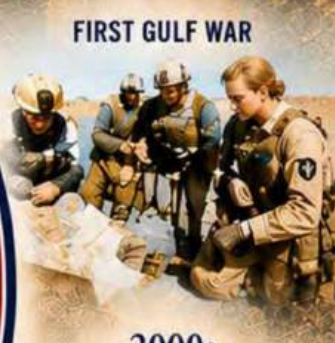
Women Veterans Health Care Summit

June 18–19, 2026 Sponsored by Richard H. Stewart Jr., American Legion Post 543

★ Honoring More than 250 years of Service by America's women veterans ★



WOMEN VETERANS HEALTH CARE SUMMIT

Connected by Service ★ Empowered by Health Care

2026

2026 WOMEN VETERANS HEALTH CARE SUMMIT

OFFICIAL PROCEEDINGS

Connected by Service ★ Empowered by Health Care

Richard H. Stewart, Jr.
American Legion Post 543
St. James, North Carolina

June 18–19, 2026

VOLUME II

PRESENTATION MATERIALS, REFERENCE RESOURCES, AND DIGITAL RESOURCES

OFFICIAL PROCEEDINGS

Volume II, *Presentation Materials, Reference Resources, and Digital Resources*

The 2026 Inaugural Women Veterans Health Care Summit

Connected by Service • Empowered by Health Care

Hosted by
Richard H. Stewart, Jr. American Legion Post 543, St James, North Carolina, 28461

June 18–19, 2026

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Dedication

This volume is dedicated to the women who have served the United States in every generation of America's military history.

Their courage, sacrifice, leadership, and continued service to their Nation and their communities inspired the creation of this Summit.

May these Proceedings honor their service while helping future generations of women veterans receive the recognition, health care, and community support they have earned through their selfless service to our Nation.

Preface

These Proceedings were prepared to document the first Women Veterans Health Care Summit and to preserve the knowledge, partnerships, and recommendations that emerged during the event.

Rather than functioning solely as a conference transcript, this publication chronicles the development of a community initiative designed to strengthen collaboration among organizations serving women veterans throughout coastal North Carolina.

National organizations—including the Department of Veterans Affairs, academic institutions, and veteran advocacy organizations—have produced extensive research identifying the challenges facing women veterans. Those studies have documented important progress while also identifying persistent barriers affecting access to health care, behavioral health services, transportation, awareness of benefits, and gender-specific care.

The Summit was intentionally designed to build upon that body of research.

Its purpose was not to repeat existing findings, but to ask a practical question:

How can communities translate national research into meaningful local action?

Throughout these Proceedings, readers will see that theme reflected repeatedly. Research informed the discussions. Education strengthened understanding. Collaboration generated ideas. Community partnerships produced recommendations intended to improve the lives of women veterans where they live and receive care.

Throughout the Summit, participants shared research, professional expertise, lived experiences, and practical strategies for improving access to care and strengthening support systems. The conversations consistently emphasized that meaningful progress depends not only on national policy but also on local leadership and sustained community collaboration.

These Proceedings preserve the presentations, discussions, recommendations, and lessons learned during this inaugural event. They are intended to serve as both a historical record and a practical resource for organizations seeking to improve services for women veterans in their own communities.

These Proceedings therefore represent both a historical record and a call to continued collaboration.

Acknowledgments: A Community United in Service

The Planning Committee extends its deepest appreciation to the many individuals, organizations, and community partners whose vision, generosity, expertise, and dedication made the Inaugural Women Veterans Health Care Summit possible. The Summit was not the work of a single individual or organization. Rather, it was the result of a shared commitment to improving the health and well-being of women veterans through collaboration, education, and service.

We first acknowledge the women veterans whose service to our Nation inspired the creation of this Summit. Their experiences, resilience, leadership, and continued engagement provided both the purpose and the motivation for this community initiative. We are especially grateful to every woman veteran who attended, participated, shared her experiences, and contributed to the discussions that shaped the Summit's recommendations and future direction.

The Planning Committee expresses its sincere appreciation to the leadership of Richard H. Stewart, Jr. American Legion Post 543, and especially Commander Michael R. Carton, CMSgt, USAF (Ret.), whose steadfast support, leadership, and commitment made the inaugural Summit possible. As the Summit's host organization, Post 543 generously provided the meeting facilities, refreshments, organizational support, and countless hours of volunteer service that created a welcoming environment for participants and guests.

Special recognition is extended to the Planning Committee: Dr. Kathleen K. Roth, LTC, U.S. Army (Ret.); Michael R. Carton, CMSgt, USAF (Ret.); Dr. Jim McCriskin; and Steve Muir. Their collaborative leadership, thoughtful planning, and unwavering commitment transformed an idea into a successful community event dedicated to serving women veterans.

The Planning Committee also gratefully acknowledges the professional event staff of the Town of St. James, whose expertise and hospitality contributed significantly to the success of the Summit. We extend our appreciation to Lorna Brennan, Event Center Manager, and Meetings and Events Specialists Jon Zaley and Austin Ireland for their exceptional professionalism and attention to detail throughout the planning and execution of the event.

Our sincere appreciation is extended to the distinguished presenters and subject matter experts who generously shared their knowledge, professional experience, and passion for improving the lives of women veterans. Their educational presentations established the foundation for meaningful discussion, collaboration, and action.

We also gratefully acknowledge our community partners and participating organizations, including *Brunswick County Health Services, Fayetteville Coastal Veterans Affairs, Trillium Health Resources, Brunswick County Veteran Services, Disabled American Veterans, Veterans of Foreign Wars, AARP North Carolina, Fayetteville Technical Community College, NAMI*

Wilmington, Home Instead, and many others whose partnership strengthened the Summit and expanded the resources available to participants.

Special appreciation is extended to women veterans Denise Kloeppell, Hillary Thomas, and Valerie Webster for their generous financial support of the inaugural Summit. Their willingness to invest personally in an event dedicated to fellow women veterans reflects the enduring spirit of service and commitment that continues long after military service has ended.

The Planning Committee also gratefully acknowledges the many volunteers whose generosity of time and service contributed to the success of the Summit. Volunteers included members of Richard H. Stewart, Jr. American Legion Post 543, Summit attendees who willingly stepped forward to assist throughout the event, and other community members who supported registration, hospitality, logistics, and countless behind-the-scenes activities. Their willingness to serve wherever needed reflected the same spirit of service and teamwork that inspired the Summit itself. Finally, we express our sincere gratitude to Bruce Blomgren and Dr. Jim McCriskin for preserving the history of the Summit through photography and public affairs documentation. Their efforts ensure that the story of this inaugural event will continue to inform, inspire, and encourage future generations of leaders committed to improving the health and well-being of women veterans.

As these Proceedings demonstrate, meaningful change is achieved when communities unite around a common purpose. It is our hope that the partnerships established through the Inaugural Women Veterans Health Care Summit will continue to grow, inspiring future collaboration and expanding opportunities to serve women veterans for years to come.

To everyone who contributed to this historic event, we offer our deepest gratitude and appreciation. Thank you for helping transform a shared vision into a lasting commitment to those who have served our Nation.

How to Use These Proceedings

The *Official Proceedings of the 2026 Inaugural Women Veterans Health Care Summit* serve as both a historical record of the Summit and a practical resource for those committed to improving the health and well-being of women veterans.

This report is published as a coordinated two-volume set. Volume I, *Summit Proceedings and Strategic Plan Framework*, presents the historical narrative, keynote presentations, panel discussions, and strategic recommendations of the Summit. Volume II, *Presentation Materials, Reference Resources, and Digital Resources*, preserves the educational presentations, supporting documents, participant evaluation results, speaker profiles, and reference materials. Together, the two volumes provide a comprehensive and permanent record of the inaugural Women Veterans Health Care Summit.

Presentation summaries are contained in Volume I. The corresponding presentation slides, handouts, speaker profiles, participant evaluation results, and supporting reference materials associated with the Summit have been compiled in Volume II. Readers are encouraged to use both volumes together. While Volume I documents the history, proceedings, discussions, and strategic plan resulting from the Summit, Volume II preserves the educational resources and supporting materials that informed those discussions and recommendations.

Women veterans will find information about health care, wellness, community resources, and organizations dedicated to supporting those who have served. Health care professionals, Veteran Service Organizations, community leaders, and public health practitioners will find summaries of educational presentations, breakout discussions, and recommendations that may inform future programs and partnerships. Planning committees and event organizers may use these Proceedings as a reference for developing future Women Veterans Health Care Summits and other community-based initiatives supporting women veterans. Researchers, educators, and policymakers will find documentation of a community-centered approach that complements existing national research by focusing on practical implementation at the local level.

While these Proceedings document the events of June 18–19, 2026, they also reflect a broader commitment to translating research into action through education, collaboration, and sustained community partnerships. Readers are encouraged to use this publication not only as a record of the inaugural Summit, but also as a resource for continued learning, collaboration, and action in support of women veterans.

Contents

Part I EDUCATIONAL PRESENTATIONS

"The educational program formed the foundation of the Inaugural Women Veterans Health Care Summit. Throughout two days of presentations, panel discussions, and dialogue, subject matter experts shared research, professional experience, and practical guidance addressing the unique health care needs of women veterans.

Representing federal, state, county, nonprofit, academic, and community organizations, the presenters explored a broad range of topics, including public health, behavioral health, healthy aging, cardiovascular wellness, suicide prevention, and access to care. While each presentation addressed a different aspect of women's health, together they reflected a common message: improving the health and well-being of women veterans requires collaboration, education, and sustained community partnerships.

The chapters that follow preserve the educational content of the Summit while highlighting the knowledge, experience, and commitment shared by each presenter.

Section I Presentation Materials

Chapter 6 Public Health and Community Partnerships

Brunswick County Health Services

Presented by
Diana Hills
Lizeth Alcantar

Brunswick County Health Services

2025 Community Health Needs Assessment

Purpose of the CHA

- Conducted every three years as part of the NC Local Health Department Accreditation program
- Identifies the most important health needs and concerns affecting community residents
- Collects and analyzes data on health outcomes, behaviors, and community conditions
- Gathers input from residents, stakeholders, and community partners.
- Recognizes community strengths, weaknesses, and available resources
- Prioritizes key health priorities
- Guides the development of the Community Health Improvement Plan (CHIP)

Who Participated

Partners

- Brunswick County Health Services
- Dosher Memorial Hospital
- Novant Health Brunswick Medical Center

Steering Committee

- 4 members of Brunswick County Health Services
- 3 members from Dosher Memorial Hospital
- 3 members from Novant Health Brunswick Medical Center

Community Engagement & Broader Coalition Involvement

- Brunswick County-
  - Schools, Community College, EMS, Environmental Health, Cooperative Extension, Government, Health Services, Parks and Recreations, Sheriff's Office, Veterans Services, Family Assistance, Senior Resources, Smart Start, Transit System
- Community Centers, Food Pantries, Healthcare systems, Churches, NAACP, Alzheimer's Association

Secondary Data

Secondary data are existing data collected by trusted sources such as government agencies and health organizations. Reviewing this data helped us understand health trends, healthcare access, and factors that influence health in Brunswick County before gathering community input. Most of the data available at the time of the assessment was from 2023.

Key Secondary Data Sources:

- U.S. Census Bureau
- North Carolina State Center for Health Statistics
- Centers for Disease Control and Prevention
- County Health Rankings & Roadmaps
- NC Data Portal

Secondary Data Findings

- Fastest-growing county in North Carolina, increasing demand for services.
- One-third of residents are age 65 or older, significantly higher than state and national averages.
- More than two in five children live in households below 200% of the federal poverty level.
- The county's median household income sits between the state and national averages ($50,000 or higher) 30% of households are below.
- Unemployment is slightly higher than the North Carolina average.
- Limited public transportation creates transportation barriers for some residents.
- Brunswick County shows lower provider rates across primary care, dental, and mental health services compared to state and national averages.
- Among adults under age 65, there are almost 12% who are uninsured which may be due to employment-related coverage gaps or affordability challenges.

Primary Data

Community Health Opinion Survey (CHOS)

978 residents participated in the CHOS

Demographics of survey respondents include:

- 18 years or older
- Living in Brunswick County

Key Leader Interviews

8 key leader interviews were conducted

Organizations represented by key leaders include:

- Hospital Systems
- Community Health Leaders
- Local Public Health Leaders
- Faith Leaders
- Community Nonprofit Leaders

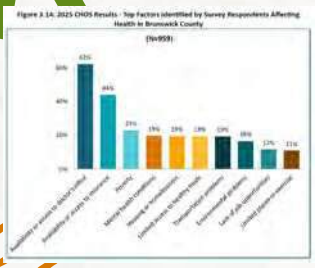
Focus Groups

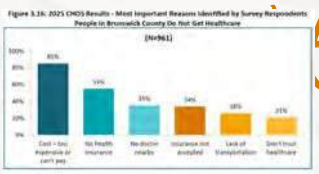
4 focus groups with about 50 participants

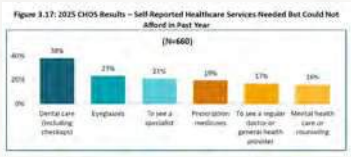
Facilitated at a:

- Behavioral Health Treatment Organization
- Local Church
- Library
- Senior Center

Primary Data Findings







Brunswick County 2025 Community Health Priorities

Priority 1
Behavioral Health

Priority 2
Healthcare Access and Barriers

Priority 3
Determinants of Health

Cross-Cutting Topic: Chronic Disease

Priority #1 Behavioral Health

Behavioral health was identified as the most pressing health challenge across all data sources in this assessment.

48% of survey respondents identified alcohol and drug addiction as a top health concern

"Mental health is just as important as physical health, but it's still stigmatized. We need to make it a priority in our community"
- Focus Group Participant

Why it matters:
- Affects quality of life and daily activity
- Helps identify gaps in services
- Helps increase awareness of available resources

Priority #2 Healthcare Access and Barriers

"I'd have to take three buses and a whole day off work just to get to the specialist my doctor referred me to."
- Focus Group Participant

This priority spans three interconnected areas which include provider shortages, insurance and cost barriers, and transportation issues.

62% of survey respondents reported access to care as the biggest limitation to health

Why it matters:

- Identifies gaps in access to care
- Highlights system-level challenges
- Delayed or skipped care can lead to worsening conditions and higher costs

Priority #3 Determinants of Health

"Service workers not being able to [afford to] live near where they work... it becomes a case of, do I put gas in my car or food on my table?"
- Community Leader

This priority includes the basic conditions that affect health, such as limited walkability, food deserts, lack of public transportation, and income issues.

19% of survey respondents identified limited access to healthy foods is a top barrier to health

Why it matters:

- Highlights factors that influence health outcomes
- Barriers disproportionately impact vulnerable populations
- Guides community planning and investment

What Happens Next?

1. **Community Health Improvement Plan Development**
   Information from the CHA will help us develop a focused plan that outlines clear priorities, goals, and strategies to improve community health over the coming years
2. **Partner Engagement**
   We will work to make meaningful partnerships with community based organizations, healthcare providers and collaborate on solutions that reflect the needs and voices of the community
3. **Program Implementation**
   We will put strategies into action by supporting, improving current programs and develop new programs to help address health priorities

How the Community Can Stay Involved

- Subscribe to the county's newsletters and social media platforms
- Attend community forums and public meetings
- Participate in future assessments
- Volunteer with local health initiatives
- Join workgroups
- Share information about local programs and services

Upcoming Mental Health Trainings

Mental Health First Aid
Learn how to identify and respond to signs of mental health challenges.

CALM Counseling on Access to Lethal Means
Learn practical skills for having safe, respectful conversations about reducing access to lethal means to help prevent suicide.

QPR Institute
Learn suicide prevention skills and how to connect people to help.

In collaboration with Coastal Horizons and Trillium

Upcoming Physical Activity Program

Bingocize®
Bingocize® is a 10-week, evidence-based health promotion program that combines bingo, exercise, and health education to help older adults stay active, engaged, and socially connected.

Chapter 7 Expanding Access to Behavioral Health Services

Trillium Health Resources

Presented by
Cecelia Peers
Vice President, Trillium Health Resources

Trillium
HEALTH RESOURCES

Community Mental Health

1

Trillium Health Resources

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- 46 County Local Management Entity/Managed Care Organization (LME/MCO) serving Medicaid members with significant Mental Health, Substance Use, Intellectual and Developmental Disabilities and Traumatic Brain Injury, and individuals who are uninsured or underinsured and needing behavioral health care.
- Provide care through a network of providers and organizations.
- Served approximately 325,500 individuals last year, needing enhanced behavioral health services and physical health care.
- Provide care management to help members identify needs, set wellness goals, connect with providers and community resources, and monitor progress.

Trillium's Mission: **Transforming lives and building community well-being through partnerships and proven solutions.**

2

Who Trillium Serves

Trillium

Trillium covers services for those who:

Have Medicaid and need enhanced behavioral health services

Have no insurance or are underinsured and need behavioral healthcare

2026 Medicaid Monthly Income Eligibility Limits (before taxes)			
Household Size	ACA Expansion Adults	Pregnant Individuals	Children (0-18yo)
1	Up to $1,696	Up to $2,460	Up to $2,636
2	Up to $2,292	Up to $3,339	Up to $3,751
3	Up to $2,888	Up to $4,218	Up to $3,853
4	Up to $3,483	Up to $5,096	Up to $4,175
5	Up to $4,079	Up to $5,975	Up to $4,675

3

Defining Mental Health

Trillium

4

Defining Mental Health

Trillium

The overall state of emotional, psychological, and social functioning, including the presence or absence of illness.
Components of mental functioning:

- Coping with stress
- Recovering from setbacks
- Managing diagnosable conditions

Mental Wellbeing

A broader, proactive state of flourishing, encompassing life satisfaction, purpose, and positive mental/physical functioning.

