Department of Veterans Affairs (VA)
Advisory Committee on Women Veterans (ACWV)
VA Central Office
810 Vermont Avenue, NW
Room 230
Washington, DC 20420
March 25-27, 2014

VA Advisory Committee on Women Veterans (ACWV) Members Present:

COL Shirley Quarles, Chair, USAR, Retired
Gina Chandler, USAF Veteran
Tia Christopher, USN Veteran
Larri Gerson, USAF Veteran
Sara McVicker, USA Veteran
MSgt Mary Morin, USAF, Retired
COL Felipe Torres, USMC, Retired
COL Mary Westmoreland, USA, Retired
Charlotte Atso, USA Veteran

ACWV Members Excused:

CDR Sherri Brown, USCGR, Retired
SPC Latoya Lucas, USA, Retired
1SG Delphine Metcalf-Foster, USA, Retired

ACWV Ex-Officio Members Present:

Dr. Patricia Hayes, Chief Consultant, Women's Health Services, Veterans Health Administration (VHA)

Lillie Jackson, Assistant Director, Buffalo VA Regional Office (VARO) Veterans Benefits Administration (VBA)

Dr. Nancy Glowacki, Women Veterans Program Manager, Veterans Employment and Training Service, Department of Labor (DOL)

COL Betty Yarbrough, Military Director, Defense Advisory Committee on Women in the Services, Department of Defense (DoD)

ACWV Advisors Present:

Faith Walden, Program Analyst, Office of Finance and Planning, National Cemetery Administration (NCA)

ACWV Advisors Excused:

CDR Michelle Braun, Nephrology Nurse Practitioner, National Institutes of Health

Center for Women Veterans (CWV)

Elisa Basnight, Director
Dr. Betty Moseley Brown, Associate Director
Desiree Long, Sr. Program Analyst
Shannon Middleton, Program Analyst
Michelle Terry, Program Support

Other VA Staff:

Barbara Palmer, Women's Health Services, VHA
Jeleesa Burney, Advisory Committee Management Office

Guests:

Steve Gray, Office of U.S. Senator John Boozman
Sarah Hadacek, Veterans of Foreign Wars (VFW)
Sharon Hodge, Vietnam Veterans of America
Angela Jeansonne, American Osteopathic Association
Gabriella Kubinyi, VFW
COL (Retired) Cathy Lewis, Military Officers Association of America
LTC Paula Smith, Soldier for Life
Teresa Morris, VFW

The entire meeting package with attachments is located in the Center for Women Veterans, Washington, DC

Tuesday, March 25, 2014 – G.V. "Sonny" Montgomery Conference Center, Room 230

The Advisory Committee on Women Veterans attended the White House Champions of Change event at the White House.

Meeting was called to order by the Chair.

- Introduction of ACWV members and visitors
- Review of agenda.
- Approval of minutes from August 2013, ACWV site visit to Atlanta VA Medical Center (VAMC), in Decatur, Georgia.

Introduction/Center for Women Veterans Transformation Overview/Timeline for Processing of 2014 Report of the ACWV, Elisa Basnight, Director, Center for Women Veterans/ACWV Designated Federal Official (DFO)

- Women are one of the fastest growing subpopulations of Veterans.
- Based on active duty and recruiting numbers, the percentage of women Veterans is projected to increase.
  - Of the 21,972,964 million living Veterans, there are 2,271,222 million women Veterans--representing 10.4 percent of the total Veterans population.
  - By 2020, women Veterans are estimated to represent 12.4 percent the total Veterans population.
- Median women Veteran's age is 49 (male is 64, as of 9/30/12).
- Background:
  - Women did not officially serve in the US military, until the Army and Navy Nurse Corps were established in 1901 and 1908 respectively. Prior to that time, women served with the armed forces as contract and volunteer nurses, cooks, laundresses and even in disguise as soldiers.
  - Later in 1951, then Secretary of Defense, George C. Marshall, established the U.S. Defense Department Advisory Committee on Women in the Services (DACOWITS), comprised of civilian women and men appointed by the Secretary of Defense to provide advice and recommendations on matters and policies

