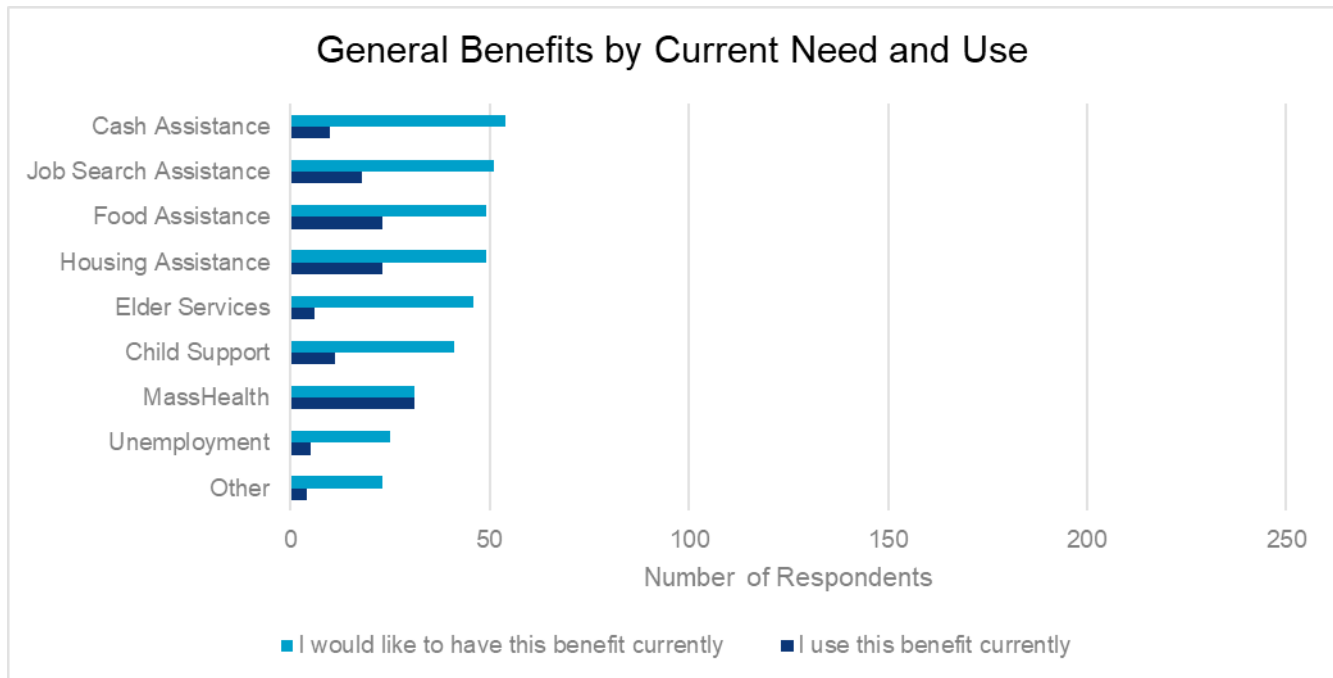


FIGURE 14. A relatively small number of respondents indicated interest in non-veteran-focused benefits.

A question of great importance to this project is what barriers are preventing women veterans from accessing services in which they have expressed interest. Far and away the most common answer to this question was “lack of knowledge,” across both categories.

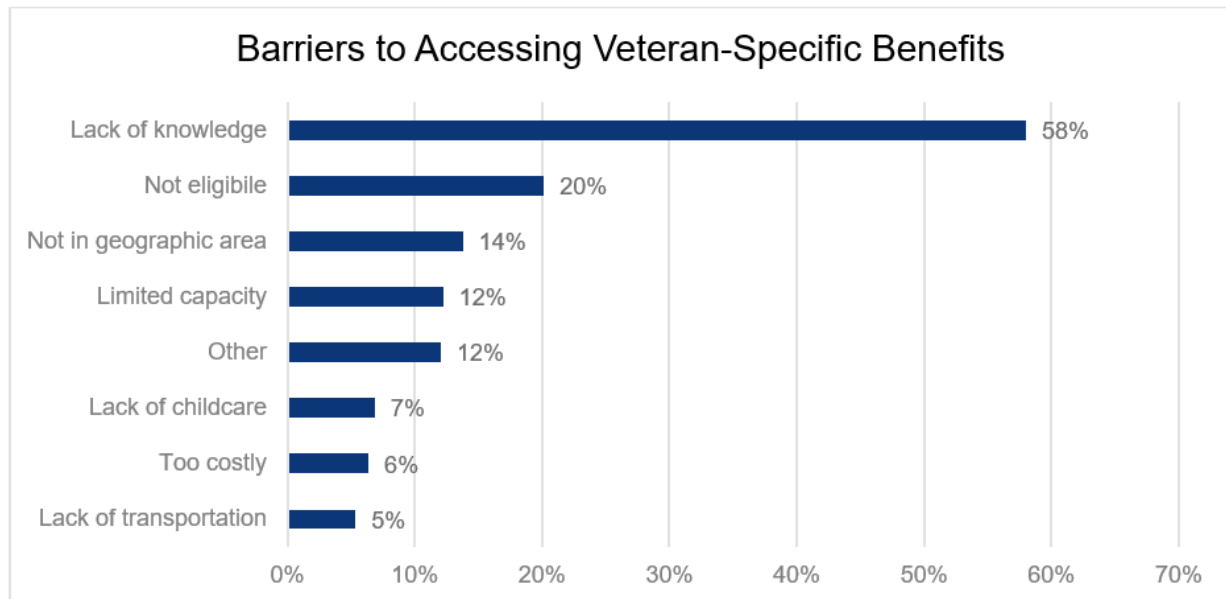


FIGURE 15. More than half of survey respondents indicated that “lack of knowledge” was a barrier to accessing veteran-specific benefits.

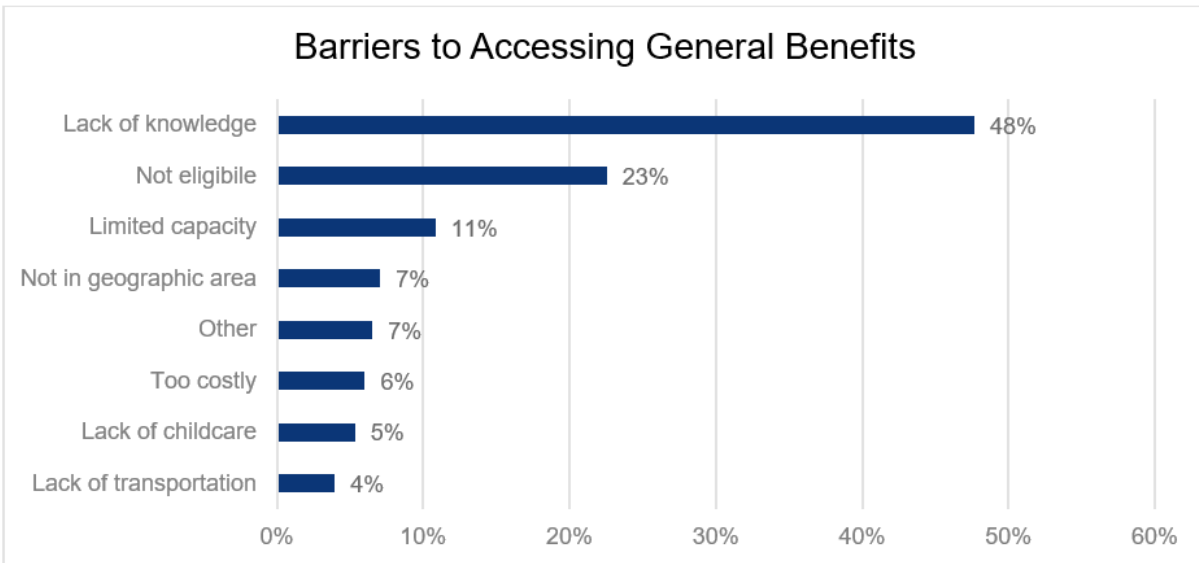


FIGURE 16. Survey respondents also lacked knowledge about general benefit programs, although eligibility was viewed as a problem by nearly a quarter of respondents as well.

As noted elsewhere, nearly half of all survey respondents stated that they had a VA certified disability rating. Of that group, 30% stated that their disability rating was 100%, and 58% cited a disability rating of 70% or higher.

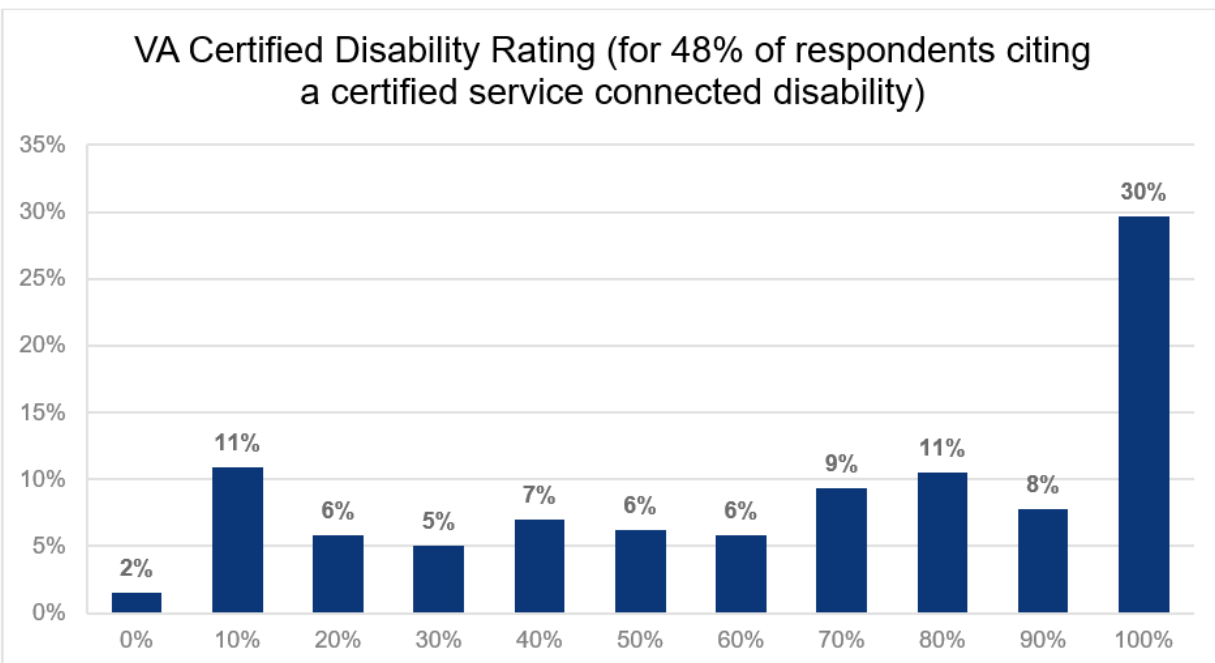


FIGURE 17. Service-connected disability ratings varied among those who had them. In total, about 14% of all survey respondents cited a disability rating of 100%.