Mental Illness

A wide range of health conditions that affect a person's thinking, emotions, moode or behavior, causing significant distress or impairment in daily functioning.

5

Awareness and Prevention

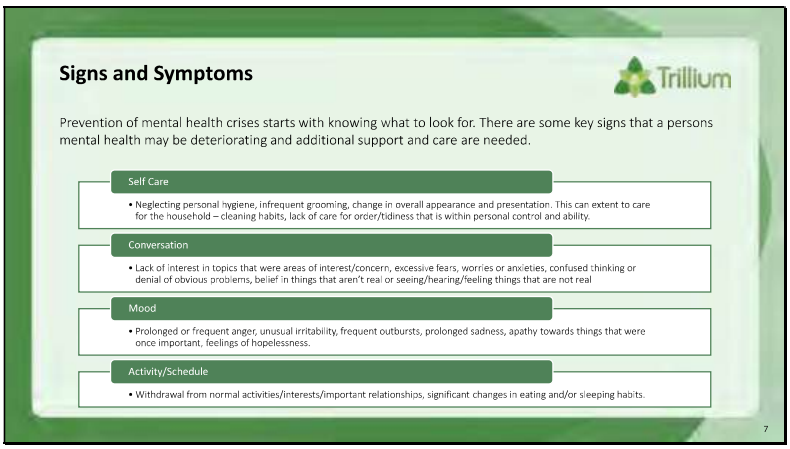
Trillium

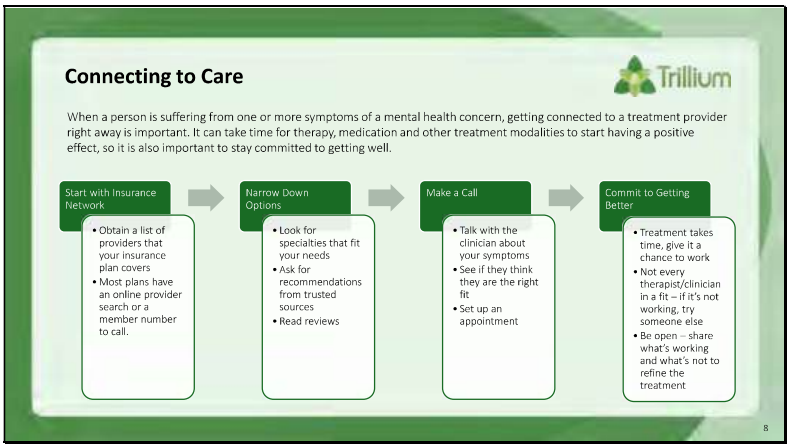
Most mental health crises don't happen in a doctors or therapists office. They happen in the community – in our home, at church, school, work, the grocery store, etc.

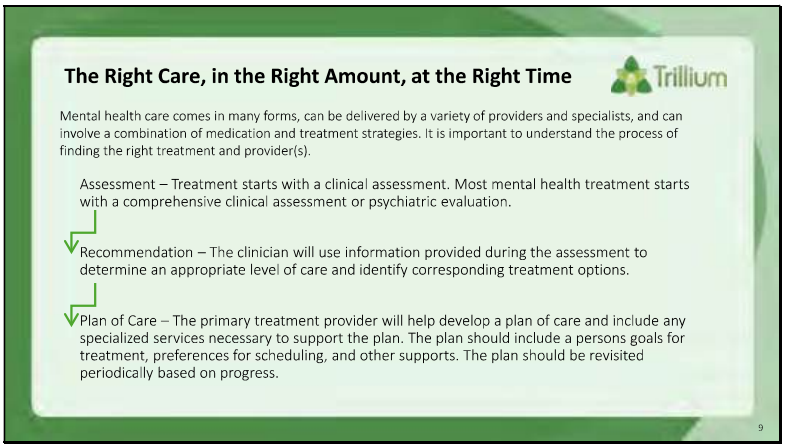
Trillium is working to build a "Community of First Responders" who are:

- Knowledgeable about behavioral health crisis
- Able to identify when it is occurring
- Confident in communicating with a person in crisis
- Equipped with basic skills and resources to connect someone to care

6


Signs and Symptoms
Trillium
Prevention of mental health crises starts with knowing what to look for. There are some key signs that a persons mental health may be deteriorating and additional support and care are needed.
Self Care
• Neglecting personal hygiene, infrequent grooming, change in overall appearance and presentation. This can extent to care for the household – cleaning habits, lack of care for order/tidiness that is within personal control and ability.
Conversation
• Lack of interest in topics that were areas of interest/concern, excessive fears, worries or anxieties, confused thinking or denial of obvious problems, belief in things that aren't real or seeing/hearing/feeling things that are not real
Mood
• Prolonged or frequent anger, unusual irritability, frequent outbursts, prolonged sadness, apathy towards things that were once important, feelings of hopelessness.
Activity/Schedule
• Withdrawal from normal activities/interests/important relationships, significant changes in eating and/or sleeping habits.
7


Connecting to Care
Trillium
When a person is suffering from one or more symptoms of a mental health concern, getting connected to a treatment provider right away is important. It can take time for therapy, medication and other treatment modalities to start having a positive effect, so it is also important to stay committed to getting well.
Start with Insurance Network
• Obtain a list of providers that your insurance plan covers
• Most plans have an online provider search or a member number to call.
Narrow Down Options
• Look for specialties that fit your needs
• Ask for recommendations from trusted sources
• Read reviews
Make a Call
• Talk with the clinician about your symptoms
• See if they think they are the right fit
• Set up an appointment
Commit to Getting Better
• Treatment takes time, give it a chance to work
• Not every therapist/clinician in a fit – if it's not working, try someone else
• Be open – share what's working and what's not to refine the treatment
8


The Right Care, in the Right Amount, at the Right Time
Trillium
Mental health care comes in many forms, can be delivered by a variety of providers and specialists, and can involve a combination of medication and treatment strategies. It is important to understand the process of finding the right treatment and provider(s).
Assessment – Treatment starts with a clinical assessment. Most mental health treatment starts with a comprehensive clinical assessment or psychiatric evaluation.
Recommendation – The clinician will use information provided during the assessment to determine an appropriate level of care and identify corresponding treatment options.
Plan of Care – The primary treatment provider will help develop a plan of care and include any specialized services necessary to support the plan. The plan should include a persons goals for treatment, preferences for scheduling, and other supports. The plan should be revisited periodically based on progress.
9

Local Options

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Trillium contracts with a number of providers that either have veteran clinicians and specialists, or specialize in therapies for trauma and other challenges that veterans may face.

- Carenet Counseling Centers –
  - Brunswick Family Medical, Shallotte
  - Brunswick Baptist Resource Center, Bolivia
- Coastal Horizons Center - Shallotte
- Moving Ahead Counseling – Offices in Supply, Leland & Bolivia
- Family Ties of Brunswick - Shallotte
- Angela Rascoe (Licensed Independent Practitioner), Leland
- Dan Phipps (LIP), Shallotte
- Dawn Marie Pieper (LIP), Southport
- Carolina Dunes Behavioral Health Hospital, Leland

10

What is a Crisis Prevention and Response Continuum?

Trillium

SH1

Someone to Notice	• Lay people and first responders are trained to understand the signs of behavioral health crisis, communicate effectively, and offer resources.
Someone to Call	• 988 is a centralized call line for behavioral health crisis and suicide prevention. Trillium also has a Behavioral Health Crisis Line available 24/7.
Someone to Respond	• Mobile Crisis Management teams provide community-based response to assess and stabilize individuals experiencing a behavioral health crisis.
Somewhere to Go	• Walk-in clinics, Behavioral Health Urgent Care Centers and Facility Based Crisis Centers offer care for those in acute behavioral health crisis.
Someone to Support	• Outpatient and community-based care are available in every community and can include therapy, medication management, peer support, and telehealth options.

11

SH1

Someone to Notice

Trillium

Building a "First Responder" Community

We can equip ourselves and our communities with the skills to spot a potential crisis and connect a person to care.

Mental Health First Aid

This public education program teaches citizens how to help someone experiencing a mental health challenge or addiction crisis, providing a clear action plan to stabilize someone until professional help arrives

Question Persuade Refer

An evidence-based suicide prevention training that teaches three simple steps to identify someone at risk and safely refer them to care.

12

Someone to Call

Trillium

988

Mental health crisis and suicide prevention line. Calls are received by trained staff who can help access local resources.

Peer Warmline

855-Peers NC

Connection to a person who has experience with substance use or mental health disorders. A person does not have to be in crisis to call.

Trillium Crisis Line

888-302-0738

24/7 Call line staffed with clinicians that assess, triage and connect callers to care in their community.

Mobile Crisis

Local teams trained to respond in person to help de-escalate and connect people to care with the goal of avoiding unnecessary hospital visits or justice involvement.

13

SH1

Someone to Respond

Trillium

Mobile Crisis Management is a team based service that provides telephonic and in person response in the community when a person requests support for a behavioral health crisis.

Two teams cover Brunswick and surrounding counties.

Integrated Family Services – 1-866-437-1821

RHA Health Services – 1-844-709-4097

14

County/City	Provider	Population Served
Beaufort/Washington	Easter Seals Port Health	Adults 18+
Guilford/Greensboro	Guilford BH Center	Adults 18+
Guilford/Greensboro	Alexander Youth Network	Children 4-17
Hertford/Ahoskie	Easter Seals Port Health	Adults 18+
New Hanover/Wilmington (coming soon)	*RHA*	*Adults 18+*
Onslow/Jacksonville	Easter Seals Port Health	Adults 18+
Pitt/Greenville (open now, new facility coming soon)	*Easter Seals Port Health*	*Adults 18+*
Randolph/Asheboro	Daymark Recovery Services	Adults 18+
Richmond/	Daymark Recovery Services	Children 4-17
Robeson/Lumberton	Monarch	Adults 18+
Washington/Plymouth	Easter Seals Port Health	Adults 18+

CP1

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Somewhere to Go

There are 10 Facility Based Crisis Centers operating throughout the Trillium region. Recent investments in the crisis system are bringing new facilities to communities:

Wilmington (New Hanover County) - RHA will operate 16 bed facility based crisis, co-located with a residential re-entry center for men recovering from substance abuse at the STAR Center. Opening Fall 2026

Greenville (Pitt County) – Easter Seals Port Health will open a more modern FBC in Spring 2026.

15

Self Awareness, Self Care

Trillium

Wellness starts with self-awareness.
"Check in" with yourself and decide if what you are feeling is:
affecting your regular daily activities
impacting your relationships in a negative way
disrupting your ability to care for your needs

Wellness doesn't happen in a vacuum:
Identify trusted family and friends to share concerns
Schedule time with a pastor or faith leader
Identify a local support group
Talk to your primary care doctor or trusted medical professional

Wellness takes time and effort:
Schedule time for activities that bring joy – it can be something that takes 5 minutes or a couple of hours – you decide
Cut out/replace unhealthy habits – doomscrolling, increased drinking, watching news excessively
Identify an accountability partner – having a scheduled activity or check in with someone else helps keep you commit

16

Contact Trillium Health Resources

Trillium

Help is always available. Whether you're experiencing a crisis, seeking services for yourself or a loved one, or interested in partnering with us, we're here to support you.

Together, we're building healthier, more resilient communities where everyone has the opportunity to thrive. Thank you for your partnership in this vital mission.

Member and Recipient Services Line

1-877-685-2415

Open Monday-Saturday 7am-6pm. Questions about eligibility, services, providers, or how to access care?
Our Member Services team can help navigate the system.

17

Questions?

Cecelia Peers
cecelia.peers@trilliumnc.org

Trillium
HEALTH RESOURCES

18

Chapter 8 Aging, Lifelong Wellness, and Preparing for the Future

AARP North Carolina

Presented by
Dr. Shirley Gerrior, US Air Force, Retired
AARP North Carolina

AARP

On a Mission to Support Veterans and Military Families

- Today, AARP's Total Membership: 38 Million
- Veterans, Active Duty and Spouses: 6 Million

AARP.org/Veterans

Four Pillars of Focus

Delivering Free Resources to Military Veterans & their Caregivers	Fighting Fraud through Operation Protect Veterans & Vets Fraud Center	Boosting Careers through Veteran & Military Spouse Job Center	Connecting Veterans & Military Families to Service Benefits & Discounts

AARP

Health Care Topics & Resources

- **Health Care Benefits**
  - **Veterans & Military Health Benefits Navigator**
- **Military Caregiving/Caregivers Guide**
  - **Military/Veteran Caregiving Guide**
  - **Financial Workbook for Military/Veteran Caregivers**
  - **Mental & Emotional Support for Military/Veteran Caregivers**

5

AARP

Veterans & Military Health Benefits Navigator

- Understanding health care benefits and using the navigator
- It can help you to:
  - Learn more about health benefits provided through the United States Department of Veterans Affairs (VA) and Department of Defense (DoD).
  - Understand how to apply and enroll in VA health care.
  - Identify how to get help from representatives who have experience and knowledge of the VA's process for awarding benefits.

****Remember The VA requires physical documentation to determine the benefits a service member is qualified for. • Stay engaged after submitting initial applications to VA and other programs. No one wants to restart the application process for missing a deadline.

6

AARP

Veterans & Military Families Health Benefits Navigator

ONLINE: AARP.org/VetsHealthNavigator
AARP.org/NavegadorSaludVeteranos

Meeting a need for veterans, spouses and their caregivers:

- ✓ Info on Health Benefits from VA Health, DOD Tricare, Medicare, Private Market
- ✓ How to qualify for and enroll in VA benefits
- ✓ Real-life examples of people seeking health care services and how they determined which steps to take

AARP.org/Veterans

7

AARP

Veterans Health Benefits Navigator

Website: AARP.org/VetsHealthNavigator

SECTIONS for Accessing Veterans Specialty Care Programs/Services thru VA, including:

- ➢ VA's PACT Act benefits expansion
- ➢ Comprehensive Info on VA health care services
- ➢ Women Veterans Health Care Program
- ➢ Specialty emotional and mental health services
- ➢ Specialty dental, oral, hearing and vision services
- ➢ VA's Family Caregivers Assistance Program

AARP.org/Veterans

AARP

Veterans Health Benefits Navigator

Website: AARP.org/VetsHealthNavigator

SECTION: Women Veterans Health Care Program

- ➢ If questions call, text or chat online with the Women Veterans Call Center at 1-855-829-6636 to obtain specific assistance.

AARP.org/Veterans

AARP

AARP Supporting Veteran and Military Caregivers

Veteran Caregiver Facts

- About 6.5 million military and veteran caregivers in the United States as of 2020
- They spend 50% more out-of-pocket than other family caregivers
  - *$11,500 vs. $7,200*
  - *$14 billion annually nationwide*
- Military caregivers face:
  - Worse health outcomes
  - Strained family relationships
  - More workplace challenges

AARP

Military Caregiving Guide for Veterans, Service Members and their Families

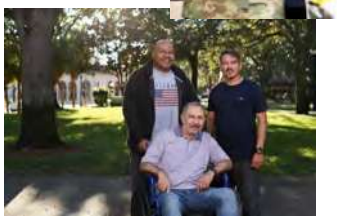
- Caring for a veteran or service member is a very important role.
- Each caregiving journey is unique.
- A person's experience may vary depending on whether the person cared for is on active duty, retired, ill, wounded or disabled.
- **Or** You as a Veteran may need caregiving.