relating to the recruitment and retention, treatment, employment, integration, and well-being of women in the U.S. Armed Forces.
    - DACOWITS' recommendations have been instrumental in effecting changes to laws and policies pertaining to military women.
  - Forty three years later, in 1994, Congress passed Public Law 103-446, which required VA to create the Center for Women Veterans (CWV), to monitor the administration of VA's programs for women.
- The Center is implementing a transformation plan in a multi-year approach:
  - FY 2013 was the year of preparation, and training to begin change.
  - FY 2014 is the year of change and full development.
  - FY2015 will be the year of stabilization.
  - FY 2016 will be the year of assessment and best practices.
- Success results through collaboration:
  - Women Veterans Program (WVP): CWV leads in the collaboration and coordination with VA's three Administrations (VHA, VBA, NCA), and Staff Offices on the delivery of benefits and services to women, through the WVP.
  - CWV, with the WVP, is leading a VA-wide homelessness initiative to promote women Veterans competitiveness to prevent homelessness.
    - VBA's senior advisor for Veterans employment and the director of VHA Homeless Programs Office are collaborating on a pilot homeless women Veterans hiring event in Seattle, tentatively planned for May 2014.
  - Collaborative partnerships: CWV aggressively liaisons with other Federal/state/local agencies, as well as other external partners, to build understanding of how collaboration can assist women Veterans.
  - Collaborative initiatives:
    - Targeted messaging through partnership with CWV and VBA, to encourage women to get an eBenefits account, and to gain access to over 58 self-service functions, such as filing a disability claim.
    - VA is currently developing six mobile applications that enhance provider and/or patient access to information about women's health topics.
  - Reviewed CWV's transformation plan and CWV's 20-year anniversary.
  - Provided updates on activities of the White House Council on Women and Girls (WHCWG).
    - Women Veterans Working Group implementation and VA/ WHCWG Women Veterans Homeless Initiative.
  - Provided information on the White House/VA Champions of Change for Women Veterans industry leaders.
- ACWV DFO updates:
  - Welcomed new committee member and ex-officio member.
  - Reviewed the duties and responsibilities of ACWV members.
  - Reviewed changes in 2013 ACWV charter; there will be two meetings annually, instead of three.
  - Reviewed the 2014 ACWV report process.
    - It is expected that the ACWV will produce a complete draft of the report (recommendations and supporting rationales), by the end of the meeting, or seven days after the meeting.

- CWV will format draft and send to ACWV for final approval, by April 10, 2014, or fourteen days after complete draft submitted.
- CWV will make final edits, as indicated by ACWV review of draft, by April 14, 2014 or two days after formatted draft submitted to the ACWV.
- CWV will begin coordination with Administrations (VHA, VBA, NCA) and Staff Offices for complete responses to report recommendations, by April 14, 2014, or the date that ACWV provides final approval of draft.
- ACWV will submit complete report—with VA's responses—to Secretary of VA, through CWV, for review and approval of VA's responses, by July 1, 2014.
- Secretary mandated to submit complete report (to include VA's response to recommendations) to Congress within 60 days of receiving the report, by September 1, 2014.

Update on Center for Women Veterans Activities, Dr. Betty Moseley Brown, Associate Director, CWV

- Provided FY 2014 1st quarter performance update.
  - CWV staff engaged in 60 collaborative meetings and forums, during the first quarter. Activities included keynote speeches and presentations, as well as participation in collaborative meetings, and advisory councils and committees.
  - CWV staff answered 112 inquiries from internal and external stakeholders, via email, telephone, letters, and VA's Inquiry Routing and Information System (IRIS).
  - Inquiries ranged in complexity and issues, from general information requests to personal requests regarding health care concerns, and status of claims.
  - On average, CWV staff responded in 3.7 days; less than VA's standard of 5 days.
- First quarter Web statistics:
  - Number of visits to the CWV's Web site (www.va.gov/womenvet): 28,900.
  - Number of Media Interviews: 3

ACWV Workgroup Breakout Session

- Health and benefits workgroups met with assigned ACWV members and advisors, to discuss issues to be considered for the upcoming Report, and to craft recommendations.