Respondents were also asked about their current health needs, and the need for women's health and mental health services was emphasized. PTSD and MST resource needs were also cited by nearly a quarter of respondents.

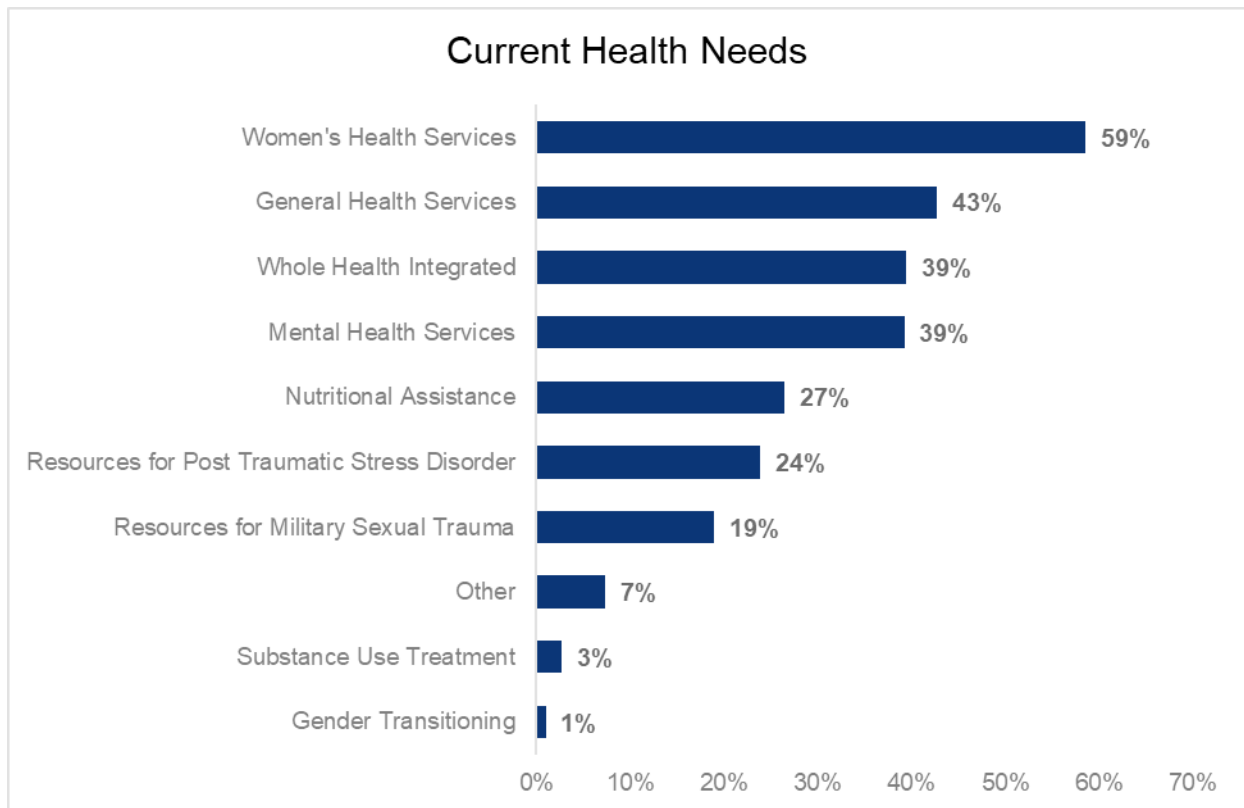


FIGURE 18. *The need for women's health services indicated in the survey response is reflective of feedback from focus groups.*

Respondents were asked to rate their impression of their own physical and mental health over the last 30 days. 40% rated their mental health as “fair” or “poor,” which aligns with the need for additional services expressed in the “current health needs” chart.

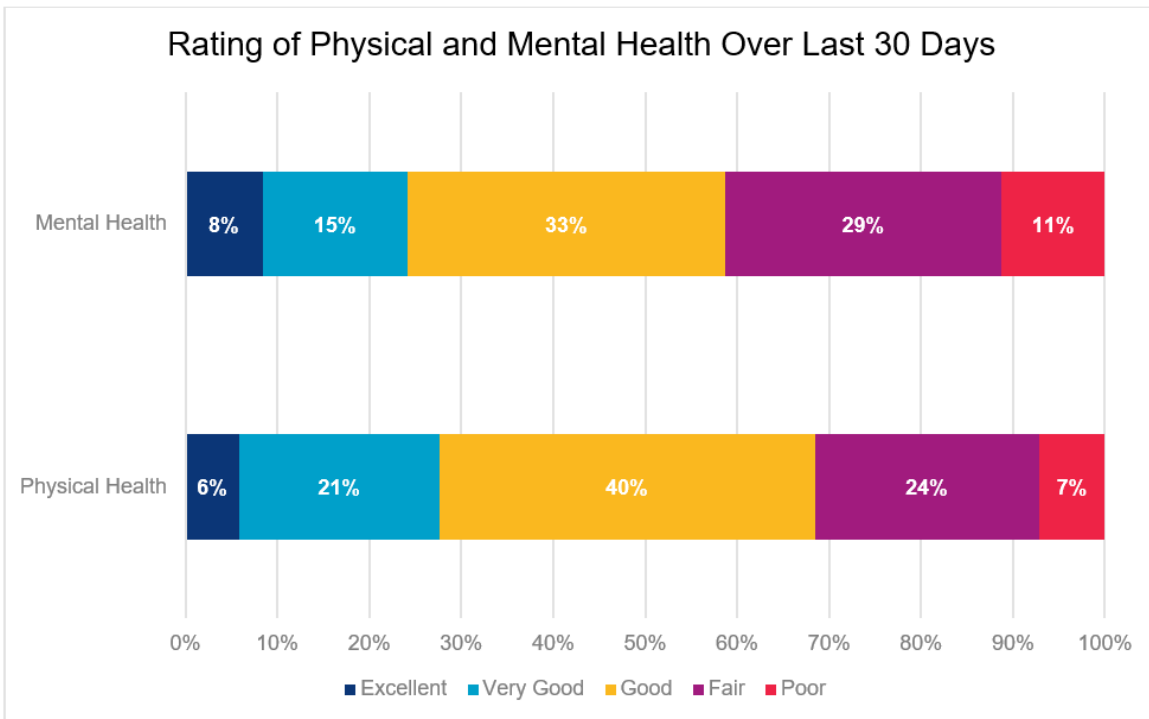


FIGURE 19. *The point-in-time assessments of physical and mental health shared by survey respondents align with the health needs indicated in prior questions.*

Another key point of interest for DVS is learning more about the services women veterans anticipate needing as they age. Survey respondents were asked if they had considered where they would like to live as they age, and more than half responded that they did not know. Those who indicated that they did know were asked about their preferred living situation, as well as their anticipated living situation, as a way to highlight any potential gaps in services or access to services. While many preferred to remain in their own home, nearly 1/3 expressed a preference for either an assisted living or long-term care (LTC) setting.

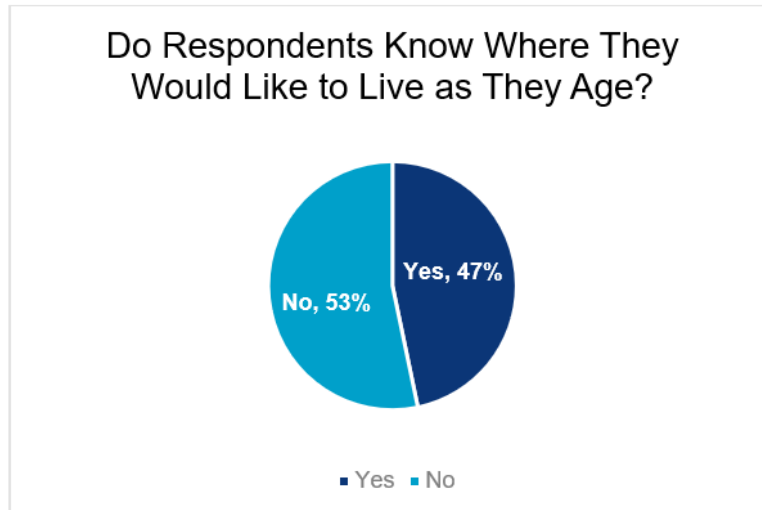


FIGURE 20. More than half of survey respondents have not determined where they would like to live as they age.