12

AARP

AARP Supports Veteran and Military Caregivers

- **Every family caregiving situation is unique**
  - **Health and wellness issues**
  - **Care plans and teams**
  - **Financial resources**
  - **Housing**
  - **Access to VA facilities and other medical offices**



AARP.org/Veterans

AARP Veteran and Military Families Caregiver Guide

- 5 Key Issues to address the Caregiving Journey
- Facts about Veteran and Military Caregivers
- Helpful Resources and Caregiving Checklists
- Combines action steps/checklist approach with deeper resources at AARP.org/careresources

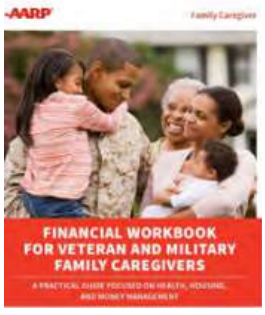
Caregiving 101: Getting Started, Assessing and Addressing Needs

Start the conversation and determine needs and resources, such as:

- ✓ Finances
- ✓ Legal
- ✓ Socialization and Support System
- ✓ Housing/Living Situation
- ✓ Transportation
- ✓ Services
- ✓ Technology

Financial Workbook for Veteran & Military Caregivers

- Topics:
  - Health/Health Care Costs
    - Health Care Plan
    - Health Care Team
    - Back-Up Caregivers
    - Powers of Attorney
    - Will & Estate Planning
    - Burial Plans
  - Housing
    - Home
    - Transportation
    - Special Diets and Allergies
    - Safe Contents
    - File Contents
  - Money Management/ Budgeting
    - Investments and Debts
  - Resources & Key Terms



18

AARP Mental & Emotional Health Support Pocket Guide

Support Guide for Military/Veteran Caregivers

- ❑ Collaboration with Elizabeth Dole Foundation
- ❑ Top Tips, Resources & Hotlines from:
  - *AARP*
  - *Elizabeth Dole Foundation*
  - *U.S. Dept. of Veterans Affairs (VA)*

A crucial need since 2021:

- ➢ Texts to VA Crisis Line UP 98%
- ➢ Chat Messages UP 40%
- ➢ Calls to VA Crisis Line UP 7%

Find the FREE e-booklet at AARP.org/SelfCareGuide

AARP.org/Veterans

Elizabeth Dole Foundation
CARING FOR MILITARY FAMILIES

AARP's Facebook Caregivers Discussion Group

facebook.com/groups/aarpfamilycaregivers

- ✓ Talk It Out
- ✓ Team Up
- ✓ Care for Yourself

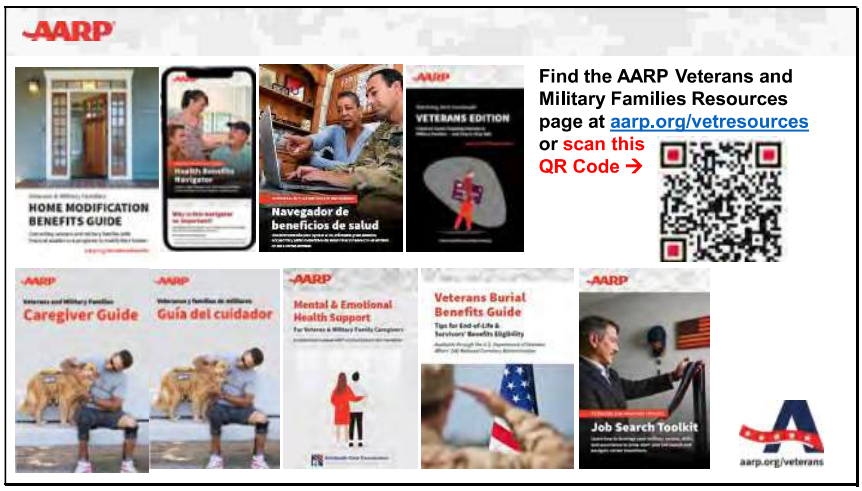
AARP.org/Veterans

Other AARP Military Service Benefits

- Another way to *Salute the Service & Sacrifice* of veterans, service members and their spouses on the home front
- AARP.org/VetsJoin
- Find the discount at the top right corner of our website aarp.org/veterans

AARP 45% Membership Discount

AARP.org/Veterans



Chapter 9 Living with a Healthy Heart

Cardiovascular Health and Disease Prevention for Women Veterans

Presented by
Dr. Linda Calhoun

Living With A Healthy Heart

Linda P. Calhoun MD

Novant Health Heart & Vascular Institute

Just the Facts

- Cardiovascular disease is the No. 1 killer of women. In 2022, it was responsible for the deaths of 446,912 women—or about **1 in every 5** female deaths.
- Cardiovascular disease kills more women than all forms of cancer combined and yet only **56%** of women recognize that cardiovascular disease is their greatest health threat.
- Among females 20 years and older, nearly **45%** are living with some form of cardiovascular disease. Prevalence is highest among Black women at approximately **59%**, compared to **43%** in white women. Less than 50% of women entering pregnancy in the United States have good heart health.
- Cardiovascular disease is the No. 1 killer of new moms and accounts for over on-third of maternal deaths. Black women have some of the highest maternal mortality rates.
- Overall, **10% to 20%** of women will have a health issue during pregnancy, and high blood pressure, preeclampsia and gestational diabetes during pregnancy greatly increase a women's risk for developing cardiovascular disease later in life.
- Going through menopause does not cause cardiovascular disease, but the approach of menopause marks a point in midlife when women's cardiovascular risk factors can accelerate, making increased focus on health during this pivotal life stage is crucial.
- Most cardiac and stroke events can be prevented through education and lifestyle changes, such as moving more, eating smart and managing blood pressure.
- **51.9%** of high blood pressure deaths, otherwise known as hypertension or the "silent killer," are in women, and out of all women, 57.6% of Black females have hypertension — more than any other race or ethnicity.

JUST the FACTS

- While there are an estimated 4.1 million female stroke survivors living today, approximately **57.5%** of total stroke deaths are in women.
- Women were **27%** less likely to receive bystander CPR because rescuers often fear accusations of inappropriate touching, sexual assault or injuring the victim.
- Women continue to be underrepresented in Science, Technology, Engineering and Math (STEM) fields, as well as in research. In fact, women occupy nearly half of all U.S. jobs (**48%**), but only **27%** of jobs in STEM fields. Furthermore, only **38%** of participants in clinical cardiovascular trials are women.
- About 14% of people who have heart attacks will die from it.
- Coronary artery disease or blockage of the arteries that supply blood to the heart is the most common type of heart disease and accounts for 1/7 US deaths, killing over 366,800 people a year.
- Heart disease is the leading cause of death for both men and women, and women are just as likely as men to have a heart attack.

5 Things that You Might Not Have Known About the Heart

1. A delay in presentation with a heart attack may result in sudden death and irreversible heart failure or weakness of the heart muscle.

2. The incidence of coronary heart disease is increasing in women ages 35-44 (middle aged women) compared with men.

3. Cholesterol, diabetes, and hypertension are silent killers. That is, people may not have symptoms related to these conditions till they have target organ damage. These factors that lead to coronary blockages and heart failure would not be picked up without screening.

4. **Statin drugs** along with certain lipid lowering agents (PCSK9 inhibitors, ezetimibe with statin) actually remodel or remove plaque from blocked coronary arteries. If a patient takes these agents and achieves target LDL or bad cholesterol levels (below 55), there may actually be regression of coronary blockages with time.

5. 20% of patients with coronary artery disease may present with silent heart attacks or silent severe disease that is only picked up by imaging studies such as stress testing or echo/ultrasound of the heart. A patient may have a normal ECG prior to suffering a heart attack before surgery or a race. So a normal ECG does not exclude coronary artery blockages.

Types of Heart Disease

- **Coronary heart disease:** The most common heart disease is caused by plaque in the walls of the arteries that supply blood to your heart and other parts of your body. After menopause, women are at a higher risk of coronary heart disease because of hormonal changes.
- **Arrhythmia:** This condition is when your heart beats too slowly, too fast, or in an irregular way. A common example is atrial fibrillation.
- **Heart failure:** Heart failure is when your heart is too weak to pump enough blood to support other organs in your body. This condition is serious, but it doesn't mean your heart has stopped beating.

Heart disease is only preventable if you recognize your risk.

JUST the FACTS

- However, more women than men have died from cardiovascular disease each year since 1984.
- According to the ADA, 26% of women will die within a year of a heart attack compared with just 19% of men.
- By 5 years after a heart attack, almost half of women die, develop heart failure, or have a stroke compared with 36% of men.

KEY ISSUES

- **Prevention**
- **Early detection**

Symptoms Suggesting Ischemic Heart Disease

- Chest pain/pressure/discomfort- described as tightness, aching, fullness and was the presenting symptom in 92% of women presenting with MI (JAHA 9/2019). Symptoms may radiate into jaw, neck, or shoulder/arms.
- Atypical angina described as pain in teeth, jaw, neck, shoulder. Patients may also present with nausea, vomiting, hiccups, marked fatigue, or shortness of breath.
- Silent heart attacks are more common in women than in men

RISK FACTORS

- Age over 55 (But risk rises ages 40-60 as estrogen levels drop)
- Smoking or tobacco use
- High blood pressure
- High cholesterol, hsCRP, lipoprotein a
- Overweight/ obesity (Metabolic Syndrome)
- Physical inactivity and poor exercise tolerance
- Diabetes and glucose intolerance
- Family history of early heart disease
- Stress
- Presence of peripheral arterial disease, carotid VD, or prior stroke

JUST the FACTS

- 49% of US women in the U.S. have high blood pressure

By age group (U.S. adults, 2019–2024)
- **Ages 18–34:** ~4.1% prevalence (low, as hypertension is rare before age 30)
- **Ages 30–44:** ~15–20% prevalence (moderate increase with age).
- **Ages 45–59:** ~35–40% prevalence.
- **Ages 60–64:** ~50–55% prevalence.
- **Ages 65+:** ~59–72% prevalence, with the highest rates in older adults

- 15% of US women have diabetes (hba1c above 6.4%).
- 32% of US women have prediabetes (hba1c above 5.6%)
- 44% of US women have obesity

Additional Risk factors related to Reproductive Health and Pregnancy

- Early first period (before age 11)
- Early menopause (before age 40)
- Polycystic ovary syndrome
- Diabetes during pregnancy (gestational diabetes)
- Preterm delivery
- Delivery of a low birth weight or high birth weight infant
- Hypertensive disorders of pregnancy, e.g. preeclampsia

ASCVD Risk Estimator- CardioSource

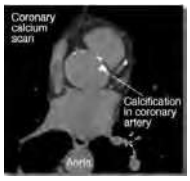
- Google or Bing it
- Estimates 10yr and Lifetime ASCVD risk using Risk Calculator based on Pooled Cohort Equations in those NOT receiving a statin. Risk with optimal RFs also reviewed.
- Variables:
  - Gender
  - Race : white, AA, other
  - SBP
  - Diabetes
  - Age
  - Tchol, HDL chol,
  - Treatment for HTN
  - Smoker

>7.5% 10 yr Risk is considered high risk

Key Tests for Heart Disease Risk

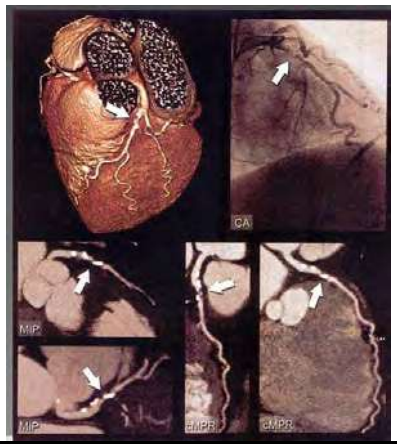
- Blood pressure: goal is less than 130/80
- Blood cholesterol
  - If no known CHD or risk factors, LDL goal <100
  - If silent CHD or vascular disease, LDL goal <70
  - If CHD or vascular disease and clinical event, LDL goal <55
- Glucose or HbA1c (diabetes test) Hba1c 5.5% or less
- Body mass index (BMI) and waist circumference
  - BMI between 18-24 is optimal
  - Waist circumference <35 inches is optimal
- Electrocardiogram
- Stress test
- Calcium Scoring

CT Calcium Scoring



- 5 min, noncontrast CT study that quantitates the amount of Ca++ plaque(stable ds). A negative test is consistent with a low level of risk in next 2-5 yrs
- The greater amount of Ca++, the greater the likelihood of occlusive CAD. But zero score is not zero risk since can miss noncalcified plaque.
- It is more powerful in risk stratification in women than traditional risk factors.
- If abnormal, life style changes and medical therapy with LDL goal <70.
  But possibly stress testing, or cardiac catheterization may be necessary.
- Alone, frequently not covered by standard insurance. ~$100-125 cash test

CT Angiography



Cardiac Catheterization

- Sometimes cardiac catheterization is a necessary diagnostic test if strong suspicion for unstable anginal symptoms, if abnormal screening coronary CTA or stress test with possible need for coronary revascularization since definitive and allows therapeutic intervention.
- Cardiac Catheterization is low-risk, diagnostic procedure. It provides the roadmap as to what kind of treatment is needed. Using a long, narrow tube (catheter), a cardiologist goes through a blood vessel in the leg or arm to get to inject dye to directly visualize coronary arteries.

IF YOU SUSPECT A HEART ATTACK OR STROKE

911

Advice to Women to Lower Heart Disease Risk

- **Begin TODAY**
- **Be physically active 30-60 min mod intensity (walk briskly/cycle)/daily or 150 min/week.**
- **Maintain a healthy weight.**
- **Don't smoke.**
- **Love thyself. Address stress and depression.**
- **Do something enjoyable every day.**
- **Follow a healthy eating plan (limit fat, salt, and calories), and be proactive in addressing risk factors and screening for CV disease.**
- **If you are advised to take medications for risk factors, ie statins, blood pressure or diabetic medications, be brave and take the prescribed medication if no deleterious side effects. Do not let fear of side effects prevent you from preventing cardiovascular disease.**

Exercise: The Basics

What is moderate intensity exercise??

- Brisk walking
- Playing with kids/grandkids
- Walking a dog
- Carrying groceries
- Gardening
- Cleaning the house

Do I need to Lift Weights or just do Cardio?

- Should do both!!
- Cardio = endurance
- Strength training = build muscle and bone (your body weight is all you need!!)

Walking: Transportation or Exercise?

It Counts as Exercise

Find your Stride

- Pick up your Pace
- Count your steps
- Break up the Day
- Walk with a Buddy

The Power of Strength Training

Best Strength workout

Benefits of Exercise

Tai Chi
Pilates
Boot Camps
Swimming
Yoga

- Promotes collaterals or blood growth of new coronary arteries, improves function of existing arteries
- Reduces stress and improves sense of well being
- Reduces sugar or glucose, LDL or bad cholesterol, triglycerides, and raises good cholesterol HDL
- Makes you aware of underlying problems.

How to Motivate Yourself

1. Focus on immediate results – feel better that day
2. Pick something you like
3. Make it non-negotiable. Put it on your phone calendar.
4. Meet a friend for cardio, not coffee
5. Don't back down from a little bit of competition
6. Put money on the line
7. Use a fitness tracker (My Fitness Pal)

What Impact does Mindfulness Have on the Heart?

Mindfulness Resources

Our Heart and Spirit

The Quality of Veterans Healthcare Administration Cardiovascular Care

Published JACC: ADVANCES, VOL. 4, NO. 2, 2025 FEB 2025:101533

- This review used PubMed literature search of investigations between 2000 and 2024 comparing quality of cardiovascular care delivered by the VHA in comparison to community care, which is care delivered in non-VHA facilities by non-VHA providers and is authorized and paid for by VHA, examining quality metrics and highlighting novel national care programs.
- There were no randomized controlled data studies, and review was based on largely observational data.
- Eligibility for community care referral is a wait time over 28 days or travel time more than 60 min for VA healthcare, or that community care is deemed to be in the "best medical interests of the veteran."

The Quality of Veterans Healthcare Administration Cardiovascular Care

- Veteran wait-time for VHA services was generally shorter than for community care services.
- Looking at outcomes for heart failure patients with VHA services vs community services, multiple studies show comparable or improved mortality with improved readmission rates over time. Favorable HF outcomes could be a result of the positive impact of VHA medication and social support programs.
- With acute myocardial infarctions/heart attacks, multiple studies showed lower or comparable mortality rates with higher readmission rates after MI.
- With elective percutaneous coronary interventions/stents, mortality rates were lower for veterans treated at VHA than in the community.
- With elective CABG or bypass surgery, in veterans below 65 years age, no mortality difference seen between groups although travel time shorter in community service group.
- In veterans with severe aortic stenosis, TAVR outcomes were similar in VHA and non-VHA medical facilities.

The Quality of Veterans Healthcare Administration Cardiovascular Care

- CART (**C**linical **A**ssessment **R**eporting and **T**racking **P**rogram) and NCDSP (**N**ational **C**ardiac **D**evice **S**urveillance **P**rogram), national programs unique to the VHA, promote quality.
- Access to VHA cardiovascular services is limited, and improving that access is key to improving cardiovascular care in veterans.
- **Medication** access/affordability and **social support** programs offered by the Veterans administration help to improve the quality of healthcare delivered.

Chapter 10 Behavioral Health, Suicide Prevention, and Supporting Women Veterans: Understanding Mental Wellness Through Awareness, Education, and Community Action (PANEL)

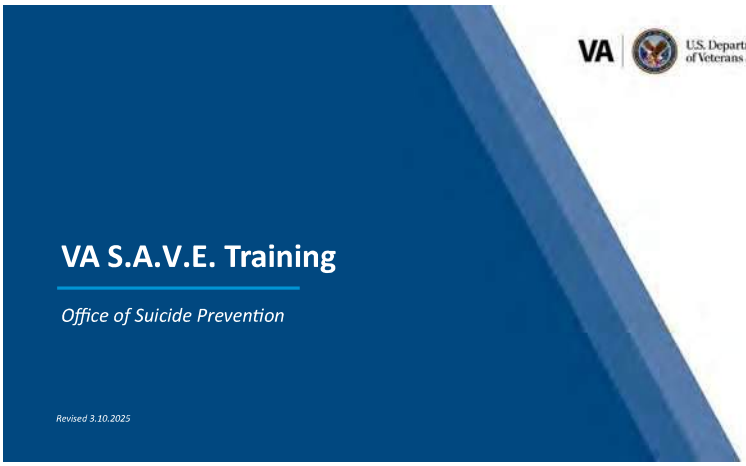
Featured Panelists

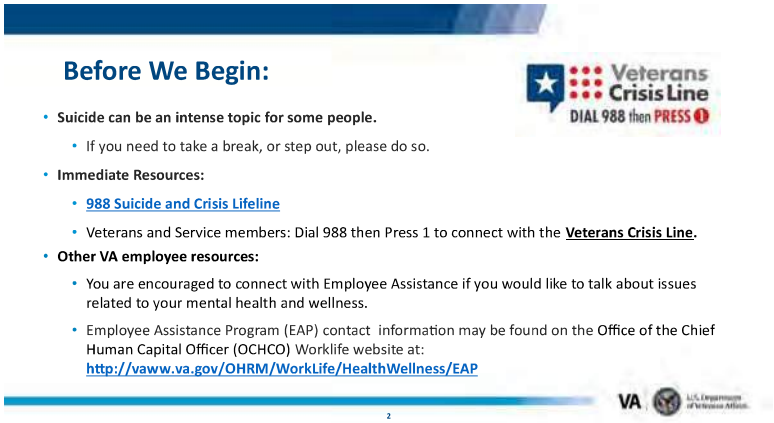
Linda Calhoun, MD

Joyce Nelson, LCSW

Eva Smith
Disabled American Veterans (DAV)

Shari (Lisa) Turner
Suicide Prevention Coordinator
U.S. Department of Veterans Affairs





Overview

- Objectives
- Facts about Veteran Suicide
- VA S.A.V.E. Steps
- Resources

3

Objectives

At the conclusion of this training, you will be able to:

- Apply the VA S.A.V.E. approach
- Identify Veterans who may be at risk for suicide
- Ask directly about suicide
- Validate Veterans' individual needs and perspectives
- Connect Veterans to appropriate resources

4

Facts About Veteran Suicide

5

Suicide is a National Public Health Issue

- Suicide is a national issue, with rising rates of suicide in the general population.