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

Wednesday, March 26, 2014— G.V. "Sonny" Montgomery Conference Center, Room 230

The meeting was called to order by the Chair.

Update on Women's Health Services' Initiatives and Women Veterans Issues, Dr. Patricia Hayes, Chief Consultant, Women's Health Services, VHA

- Women VA users doubled since 2000; 159,000 women used VA in 2000, and 390,000 used in 2013.
- Growth is expected to double again soon.
- Women Veterans' enrollment outpacing that of men—29 percent increase, since 2009.
- Fifty eight percent of Operation Enduring Freedom/Operation Iraqi Freedom/Operation New Dawn (OEF/OIF/OND) women Veterans have used VA care.
- Retention of enrolled OEF/OIF/OND Veterans:
  - One year after separating from service, 62 percent of female OEF/OIF/OND Veterans and 56 percent of male Veterans remain in VA care.
  - Five years after separating from service, 52 percent of female OEF/OIF/OND Veterans and 47 percent of male Veterans remain in VA care.
  - The research-funded Collaborative Research to Enhance and Advance Transformation and Excellence's (CREATE) new attrition study examines factors related to staying in or leaving VA care.
- Younger women's needs include maternity care, mental health, service-connected disabilities, privacy, safety and convenience.
- Ideal women Veterans experience at VA:
  - High-quality, equitable care on par with that of men.
  - Care delivered in a safe and healing environment.
  - Seamless coordination of services.
  - Recognition as Veterans.
- Barriers to care:
  - Women don't identify themselves as Veterans.
  - Lack of knowledge of VA services.
    - Thirty nine percent have zero, or almost no knowledge of needed information about VA.
    - Misperceptions in all cohorts about who is eligible for VA care.
    - OEF/OIF/OND more knowledgeable than other cohorts about available women's health and readjustment services.
- Public Law 111-163, Sec 201, Study of Barriers for Women Veterans to Health Care Survey:
  - Nine barriers to care identified in Act to be assessed in telephone survey.
    - Stigma associated with mental health, driving distance, child care, integrated primary care availability, understanding of eligibility requirements, personal safety, gender sensitivity, outreach effectiveness, and location and operating hours.
  - Survey developed, approved by Office of Management and Budget in November 2013.
  - Goal is 8,400 completed surveys, covering all Veterans Integrated Service Networks (VISN) users and non-users.
  - Survey began in December 2013.

  - There are 2,700 surveys completed to date.
- Women Veterans call center:
  - Call center was created to increase women Veterans' knowledge of VA benefits and services, increase enrollment, and increase utilization of health care services.
  - Outbound outreach call center moved to Canandaigua VAMC in 2012, and inbound call center launched April 2013.
  - As of March 2014, call center is receiving approximately 50 inbound calls/day.
  - Staffed by trained operators, to provide information on VA's benefits and services.
  - Hours of operation are Monday through Friday, 8:00 a.m. - 10:00 p.m.; Saturday 8:00 a.m. - 6:30 p.m.
  - Staff makes referrals to women Veterans program managers (WVPM), the Health Eligibility Center, VBA, and suicide and homeless crisis lines, as needed.
  - Referrals to WVPMs followed up within five days; 30-day follow-ups to Veterans.
  - Between February 2013 and January 2014, 64,000 calls were made, with 41,000 successful contacts; 7,000 incoming calls were received.
- Women's Health Services' mission:
  - Within VA: Serve as a trusted resource for the field and work to ensure that women Veterans experience timely, high quality comprehensive care in a sensitive and safe environment at all points of care.
  - Beyond VA: In line with VA's overarching mission, seek to continually improve personalized, proactive, patient-driven health care for women Veterans and to lead the nation in women's health care.
- Delivery of women Veterans health care:
  - Role of the WVPM:
    - Required to be full-time in every health care system; must report to facility director or Chief of Staff.
    - VISN lead WVPM, must be, at minimum, 0.5 full time employee.
    - Linchpin for improved women's health services.
    - Leader of facility women's program.
    - Resource for women Veterans in the community.
  - Role of the women's health medical director:
    - Serve as clinical leader for facility women's health program.
    - Work with WVPM to form the foundation of the women's health team.
    - Establish priority and direction for clinical quality improvement.
    - Oversee women's health educational initiatives for providers and trainees.
- Delivery of comprehensive primary care:
  - Complete primary care from one designated women's health provider (DWHP), at one site including community based outpatient clinics (CBOCs).
    - Care for acute and chronic illness.
    - Gender-specific primary care.
    - Preventive services.
    - Mental health services.
    - Coordination of care.