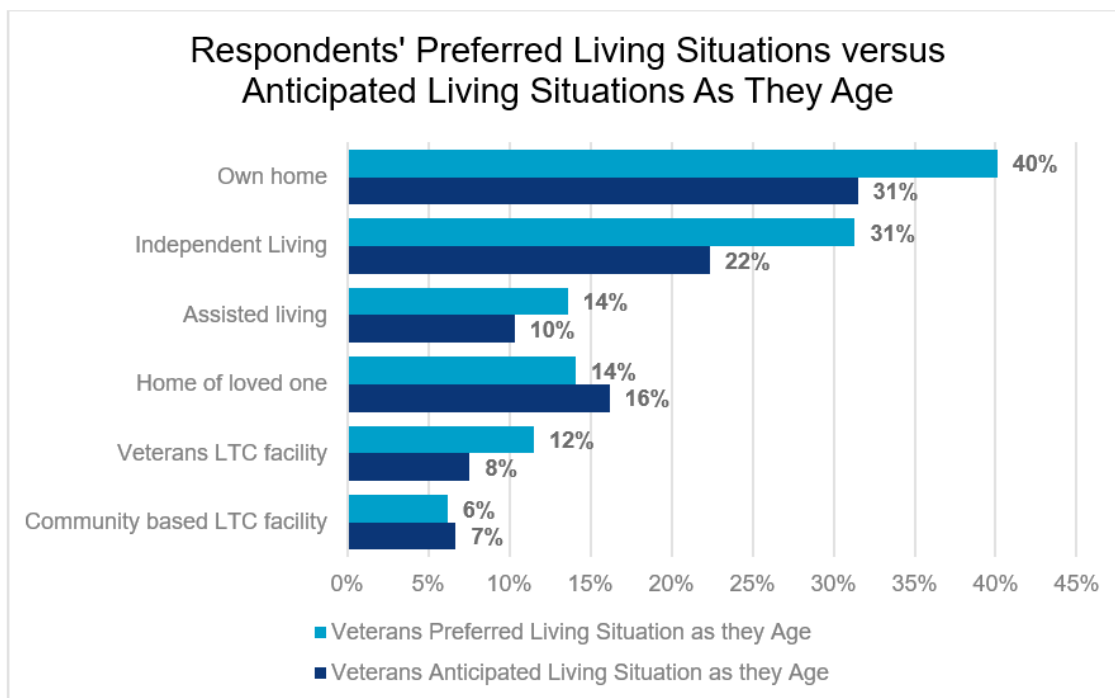


FIGURE 21. Anticipated living situations did not always line up with preferred living situations across all responses. More respondents would prefer to remain in their home than anticipate being able to do so.

A key focus of the WVN is to engage and inform women veterans in the Commonwealth. In considering ways to expand connections, it is important to consider the preferences of those who are engaged, or are willing to engage, via the survey process. Respondents were asked about their preferences for learning about women-veteran focused events, and to share the ways in which they have been able to learn about events in the past. Nearly half said they had learned about events via e-mail, and an even higher percentage - 70% - indicated that email was their preferred method of communication. Social media and word of mouth were the other most common ways that respondents indicated that they had learned about prior events.

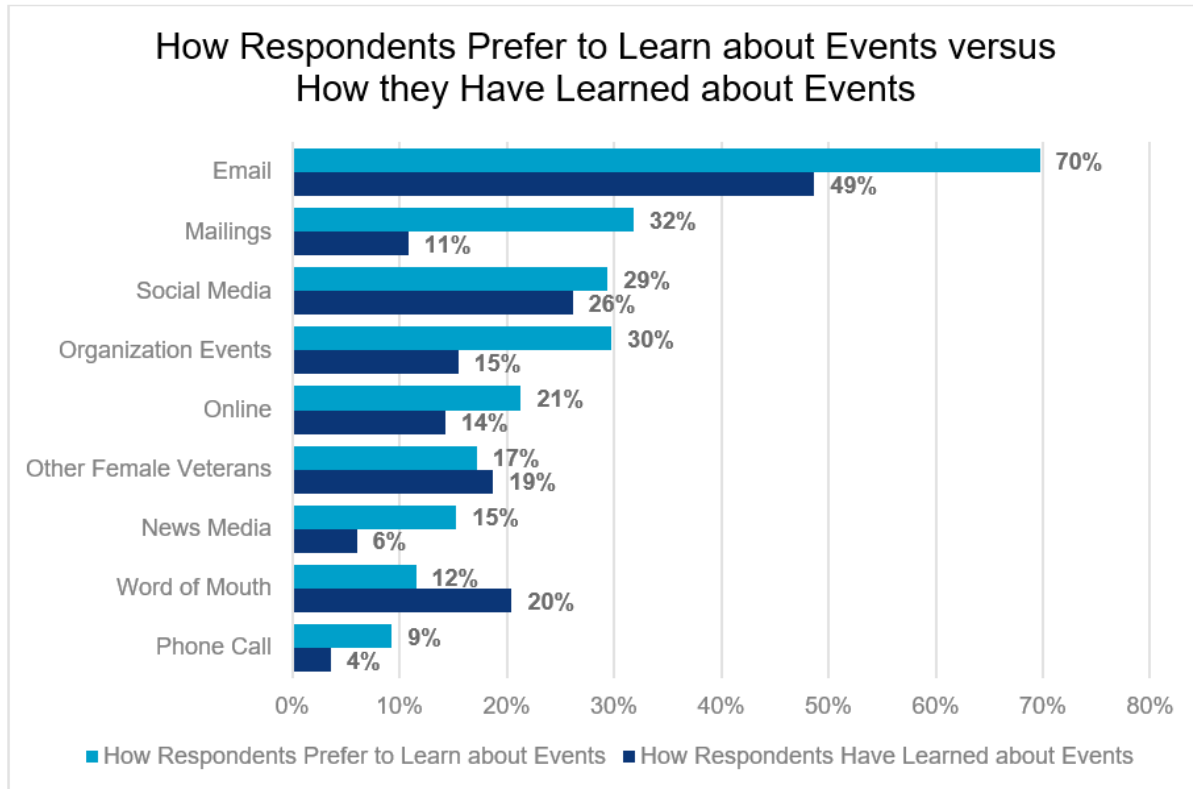


FIGURE 22. A majority of women veterans responding to the survey prefer to learn about events via email.

At the conclusion of the survey, respondents were asked if there was anything else they would like to share about their experience as a woman veteran in Massachusetts. About one-fifth (22%) of all respondents answered this question. The overarching themes reported by respondents are noted below.

- There is a need for more frequent women veteran events available across the state (not just Boston or Springfield).
- Respondents would like to see improved access to services, including improved hours.
- Knowledge about services available to women veterans is lacking.
- Better promotion and/or sharing about existing events is critical.
- There is a widespread desire to connect with other women veterans.
- Service providers, including those at the VA, often assume that women accessing services are not veterans but instead spouses of a veteran.
- There is a lack of available women's health services.

Several of these themes were touched on in the survey (e.g., the need for more events, lack of knowledge about services). However, additional concerns related to sexism experienced by women accessing services and the general lack of reliable and available women's health services speak directly to women veteran-specific issues.

V. FOCUS GROUPS

A. DESCRIPTION OF GROUP RESPONSES

While much of the feedback gathered during the focus group sessions is somewhat anecdotal in nature, taken as a whole, the areas of discussion covered most frequently in these groups reflect the broader understanding about the issues facing women veterans in general. Guiding questions were developed for each session, with the intention of covering as many topics as possible, but with the understanding, shared with the group, that the questions need not dictate the subject matter of the discussions. In each session, the discussion began with questions about barriers to accessing services, and while the specifics of each conversation varied, they generally aligned with the survey findings.

Challenges Accessing VA Services: A primary topic of conversation was challenges faced by women veterans seeking services through the VA. Focus group participants shared their experiences, both positive and negative, with the VA, and expressed frustration at what they felt were inconsistencies in the information shared and the hoops they felt they had to jump through to obtain services. Some quotes that illustrate this include the following:

- *"I've never ventured to use the VA because I didn't think I... [was eligible]."*
- *"I'd rather stick with my PCP than go to the VA services, from what I hear [about the VA]."*
- *"I think, 'it's the VA, I better be happy with whatever I get.'"*

Another common theme was the feeling by many participants that they were unwelcome at the VA or at veteran-focused events or organizations, which they saw as generally geared towards men. Being asked "So, when did your husband serve?" when seeking assistance was an almost universally reported experience for the women who participated in focus groups. One participant described an encounter with someone with whom she was discussing eligibility for benefits: *"The guy just looked at me and assumed I had not been in a combat area, but I had."* This was not the case at WVN events, which received very positive comments from those focus group participants who had taken part in them in the past.

Challenges Learning about Benefits and Services: As noted elsewhere, the population of focus group attendees skewed slightly older than those completing the survey, and many participants had left military service 10 or more years ago. Many of them related that they had received no information about making the transition to civilian life, or to benefits that might be available to them, and did not feel comfortable to integrate into the larger veteran community in the same way as many male veterans were able to do.

Opportunities for the WVN: Focus group participants also discussed ideas for the role of the WVN. Many participants saw an opportunity for the WVN to serve as a connector – both to other women veterans, and to help them determine where to go for the different services that they are seeking. Some of those who participated said that they struggled with whether they even felt they were entitled to benefits; one participant stated: *"To me, benefits are for people who either got injured or are retired."* In terms of connecting with other women veterans, some participants went a long time without knowing where to turn, with one telling the group: *"I went for decades without knowing another woman veteran...."* The notion of the WVN as the central repository for information came up in several discussions – some participants acknowledged receiving e-mails, but not all were confident about where to turn online for information.

A couple of the groups surfaced issues that didn't come up in the survey responses. One such issue was the **difficulty or inability of women veterans with same-sex partners** to have their relationships recognized and to have benefits made available to their spouses when appropriate. Another was the claim that was made multiple times that **children were not allowed to accompany parents to the VA for medical appointments**, which causes a hardship for women veterans who may be primary caregivers (this was not highlighted as a concern with VSO visits, only VA medical care appointments). Finally, **the availability of and quality of services received from Veterans Service Officers (VSOs) varied widely among focus group participants**. Several credited VSOs with working with them to complete VA benefit

or disability claims and connecting them with needed resources. A few participants shared negative experiences, including difficulty making contact with VSOs (in some cases due to very limited hours of availability), VSOs who seemed unfamiliar with or unprepared to assist with needs around MST, and, in some cases, the sense that the VSO in their community was much more attuned to and responsive to the needs of male veterans.

B. ALIGNMENT WITH SURVEY FINDINGS

Several of the key findings from focus groups are closely aligned with survey findings and serve as an additional form of validation. Some of the findings with the clearest links between focus group and survey responses include the following:

- Significant confusion exists around eligibility for services
- Access to resources is impacted by access to and quality of VSOs by community
- Access to women's health services is sometimes limited – individual advocacy is often required to meet needs
- According to many women veterans, there is not a wide and/or effective promotion strategy for women veteran events
- Women veteran events are not accessible to women across the state, but instead are often held in larger cities
- Women veterans currently do not feel connected to other women veterans across the state
- Women veterans are seeking exercise and wellness activities. Some specific activities mentioned in survey responses include hiking, yoga, boating, exercise classes, tai chi classes, retreats, and music therapy.