- For every death by suicide, approximately 135 individuals are impacted.

Reference: Cerel J, Brown MM, Maple M, Singleton M, van de Venne J, Moore M, Flaherty C. How Many People Are Exposed to Suicide? Not Six. Suicide Life Threat Behav. 2019 Apr;49(2):529-534. doi: 10.1111/sltb.12450. Epub 2018 Mar 7. PMID: 29512876.

VA U.S. Department of Veterans Affairs

6

Average Number of Suicides Per Day in 2023

Of the **6,398** Veteran suicides in 2023,
39.0% were among Veterans with VHA-delivered health care in 2022 or 2023
and **61.0% were among other Veterans**.

**While VHA serves one in three Veterans,
most who die by suicide are not in VHA care.**

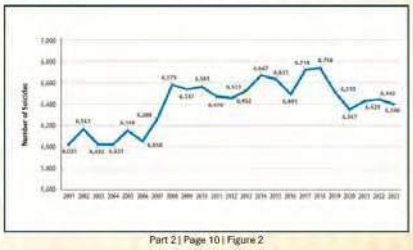
Veteran Suicide Deaths, 2001-2023

This is about people, not numbers.

- Every data point represents a life, a family, a community.
- Suicide prevention is personal for many of us — and it drives urgency in our work.
- Our commitment remains relentless: we pursue every avenue to strengthen connection and reduce risk.

Effective suicide prevention is a collective effort, including collaborations with groups to address factors contributing to suicide risk within their communities.

Every voice can help create a strong network of hope and resilience.



Part 2 | Page 10 | Figure 2

Suicide is a Complex Issue with No Single Cause

- Suicide is often the result of a complex interaction of risk and protective factors at the individual, community, and societal levels.
- Risk factors are characteristics that are associated with an increased likelihood of suicidal behaviors. Protective factors can help offset risk factors.
- To prevent Veteran suicide, we must maximize protective factors while minimizing risk factors at all levels, throughout communities nationwide.

Risk and Protective Factors

Risk	Protective
• Prior suicide attempt	• Access to mental health care
• Mental health issues	• Sense of connectedness
• Substance abuse	• Problem-solving skills
• Access to lethal means	• Sense of spirituality
• Recent loss	• Mission or purpose
• Legal or financial challenges	• Physical health
• Relationship issues	• Employment
• Unemployment	• Social and emotional well-being
• Homelessness	

Goal: Minimize risk factors and boost protective factors

Means Matter

- The **method used** impacts how life-threatening the injury could be.
  - About **90%** of firearm-related suicide attempts are fatal.
  - Most who survive a suicide attempt **do not** go on to die by suicide.

Conner, A., Azrael, D., & Miller, M. (2019). Suicide Case-Fatality Rates in the United States, 2007 to 2014: A Nationwide Population-Based Study. *Annals of internal medicine*, *171*(12), 885–895. https://doi.org/10.7326/M19-1324

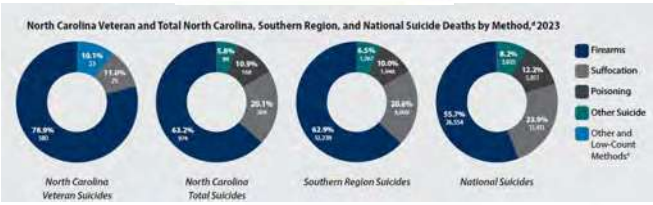
What are Lethal Means?

- **Lethal means** are objects that may be used by individuals experiencing a suicide crisis.
  - They include items like firearms, medications, alcohol, opioids, other substances, ropes, cords, or sharp objects.
  - These items can become deadly if easily accessible for someone experiencing crisis or having thoughts of suicide.

North Carolina: Annual Data Report for Veterans

North Carolina Veteran Suicide Deaths, 2023

Sex	Veteran Suicides
Male	215
Female	13
All	228



Suicide Death Methods Involved (difference from 2021-2023)

Approximately three out of four Veteran suicides involved a firearm:

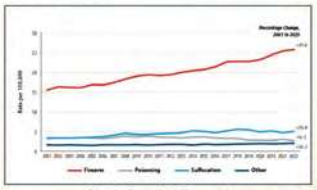
- **73.3% of Veteran suicides** (compared to 52.9% of non-Veteran adults)
- 49.0% of suicides of female Veterans (compared to 35.3% of non-Veteran women)
- 74.5% of suicides of male Veterans and 58.2% of suicides of non-Veteran men

	Veterans		Non-Veteran Adults		Female Veterans		Female Non-Veterans		Male Veterans		Male Non-Veterans	
	2023	Change	2023	Change	2023	Change	2023	Change	2023	Change	2023	Change
All Ages												
Firearms	73.3%	+6.8%	52.9%	+0.2%	49.0%	+11.5%	35.3%	-0.1%	74.5%	+7.2%	58.2%	+0.1%
Poisoning	7.3%	-5.9%	12.9%	-5.5%	22.4%	-20.2%	30.5%	-7.6%	6.6%	-5.9%	7.7%	-4.6%
Suffocation	14.3%	+0.1%	25.4%	+4.6%	18.2%	+7.9%	24.5%	+6.8%	13.9%	-0.2%	25.7%	+3.3%
Other	5.3%	-1.1%	8.7%	+0.6%	10.5%	+0.8%	9.6%	-1.1%	5.1%	-1.2%	8.4%	+1.1%

Part 2 | Page 27 | Table 4

Lethal Means:

- From 2001 to 2023, while Veteran firearm suicide rates rose 67.0% and suffocation suicide rates rose 53.0%, the **poisoning suicide rate fell by 16.3%.**
- From 2022 to 2023, while the firearm suicide rate for Veterans rose by 1.3% and the suffocation suicide rose by 9.0%, the poisoning suicide rate **fell by 10.3%.**

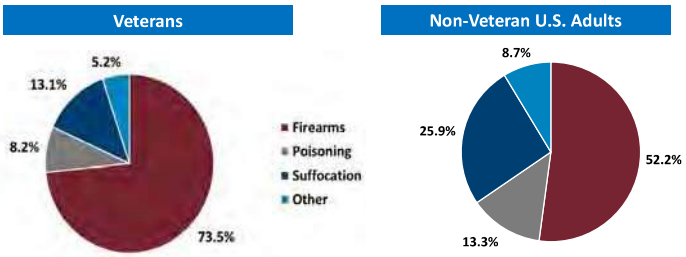


	2001 to 2023	2022 to 2023
Firearm:	+67.0%	+1.3%
Poisoning:	(-16.3%)	(-10.3%)
Suffocation:	+53.0%	+9.0%
Other:	+26.3%	+4.0%

Part 2 | Page 24 | Figure 14

16

U.S. Veterans and Suicide Methods (2023)



U.S. Department of Veterans Affairs, Office of Suicide Prevention. 2024 National Veteran Suicide Prevention Annual Report. 2024.

17

Lethal Means Safety and Suicide Prevention

- Lethal means safety reduces access to a method used to attempt suicide.
- Secure storage of lethal means is any action that builds in time and space between an impulse to die by suicide and the ability to harm oneself.

18

Normalize the Discussion: Secure Storage Works

- Nearly half of all Veterans own a firearm and Veteran firearm owners are dedicated to firearm safety.
- The Keep It Secure (Lethal Means Safety) campaign promotes awareness about the simple steps Veterans and their support networks can take to increase safety.

19

Suicide is Preventable.

20

Did You Know?

You don't have to be an expert to talk about suicide.

Showing you care and offering support can make a big difference when helping navigate life's challenges.

21

Did You Know?

The way a Veteran feels supported may vary based on their individual military experience.

Listening without judgement can help guide your conversation.

22

Did You Know?

When suicide is brought up in conversation, even casually, it should be taken seriously.

Use it as an invitation to find out more.

Follow VA S.A.V.E. to do your part.

VA U.S. Department of Veterans Affairs

23

The Steps of VA S.A.V.E.

VA U.S. Department of Veterans Affairs

24

VA S.A.V.E.: How to Help Veterans at Risk for Suicide

VA S.A.V.E. will help you act with care and compassion if you encounter a Veteran who is in suicidal crisis.

- **S**pot the signs a Veteran might be thinking about suicide.
- **A**sk the critical question.
- **V**alidate the Veteran's experience.
- **E**ncourage and support next steps with the Veteran.

VA U.S. Department of Veterans Affairs

25

S Spot the Signs of Suicidal Thinking

Knowing what to look for can help you identify when a Veteran may need extra support:

- Hearing things like "I feel like there's no way out/no reason to live" or "I feel hopeless"
- Changes in anxiety, agitation, or mood swings
- Rage or anger
- Changes in sleep
- Engaging in impulsive, risky activities
- Increasing alcohol or drug use
- Withdrawing from family and friends

VA U.S. Department of Veterans Affairs

26

S Spot the Signs of Suicidal Thinking

Other times, a Veteran's warning signs may require immediate attention such as:

- Talking about death, dying, or suicide
- When asked, saying they wish to hurt or kill themselves
- When asked, saying they have a plan for killing themselves
- Displaying self-destructive behavior such as increased drug or alcohol use

VA U.S. Department of Veterans Affairs

27

A Ask the Critical Question

Knowing the important question to ask a Veteran can be life saving…

VA U.S. Department of Veterans Affairs

28

Ask the Critical Question

When and Where

As soon as possible

How

Ask in a way that fits naturally with you and the Veteran

30

Ask the Critical Question

"Are you thinking about killing yourself?"

29

Validate the Veteran's Experience

- Be willing to listen and allow the Veteran to express their feelings.
- Check your biases and assumptions.
- Talk openly about suicide.
- Treat the Veteran with respect.
- Express your concern.
- Let the Veteran know that help is available.

31

V Validate the Veteran's Experience

- Try to stay as calm as possible.
- Maintain eye contact.
- Use open body language.
- Listen more than you speak.
- Limit questions — let the Veteran do the talking.
- Use honest, supportive, and encouraging comments.

32

E Encourage and Support Next Steps with the Veteran

What should you do if you think someone is suicidal?

- Be honest about your concern
- Reassure the Veteran that help is available
- Stay with the Veteran until help is found
- Follow the Mental Health Same Day Service SOP at your local facility

33

Remember VA S.A.V.E.

S	Spot the signs of suicidal thinking.
A	Ask the critical question.
V	Validate the Veteran's experience.
E	Encourage and support next steps with the Veteran.

34

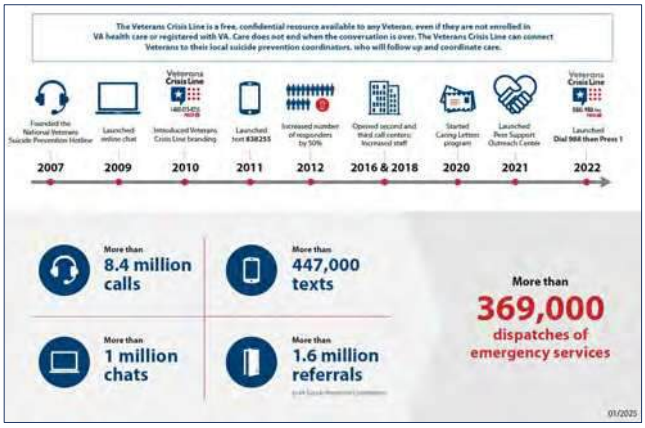
Resources

VA U.S. Department of Veterans Affairs

46

Free, Confidential Support 24/7/365

- Veterans
- Service members
- Family members
- Friends



48

VCL Timeline Graphic

Spread the Word (veteranscrisisline.net)

Find a Local VA SPC:
VeteransCrisisLine.net/ResourceLocator

More than 400 SPCs nationwide.

49

Don't Wait. Reach Out.

Find the right Veteran Resources Quickly and Easily

Don't Wait. Reach Out. (va.gov)

51

Practice secure storage of firearms, medications and other lethal means

- Visit www.keepitsecure.net to learn more about the importance of firearm and other lethal means safety
- Nearly half of all Veterans own a firearm, and most Veteran firearm owners are dedicated to firearm safety
- Firearm injuries in the home can be prevented by making sure firearms are **unloaded**, **locked**, and **secured** when not in use, with ammunition stored in a separate location
- There are several effective ways to safely secure firearms. Learn more and find the option that works best for you and your family from the National Shooting Sports Foundation at www.nssf.org/safety

52

Caregiver Support Program

Caregiver Support Program (CSP) Mission:

Promote the health and well-being of Family Caregivers who care for our Nation's Veterans through education, resources, support and services.

CSP offers clinical, educational, and holistic services to individuals who care for Veterans enrolled in VA health care.

Every VA facility has a local team!

- Caregivers can access a variety of national resources while receiving tailored support from their local CSP Teams.

To learn more about CSP Programs visit: https://www.caregiver.va.gov/

Questions about enrollment? Contact the VA Caregiver Support Line (CSL) at 1-855-260-3274

53

VA S.A.V.E. Training for Caregivers

For caregivers enrolled in the VA Caregiver Support Program (CSP)

VA S.A.V.E. Training for Caregivers:

- Expands the VA's flagship suicide prevention training program, VA S.A.V.E. to include:
  - Information on a caregiver's risk for experiencing suicidal thinking
  - Evidence-based treatments for caregivers
  - Resources and supports available for caregivers
- Supported time to practice skills needed to start conversations with Veterans about:
  - thoughts of suicide
  - secure storage of firearms
- Interactive, available in-person or virtually

Find your local CSP team here:
www.caregiver.va.gov/support/New_CSC_Page.asp

More information about this course, visit:
https://www.caregiver.va.gov/support/docs/CSP-VA-SAVE-Training-Cargivers-Flyer-Final.pdf

54

Local VA Resources:
VeteransCrisisLine.net/ResourceLocator

53

Stay Connected

Follow us on social media to stay up to date on our programs and initiatives.

Instagram	Facebook	X formerly Twitter
@deptvetaffairs	U.S. Department of Veterans Affairs Veterans Health Administration	@DeptVetAffairs @veteranshealth

55

PART II SUMMIT DOCUMENTS

Appendix A Official Summit Promotional Announcement

Appendix B Official Two-day Summit Agenda, Goals and Objectives

2026 Women Veterans Health Care Summit

June 18-19, 2026
Homer E. Wright Event Center
St. James, North Carolina 28461

AGENDA

Conference Title	2026 Women Veterans Health Care Summit
Theme	*Connected by Service • Empowered by Health Care*
Date	June 18-19, 2026
Time	0830-1600
Venue	Homer E Wright Event Center
Hosted by	Richard H. Stewart, Jr. American Legion Post 543
Audience	Veterans and Spouses

Summit Goals

- Share current evidence, policy updates, and best practices relevant to health care delivery.
- Promote interdisciplinary collaboration among clinicians, administrators, researchers, and community partners.
- Provide practical learning through breakout sessions focused on specialized women veteran topics.

- Forge actionable strategies to improve health outcomes, quality, and accessibility for women veterans in our local community.

Summit Objectives

- Identify specific issues that negatively affect local women veterans from receiving quality health care; and
- Develop a measurable list of solutions that can be locally achieved through collaboration of services, resources, and health care providers.