        - Measured with women's health primary care evaluation tools (WATCH Tool) and evaluated by site visits.
- Women's Health Comprehensive Primary Care clinic models:
    - Model 1 (general primary care clinics):
        - Comprehensive primary care for the women Veteran is delivered by a DWHP.
        - Women Veterans are seen within a general gender-neutral Primary Care clinic.
        - Mental health services for women should be co-located in the Clinic.
        - Referral to specialty gynecology service must be available either on-site or through fee-basis, contractual or sharing agreements, or referral to other VA facilities within a reasonable traveling distance.
    - Model 2 (separate, but shared space):
        - Comprehensive primary care services for women Veterans are offered by DWHP, in a separate but shared space that may be located within or adjacent to primary care clinic areas.
        - Gynecological care and mental health services should be co-located in this space and readily available.
    - Model 3 (women's health center):
        - VHA facilities with larger women Veterans populations are encouraged to create women's health centers (WHC) that provide the highest level of coordinated, high quality comprehensive care to women Veterans.
- Understanding the state of women Veterans health care:
    - Women's health services created a tool to assess the development of Women's Health Program.
        - Women's Assessment Tool for Comprehensive Health (WATCH) initiative self-assessment.
            - Self-assessment conducted by all women's health programs.
            - Provides all facilities the opportunity to focus on the requirements for achieving comprehensive health care for women Veterans, outlined in the revision of VHA Handbook 1330.01, Health Care Services for Women Veterans (released May 2010).
    - Measures strategic planning at facility.
- Comprehensive primary care site visits:
    - There were 70 women's health site visit evaluations (50 percent of VA health care systems) conducted to date, to gauge progress toward full implementation of comprehensive primary care.
    - In an extensive 2.5 day assessment that included interviews with key staff and facility tours, women's health programs were evaluated on four domains:
        - Women's health overall program features.
        - Women's health care services.
        - Outreach, communication and collaboration.
        - Patient centered care/patient aligned care teams (PACT).
    - Domains of health care services and outreach, communication and collaboration were rated as high performance components, across most health care systems.

        - Within those domains, information technology, organizational learning, breast care, coordinated care, Veteran outreach, and patient centered care emerged as high performance capabilities.
    - At the end of FY 2013, 94 percent of sites had a strategic plan in place.
- Women's health PACTs:
    - Women's health PACTs are teams where all staff are aligned to meet the special needs of women Veterans.
      Staff includes a DWHP, a registered nurse(RN), a health technician, a chaperone, a mental health provider, a gynecologist, a social worker, a pharmacist, a nutritionist, a RN care coordinator.
- Privacy and environment of care (EOC):
    - An EOC assessment and compliance tool has recently been developed within VHA.
        - Tool incorporates many current standardized VHA checklists (i.e. infection control, patient safety, and patient privacy, dignity, and security) with the potential to expand.
        - Instrumental in ensuring that the unique needs of women Veterans are being addressed in current facility environment of care rounds, as well as planning for future construction projects.
    - Women's health clinic design guide complete.
    - Collaborating with Office of Construction and Facilities Management on an ambulatory care clinic design guide.
- Breast care mammography and breast cancer treatment:
    - Mammography can be provided in-house, or through non-VA purchased care.
    - There are now 48 VHA health care sites offering on site digital mammography
    - VA exceeds the private sector, in mammography screening.
    - Eighty five percent of age eligible women Veterans received mammography screening in 2013.
    - Women's Health Services collaborated with Diagnostic Services and non-VA purchased care, to streamline and standardize processes for ordering and tracking outside mammograms.
- Innovations in breast cancer screening and care:
    - Women's Health Services has two information technology projects to improve breast cancer care.
        - System for Mammography Results Tracking is a modification to the Computerized Patient Record System that enables tracking of all mammograms.
        - The Breast Care Registry is a Web-based registry on VA's converged registry platform that lets providers and teams run reports of mammograms done and follow-up on breast cancer care.
- Gender disparities:
    - VA has significantly reduced gender gaps and exceeds private sector on most performance measures, for both men and women.
    - Gender Differences in Performance Measures, VHA 2008-2011, identifies best practices for eliminating gender gaps, based on success in VA networks.
        - Electronic 2013 update under development.