VI. THEMES AND KEY FINDINGS FROM OUTREACH

PCG's findings from across the demographic research, survey responses, and focus group feedback gathered during the course of this project can be organized into several high-level themes.

- **Little transition support was provided to veterans of previous eras** – Veterans who ended their service in the 1970s, 1980s, and even some from more recent eras reported that they were provided with little to no information about their transition to civilian life and were given no guidance as to the benefits that might be available to them.
- **Significant confusion exists around eligibility for benefits and services** – Survey respondents cited “lack of knowledge” about services as a barrier to access which is likely the case in many instances and leads to the eligibility confusion that was discussed in focus group sessions. However, 45% of survey respondents answered the question, “How well do you understand benefits available to you through the VA?” with either “Well” or “Very Well.” Clearly, there is a disconnect between the information that women veterans have and the information they need to successfully access benefits.
- **Access to resources is impacted by access to / quality of VSOs by community** – Only 20% of survey respondents indicated that they had worked with a local Veteran Service Officer (VSO); focus group responses ranged from total lack of awareness of the VSO role to fairly intensive involvement with a VSO to submit a disability claim. Because VSOs are hired and staffed at the municipal level, there can be a wide range of both availability and capacity from community to community.
- **Differing definitions of “veteran” cause confusion** – Some focus group participants indicated that they didn't believe that they had veteran status or weren't eligible for some benefits because of the nature of their service (e.g., they did not serve overseas, or in a combat situation).
- **Transition services don't answer all questions** – focus group participants who had more recently transitioned from service indicated that they had received more guidance around benefits and assistance

available to them. Survey responses from those who had transitioned more recently were less consistent, with large swaths of respondents who did not feel comfortable with their knowledge of federal benefits available to them, and very few who felt that they understood these benefits “very well.”

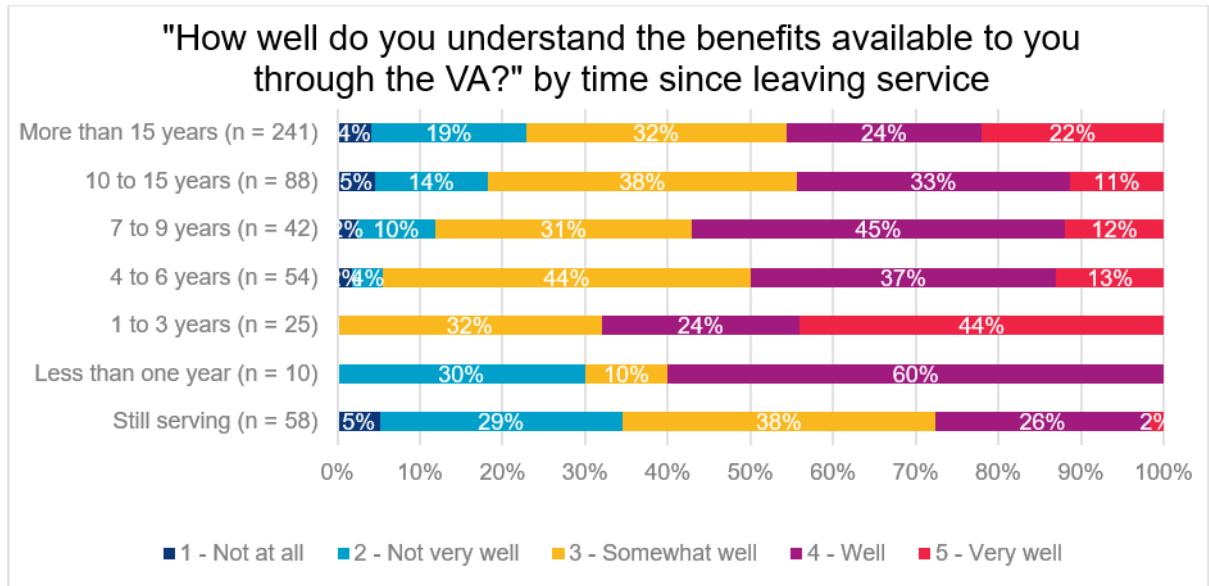


FIGURE 23. The percentage of respondents who indicated that they understood benefits available to them “not very well” or “not at all” increased along with the time since leaving service.

A. SERVICES

Survey responses and focus group discussion identified a number of themes specifically focused on services.

- **Follow up transition support to returning veterans is inconsistent and somewhat dependent on VSOs.** Focus group participants (which included VSOs in more than one group) indicated that while some information is shared with municipalities when a veteran transitions from service, it is up to the VSO to take action. The contact information shared was said to be somewhat limited as well (e.g., physical addresses but no phone number or e-mail addresses).
- **VA medical benefits and how to access health providers in the community can be very confusing.** Community provider knowledge (for those providers outside of the VA) about health services for veterans is sometimes lacking as well.
- **Access to women’s health services is sometimes limited.** Many focus group participants indicated that individual advocacy was often required to meet needs.
- **Women veterans are not well aware of the different benefits available to them, particularly those outside of the VA system.** One survey question asked respondents whether they were currently utilizing a resource, or whether they would like to access that resource. The benefits or resources that showed the largest gap (i.e., the largest percentage of respondents who would like to access them but are currently not) were non-VA resources, as indicated in the chart below.

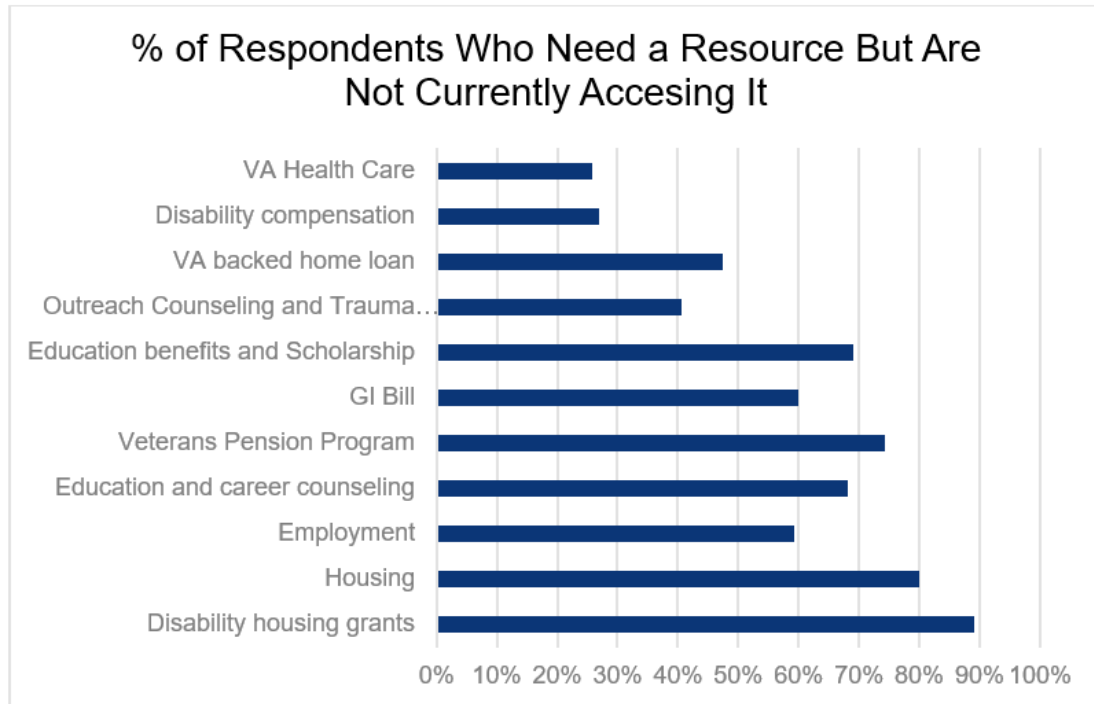


FIGURE 24. Many survey respondents indicate a need for resources that they are not currently using, indicating a gap in knowledge or access.

- **Childcare issues are less relevant to many women vets after they have left the service (due to the age of their children).** 22% of survey respondents indicated that they faced challenges related to childcare. Of that group, the majority were concerned about the cost of childcare.

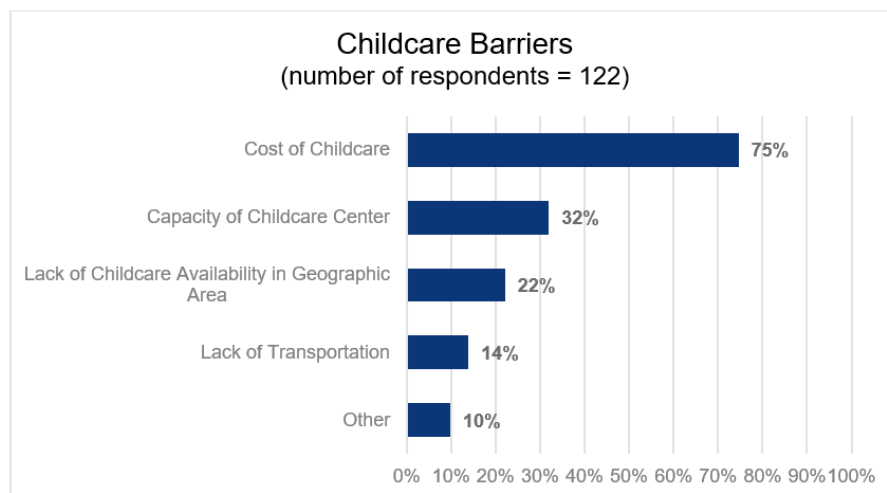


FIGURE 25. Cost was the most frequent barrier cited by survey respondents who reported difficulty accessing childcare.

- **Based on focus group responses, the one benefit most women vets were aware of was the GI Bill**, regardless of when they left military service. Many participants stated that they had used it to prepare themselves for post-military careers.
- **Women veterans are looking to participate in exercise and wellness activities.** This topic was raised independently by at least 10 survey respondents who mention this in the “open response” section of the survey. Some specific activities mentioned in survey responses include hiking, yoga, boating, exercise classes, tai chi classes, retreats, and music therapy.