Day 1 Thursday Summit Agenda

Time	Session	Format	Location
8:30 AM - 9:00 AM	Registration, Coffee, and Networking. Vendor setups	Open Session	Foyer, Room A and B
9:00 AM - 9:15 AM	Welcome Remarks • ***Commander Carton, Post 543*** • ***Dr. Kathy Roth, Summit Chair*** ○ Recognition of Dignitaries, Veterans and Guests	Plenary	Room A
9:15 AM - 9:45 AM	Opening Speaker: *Overview of the state of current community health in Brunswick County* (2025 Health Report Findings) ***Speaker: Diana Hills/Lizeth Alcantar*** ***Brunswick County Health Services***	Plenary	Room A
9:45 AM - 10:15 AM	*Trillium Health Services: The Right Care, in the Right Amount, at the Right Time* ***Speaker: Cecelia Peers, Regional VP, Southern Region*** ***Trillium Health Resources***	Plenary	Room A
10:15 AM - 10:30 AM	*Refreshment Break* Visit organization tables in Room A	Break	Room A and B

10:30 AM - 11:15 AM	*Midday Plenary: Diseases of the Heart: Why Should Women Veterans Care?* ***Speaker: Linda Calhoun, MD FACS***	Plenary	Room A
11:15 -12:00 PM	~~*Panel Discussion: Challenges Affecting Women Veteran Health Care*~~ ~~***Panelist: Dr. Linda Calhoun; Anita Hartsell; Diana Hills; Lisa Turner; Kara Enright***~~	Plenary	Room A

Day 1 Thursday Summit Agenda (Con't)

12:00 PM - 12:45 PM	*Working Lunch* ***Speaker: Steve Muir, USMC Veteran, NC Department American Legion Legislation Committee Chair***	Break	Room A and Room B
12:45 PM - 2:00 PM	*Program Speaker: FVACHCS Women Veteran Program* ***Speaker: Kara Enright, MSN, RN, AMB-BC***	Plenary	Room A
2:00 PM – 2:45 PM	*Breakout Sessions II and III* ***Facilitators***	Concurrent Breakouts	Rooms B
2:45 PM - 3:00 PM	*Refreshment Break* Visit organization tables in Room A	Break	Room A and B
3:00 PM - 3:30 PM	*Afternoon Plenary 1: AARP-NC Women Veterans Health Care and Wellness* ***Shirley Gerrior, AARP-NC Coastal Volunteer and Veteran Lead***	Plenary	Room A

3:30 PM - 3: 55 PM	*Afternoon Plenary 2: Women Veterans: The Journey to Mental Wellness Report Findings* ***Eva Smith, DAV Service Officer, US Air Force (Retired)***	Plenary	Room A
3:55 PM – 4:00 PM	*Review of the Day; Overview for Friday's Program; Adjournment* ***Dr Kathy Roth, US Army (Retired), Summit Chair***	Plenary	Room A

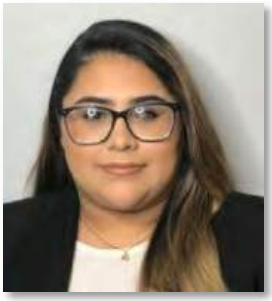
Day 2 Friday Summit Agenda

Time	Session	Format	Location
8:30 AM - 9:00 AM	*Coffee, and Networking* Visit organization tables (Room A)	Open Session	Foyer, Room A and B
9:00 AM – 9:05 AM	*Overview of Day 2* ***Dr Kathy Roth, US Army (Retired), Summit Chair***	Plenary	Room A
9:05 – 9:30 AM	*Brunswick County Law Enforcement: Who We Are and What Your Deputies Understand About Veterans and Responding to Mental Illness (Policy D-04)* ***Brian M. Chism, Brunswick County Sheriff***	Plenary	Room A
9:30 AM – 10:00 AM	*NAMI: Improving the Quality of Life for People With Mental Illnesses Through Support, Education, and Advocacy* ***Noelle Owen, Executive Director, NAMI Wilmington***	Plenary	Room A and B
10:00 AM- 10:15 AM	*Refreshment Break* Visit organization tables in Room A	Break	Room A and B
10:15 AM – 11:30 AM	*Legislation Update* ***Daniel Walker, Regional Field Director/Rep. Greg Murphy, MD 3rd Congressional District NC*** ~~*Breakout Sessions I, II and III (Con't)*~~ ~~(Facilitators Begin Prepare Group Findings and Recommendations)~~	Plenary	Rooms A and B
11:30 AM- 12:15 AM	*Networking Lunch* Visit organization tables in Room A	Break	Room A and B

12:15 PM – 1:15 PM	*Panel Discussion: Mental Health Challenges Affecting Women Veterans*	Plenary	Room A
	Panelist: Dr. Linda Calhoun; Eva Smith; Joyce Nelson; Noelle Owen, Lisa Turner		
1:15 PM – 2:15 PM	*Breakout Sessions I, II and III (Con't)* (Facilitators Finalize Group Findings and Recommendations and Prepare to Present)	Plenary	Rooms A and B
2:15 PM- 2:30 PM	*Refreshment Break* Visit organization tables in Room A	Break	Room A and B
2:30 PM - 3:30 PM	*Breakout Sessions I, II and III* Presentation of Breakout Group Findings and Recommendations by Group Facilitators or Designated Speakers	Plenary	Rooms A and B
3:30 PM – 3:45 PM	Explanation of Summit Evaluation Process; Closing Remarks; Open Discussion and Comments; Adjournment ***Dr Kathy Roth, US Army (Retired), Summit Chair*** ***Commander Mike Carton, NC Post 543***	Plenary	Rooms A and B

Appendix C Speaker Profiles and Organizational Affiliations

The 2026 Inaugural Women Veterans Health Care Summit brought together professionals from federal, state, county, nonprofit, academic, and veteran service organizations. This appendix recognizes the featured speakers and panelists who shared their expertise and contributed to the educational success of the Summit. Speaker biographies are included when available. Organizational logos are included to acknowledge the agencies and organizations represented.



Lizeth Alcantar, MPH, CHES®

Public Health Educator I, Brunswick County Health Department

Presentation

Brunswick County Health Study

Coastal Carolina University, Bachelor's degree, Public Health; University of North Carolina at Charlotte, Master of Public Health - MPH, Public Health. Certified Health Education Specialist (CHES)® National Commission for Health Education Credentialing, Inc. Issued Apr 2023. Credential ID 38477

Michael R. Carton

CMSgt, USAF (Retired)
Commander, NC Post 543

Presentation
Welcome and Closing Remarks on behalf of NC Post 543

Enlisted in the Air Force in February 1968 and retired from active duty in July 1995. His post military career included employment in the private sector and with defense contractors and finally as an Air Force Civil Servant. He retired from civil service in 2015, moving to St James North Carolina. BS Business & Management , University of Maryland; MS Operational Arts & Science; Air Command and Staff College, Gunter AFS, AL.

Brian M. Chism

Brunswick County Sheriff

Presentation

Brunswick County Law Enforcement: Who We Are and What Your Deputies Understand About Veterans and Responding to Mental Illness (Policy D-04)

Started with BCSO in 2004 and moved through the ranks in Patrol, K9, Narcotics, Investigations and Animal Services. Became Chief Deputy in August 2022. Appointed Sheriff in May 2023. FBI National Academy graduate, Law Enforcement leadership training, and Leadership roles with the North Carolina Sheriff's Association (Activities Committee, Legislative Committee).

Linda Calhoun, MD, FACS

Cardiologist (Retired)

Presentation

Heart Health – Diseases of the Heart: Why Should Women Veterans Care?

Dr. Linda Calhoun is a cardiovascular disease specialist with 41 years of experience in caring for patients with heart and vascular conditions. She also practices internal medicine, providing comprehensive care for adults. Her extensive experience allows her to diagnose and treat a wide range of cardiovascular conditions, helping patients manage their heart health and overall wellness.

Dr. Calhoun earned her medical degree from Georgetown University School of Medicine and completed her residency training at the University of North Carolina Health System. She has been affiliated with Novant Health Brunswick Medical Center and practices at multiple locations throughout North Carolina, including Wilmington, Jacksonville, Southport, Whiteville, and Bolivia. Dr. Calhoun speaks English and provided care through the Novant Health Heart and

Vascular Institute network, ensuring patients have convenient access to specialized cardiovascular services across the region.

Kara R. Enright, MSN, RN, AMB-BC

Women Veteran Program Manager, Fayetteville Coastal VA Health Care System

Presentation

Fayetteville Coastal VA Health Care System Women's Health Program

Kara Enright is a dedicated professional in the field of Veterans Affairs, focusing on women Veterans' programs. She serves as the Assistant Women Veteran Program Manager at the Fayetteville VA Coastal Health Care System. In this role, she is responsible for providing support and resources to women Veterans, ensuring they receive the benefits and services they are entitled to.

Key Responsibilities include Program Management - Oversees initiatives aimed at improving health care and support for women Veterans; Community Engagement - Actively participates in focus groups and outreach programs to gather feedback and enhance services; and Resource Coordination - Connects Veterans with appropriate health care services and benefits information.

Shirley Gerrior, PhD, RD

Colonel, US Army (Retired)
AARP-NC Coastal Region Veteran Volunteer

Presentation

Women Veterans: health Care Resources & Caregiving Supports

Shirley holds a PhD in nutritional sciences and is a registered dietitian/ licensed nutritionist (retired). Prior to moving to Wilmington NC, she spent more than 20 years working for the U.S. Department of Agriculture in Washington, DC as a national program leader responsible for nutrition and health research, extension, and education activities. Also, she was in the U.S. Army Reserves for 23 years, as a Food Service/Health Promotions Officer in hospital units and medical groups in Rhode Island and Maryland. She served on active duty in 2003 in support of Operation Noble Eagle at Fort Campbell, KY (101st Air Assault Division Support) and

retired in 2005 with rank of Colonel. She is currently a member of the American Legion Post 545 in Wilmington, NC and Historian and Americanism lead for the American Legion Auxiliary Unit 10 in Wilmington, NC.

Shirley has been an AARP volunteer since 2017 with the NC Coastal Region. She is the Veteran lead for the Coastal Region and serves on the AARP-NC Veterans, Military Families Advisory Council. She also serves as secretary for the Cape Fear Veterans Resilience Project that aims to enhance the well-being and resilience of veterans in the Cape Fear Region by connecting with trusted resources and services.

Anita L. Hartsell

Brunswick County Veteran Services Senior Veterans Service Officer

Plenary Session Contributor

She has been an accredited member of the National Association of County Veteran Services Officers (NACVSO) since 2005.

Diana Hills

Public Health Preparedness and Response Coordinator, Brunswick County Health Department

Presentation

Brunswick County Health Study

Diana holds a Masters degree, Johns Hopkins Bloomberg School of Public Health

Steve Muir

USMC Veteran
American Legion NC Department Legislation Commission Chair

Presentation

Current Federal Legislation Initiatives and Impact on North Carolina Veterans

Steve is currently retired (July 2014) after a 42+ year career in the Federal Government. The majority of his experience was spent in the Labor and Employee Relations arena dating back to before the passage of the Civil Service Reform Act (Pub. L. 95-454). Title VII of the CSRA, the Federal Service Labor-Management Relations Statute which established collective bargaining for most employees of the Federal Government. Steve began his Federal career with the Veterans Administration in his home State of New Hampshire after a tour of duty with the finest fighting force in the world – the U. S. Marine Corps. After serving in various positions followed by retirement, Steve became the NC Post 543 Resource Officer (2016 – 2026). He continues serving NC veterans as the new American Legion State of NC Legislative Commission Chair and has also been appointed to the American Legion National Legislative Council for the last 3 years. In this position he advocates for Veterans benefits at the National and State level.

Joyce Nelson

Licensed Clinical Social Worker

Plenary Session Contributor/Panelist

Joyce is licensed in North Carolina as a LCSW, and in Maryland as a LCSW-C. She received her masters degree in social work from the University of Maryland at Baltimore. Her mental health experience includes working in both addiction and mental health programs. For 17 years Joyce worked in the emergency room in the Crisis Intervention Unit at Montgomery General hospital as a crisis therapist conducting psychiatric evaluations.

Joyce was in private practice for many years, and worked with clients from adolescents to seniors, co-leading mental health groups for adolescents and seniors, and addiction groups for adults and adolescents. She currently leads the mental health team at the nonprofit *At Liberty Connections*.

Noelle Owen

Executive Director of National Alliance on Mental Health (NAMI) - Wilmington

Presentation/Panelist

Capabilities of NAMI-Wilmington and How Women Veterans can Receive Mental Health services.

Noelle is passionate about helping individuals and families live their best life. Through her work in the foster system, she saw firsthand that at the root of so many challenges is the need for stronger mental health support. Drawn to NAMI's mission, she joined them to continue her quest to help build a healthier, more connected community. Noelle has a rich background in counseling, leadership, and community engagement. She holds a Master of Science in Clinical Mental Health Counseling and a Master of Divinity from Mercer University, as well as a Bachelor of Arts in Christian Leadership from Belmont University. Professionally, she has led teams and programs in foster care, parent education, and hospice support—always centering her work on compassion, advocacy, and empowering others.

Cecelia Peers

Regional Vice President, Trillium Health Resources

Presentation

Accessing Care for Female Veterans

Cecelia Peers is community engagement leader with 19 years of experience in social services, housing and healthcare. She holds a Bachelors of Arts in Sociology from Hunter College, CUNY, and a Masters of Arts in Forensic Psychology from John Jay College of Criminal Justice, CUNY. Cecelia is the Regional Vice President – Southern Region, with Trillium Health Resources, connecting our public health plan with elected leaders, community stakeholders, and the public to improve access to care. She joined Trillium in October 2018, focused on coordinating social determinants of health initiatives and local resource connections. Prior to working with Trillium, Cecelia served as a program director for various homeless services programs for 15 years. Cecelia is passionate about developing

community relationships, partnerships and resources that support the most vulnerable people in being fully integrated in their communities and living their healthiest lives. She currently serves on the Board of Directors for 2SHARE Inc. and the Cape Fear Homeless Continuum of Care, and as a Community Ministry lead for St. Paul's Episcopal Church, Wilmington.

Dr. Kathleen K. Roth

LTC, US Army (Retired)
Adjutant, NC American Legion Post 543
Summit Chair and Moderator

Kathy Roth is a retired U.S. Army veteran with more than 25 years of military service. She served in the Army electronic warfare intelligence specialty and commanded HHSC, 105th MI Battalion, 5th Infantry Division during the first Gulf War. Dr Roth's last assignment was in the Pentagon where she served as the Army National Guard Advisor to the Army G-1. While in this role, Dr Roth conducted an empirical study of the Army Guard and Reserve program including all unified and specified command positions and made recommendations to the Chief, National Guard Bureau on repositioning of AGR positions on all TDA/TOE documents. That repositioning of billets still exist today. After serving in uniform, Kathy went on to serve as a management consultant and led teams charged with transforming military personnel systems. She holds a doctorate degree in business administration, a master's degree in human services, and a baccalaureate degree in social sciences.

Eva Smith

US Air Force (Retired)
Claims Officer
Disabled American Veterans – Wilmington Chapter 11

Plenary Session Contributor/Panelist

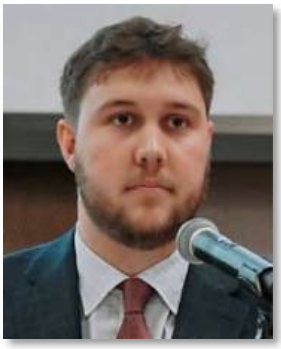
Shari (Lisa) Turner, MSW, LCSW

Suicide Prevention Coordinator
Wilmington HCC
U.S. Department of Veterans Affairs

Presentation/Panelist

S.A.V.E. Program

Lisa is an experienced Case Manager with a demonstrated history of working in the hospital & health care industry. Skilled in Healthcare, Patient Advocacy, EPIC System, Discharge Planning for complex patient populations, Preceptor for new employees, Individual Counseling, and Group Therapy. Strong community and social services professional with a Master of Social Work (MSW) focused in Mental and Social Health Services and Allied Professions from East Carolina University. Accredited Case Manager and Licensed Clinical Social Worker.



Daniel Walker

Regional Field Director
Office of US Rep. Greg Murphy, MD, NC District 1

Presentation
Current Federal Legislation Initiatives

PART IV SUMMIT ASSESSMENT

Appendix D Attendee Assessment and Survey Results

Survey Instrument

2026 Women Veterans Health Care Summit
Participant Evaluation and Future Planning Survey

Welcome!

Thank you for participating in the Inaugural Women Veterans Health Care Summit, held June 18–19, 2026.

Your feedback is important and will help us evaluate the Summit, improve future events, and better serve women veterans through education, collaboration, and community partnerships.

The information you provide will also contribute to the Official Proceedings of the Inaugural Women Veterans Health Care Summit and the Summit's After Action Report. Individual responses will remain confidential. Results will be reported only in summary form, and any comments used in future publications will be presented anonymously unless you provide permission otherwise.

Estimated completion time: 8-9 minutes

Your participation is voluntary, and you may skip any question you prefer not to answer.

Thank you for helping us improve future Women Veterans Health Care Summits.

Let's begin...

1. Summit Attendance

- ◯ Yes I attended
- ◯ Yes I attended but not both days
- ◯ I registered but did not attend

2. Which of the following best describes you? (Select all that apply.)

- [ ] Female Veteran
- [ ] Male Veteran
- [ ] Military/Veteran Spouse
- [ ] Family Member or Caregiver
- [ ] Veteran Service Organization Representative
- [ ] Summit Volunteer
- [ ] Government Agency Representative
- [ ] Community Organization Representative
- [ ] Other (please specify)

- [ ] None of the above

3. If you served in the military, which branch best describes your service? (Optional)

- [ ] ARMY
- [ ] USMC
- [ ] NAVY
- [ ] AIR FORCE
- [ ] SPACE FORCE
- [ ] COAST GUARD
- [ ] ANY SERVICE RESERVE COMPONENTS OR NATIONAL GUARD
- [ ] NOT A VETERAN

4. In which coun y do you primarily live?

- ◯ Brunswick
- ◯ New Hanover
- ◯ Columbus
- ◯ Pender
- ◯ Other

5. In which county do you primarily work?

- ◯ Brunswick
- ◯ New Hanover
- ◯ Columbus
- ◯ Pender
- ◯ Other

6. How did you first learn about this Summit?

- ◯ American Legion
- ◯ VA
- ◯ Veteran Service Organization
- ◯ Health Care Provider
- ◯ Community Organization
- ◯ Friend or Colleague
- ◯ Social Media
- ◯ Email Invitation
- ◯ Other (please specify)

7 Please respond to the following:

	Strongly Disagree	Disagree	Moderately Agree	Agree	Strongly Agree
The Summit met my overall expectations	○	○	○	○	○
The topics addressed were relevant to the health and well-being of women veterans.	○	○	○	○	○
The presenters were knowledgeable and well prepared.	○	○	○	○	○
The Summit was well organized and professionally conducted.	○	○	○	○	○
The breakout sessions provided meaningful opportunities for discussion and participation.	○	○	○	○	○
I would recommend future Women Veterans Health Care Summits to colleagues or others interested in supporting women veterans.	○	○	○	○	○

8 As a result of attending the Inaugural Women Veterans Health Care Summit, please indicate your level of agreement with each of the following statements.