- Satisfaction:
  - Survey results for FY 2013 show overall satisfaction rating of VA inpatient/outpatient care similar for women and men.

Age	Gender	Overall Rating
18-49	Male	55.5
	Female	55.7
50-64	Male	65.7
	Female	65.4
65-74	Male	70.8
	Female	71.3
75+	Male	74
	Female	78

- Tele-health:
  - In collaboration with the Office of Rural Health, Women's Health Services funded 26 women's health tele-health projects, to improve access for women Veterans.
  - Innovative projects have included tele-gynecology, tele-pharmacy, tele-mental health and tele-maternity care coordination, among others.
  - All VISNs have implemented at least one women's health tele-health program.
- Mobile applications (apps):
  - Women's Health Services is currently developing six mobile apps, to improve care of women Veterans.
  - Patient facing apps will provide information on VA eligibility and services, and health information for women Veterans.
  - Provider facing apps will provide information to enhance knowledge of VA and non-VA providers about special health issues of women Veterans.
- Childcare pilots:
  - Free, drop-in childcare pilots at four VA medical centers in four VISNs.
    - Northport, NY (opened in April 2012).
    - Buffalo, NY (opened in October 2011).
    - Tacoma, WA (opened in December 2012).
    - Dallas, TX (opened in March 2013).
  - Open to eligible Veterans during appointments.
  - Pilots will run until September 30, 2014.
- Progress in women's health education:
  - Trained 1,850 VA primary care providers in mini-residency program.

  - Delivered 25 live training sessions in MyVeHU Campus (**www.myvehucampus.com**), including core nursing topics, core emergency care topics and special focus topics.
  - Delivers monthly webinars (inter-professional).
  - Sponsors grants to train primary care providers/nurses and emergency care providers/nurses.
  - Forty nine accredited, on-demand training sessions currently available (target audiences: providers, nurses, pharmacists, psychologists, social workers).
  - Breast and pelvic exam simulation equipment delivered to all health care systems.
- Progress in reproductive health:
  - Maternity care and coordination policy and toolkit.
    - Decreasing fragmentation of maternity care through policy efforts (Handbook 1330.03), innovation, and standardized processes.
    - Tools disseminated for maternity care coordination.
    - VA-DoD pregnancy guidelines and tools developed, disseminated to help ensure evidenced-based, standard maternity care.
    - VA Maternity Care Database (launch mid FY 2014) – tracking outcomes.
  - Reproductive Mental Health Steering Committee established.
  - Reproductive/Healthy Aging Workgroup established.
    - Needs assessment complete and curriculum developed.
- Safe prescribing and preconception care:
  - Notification of teratogenic drugs project completed development, and will launch with CPRS version 31 in 2015.
    - Capabilities will include:
      - Pregnancy and lactation status, last menstrual period, contraceptive method, and pregnancy plans will be entered, stored, and displayed.
      - Order checks and alerts to inform providers about medications with reproductive risk prescribed for women of reproductive potential.
  - Collaboration with Pharmacy Benefits Management, to ensure inclusion of gender specific medications on the formulary.
  - VA Preconception Care Workgroup re-launched.
  - Mobile apps for preconception care, safe prescribing, and maternity care coordination all in stages of development.
- Emergency services for women:
  - Survey on VA emergency services for women (ESW) developed and disseminated: http://www.sgim.org/File%20Library/SGIM/Resource%20Library/Meeting%20Handouts/SGIM/2012/ASC2AM12.pdf.
  - ESW workgroup and multidisciplinary stakeholder panel convened
  - Training opportunities for emergency department (ED) clinicians at **www.myvehucampus.com**.
  - FY 2013 and FY 2014 innovation grants for enhancing care delivery (clinical pathways, toolkits, ordersets, equipment etc.).
  - ESW national toolkit in development to share best practices.
  - ESW national guidance being developed.