B. OUTREACH AND ENGAGEMENT

Survey respondents indicated that their preferred communication channel was e-mail, but in order to reach those that are not yet engaged with DVS or WVN in some way, the Department will need to embrace a multifaceted engagement strategy. This should be influenced by some of the feedback gathered through focus groups and survey responses, including the following:

- **Women veterans could not identify a primary up-to-date source for benefit knowledge**, in some cases relying on national sources or publications, or word of mouth from fellow veterans.
- **According to many women veterans, there is not a wide or effective promotion strategy for women veteran events.** Although DVS and WVN make use of multiple social media channels, those are less effective when veterans are not already connected to them; only 49% of survey respondents indicated that they were.

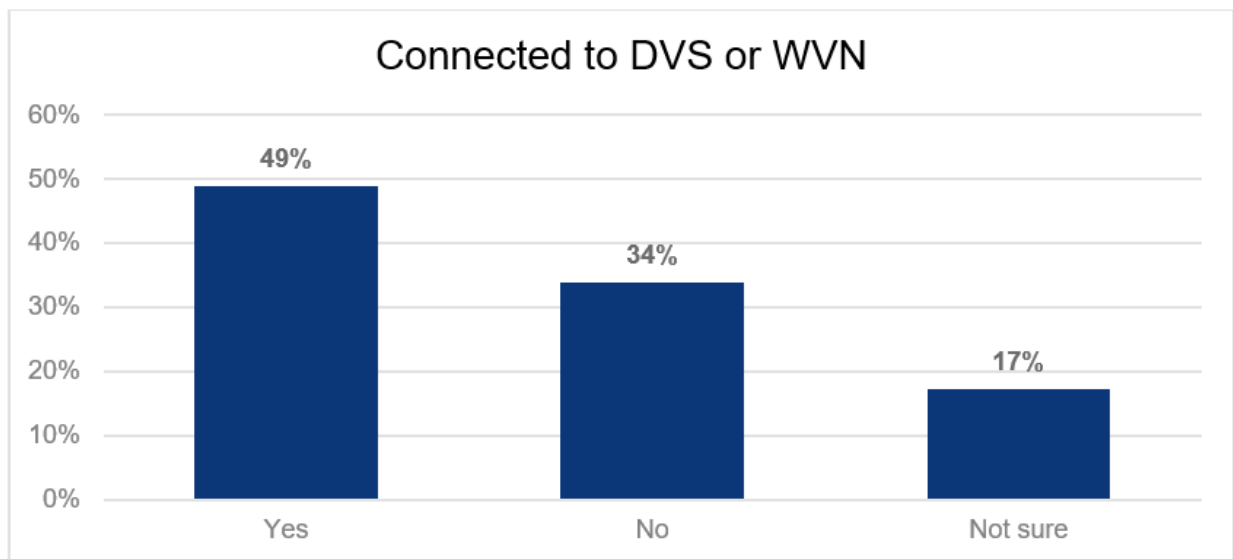


FIGURE 26. More than half of survey respondents indicated that they were not connected to DVS or WVN or were not sure if they were.

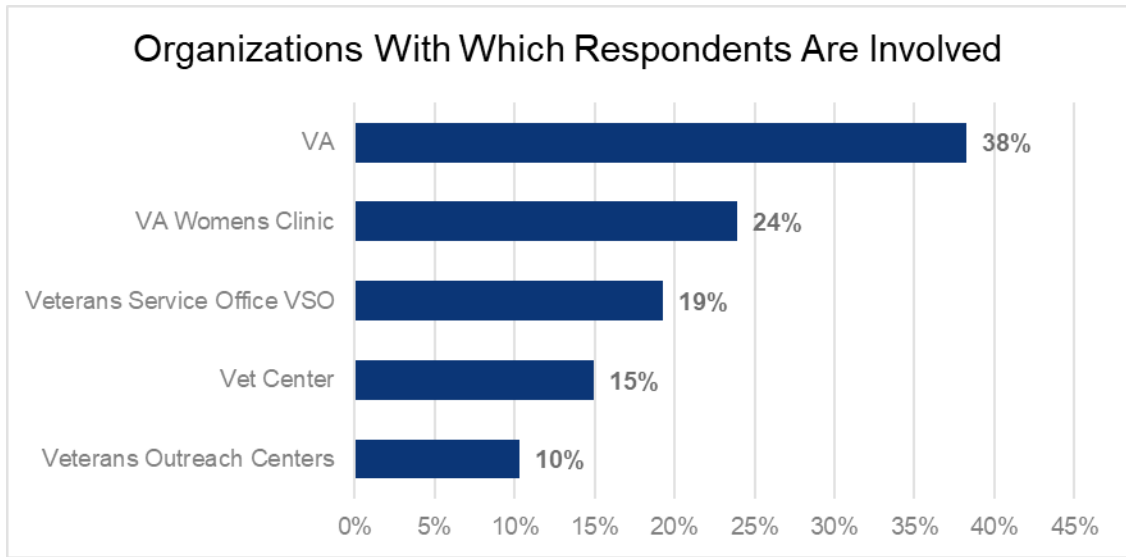


FIGURE 27. *Aside from DVS or WVN, survey respondents indicated lower levels of involvement with VA and VSO services.*

- **Women veterans events were seen as not accessible to women across the state**, often focused on larger cities like Boston.
- **Many women veterans who responded to the survey or participated in focus groups currently do not feel connected to other women veterans across the state.**

To avoid an overly broad response, or the appearance of highlighting some outside organizations over others, the survey did not include questions about veteran service organizations outside of the state and federal sphere.

VII. RECOMMENDATIONS

PCG has developed recommendations for DVS and WVN to address the findings highlighted in this report. These recommendations have been categorized as services that could be developed to support women veterans, resources needed to support these services, and outreach and engagement activities to communicate with women veterans about supports that are available to them, and to learn more about the services they seek now and in the future.

A. SERVICES

PCG recommends that DVS and WVN take the following steps to increase access to services for women veterans in the Commonwealth.

1. **Develop a “Benefits Explainer” for women veterans** – Leverage the knowledge of DVS and WVN staff, as well as VSOs and the WVN Steering Committee, to develop documentation that explains the benefits that are available to women veterans and how they can access them. Most of this information likely exists in some form or another but is spread across multiple sources and not easily accessible. Based on survey and focus group findings, confusion about benefits that are available exists even amongst those who are well-informed. This would provide an opportunity to highlight the full array of state and federal resources and provide at least the first few steps required to move forward with accessing them. For each benefit, the explainer could include the following kinds of information:

- Who provides the benefit (e.g., VA, DVS, or a community-based partner organization)
- Who is eligible for the benefit (e.g., veterans with a certain income level, or those who live in a certain area)
- What is needed to apply
- How to learn more about the benefit
- Who can help with the application process

DVS may be able to leverage an existing tool, the MassVetsAdvisor.org website, which will soon be relaunched. WVN should take advantage of this opportunity to make sure that this platform includes a significant emphasis on the programming and events that the Network develops. If possible, the site should include a women veteran-specific landing page, where any relevant information may be easily accessed.

2. **Create connections to women VSOs for women veterans** – VSOs serve an important role in the Commonwealth in connecting veterans to services and providing access to some key resources provided by the state. Some women veterans felt that women VSOs have a better understanding of their needs and experiences, and the resources available to support them, and therefore could better help to direct them to the services that they need. At present, it is estimated that women make up about 10-15% of the VSOs in the Commonwealth, and while VSOs are responsible for serving all of the veterans in their community, there is an opportunity to increase access for women veterans. One option would be to develop a contact list for women VSOs and share it via the WVN. While women veterans would still need to work with the VSO in their own community to access benefits, there may be resources or guidance that women VSO can share, or questions that a woman veteran might be more comfortable raising to a woman VSO.
3. **Supplement existing VSOs and WVN services with additional resources for Women Veterans support.**

Results showed us that women veterans could use additional resources to connect with across the state. This could take different forms – such as adding job duties to existing outreach staff, or exploring adding additional staff resources in strategic areas across the state, or forging collaborations with other women-veteran focused resources.

- a. **Explore adding additional staff resources in different region of the state for women veterans outreach.** DVS should explore how to best add additional outreach capacity in veteran-dense regions. This could be additional resources on existing veteran outreach staff – such as the Department's Statewide Advocacy for Veterans' Empowerment (SAVE) Team – or adding part- or full-time staff after further analysis. Additional resources could be focused on specific regions; a potential regional division is Northeast, Southeast, Central, and West, with the WVN Director covering Metro Boston. Additional resources could support the work of the existing Women Veterans' Network Coordinator, provide an additional resource for local VSOs, and assist with transition outreach for returning veterans and outreach and event coordination for women veterans across the Commonwealth.

Additional resources, however they are established, would allow for DVS and WVN to manage statewide and regional collaboration on women veteran issues while also adding capacity to provide direct support to women veterans who are seeking guidance around available services. These additional resources would focus on the following areas:

- **Developing additional in-person events across the state** – Several focus group participants were aware of the events that WVN has conducted, including the annual conference, and spoke positively about them. However, many also expressed an interest in more frequent events in other parts of the state, to reduce travel time. This also came up in a number of survey comments. Additional

resource staff could supplement current capacity to plan and carry out events to help meet the desire on the part of veterans to interact with other women veterans in an organized setting. These events need not all be as formal as the annual conference; some respondents suggested a regional series of “coffee chat”-style meetings, held outside of normal work hours, that would be open to women veterans who want to meet others in their area.

Middlesex, Worcester, and Hampden Counties are ideal places to launch these sessions, as they are regions of the state where relatively high percentages of women veterans reside, before rolling them out to each region of the state. Additional resource staff could take the lead in organizing and facilitating these sessions and coordinating with the VA Women Veteran Program Managers at facilities across the state to understand any existing events and leverage contacts for event outreach. These sessions would allow for the development of relationships that will allow women veterans to share information informally while also linking them to more formal supports.

It is important to note that women veterans in our focus groups who were familiar with current and past WVN events were happy with the programming and urged that it be expanded in terms of frequency and location. Some specific types of events mentioned by survey respondents include monthly gatherings and social events, networking opportunities, and spiritual retreats.

- **Expanding and centralizing transition support for veterans returning to Massachusetts** – The transition period is a crucial time to make sure that women veterans understand the supports that are available to them and know where to turn if and when they need to access resources. While each veteran may not need an in-person visit or phone call, they should be provided with some basic information about resources (such as the “benefit explainer” suggested above) and contact information for their local VSO.