	Strongly Disagree	Disagree	Moderately Disagree	Moderately Agree	Agree	Strongly Agree
I have a better understanding of the unique health care needs of women veterans.	○	○	○	○	○	○
I learned about programs, services, or resources that were previously unfamiliar to me.	○	○	○	○	○	○
I have a better understanding of health issues affecting women veterans across the lifespan.	○	○	○	○	○	○
I am more aware of organizations and community partners that support women veterans.	○	○	○	○	○	○
I feel better prepared to help connect women veterans with appropriate services and resources.	○	○	○	○	○	○
Overall, this Summit increased my knowledge of the state of women veterans' health care.	○	○	○	○	○	○

9 As a result of attending the Inaugural Women Veterans Health Care Summit, please indicate your level of agreement with each of the following statements.

	Strongly Agree	Agree	Moderatly Agree	Agree	Strongly Agree
I intend to share information or resources from this Summit with others.	○	○	○	○	○
I am more likely to collaborate with other organizations serving women veterans.	○	○	○	○	○
I feel inspired to support initiatives that improve the health and well-being of women veterans.	○	○	○	○	○
I would attend a future Women Veterans Health Care Summit.	○	○	○	○	○
I believe events like this Summit are important for improving services and support for women veterans.	○	○	○	○	○

10. On Day 2, Novant Mobile Medical Team members were available for you to receive a quick health report of your vitals including chlolestral levels. For you (or others) was this a valuable addition to the Summit?

11. What was the most valuable thing you gained from attending the Summit? Share what you found most valuable?

12. What is one action you intend to take because you attended this Summit?

13. If you were on the 2027 Summit Planning Committee, what is the one thing you would want added to the agenda?

14. As a woman veteran or a woman who is in involved in providing health care services for women veterans, did you feel SEEN and HEARD while in attendance at the Summit?

- ◯ Yes
- ◯ No
- ◯ I am in neither of the above categories

Thank you for taking the time to complete the Participant Evaluation and Future Planning Survey.

Your feedback is greatly appreciated and will play an important role in improving future Women Veterans Health Care Summits.

The information you have shared will help guide future planning, strengthen community partnerships, and contribute to the Official Proceedings and After Action Report for the Inaugural Women Veterans Health Care Summit.

Most importantly, your participation helps advance our shared commitment to improving the health and well-being of women veterans.

On behalf of Commander, Mike Carton, American Legion NC Post 543, we thank you for your continued service and support.

Your voice will help shape future Women Veterans Health Care Summits and strengthen services for women veterans throughout our communities.

Gratefully,

Dr Kathy Roth

Chair, 2026 Women Veterans Health Care Summit

Adjutant, American Legion NC Post 543

St James, NC

Survey Results

Introduction

The 2026 Inaugural Women Veterans Health Care Summit Participant Evaluation and Future Planning Survey was developed to assess participant satisfaction, evaluate the effectiveness of the Summit's educational programming, and identify opportunities for future Women Veterans Health Care Summits. In addition to measuring participant perceptions of the Summit's organization, presenters, and educational value, the survey sought to determine whether attendees gained new knowledge, intended to apply what they learned, and felt that the Summit achieved its primary objective of ensuring women veterans felt seen, heard, and supported.

The evaluation was administered electronically through SurveyMonkey following the conclusion of the Summit. Participation was voluntary, and responses were collected anonymously to encourage honest feedback. The findings presented in this appendix represent the experiences and perceptions of Summit participants and provide valuable guidance for future planning efforts.

Survey Participation and Methodology

A total of **66 individuals preregistered** for the inaugural Women Veterans Health Care Summit. **Fifty-two participants attended**, representing an **attendance rate of approximately 79 percent**. Following the Summit, attendees were invited to complete an electronic evaluation survey. **Twenty-two participants submitted completed surveys**, resulting in a **42 percent response rate** among attendees.

Although not every attendee completed the survey, the response rate provides a meaningful sample of participant experiences and offers valuable insight into attendee satisfaction, the effectiveness of the educational programming, and recommendations for future Women Veterans Health Care Summits. The survey included a combination of demographic questions, Likert-scale ratings, and open-ended questions designed to capture both quantitative and qualitative feedback.

Executive Summary of Findings

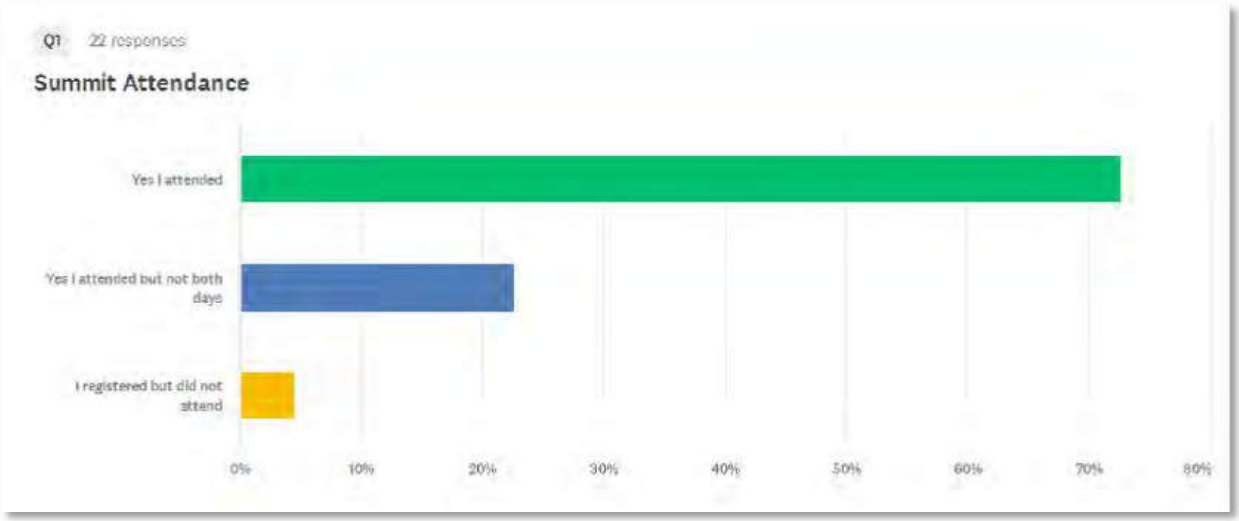
Overall, participant feedback demonstrated a highly favorable evaluation of the 2026 inaugural Women Veterans Health Care Summit. Respondents consistently reported that the Summit exceeded or met their expectations, addressed topics relevant to the health and well-being of women veterans, featured knowledgeable presenters, and provided meaningful opportunities

for networking and discussion. Survey responses further indicated that participants increased their understanding of women veterans' health issues, became more aware of available programs and community resources, and intended to apply information gained during the Summit within their personal lives, professional roles, and communities.

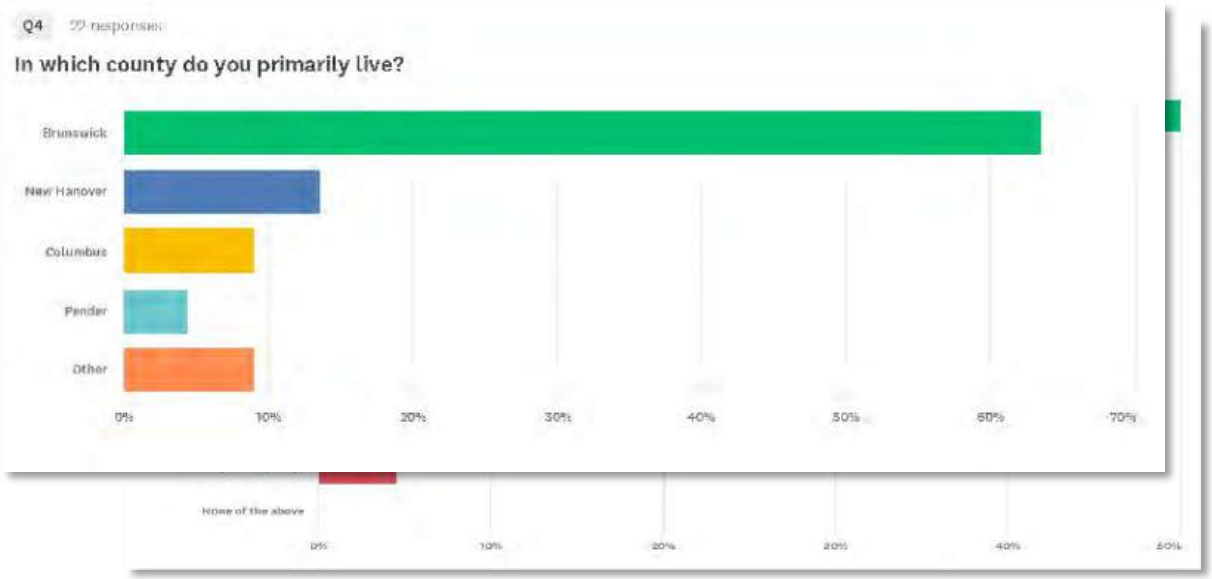
The qualitative responses reinforced these findings. Participants repeatedly identified the opportunity to connect with other women veterans, engage in meaningful breakout discussions, and learn about available services and resources as the Summit's greatest strengths. Many respondents also described specific actions they intended to take as a result of attending, including applying for VA benefits, seeking preventive health screenings, sharing information with other veterans, and becoming more actively involved in supporting women veterans within their communities.

Collectively, the evaluation findings suggest that the 2026 inaugural Women Veterans Health Care Summit successfully achieved its event objectives while fostering collaboration, empowerment, and a stronger sense of community among women veterans and the organizations that serve them.

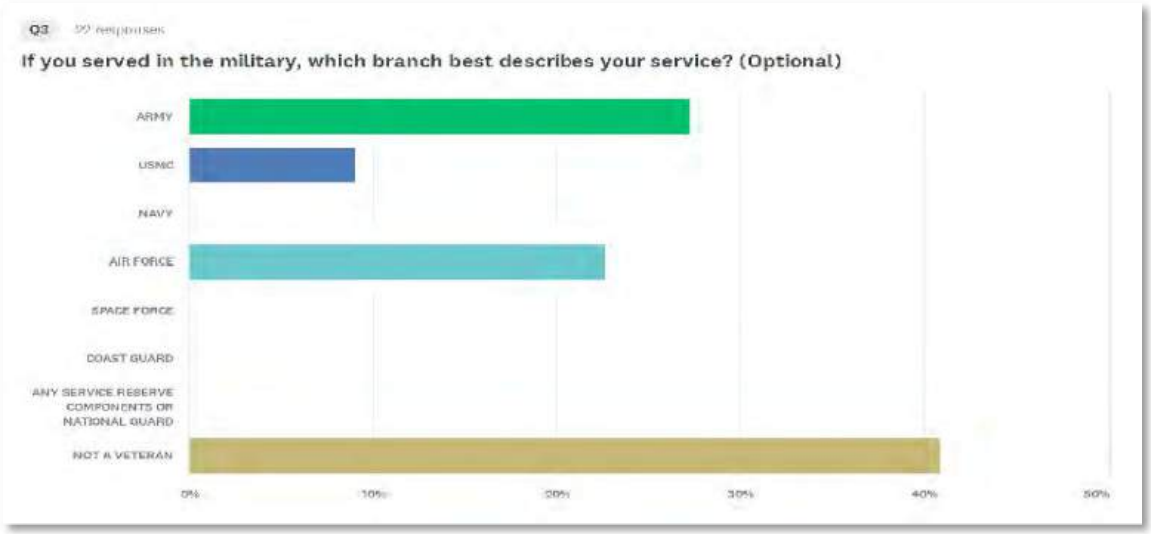
The survey responses confirmed that the overwhelming majority of respondents attended the Summit, with most participants attending both days of the event. A smaller number attended only part of the program, while very few respondents registered but were ultimately unable to attend. These responses indicate that the Summit maintained strong participant engagement throughout the two-day event and that most survey responses reflect the experiences of individuals who participated in the full educational program.



Key Finding Q1: *Survey responses were provided primarily by participants who attended the Summit, with most respondents participating in both days of the event. This provides confidence that the evaluation reflects the experiences of individuals who fully engaged in the educational program and related activities.*



Key Finding Q2: *Survey respondents represented a diverse group of stakeholders, including women veterans, volunteers, veteran service organizations, government agencies, community organizations, and military family members. This broad representation reflects the collaborative nature of the Summit and its emphasis on building partnerships to improve the health and well-being of women veterans.*

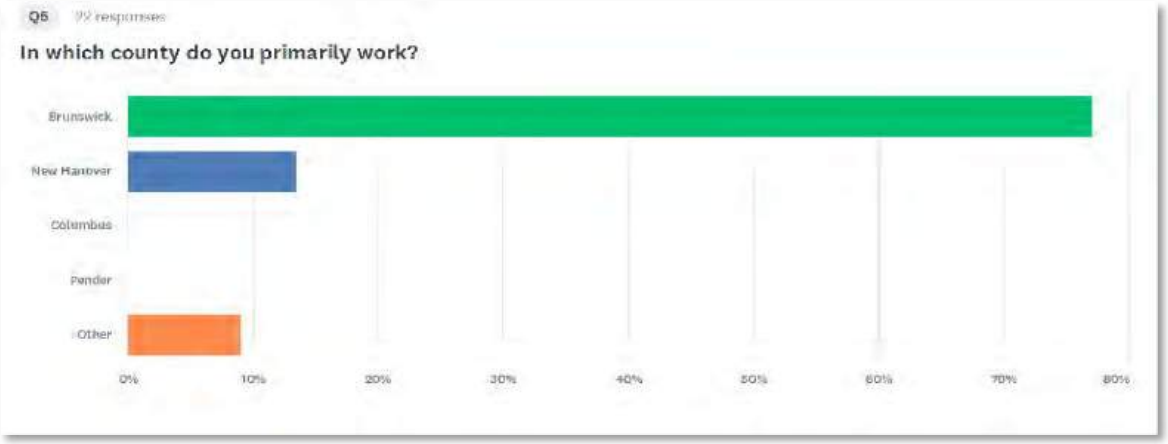


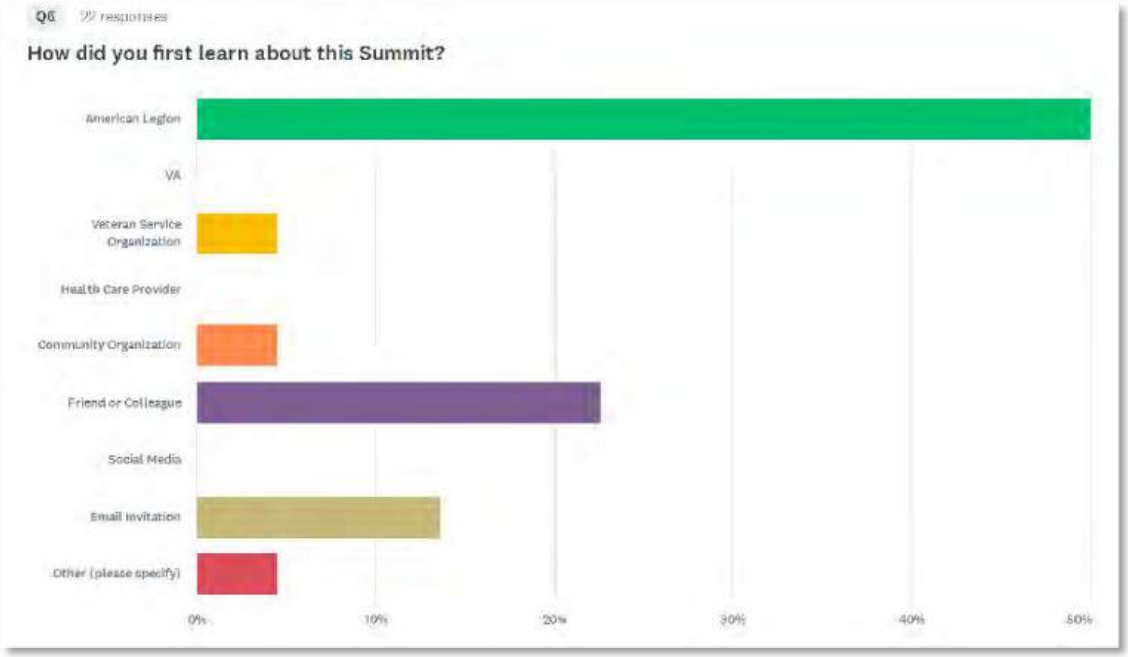
Key Finding Q3: *Respondents represented multiple branches of military service, with the largest representation from the U.S. Army. The diversity of military backgrounds demonstrates*

that the Summit successfully attracted women veterans with a wide range of service experiences and perspectives.