- Research:
  - Worked with VA Office of Research to define needs in women's health research in VA, and enhance research on women Veterans.
  - Established Practice Based Research Network (PBRN).
  - Women's Health Evaluation Initiative (WHEI).
  - Sourcebook Volume 1 and Volume 2 provide data on sociodemographics and health care utilization trends among women Veteran VHA users.
  - Sourcebook Volume 3 in development and will highlight specific conditions.
- Overarching goal is changing the culture:
  - VA-wide campaign to enhance the language, practice and culture of VA to be more inclusive of women Veterans.
  - Women Veterans Program/VA Center for Women Veterans:
    - Tasked with developing strategies to reach women Veterans (inside and outside VA) and VA employees.
  - Outcome: needs of women Veterans are always considered, across program offices and in policy and key decisions.

Annual Ethics Briefing, Christopher A. Britt, Acting Assistant Chief, Ethics Specialty Team, Office of General Counsel

- In accordance with the Federal Advisory Committee Act (FACA), the members of the ACWV received their annual ethics training for special government employees (SGE).

Update on 2012 Report Recommendations #9 and #10 of the 2012 ACWV Report/Outreach to Women, Nancy Lansing, Deputy Director, Benefits Assistance Service, VBA

- Benefits Assistance Service:
  - Mission is to serve as advocates for Servicemembers, Veterans, eligible beneficiaries and other stakeholders, to ensure they are knowledgeable and informed about accessing and receiving VA benefits and services.
  - Vision is to be the premier organization for our clients; to proactively provide information and knowledge about VA benefits and services, in a positive 21st century experience that is consistent, concise and relevant.
  - Purpose is to strengthen the quality of VBA outreach, and promote a client-centered mission through a consolidated and coordinated process.
- Update to 2012 Report Recommendations:
  - **Recommendation #9: That the Veterans Benefits Administration (VBA) develop a system-wide outreach strategic action plan that includes regional office-level measurable goals for both full-time and collateral-duty women Veterans coordinators (WVCs), to include required annual VA Central Office-level reporting requirements.**
    - Status: As part of the system-wide outreach strategic action plan:
      - A standard operation procedure (SOP) for women focused outreach was developed and deployed on the women Veteran coordinators SharePoint site on the intranet.

- VBA developed an outreach reporting tool (ORT)– deployment over the next two quarters.
- A suite of outreach pamphlets which appeal to women Veterans, are displayed in the public contact area, distributed at outreach events and posted on the VA internet site at: http://benefits.va.gov/BENEFITS/benefits_summary_materials.asp.
- The WVCs contact information is displayed in the public contact area in all regional offices and pension management centers. Total of 86 women coordinators.
- Women Veterans can request to speak to a WVC by calling VBAs National Call Center at 1-800-827-1000.
- VBA's collaboration with the VHA, NCA, and the WVP resulted in national quarterly training for VBAs WVCs and VHAs women Veterans program managers.

- **Recommendation #10: That the VBA enhances its annual benefits report to include gender specific demographic information on women Veterans who receive VA benefits to identify opportunities for targeted outreach to women Veterans.**
  - Status:
    - The annual benefits reports (ABR) currently contains gender-specific data including a summary of recipients of compensation and pension.
    - VBA explored the feasibility of enhancing the ABR with the Office of Performance Analysis and Integrity (PA&I).
    - Proposal in concurrence to include gender specific data on Women Veterans in receipt of benefits other than compensation and pension in the ABR.