Additional resources through staff/collaborations can coordinate the development of transition “welcome” materials that include this basic information and serve as a central point of contact for initial questions or concerns, particularly for women services members transitioning to civilian life. Additionally, an e-mail inbox could be created for this purpose (such as “DVStranstionsupport@mass.gov”) to allow for referrals to local VSOs.

DVS is also working with the Department of Defense (DoD) to gather information for veterans who are transitioning out of service and returning to Massachusetts; additional resources staff could take the lead on managing that relationship and the distribution of the information that is shared by DoD. The development of a more robust transition outreach program would benefit all veterans, and thus may be viewed as somewhat outside of the immediate scope of this project but would go a long way towards meeting the needs of women veterans transitioning from service.

4. **Leverage existing WVN website to create a centralized source of information** – The current WVN website is not directly linked to the DVS website, and there are multiple references to non-functional site links in WVN’s outreach materials (including the brochure and Facebook page). While a social media post or e-mail can provide information to those already connected to DVS or who know where to look, an easy-to-access website with a simple site address that is attached to all forms of communication will help increase the likelihood that web searches will pick up this information for those who may be seeking it out. The existing site includes some basic information about WVN, but it could be made much more robust by simply taking all of the contact and benefit

information that exists on the DVS website and other publications and developing an easy-to-access landing page with a large link to the DVS website.

This is already being accomplished in part by the recreation of the Department of Veterans' Services one-stop-shop for veterans' programs and resources, Mass Vets Advisor. Recently relaunched, www.mass.gov/mass-vets-advisor is a single place for all veterans' benefits, programs, resources, and services available in Massachusetts. The Women Veterans' Network information is linked there, and it is recommended that resources continue to be built out.

Many women veterans told us they didn't know where to look for information about state benefits, VSO contact information, and upcoming events, and that the sources that they could find were often out of date. 50% of survey respondents indicated that they would like to learn about events either "online" or via social media. Organizing and validating the information that is already available and making it easily accessible to someone who is searching for information about services for women veterans is a simple way to enhance outreach, support women veterans and VSOs, and reduce the frustration that causes some women veterans to stop pursuing the support that they need.

5. **Partner with an existing resource to provide exercise and wellness activities for women veterans** – DVS and WVN should build on past positive experiences and utilize a community partner or create a new partnership with a health or wellness organization, to develop exercise and wellness activities focused on women veterans. Focus group participants indicated that they would like to receive health care services in a veteran-focused environment, and exercise and wellness activities can meet these needs for younger veterans or those without serious existing health conditions. As noted above, women veterans are seeking these activities, and it may be possible to create or leverage a relationship with gyms, yoga studios, and other wellness activity providers who would benefit from the good publicity that supporting women veterans will bring. The existing partnership with some local YMCAs to provide access to women veterans is an example, but there are other opportunities for additional partnerships across the state that WVN should explore. Regional partnerships likely hold the most promise for increasing access across the state, as may wellness providers are not members of state-wide chains. Likewise, these need not be paid partnerships; one option would be to begin by identifying any providers willing to provide a veteran discount for their services, publicizing these discounts via existing WVN communications channels and tracking the response. If the response warrants, WVN can work with a provider to tailor programming specifically for women veterans, and veterans could access it at a reduced cost.

B. RESOURCING

The recommendations in the section above will require further investment by DVS. While the exact level of effort can be decided as implementation moves forward, PCG recommends additional resources to establish the regional support network for women veterans envisioned above. As indicated in Recommendation A3, the primary responsibilities of the staff in these roles would include the following:

- Planning and coordinating regional events and other programming for women veterans.
- Serve as a resource to local VSOs seeking support for women veterans.
- Coordinate with VA Women Veteran Program Managers and other VA contacts to leverage outreach and existing VA programming.
- Manage expanded transition support efforts at a regional level.
- Supporting and expanding on the existing efforts of the WVN.

Given their role in statewide coordination, we recommend that these positions remain under the purview of DVS.

Though the scope of this study did not call for a deep dive into the budgetary situation of the Department, it will likely be necessary to request additional resources from the Legislature during the budgeting process to support these positions.

C. OUTREACH AND ENGAGEMENT

DVS and WVN must pursue additional outreach and engagement strategies to better communicate with and reach women veterans in the Commonwealth. Current efforts have netted a sizable list of contacts, and certainly seem to have raised awareness of the existence of the WVN and WVN events. As proven by the survey outreach, WVN is able to leverage existing connections, social media, and in-person events to publicize events. Additional efforts can be made to identify, outreach to, and engage women veterans across age groups and demographic categories, and across the Commonwealth.

1. *Key Areas of Engagement*

In general, women veterans expressed a desire to learn more about three key topics:

- Availability of and access to benefits
- The ability to connect with fellow women veterans
- Information about events that would support either of the first two topics.

As noted elsewhere in this report, there is a significant gap in the services that women veterans would find helpful and the ability of women veterans to access these benefits, as well as a strong desire to meet and interact with women who have similar life experiences to share. The journeys and experiences of women veterans are quite different from those of male veterans, and the existing veterans' services infrastructure is generally focused on the male veteran experience. Based on the feedback gathered over the course of this project, there is an unmet demand for services and information for women veterans, and DVS and WVN are well positioned to serve as both a clearinghouse for existing services and the driver for the development of new and expanded services.

2. *Messaging and Strategy*

Survey respondents indicated that email was the most popular way for women veterans to stay connected and learn about events and relevant activities. PCG's analysis indicated that the majority of women veterans 65 and older preferred email overall, but that a significant percentage indicated a preference for mailings as well. To accommodate both, DVS and WVN could supplement regular e-mails with a quarterly or biannual mailing, which could include newsletter-style "updates" along with upcoming events and contact information (i.e., other channels for electronic communication). This would allow those veterans who prefer mailing to remain up to date while reducing the cost and effort of more frequent mailings.

DVS and WVN have embraced the use of social media to share information, particularly via the WVN Facebook and Twitter pages. It appears that WVN is generally mirroring posts across these two pages, which is a good strategy to reach those who may use one platform the other. Given the increasingly splintered landscape of social media, WVN in particular should identify any additional platforms that might be useful for connecting with women veterans. More importantly, as noted in the recommendations above, WVN should create a landing page that is accessible to all, with no reliance on outside platforms, to serve as the entry point for anyone searching for resources for women veterans. If possible, the URL for this landing page should be something official but simple; the link listed on the Twitter page (mass.gov/womenveteran) is ideal although it does not appear to be working at this time.

From a strategic standpoint, the best way to establish a role in the lives of women veterans is to connect with them as soon as possible after transition. This connection can be a "light touch" – there is no need for an in-person meeting, or even a phone call or personalized email. Sharing information with women veterans at the time that they transition, and then following up 2-3 months later, is a good way to promote awareness of DVS, WVN, and available services and benefits during a time when many veterans are working to

determine their next steps. While they may not need or be able to take advantage of services or activities immediately, this contact will establish DVS and WVN as a place to turn if and when the need for support arises.

DVS and WVN should work to refine the key messages for each organization. WVN's website and promotional materials include a clear mission statement ("The Women Veterans' Network of the Department of Veterans' Services is the central resource for women veterans in the Commonwealth"), variations of which appear on each of the main points of contact (Twitter, Facebook, and the website). DVS has a much broader mission, and WVN should be sure to explicitly tie into that whenever possible (e.g., "The WVN supports DVS's mission by connecting women veterans with resources and support"). Additionally, messaging around WVN can be targeted to the different segments of the population being served, organized around some key themes. Some examples could include the following, depending on how the Network chooses to build out services in the future:

Theme	Key Messages	Audience
Resources and Support	- The WVN is here to help connect you to the resources that exist to support women veterans - The WVN can advocate for additional resources for women veterans - The WVN can amplify the voices of women veterans in the Commonwealth	All women veterans
Support for Existing Service Infrastructure	- The WVN can serve as a resource for VSOs and other front-line staff who serve veterans - The WVN can serve as a clearinghouse for event and benefit information for VSOs	VSOs and veteran-focused organizations
Advocacy	- The WVN can help you understand the unique issues facing women veterans and the resources needed to address them - The WVN can help MA take a national leadership role in supporting women veterans	Legislators and other state and local leadership

3. Communication Planning

The main forms for communication for WVN will likely continue to be email and social media, with the occasional "traditional" mailing or newsletter. In order to better engage those who are currently connected to DVS or WVN in some way, while also bringing in women veterans who are not already engaged, WVN should utilize several different delivery methods tailored to appropriate segments of the audience.

In addition, DVS must leverage existing contact information across state government. Contact information for veterans may be more readily available than currently assumed. Many cities and towns collect annual census information that asks respondents to indicate whether there are any veterans as part of the household. While they may not be able to share the specific contact information, there may be a way to work with communities to have them mail outreach materials that refer veterans back to DVS or WVN. In communities where municipal census data is shared with VSOs to help identify veterans for outreach purposes, it may be possible to cross-reference this information against the DoD information shared with VSOs by DVS.

Finally, many other state programs include veteran status as part of their intake or data collection tools. A review of application information indicates that the following programs request information about military or veteran status:

Program	Agency	Information Requested
Supplemental Nutrition Assistance Program (SNAP)	MA Department of Transitional Assistance (DTA)	Current veteran benefits (financial)
Temporary Aid for Needy Families (TANF)	MA Department of Transitional Assistance (DTA)	Military status, including type of discharge
Unemployment Insurance	MA Department of Unemployment Assistance (DUA)	DD-214 form for those who have indicate they served in the military
“Section 8” Housing Centralized Application	MA Centralized Waiting List (http://www.section8listmass.org/)	Head of household's veteran status
Veterans' Bonus	Office of the Treasurer (MA)	DD-214, deployment information
“Veteran” License Indicator and License Plates	MA Registry of Motor Vehicles (RMV)	DD-214 form
Veterans and Eligible Spouses Triage	MassHire Department of Career Services	Veteran status

DVS could enter into data sharing agreements with these programs to regularly share information about program participants with veteran status. SNAP and TANF may be good starting points since those programs are administered by a fellow EOHHS agency.