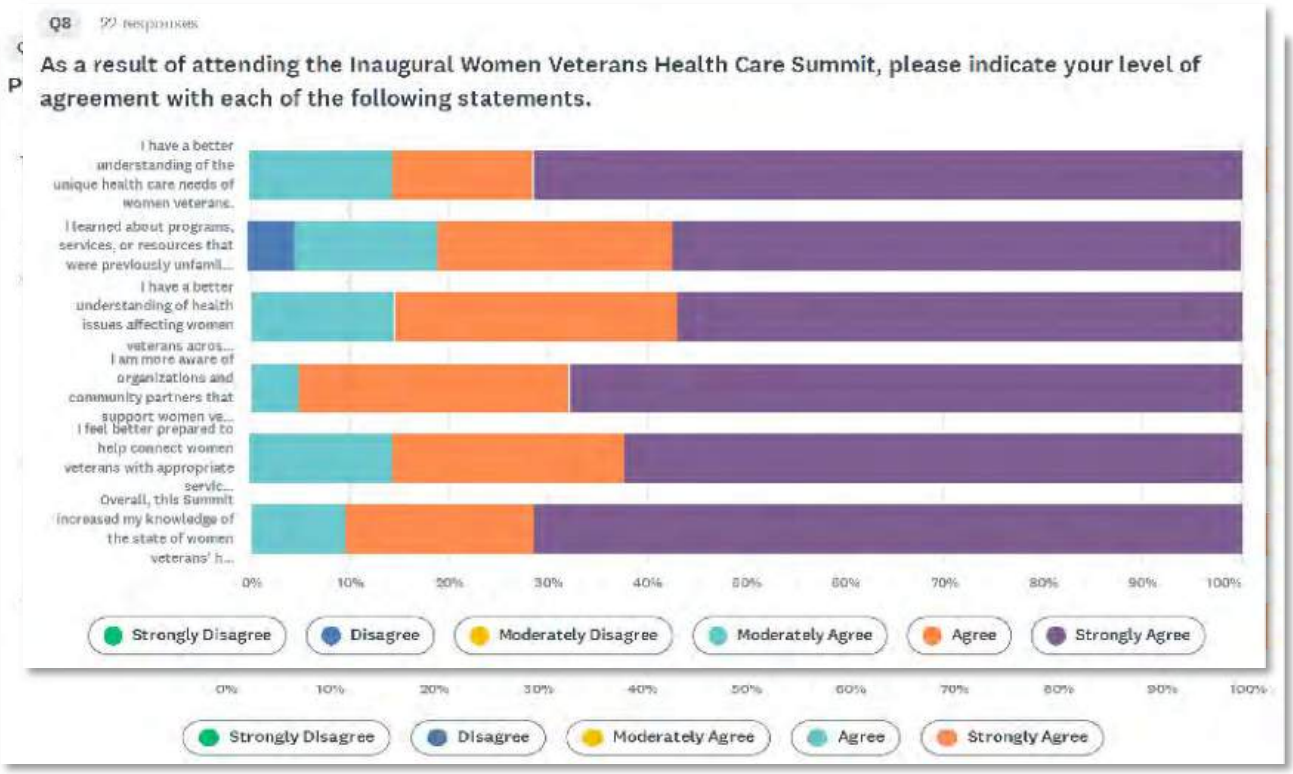
Key Finding Q4: *The majority of survey respondents resided in Brunswick County, with additional participants representing neighboring counties and surrounding communities. This geographic distribution reflects the Summit's strong local reach while also demonstrating its ability to attract participants from across southeastern North Carolina.*

Key Finding Q5: *Most respondents reported working in Brunswick County, with additional representation from surrounding counties. These findings indicate that the Summit successfully engaged individuals who both live and work within the region, strengthening opportunities for ongoing collaboration and community-based support for women veterans.*

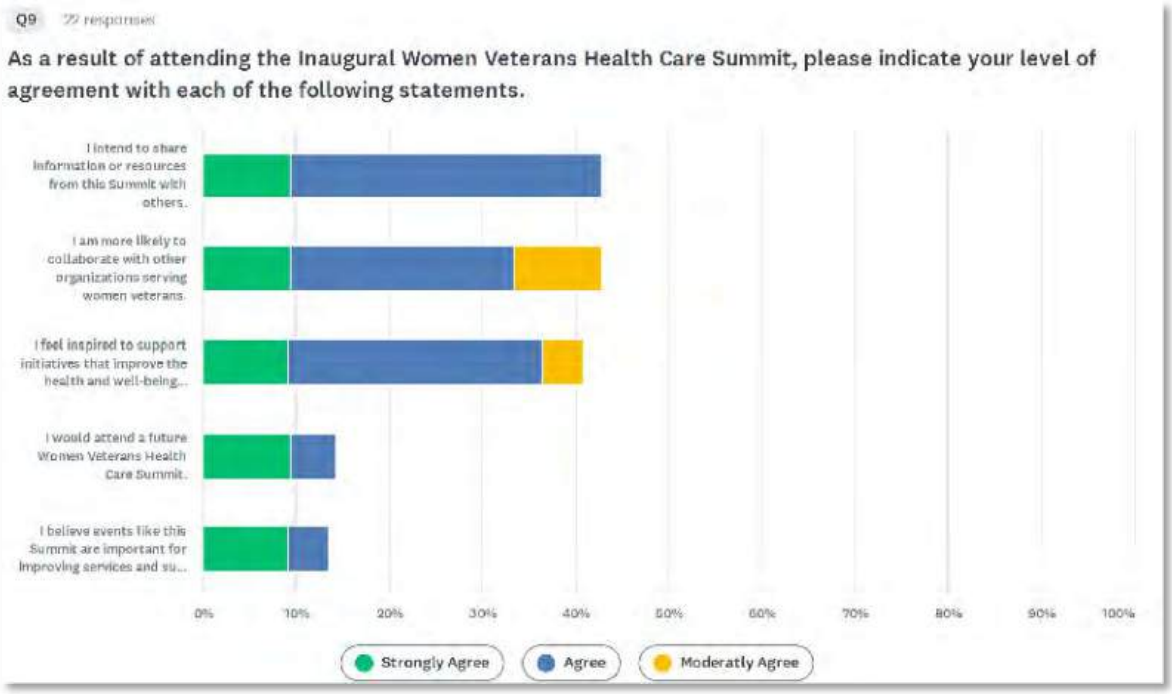




Key Finding Q6: *Survey responses indicate that participants learned about the Summit through a variety of outreach channels, including the American Legion, email invitations, veteran service organizations, community organizations, personal referrals, social media, and the Department of Veterans Affairs. The diversity of communication channels demonstrates that the Summit's outreach efforts successfully engaged women veterans and community partners across the region, contributing to broad awareness and participation.*



Key Finding Q7: *Participants expressed an overwhelmingly positive evaluation of the inaugural Women Veterans Health Care Summit. Respondents consistently agreed that the Summit met their expectations, addressed topics relevant to women veterans' health, featured knowledgeable presenters, and was professionally organized.* ***The breakout sessions were also highly valued, and participants overwhelmingly indicated they would recommend future*** **Women Veterans Health Care Summits to others.**



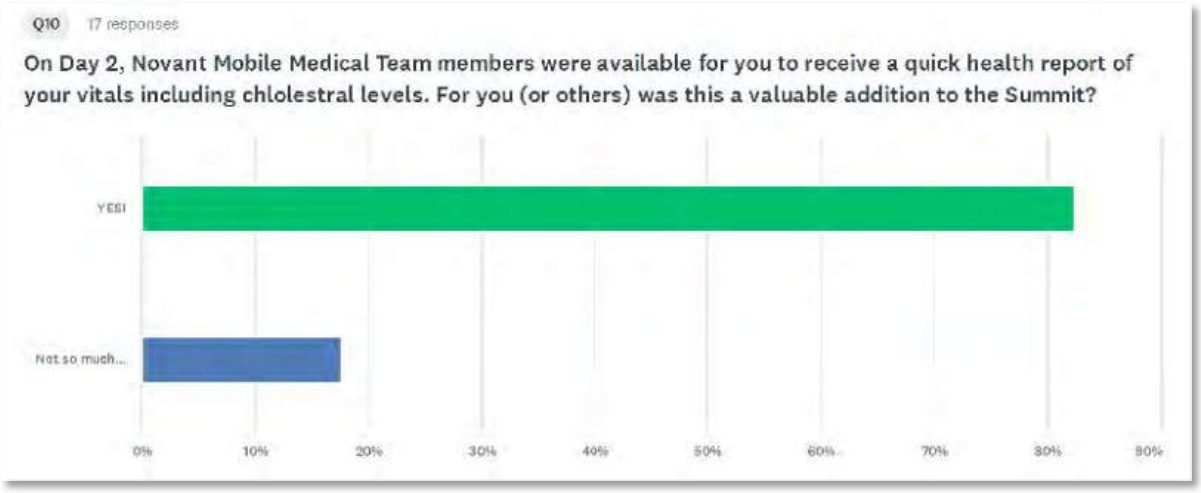
Key Finding Q8: *Participants reported increased knowledge of the unique health care needs of women veterans, greater awareness of available programs and community resources, and improved understanding of health issues affecting women veterans. Responses indicate that the Summit successfully achieved the event objectives.*

Key Finding Q9: *Survey responses demonstrate that participants intend to apply what they learned by sharing information with others, collaborating with organizations that serve women veterans, and supporting initiatives that improve women veterans' health and well-being.* ***Respondents also expressed strong interest in attending future Women Veterans Health Care Summits.***

Participant Suggestions for Future Summits (Q11–Q13)

Responses to Questions 11 through 13 provided valuable guidance for future Women Veterans Health Care Summits. Participants expressed appreciation for the inaugural Summit while also identifying opportunities to expand future programming. Common recommendations included providing additional educational sessions on women veterans' health issues, increasing opportunities for networking and peer support, expanding participation by community organizations and health care providers, and offering additional time for discussion and questions. Several participants also expressed interest in making the Summit a recurring event, reflecting broad support for continuing this community-based initiative.

Collectively, these recommendations demonstrate that participants viewed the Summit not as a one-time event, but as the beginning of an ongoing effort to improve education, collaboration, and access to resources for women veterans.



Did Participants Feel Seen and Heard? (Q14)

One of the primary goals of the inaugural Women Veterans Health Care Summit was to create an environment in which women veterans felt recognized, respected, and heard. Responses to Question 14 indicate that the Summit achieved that objective. Participants consistently described feeling welcomed, valued, and encouraged to share their experiences throughout the two-day program.

Many respondents commented that the Summit provided a unique opportunity to connect with other women veterans, discuss issues that are often overlooked, and participate in conversations focused specifically on their health and well-being. These responses reinforce the importance of creating safe, inclusive environments where women veterans can engage in meaningful dialogue and help shape future initiatives.

Overall Conclusions

The participant evaluation demonstrates that the inaugural Women Veterans Health Care Summit successfully achieved its educational and community engagement objectives. Survey responses indicate high levels of participant satisfaction, increased awareness of women veterans' health issues and available resources, and a strong commitment to applying the knowledge gained through the Summit. Participants also expressed broad support for continuing the Summit and expanding future educational opportunities.

Beyond measuring satisfaction, the survey documented the beginning of a growing network of women veterans, community organizations, health care providers, and public agencies committed to improving the health and well-being of women veterans. The findings presented throughout this appendix provide valuable guidance for future planning committees and reinforce the importance of sustained collaboration, education, and community partnerships in addressing the evolving needs of women veterans.

PART V REFERENCE RESOURCES

Appendix E Research Guide, References, and Digital Resources

Supporting Research and Resources for Improving the Health and Well-Being of Women Veterans

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Why This Appendix Matters

Improving the health and well-being of women veterans requires decisions that are informed by credible research, evidence-based practice, and trusted resources. This appendix was developed to support the *Official Proceedings of the Inaugural Women Veterans Health Care Summit* by providing readers with a comprehensive collection of current research, government publications, and professional resources addressing the unique health care needs of women veterans.

The references included in this appendix represent peer-reviewed empirical research, Veterans Affairs publications, federal and congressional reports, Government Accountability Office studies, and selected publications from nationally recognized veterans organizations published from 2020 through 2026. Collectively, they address a broad range of topics, including health care access, mental health, suicide prevention, military sexual trauma, cardiovascular health, reproductive health, healthy aging, rural health, health equity, toxic exposures, and other issues affecting women veterans throughout the lifespan.

Whether used by women veterans, health care professionals, Veterans Affairs staff, Veterans Service Organizations, researchers, educators, policymakers, or community leaders, this appendix is intended to serve as a practical resource for advancing knowledge, supporting informed decision-making, and strengthening efforts to improve the health and well-being of women veterans.

Research Guide

The following guide is intended to help readers quickly locate references related to specific health topics affecting women veterans. The comprehensive reference list that follows includes

peer-reviewed journal articles, empirical research, Veterans Affairs publications, federal and congressional reports, and selected publications from nationally recognized veterans organizations.

Topic	Representative Areas of Research
Women Veterans Health Care	Comprehensive health care, women's health services, patient-centered care, quality improvement
Health Care Access and Barriers	VA enrollment, access to care, rural health, transportation, childcare, community care, care coordination
Mental Health	Depression, anxiety, PTSD, resilience, substance use disorders, behavioral health
Suicide Prevention	Suicide risk factors, prevention strategies, crisis intervention, protective factors, lethal means safety
Military Sexual Trauma (MST)	Screening, treatment, trauma-informed care, long-term health outcomes, disability claims
Cardiovascular Health	Heart disease, hypertension, stroke, prevention, risk factors, women's cardiovascular health
Reproductive Health	Family planning, fertility, pregnancy, maternity care, gynecologic health
Healthy Aging	Menopause, osteoporosis, cognitive health, aging, preventive care
Cancer Prevention and Screening	Breast, cervical, colorectal, lung, and other cancers affecting women veterans
Chronic Pain	Musculoskeletal disorders, pain management, opioid stewardship, complementary therapies
Sleep Health	Sleep disorders, insomnia, sleep apnea, behavioral sleep interventions
Traumatic Brain Injury	Diagnosis, rehabilitation, cognitive health, co-occurring conditions

Nutrition and Wellness	Healthy weight, nutrition, exercise, preventive health, Whole Health
Rural Health and Telehealth	Access disparities, virtual care, broadband, workforce shortages
Health Equity	Racial and ethnic disparities, LGBTQ+ health, women with disabilities, social determinants of health
Homelessness and Social Support	Housing instability, caregiver support, transition to civilian life, community resources
Toxic Exposures	PACT Act, environmental exposures, burn pits, occupational hazards
Federal Reports and Policy	VA, DoD, CDC, NIH, HHS, GAO, Congressional reports, National Academies
Veterans Service Organization Publications and Reports	Disabled American Veterans (DAV), American Legion, Veterans of Foreign Wars (VFW), Iraq and Afghanistan Veterans of America (IAVA), Wounded Warrior Project (WWP), Military Officers Association of America (MOAA), Service Women's Action Network (SWAN), and other national organizations

The references that follow are presented in alphabetical order in accordance with the Publication Manual of the American Psychological Association (7th ed.). Whenever available, digital object identifiers (DOIs) or official publisher or government website links are included to facilitate access to the original source materials.

References

Advisory Committee on Women Veterans. (2024). *2024 report of the Department of Veterans Affairs Advisory Committee on Women Veterans.* U.S. Department of Veterans Affairs. https://www.va.gov/womenvet/about/acwv.asp

Agency for Healthcare Research and Quality. (2023). *2023 National Healthcare Quality and Disparities Report* (AHRQ Publication No. 23(24)-0091-EF). U.S. Department of Health and Human Services. https://www.ahrq.gov/research/findings/nhqrdr/nhqdr23/index.html

American College of Cardiology. (2023). *Cardiovascular disease in women: Clinical updates and practice resources.* https://www.acc.org

American College of Obstetricians and Gynecologists. (2021). *Health care for women with military service and veteran status.* https://www.acog.org

American Heart Association. (2024). *Go Red for Women.* https://www.goredforwomen.org/

American Heart Association. (2024). *Research Goes Red.* https://www.researchgoesred.org/

American Heart Association. (2024). *Women and cardiovascular disease.* https://www.heart.org/en/health-topics/consumer-healthcare/what-is-cardiovascular-disease

American Psychological Association. (2023). *Clinical practice guideline for the treatment of posttraumatic stress disorder (PTSD) in adults.* https://www.apa.org/ptsd-guideline

American Public Health Association. (2022). *Addressing health equity among women veterans.* https://www.apha.org

Association of Military Surgeons of the United States. (2023). *Military Medicine* (selected peer-reviewed publications on women veterans' health). https://academic.oup.com/milmed

American College of Obstetricians and Gynecologists. (2024). *Health care for women and gender-diverse active-duty and reserve uniformed service members and veterans* (Committee Statement No. 12). https://www.acog.org/clinical/clinical-guidance/committee-statement/articles/2024/12/health-care-for-women-and-gender-diverse-active-duty-and-reserve-uniformed-service-members-and-veterans

Mehta, L. S., Velarde, G. P., Lewey, J., Sharma, G., et al. (2023). *Cardiovascular disease risk factors in women: The impact of race and ethnicity: A scientific statement from the American Heart Association. Circulation, 147*(19), 1471–1487. https://doi.org/10.1161/CIR.0000000000001139

Guideline Development Panel for the Treatment of PTSD in Adults, American Psychological Association. (2019). *Summary of the clinical practice guideline for the treatment of posttraumatic stress disorder (PTSD) in adults. American Psychologist, 74*(5), 596–607. https://doi.org/10.1037/amp0000473

American College of Obstetricians and Gynecologists. (2024). *Health care for women and gender-diverse active-duty and reserve uniformed service members and veterans* (Committee Statement No. 12). *Obstetrics & Gynecology, 144*(6), e144–e151. https://doi.org/10.1097/AOG.0000000000005754

Bastian, L. A., Bean-Mayberry, B., Frayne, S. M., et al. (2020). *Informing policy to deliver comprehensive care for women Veterans. Medical Care, 58*(Suppl.), S1–S4. https://doi.org/10.1097/MLR.0000000000001282