- Women Veterans outreach:
  - In FY 2013, VBA provided unprecedented support to women Veterans.
    - There was a 48 percent increase in outreach hours since FY 2010, from 1,354 to 1,999.
    - There was a 280 percent increase in women Veteran contacts since FY 2010 from 8,000 to 33,000.
    - There was a 24 percent increase in compensation benefits since FY 2010 from 265,319 to 329,000.
      - Women Veterans granted for post-traumatic stress disorder: 8,000.
      - Women Veterans granted for traumatic brain injury: 1,000.
      - Women Veterans accessed education benefits: 122,000.
      - Women Veterans guaranteed loans totaling $14.7B: 65,600.
      - Women Veterans in receipt of pension benefits: 12,600.
      - Women received Vocational Rehabilitation and Employment (VR&E) service: 17,964.
      - Women enrolled in Veterans Group Life Insurance (VGLI): 54,965.
      - First women focused Twitter Town Hall- answered more than 30 questions on benefits and health care.
      - There were 86 WVCs in all field offices.

    - Quarterly training provided for all WVCs across VA.
    - MST coordinators in all offices assisting with MST claims.
- History of eBenefits:
  - eBenefits (www.ebenefits.va.gov) is a joint VA/DoD Web portal that provides self-service capabilities to Veterans, Service members, their families and caregivers.
  - Development of eBenefits was initiated in March of 2007 at the recommendation of the President's Commission on Care for America's Returning Wounded Warriors (Dole/Shalala).
  - With quarterly releases, eBenefits continues to evolve as a "one-stop shop" for Veterans, Servicemembers and their families.
- Reasons to file electronically and have an eBenefits account:
  - Claims submitted online may be processed faster, helping VA meet the 125 day at 98 percent accuracy goal by 2015.
  - Veterans filing for disability benefits can initiate their claim online and preserve their date of claim.
    - Veterans have up to 365 days to fully complete their claim, upload any supporting documentation and submit directly to VA.
  - Request and receive official military personnel file, including DD Form-214, within hours.
  - Search for state and county benefit programs for Veterans.
  - The career center enables Veterans to apply for Federal and civilian jobs, build a resume, and translate military skills to civilian jobs.
  - Request representation and assistance from a Veterans service organizations.
- Women Veterans outreach:
  - Currently, 3.5 million registered users.
  - As of December 2013, 24 percent are women.
  - Accessed in over 180 countries.
  - Over 50 self-service features.
- eBenefits Web site statistics:
  - As of February 2014 are as following:
    - Registered eBenefits users: 3.5 million.
    - Claims status views: 31.8 million, since release date of April 2010.
    - Home loan certificate of eligibility: 446, 000, since release date of April 2010.
    - DD 214: 455,000, since release date of December 2009.
    - Letter generator: 3.7 million, since release date of January 2011.
    - Web site visits: 3.77 million visits, in February alone.
- Women Veterans:
  - Of Veterans with rating related claims in FY 2013, 13 percent were women Veterans, 87 percent were male Veterans.
  - Top five claimed conditions for women Veterans in FY 2013 were back condition, knee condition, headaches/migraines, PTSD and hearing loss/tinnitus.

Greetings and Comments, The Honorable Jose D. Riojas, Chief of Staff, VA

- Mr. Riojas presented new ACWV member, Tia Christopher, with certificate of appointment and participated in group photo with the ACWV.

- Discussed the Secretary's priorities for Veterans and specific issues regarding women Veterans.
- Mr. Riojas engaged in an interactive discussion with ACWV members and affirmed that VA is committed to addressing the needs of women Veterans as evidenced by establishment of the Women Veterans Program.

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

Thursday, March 27, 2014—G.V. "Sonny" Montgomery Conference Center, Room 230

Meeting was called to order by the Chair.

Workgroup Breakout Sessions
Health and benefits workgroups met with assigned ACWV members and advisors, to discuss issues to be considered for the upcoming Report, and to craft recommendations.

ACWV Discussion on 2014 Draft Report
ACWV convened as a group to discuss the recommendations to be included in the report, for collective input and editing.

Meeting adjourned.

Shirley A. Quarles, EdD, RN, FAAN
Chair, Advisory Committee on Women Veterans

Elisa M. Basnight, JD, MPA
Designated Federal Officer