The table below provides information about how different communication methods could be used.

Vehicle / Type	Purpose	Frequency	Audience
WVN Website	Provide messages and resources to a wide range of stakeholders, both Internal and external. The value of web resources is that they can be continually refreshed.	Ongoing (update at least monthly)	Women veterans, general public
WVN “Blast” Email - General	Email remains the preferred method of communication for a wide range of stakeholders. This general e-mail will be sent to anyone identified as a woman veteran unless they opt out. It will contain high-level resources and information.	Monthly	Women veterans with an e-mail address, other internal or external stakeholders (e.g., VSOs, other state agencies)
WVN “Blast” Email – Opt-in	Women veterans or other stakeholders who would like more frequent communication can opt-in to additional messaging with more highlighted and	Weekly / bi-weekly	Women veterans or other stakeholders who opt-in

Vehicle / Type	Purpose	Frequency	Audience
	targeted information, which can be based on feedback from recipients (via e-mail or other methods).		
Social Media	Share information also provided in e-mails or on the website across additional platforms. Take advantage of platform algorithms to connect with additional veterans or stakeholders. Solicit and gather feedback directly from veterans and the public.	Ongoing (post at least weekly)	Women veterans, general public
Mailings via USPS	Provide very high-level information for those who wish not to use the website, email, or social media. May also serve as a kind of newsletter or “round up” of recent and upcoming activities. Depending on number and cost of mailings, WVN may wish to limit this to women veterans and stakeholders who opt-in to a physical mailing.	Quarterly	Women veterans, state and local leadership

D. NEXT STEPS

In order to move forward with recommended activities, DVS and WVN should consider these potential next steps, to help determine internal capacity to move towards implementation, and identify resource gaps and opportunities.

- **Assess internal communication capacity** – DVS has a communications manager in place who serves the communications needs of the department. In order to address the increased communications activity suggested in this report, additional staff may be necessary to assist with this work.
- **Update existing WVN communications channels** – Although the WVN Twitter and Facebook feeds are up to date, both the printed brochure and the WVN website need to be updated to reflect correct contact information and to better convey the information that is important to women veterans. The current brochure is somewhat text-heavy; it could be re-worked to feature more graphics and serve as a link to more robust materials available online.
- **Begin outreach to state and local partners to gather contact information** - Supplementing the existing outreach e-mail list with additional sources of information from within the state, or info that is available to VSOs is key to utilizing any new outreach methods. This may require entering into information sharing agreements with some communities or agencies. These can require a long, drawn-out process, and so DVS should begin this work as soon as possible with the organizations indicated above in *Section 3. Communication Planning*, starting with those programs that are administered by fellow EOHHS agencies.

VIII. CONCLUSION

The number of women veterans in the Commonwealth is projected to continue to increase in the coming decades, and women will make up an ever-larger share of the overall veteran population, nationally and state-wide. As services evolve to meet the needs of this growing population, it is important to incorporate the feedback of veterans themselves into the decision-making process. This project incorporated direct feedback from hundreds of women veterans, all of whom were willing to invest time and effort to share their ideas and experiences with DVS and WVN.

The recommendations developed as part of this project reflect the early stages of this service evolution, with signs of progress and several areas for opportunity. An overarching theme is that services alone are not enough to support women veterans. Access to services and awareness of the services that are available, are the keys to ensuring that resources devoted to supporting women veterans are utilized effectively and efficiently.

The number of services currently available to women veterans in Massachusetts at the state and federal level represents an excellent starting point. The challenge for the Commonwealth now is to increase the awareness and levels of access to these services. With some investments in staff and more focused communications, DVS and WVN can significantly impact the lives of women veterans across Massachusetts.

IX. APPENDIX A: SURVEY QUESTIONS

[This section includes all survey questions as they were posed to survey respondents through the Qualtrics system. Please note that due to the skip-logic employed by the survey tool, respondents did not see all questions, as some are shown contingent upon answers to previous questions.]

PCG is working with the Department of Veterans' Services to conduct a survey of women veterans in the Commonwealth that is focused on current service needs and utilization. The survey will help the Department better understand how women veterans interact with the Department and other service providers, and where women veterans need additional resources and support. Along with additional information gathered via research and focus groups, the survey results will be used to develop recommendations for strategies to better engage women veterans and to direct resources in ways that better meet their needs.



A. SCREENING BLOCK

What is your current gender identity?

- ☐ Woman
- ☐ Man
- ☐ Trans Female or Trans Woman
- ☐ Trans Male or Trans Man
- ☐ Genderqueer, Gender Non-Conforming, or Non-binary
- ☐ Different Identity (please specify)
- ☐ Prefer not to answer

Which branch(es) of the military have you served in? (Select all that apply)

- ☐ Air Force
- ☐ Army
- ☐ Coast Guard
- ☐ Marine Corps
- ☐ Navy
- ☐ Space Force
- ☐ National Guard
- ☐ Reserves
- ☐ Did not serve

Please confirm if you have served in one or more branches of the military.

- ☐ I have served in one or more of the following branches: Air Force, Army, Coast Guard, Marine Corps, Navy, Space Force, National Guard, Reserves.
- ☐ I have not served.

Which reserves have you been a part of? (Select all that apply)

- ☐ Air Force Reserve
- ☐ Army reserve
- ☐ Coast Guard Reserve
- ☐ Marine Corps Reserve Navy Reserve
- ☐

Do you currently reside in Massachusetts?

- ☐ Yes
- ☐ No

You have indicated your current gender identity as: "Man"

This survey is intended for women veterans in Massachusetts, would you like to continue?

- ☐ No - I am not the intended audience for this survey and would like to discontinue.
- ☐ Yes - I would like to continue the survey.

B. VETERANS BENEFITS BLOCK

How well do you understand benefits available to you through the VA?

- ☐ 5 - Very well
- ☐ 4 - Well
- ☐ 3 - Somewhat well
- ☐ 2 - Not very well
- ☐ 1 - Not at all

Thinking about the **past two years**, which of these veteran-specific benefits have you ever **needed** (whether or not you used them)?

- ☐ VA health care
- ☐ GI Bill
- ☐ Education and career counseling
- ☐ Education benefits and Scholarships
- ☐ Housing
- ☐ VA-backed home loan
- ☐ Disability housing grants
- ☐ Employment
- ☐ Veterans Pension program
- ☐ Disability compensation
- ☐ Outreach, Counseling, and Trauma Resources

What about these other veteran-specific benefits?

Select all that you **needed in the past two years** whether or not you used them.

- ☐ Property Tax Exemptions
- ☐ Support for Veteran-owned small businesses
- ☐ Legal assistance
- ☐ Motor Vehicle Benefits
- ☐ Financial Guidance, Protections, and Assistance
- ☐ Public Assistance
- ☐ Veteran Readiness and Employment (VR&E)
- ☐ Life insurance
- ☐ Aid and attendance or housebound allowance
- ☐ Other (Please describe)

You selected a need for one or more veteran-specific benefits in the past two years.

Please select your **current** need and use for these benefits.

	I need this benefit currently	I use this benefit currently	Neither
» VA health care	☐	☐	☐
» GI Bill	☐	☐	☐
» Education and career counseling	☐	☐	☐
» Education benefits and Scholarships	☐ ☐	☐ ☐	☐ ☐
» Housing	☐	☐	☐
» VA-backed home loan	☐ ☐	☐ ☐	☐ ☐
» Disability housing grants	☐	☐	☐
» Employment	☐	☐	☐
» Veterans Pension program	☐	☐	☐
» Disability compensation	☐	☐	☐
» Outreach, Counseling, and Trauma Resources	☐	☐	☐

	I need this benefit currently	I use this benefit currently	Neither
» Financial Guidance, Protections, and Assistance	☐	☐	☐
» Legal assistance	☐	☐	☐
» Life insurance	☐	☐	☐
» Motor Vehicle Benefits	☐	☐	☐
» Property Tax Exemptions	☐	☐	☐
» Public Assistance	☐	☐	☐
» Support for Veteran-owned small businesses	☐	☐	☐
» Veteran Readiness and Employment (VR&E)	☐	☐	☐
» Aid and attendance or housebound allowance	☐	☐	☐
» Other (Please describe) 	☐	☐	☐

What **barriers** prevent you from accessing available **veteran-specific** benefits? (Select all that apply)

- ☐ Lack of childcare
- ☐ Limited capacity (e.g., waitlist)
- ☐ Lack of Transportation
- ☐ Lack of knowledge about available services and programs
- ☐ Not eligible
- ☐ Not in my geographic area
- ☐ Too costly
- ☐ Other (Please describe)

C. GENERAL BENEFITS BLOCK

For these **general** benefits offered in Massachusetts, which have you ever **needed in the past two years** (whether or not you used them)?

- ☐ MassHealth
- ☐ Housing Assistance
- ☐ Job Search Assistance
- ☐ Elder Services
- ☐ Food Assistance (SNAP)
- ☐ Unemployment
- ☐ Cash Assistance
- ☐ Child Support
- ☐ Other (Please describe)

Please indicate your **current** need and use for these general Massachusetts benefits.

	I need this benefit currently	I use this benefit currently	Neither
» Unemployment	☐	☐	☐
» MassHealth	☐	☐	☐
» Food Assistance (SNAP)	☐	☐	☐
» Cash Assistance	☐	☐	☐
» Housing Assistance	☐	☐	☐
» Child Support	☐	☐	☐
» Job Search Assistance	☐	☐	☐
» Elder Services	☐	☐	☐
» Other (Please describe)			

What **barriers** prevent you from accessing available **general** benefits offered in Massachusetts? (Select all that apply)

- ☐ » Limited capacity (e.g., waitlist)
- ☐ » Too costly
- ☐ » Not eligible
- ☐ » Lack of childcare
- ☐ » Lack of knowledge about available services and programs
- ☐ » Not in my geographic area
- ☐ » Lack of Transportation
- ☐ » Other (Please describe)

D. CHILDCARE BLOCK

Have you experienced **challenges related to childcare** that have kept you from pursuing work, education, or training opportunities?

- ☐ Yes
- ☐ No

What **challenges** have you experienced as a result of difficulties with childcare? (Select all that apply)

- ☐ Finding a job
- ☐ Taking a job
- ☐ Keeping a job
- ☐ Completing education
- ☐ Taking training opportunities
- ☐ Other (Please describe)

What **childcare barriers** have you experienced? (Select all that apply)

- ☐ Capacity of childcare center
- ☐ Cost of childcare
- ☐ Childcare not available in my geographic area
- ☐ Lack of transportation
- ☐ Other (Please describe)

E. HEALTH BLOCK

What are your current health needs? (Select all that apply)

- ☐ Women's health services
- ☐ Gender transitioning
- ☐ General health services
- ☐ Mental Health services
- ☐ Substance use treatment
- ☐ Resources for military sexual trauma (MST)
- ☐ Resources for post-traumatic stress (PTS)
- ☐ Nutritional assistance
- ☐ Whole health: integrated holistic modalities to support wellness
- ☐ Other (Please describe)

Thinking about your **physical health**, which includes physical illness and injury, how would you rate your physical health **in the past 30 days**?

- ☐ Poor
- ☐ Fair
- ☐ Good
- ☐ Very Good
- ☐ Excellent

Thinking about your **mental health**, which includes stress, depression, and emotion regulation, how would you rate your mental health **in the past 30 days**?

- ☐ Poor
- ☐ Fair
- ☐ Good
- ☐ Very Good Excellent

Do you have a VA-certified disability?

- ☐ Yes
- ☐ No
- ☐ Not sure

Please indicate your service-connected disability rating.

- ☐ 0%
- ☐ 10%
- ☐ 20%
- ☐ 30%
- ☐ 40%
- ☐ 50%
- ☐ 60%
- ☐ 70%
- ☐ 80%
- ☐ 90%
- ☐ 100%

F. NETWORK BLOCK

Are you currently, or have you previously been connected to the Massachusetts Department of Veterans' Services or Women Veterans' Network?

- ☐ Yes
- ☐ No
- ☐ Not sure

Which of the following organizations or agencies are you involved with?
(Select all that apply)

- ☐ Vet Center
- ☐ Veterans Outreach Centers
- ☐ Veterans' Service Officer (VSO)
- ☐ VA
- ☐ VA Women's Clinic
- ☐ Other (Please describe)

How have you learned about events and services for women veterans?

(Select all that apply)

- ☐ Email
- ☐ Phone call
- ☐ Social Media (e.g., Facebook, Instagram, Twitter)
- ☐ Mailings
- ☐ Online
- ☐ Other women veterans
- ☐ Events offered by women veterans' organizations
- ☐ Word of mouth
- ☐ News media (newspaper, TV news, radio)
- ☐ Other (Please Describe)

In the future, how would you **prefer to learn** about events and services for women veterans? (Select all that apply)

- ☐ » Email
- ☐ » Phone call
- ☐ » Social Media (e.g., Facebook, Instagram, Twitter)
- ☐ » Mailings
- ☐ » Online
- ☐ » Other women veterans
- ☐ » Events offered by women veterans' organizations
- ☐ » Word of mouth
- ☐ » News media (newspaper, TV news, radio)
- ☐ » Other (Please Describe)

G. AGING BLOCK

Have you decided where you would like to live as you age? (For example, assisted living, a long-term care facility, or the home of a loved one)

- ☐ Yes
- ☐ No

What is your anticipated living situation as you age? (Please select your **top 3** choices including backup preferences if you have already decided.)

- ☐ Age in your own home
- ☐ Age in the home of a loved one
- ☐ Independent living
- ☐ Assisted living
- ☐ Community-based long-term care facility
- ☐ Veterans specific long-term care facility
- ☐ Other (Please describe)

What options would you like available to you as you age? (Please select your **top 3** options)

- ☐ » Age in your own home
- ☐ » Age in the home of a loved one
- ☐ » Independent living
- ☐ » Assisted living
- ☐ » Community-based long-term care facility » Veterans
- ☐ specific long-term care facility
- ☐ » Other (Please describe)

H. DEMOGRAPHICS BLOCK

Thank you for your responses so far! We have just a few more demographics questions that will help us best customize future services and programs offered to women veterans in Massachusetts.

How old are you?

- ☐ 18-24 years
- ☐ 25-34 years
- ☐ 35-44 years
- ☐ 45-54 years
- ☐ 55-64 years
- ☐ 65-74 years
- ☐ 75+ years

How would you describe your race / ethnicity? (Select all that apply)

- ☐ African American or Black
- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Caucasian or White
- ☐ Latinx/Latina/Latino
- ☐ Hispanic
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ Prefer not to answer
- ☐ Other (Please describe)

How long has it been since you left military service?

- ☐ Less than one year
- ☐ 1 to 3 years
- ☐ 4 to 6 years
- ☐ 7 to 9 years
- ☐ 10 to 15 years
- ☐ More than 15 years Still serving
- ☐

What is your current housing situation?

- ☐ Own my home, condominium, or apartment
- ☐ Rent my home, condominium, or apartment
- ☐ Currently without a home and sharing housing
- ☐ Currently without a home and living in an emergency or transitional shelter
- ☐ Live with a friend or family member
- ☐ Live in public housing
- ☐ Assisted living
- ☐ Long-term care facility
- ☐ Other (Please describe)

What zip code do you currently live in?

Zip code

In what county do you currently live?

- ☐ Barnstable County
- ☐ Berkshire County
- ☐ Bristol County
- ☐ Dukes County
- ☐ Essex County
- ☐ Franklin County
- ☐ Hampden County
- ☐ Hampshire County
- ☐ Middlesex County Nantucket County
- ☐ Norfolk County
- ☐ Plymouth County
- ☐ Suffolk County
- ☐ Worcester County
- ☐

What is the highest level of education you have achieved?

- ☐ High school diploma
- ☐ GED or equivalent
- ☐ Some college
- ☐ Associate degree (e.g., AA, AS)
- ☐ Trade/Technical/Vocational training
- ☐ Bachelor's degree (e.g., BA, BS)
- ☐ Master's degree (e.g., MA, MS, MEd)
- ☐ Professional degree (e.g., MD, DDS, DVM) Doctorate (e.g.,
- ☐ PhD, EdD)

What is your current employment status?

- ☐ Employed full time (more than 35 hours per week)
- ☐ Employed part time (35 hours or less per week)
- ☐ Retired
- ☐ Stay at home parent/caregiver
- ☐ Student
- ☐ Unable to work
- ☐ Unemployed and currently looking for work
- ☐ Unemployed and not currently looking for work Other (Please
- ☐ describe)

What is your household's annual income (before taxes)?

- ☐ Less than \$10,000
- ☐ \$10,000 - \$19,999
- ☐ \$20,000 - \$29,999
- ☐ \$30,000 - \$39,999
- ☐ \$40,000 - \$49,999
- ☐ \$50,000 - \$59,999
- ☐ \$60,000 - \$69,999
- ☐ \$70,000 - \$79,999
- ☐ \$80,000 - \$89,999
- ☐ \$90,000 - \$99,999
- ☐ \$100,000 - \$149,999
- ☐ More than \$150,000

What is your current marital status?

- ☐ Single
- ☐ Married or in a domestic partnership
- ☐ Separated
- ☐ Widowed
- ☐ Other (Please describe)

How many **dependents** reside with you in your household?

- ☐ 0
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7
- ☐ 8+

Is there anything else related to women veterans' services and programming in Massachusetts that you'd like to add or elaborate on?



I. INCENTIVE AND FOCUS GROUP

May we contact you about participating in a focus group?

The focus group will be used to understand the narratives of women veterans' needs and enhance the survey results.

- ☐ Yes
☐ No

For the focus group, would you be willing to participate in-person or virtually?

- ☐ In-person (e.g., Meet at a local library conference room)
☐ Virtual (e.g., Zoom meeting)
☐ Either in-person or virtual

Would you like to be entered in a raffle to receive a \$20 e-gift card? *Ten winners selected at random will be given a \$20 e-gift card to Dunkin Donuts delivered through email.*

- ☐ Yes
☐ No

FocusGroup_only_text. Note: Your email address will only be used to contact you regarding a focus group and will not be used for any other purpose.

FocusGroup_only_txt2. Note: Your email address will only be used to contact you regarding a focus group and will not be used for any other purpose.

Raffleonly_text. Note: Your email address will only be used to deliver the e-gift card if you are a selected winner and will not be used for any other purpose. Raffle winners will be selected within 30 days.

Raffleonly_text2. Note: Your email address will only be used to deliver the e-gift card if you are a selected winner and will not be used for any other purpose. Raffle winners will be selected within 30 days.

FocusGroupRaffle_tex. Note: Your email address will only be used to contact you regarding a focus group and to deliver the e-gift card if you are a selected winner and will not be used for any other purposes. Raffle winners will be selected within 30 days.

Please enter your **email address**.

Email address

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X. APPENDIX B: FOCUS GROUP QUESTIONS

A. ICEBREAKERS

- How long have you or did you serve in the military?
- What branch of the military did you or do you serve in?

B. BENEFITS

1. The survey data strongly indicated that "lack of knowledge" about available benefits is the biggest barrier to accessing veteran-specific benefits. What more could you tell us about this?
2. When you have tried to access benefits, have you experienced any barriers?
3. Which benefits have you tried to access in the last two years? Which would you have tried to access if you were aware of them?

C. HEALTH

4. Have you had difficulty accessing care for your current health needs? Which health needs are you having the most difficulty accessing?
5. Do / Would you prefer to access health care services in a veteran-focused environment?

D. CHILDCARE

6. Have you experienced any challenges related to childcare that have kept you from pursuing work, education, or training opportunities?
7. What are some resources that would assist you with managing these challenges?

E. NETWORKS

8. Can you tell us briefly about your experience working with DVS and/or WVN?
 - a. For those of you not connected, would you like to be? How could DVS/WVN help to foster that connection?
 - b. Are there other organizations with which you are connected?
9. Have you communicated with the VSO in your community?
10. What role would you like to see WVN play in coordinating resources for women veterans? What role would you like to see DVS play?
11. Survey results indicate that women veterans would like to learn about events and services via e-mail. Do you agree? Are there any examples of excellent outreach for a service or event that you can think of?

F. CLOSING

12. Is there anything else you would like to share about your experience as a woman veteran in Massachusetts that may be important for DVS/WVN to know??