Batie, C. M., Axon, R. N., & Pope, C. (2025). *Challenges to cardiovascular health among female U.S. veterans and future implications: A scoping review. Military Medicine, 190*(5–6), e961–e968. https://doi.org/10.1093/milmed/usaf005

Bean-Mayberry, B. A., Clair, K., Chanfreau, C. C., Schweizer, C. A., Brunner, J. W., Than, C. T., Dyer, K. E., Moreau, J. L., Huynh, A. K., Moin, T., & Finley, E. (2020). *Women veterans' cardiovascular knowledge, risks and exercise behavior in the primary care setting. American Journal of Preventive Cardiology, 3*, 100095. https://doi.org/10.1016/j.ajpc.2020.100095

Bean-Mayberry, B. A., Moreau, J., Hamilton, A. B., Yosef, J., Joseph, N. T., Batuman, F., Wight, S. C., & Farmer, M. M. (2022). *Cardiovascular risk screening among women veterans: Identifying provider and patient barriers and facilitators to develop a clinical toolkit. Women's Health Issues, 32*(3), 284–292. https://doi.org/10.1016/j.whi.2021.12.003

Bean-Mayberry, B. A., et al. (Referenced resource). The VA Women's Health Research Network maintains research summaries on cardiovascular disease, military sexual trauma, menopause, rural health, suicide prevention, pregnancy and maternity care, chronic pain, and related topics affecting women veterans. https://www.hsrd.research.va.gov/centers/womens_health/whrn.cfm

Bean-Mayberry, B. A., Clair, K., Chanfreau, C. C., Schweizer, C. A., Brunner, J. W., Than, C. T., Dyer, K. E., Moreau, J. L., Huynh, A. K., Moin, T., & Finley, E. (2020). *Women Veterans' cardiovascular knowledge, risks, and exercise behavior in the primary care setting. American Journal of Preventive Cardiology, 3*, 100095. https://doi.org/10.1016/j.ajpc.2020.100095

Brunner, J. B., Farmer, M. M., Bean-Mayberry, B., Chanfreau-Coffinier, C., Than, C. T., Hamilton, A. B., & Finley, E. P. (2022). *Implementing clinical decision support for reducing women veterans' cardiovascular risk in VA: A mixed-method, longitudinal study of context, adaptation, and uptake. Frontiers in Health Services, 2*, 946802. https://doi.org/10.3389/frhs.2022.946802

Carlson, G. C., Than, C. T., Rose, D., Brunner, J., Chanfreau-Coffinier, C., Canelo, I. A., Klap, R., Bean-Mayberry, B., Agrawal, A., Hamilton, A. B., Gerber, M. R., & Yano, E. M. (2022). *What*

drives women Veterans' trust in VA healthcare providers? Women's Health Issues, 32(5), 499–508. https://doi.org/10.1016/j.whi.2022.02.004

Cavanagh, C. E., Rosman, L., Chui, P. W., Bastian, L., Brandt, C., Haskell, S., & Burg, M. M. (2020). *Barriers to cardiovascular disease preventive behaviors among OEF/OIF/OND women and men veterans. Health Psychology, 39*(4), 298–306. https://doi.org/10.1037/hea0000844

Centers for Disease Control and Prevention. (2024). *Suicide prevention.* U.S. Department of Health and Human Services. https://www.cdc.gov/suicide/index.html

Centers for Disease Control and Prevention. (2024). *Women's health.* U.S. Department of Health and Human Services. https://www.cdc.gov/womens-health/

Clair, K., Fletcher, E. H., Oishi, A., et al. (2026). *"It's Just a Matter of Doing It": Women Veterans' experiences with changing behavior for cardiovascular risk reduction. Journal of General Internal Medicine.* Advance online publication. https://doi.org/10.1007/s11606-026-10306-9

Department of Defense. (2023). *Annual report on suicide in the military: Calendar year 2022*. Office of the Secretary of Defense. https://www.health.mil/Military-Health-Topics/Health-Readiness/Mental-Health/Annual-Suicide-Report

Department of Defense. (2024). *Annual report on sexual assault in the military: Fiscal year 2023.* Office of the Secretary of Defense. https://www.sapr.mil/reports

Department of Veterans Affairs. (2024). *2024 report of the Advisory Committee on Women Veterans.* U.S. Department of Veterans Affairs. https://www.va.gov/womenvet/docs/acwv/acwv-biennial-report-2024.pdf

Department of Veterans Affairs. (2024). *Study of barriers for women Veterans to VA health care: Final report.* Veterans Health Administration, Office of Women's Health. https://www.womenshealth.va.gov/WOMENSHEALTH/docs/Study-of-Barriers-for-Women-Veterans-to-VA-Health-Care.pdf

Department of Veterans Affairs. (2024). *Study on barriers for women Veterans to receipt of health care from VA.* U.S. Department of Veterans Affairs. https://www.govinfo.gov/app/details/CMR-VA1-00199693

Department of Veterans Affairs. (2025). *National Veteran Suicide Prevention Annual Report: Part 1*. Office of Mental Health and Suicide Prevention.

https://www.mentalhealth.va.gov/docs/data-sheets/2025/2025_Annual_Report_Part_1_508.pdf

Department of Veterans Affairs. (2025). *National Veteran Suicide Prevention Annual Report: Part 2—Report findings.* Office of Mental Health and Suicide Prevention. https://www.mentalhealth.va.gov/docs/data-sheets/2025/2025_National_Veteran_Suicide_Prevention_Annual_Report_PART_2_FINAL.pdf

Department of Veterans Affairs. (2024). Pace, R., Dancu, C., Raman, S. R., et al. *An evidence map of the women Veterans' health literature (2016–2023).* Evidence Synthesis Program, Health Systems Research, Office of Research and Development. https://www.hsrd.research.va.gov/publications/esp/WVHM.cfm

Department of Veterans Affairs. (2024). *Women Veterans in 2023: VetPop2020 estimates of women, FY2000–FY2023.* National Center for Veterans Analysis and Statistics. https://www.data.va.gov/stories/s/Women-Veterans-in-2023/wci3-yrsv/

Department of Veterans Affairs. (2025). *Locations where women Veterans are using health care from the Department of Veterans Affairs: FY 2023.* U.S. Department of Veterans Affairs. https://www.govinfo.gov/app/details/CMR-VA1-00199367

Department of Veterans Affairs. (2025). *Women Veterans Health Care.* Veterans Health Administration, Office of Women's Health. https://www.womenshealth.va.gov/

Department of Veterans Affairs. (2025). *Women Veterans Call Center.* Veterans Health Administration. https://www.womenshealth.va.gov/wvcc/

Department of Veterans Affairs, Office of Research and Development. (2025). *Women's Health Research Network.* https://www.hsrd.research.va.gov/centers/womens_health/

Department of Veterans Affairs, Office of Research and Development. (2025). *Health Services Research & Development (HSR&D).* https://www.hsrd.research.va.gov/

Department of Veterans Affairs, Office of Rural Health. (2024). *Office of Rural Health Annual Report.* https://www.ruralhealth.va.gov/

Department of Veterans Affairs, Veterans Health Administration. (2024). *Whole Health System.* https://www.va.gov/wholehealth/

Department of Veterans Affairs, Veterans Health Administration. (2025). *Caregiver Support Program.* https://www.caregiver.va.gov/

Devine, D. T., McMillan, S. C., Kip, K. E., & Powell-Cope, G. (2020). Quality of life among women veterans. *Journal of the American Association of Nurse Practitioners, 32*(11), 745–755

Dhruva, S. S., et al. (2022). *Gender differences in guideline-directed medical therapy for cardiovascular disease among young Veterans. Journal of General Internal Medicine, 37*(Suppl. 3), 806–815. https://doi.org/10.1007/s11606-022-07595-1

Felder, S., Montgomery, A. E., Tsai, J., & Balshem, H. (2021). *A life course perspective on the role of military sexual trauma as a pathway to homelessness for female veterans. Medical Care, 59*(Suppl. 3), S261–S267. https://doi.org/10.1097/MLR.0000000000001550

Gaffey, A. E., Burg, M. M., Rosman, L., Portnoy, G. A., Brandt, C. A., Cavanagh, C. E., Skanderson, M., Dziura, J., Mattocks, K. M., Bastian, L. A., & Haskell, S. G. (2021). *Baseline characteristics from the Women Veterans Cohort Study: Gender differences and similarities in health and healthcare utilization. Journal of Women's Health, 30*(7), 944–955. https://doi.org/10.1089/jwh.2020.8732

Gaffey, A. E., Haskell, S. G., Brandt, C. A., Bastian, L. A., Meadows, J. L., & Burg, M. M. (2021). *Post-9/11 veterans' heart disease knowledge, self-perceived risk, and prevention beliefs and behaviors. Health Psychology, 40*(11), 737–746 https://doi.org/10.1037/hea0001110

Galovski, T. E., Street, A. E., Creech, S., Lehavot, K., Kelly, U. A., & Yano, E. M. (2022). *State of the knowledge of VA military sexual trauma research. Journal of General Internal Medicine, 37*(Suppl. 3), 825–832. https://doi.org/10.1007/s11606-022-07580-8

Galovski, T. E., Street, A. E., McCaughey, V. K., Archibald, E. A., Schuster Wachen, J., & Chan, A. C. (2022). *WoVeN, the Women Veterans Network: An innovative peer support program for women Veterans. Journal of General Internal Medicine, 37*(Suppl. 3), 842–847. https://doi.org/10.1007/s11606-022-07579-1

Goldberg, S. B., Riordan, K. M., Sun, S., Kearney, D. J., & Simpson, T. L. (2020). *Efficacy and acceptability of mindfulness-based interventions for military veterans: A systematic review and meta-analysis. Journal of Psychosomatic Research, 138*, 110232. https://doi.org/10.1016/j.jpsychores.2020.110232

Hamilton, A. B., Schwarz, E. B., Thomas, H. N., & Goldstein, K. M. (2022). *Moving Women Veterans' Health Research Forward: A Special Supplement. Journal of General Internal Medicine, 37*(Suppl. 2), 665–667. https://doi.org/10.1007/s11606-022-07606-1

Haskell, S. G., Brandt, C. A., Bastian, L. A., Driscoll, M. A., Bathulapalli, H., & Dziura, J. (2020). *Incident musculoskeletal conditions among men and women veterans returning from*

deployment. Medical Care, 58(12), 1082–1090. https://doi.org/10.1097/MLR.0000000000001403

Hollis, B. F., Kim, N., Youk, A., et al. (2022). *Opportunities to more comprehensively assess sexual violence experience in Veterans Health Administration medical records data. Journal of General Internal Medicine, 37*(Suppl. 3), 734–741. https://doi.org/10.1007/s11606-022-07581-7

Hollis, V., Lehavot, K., Simpson, T. L., & Galovski, T. E. (2022). *Using multiple data sources to identify military sexual violence among women Veterans. Journal of General Internal Medicine, 37*(Suppl. 3), 684–691. https://doi.org/10.1007/s11606-022-07576-4

Iverson, K. M., Gerber, M. R., Dichter, M. E., Klap, R., Latta, R. E., & Mattocks, K. M. (2022). *The impact of the COVID-19 pandemic on intimate partner violence and mental health among women Veterans. Journal of General Internal Medicine, 37*(Suppl. 3), 692–699. https://doi.org/10.1007/s11606-022-07582-6

Judge-Golden, C. P., Kroll-Desrosiers, A., Mattocks, K., & Borrero, S. (2022). *Prior abortions and barriers to abortion access reported by pregnant women Veterans. Journal of General Internal Medicine, 37*(Suppl. 3), 816–818. https://doi.org/10.1007/s11606-022-07576-4

Keddem, S., Maier, M., Gardella, C., Borgerding, J., Lowy, E., Chartier, M., Haskell, S., Hauser, R. G., & Beste, L. A. (2022). *Gonorrhea and chlamydia testing and case rates among women Veterans in the Veterans Health Administration. Journal of General Internal Medicine, 37*(Suppl. 3), 706–713

Lehavot, K., Janoff, S. L., Simpson, T. L., et al. (2022). *Health care needs of women Veterans with lower-extremity amputation. Journal of General Internal Medicine, 37*(Suppl. 3), 762–770. https://doi.org/10.1007/s11606-022-07581-7

Lehavot, K., Young, J. P., Thomas, R. M., Williams, R. M., Turner, A. P., Norvell, D. C., Czerniecki, J. M., Korpak, A., & Littman, A. J. (2022). *Voices of women Veterans with lower limb prostheses: A qualitative study. Journal of General Internal Medicine, 37*(Suppl. 3), 799–805. https://doi.org/10.1007/s11606-022-07572-8

Mattocks, K. M., Kroll-Desrosiers, A. R., Bastian, L. A., et al. (2022). *Reproductive health care for women Veterans: Current knowledge and future directions. Journal of General Internal Medicine, 37*(Suppl. 3), 676–683. https://doi.org/10.1007/s11606-022-07574-6

Mattocks, K. M., Kroll-Desrosiers, A. R., Borrero, S., et al. (2022). *Women Veterans' reproductive health research: Setting the agenda for the next decade. Journal of General Internal Medicine, 37*(Suppl. 3), 668–675. https://doi.org/10.1007/s11606-022-07573-7

McLean, C. L., Turchik, J. A., & Kimerling, R. (2022). *Mental health beliefs, access, and engagement with military sexual trauma–related mental health care. Journal of General Internal Medicine, 37*(Suppl. 3), 742–750. https://doi.org/10.1007/s11606-022-07590-6

Monteith, L. L., Holliday, R., Dempsey, C. L., Bahraini, N. H., Brenner, L. A., & Kauth, M. R. (2022). *Firearm access, storage practices, and perceptions of safety interventions among women Veterans of reproductive age. Journal of General Internal Medicine, 37*(Suppl. 3)

Monteith, L. L., Holliday, R., Dichter, M. E., & Hoffmire, C. A. (2022). *Preventing suicide among women Veterans: Gender-sensitive, trauma-informed conceptualization. Current Treatment Options in Psychiatry, 9*(3), 186–201. https://doi.org/10.1007/s40501-022-00266-2

Monteith, L. L., Holliday, R., Miller, C. N., Schneider, A. L., Brenner, L. A., & Hoffmire, C. A. (2022)**.** *Prevalence and correlates of firearm access among post-9/11 U.S. women Veterans using reproductive healthcare: A cross-sectional survey. Journal of General Internal Medicine, 37*(Suppl. 3), 714–723. https://doi.org/10.1007/s11606-022-07587-1

Monteith, L. L., Kittel, J. A., Schneider, A. L., Miller, C. N., Holliday, R., Katon, J. G., Brenner, L. A., & Hoffmire, C. A. (2023). *Military sexual trauma among women Veterans using Veterans Health Administration reproductive health care: Screening challenges and associations with post-military suicidal ideation and suicide attempts. Journal of Interpersonal Violence, 38*(11–12), 7578–7601https://doi.org/10.1177/08862605221145725

National Academies of Sciences, Engineering, and Medicine. (2023). *Achieving whole health: A new approach for veterans and the nation.* National Academies Press. https://doi.org/10.17226/26854

Office of Disease Prevention and Health Promotion. (2020). *Healthy People 2030.* U.S. Department of Health and Human Services. https://health.gov/healthypeople

Pace, R., Goldstein, K. M., Dancu, C., Raman, S. R., et al. (2025). *An evidence map of the women Veterans' health literature, 2016 to 2023: A systematic review. JAMA Network Open, 8*(4), e256372. https://doi.org/10.1001/jamanetworkopen.2025.6372

Rose, D. E., Farmer, M. M., Oishi, S. M., Klap, R., Bean-Mayberry, B. A., Canelo, I., Washington, D. L., & Yano, E. M. (2024). *Does a welcoming environment influence women Veterans' primary care experiences? Women's Health Issues, 34*(5), 540–548. https://doi.org/10.1016/j.whi.2024.07.002

Rushton, S., Gierisch, J. M., Pace, R., Raman, S. R., Dancu, C., et al. (2024). *Evidence Map of the Women Veterans' Health Literature (2016–2023): Research gaps and future priorities.* Evidence Synthesis Program, U.S. Department of Veterans Affairs

Saban, K. L., Collins, E. G., Mathews, H. L., Bryant, F. B., Tell, D., Gonzalez, B., Bhoopalam, S., Chroniak, C. P., & Janusek, L. W. (2022). *Impact of a mindfulness-based stress reduction program on psychological well-being, cortisol, and inflammation in women Veterans. Journal of General Internal Medicine, 37*(Suppl. 3), 751–761. https://doi.org/10.1007/s11606-022-07584-4

Sheahan, K. L., Goldstein, K. M., Than, C. T., Bean-Mayberry, B. A., Chanfreau, C. C., Gerber, M. R., Rose, D. E., Brunner, J., Canelo, I. A., Darling, J. E., Haskell, S. G., Hamilton, A. B., & Yano, E. M. (2022). *Women Veterans' healthcare needs, utilization, and preferences in Veterans Affairs primary care settings. Journal of General Internal Medicine, 37*(Suppl. 3), 791–798. https://doi.org/10.1007/s11606-022-07585-3

Spinella, S., McCune, N., McCarthy, R., El-Tahch, M., George, J., Dorritie, M., Ford, A., Posteraro, K., & DiNardo, D. (2022). *WVSUD-PACT: A primary-care-based substance use disorder team for women Veterans. Journal of General Internal Medicine, 37*(Suppl. 3), 837–841. https://doi.org/10.1007/s11606-022-07577-3

Sims, C. A., Gierisch, J. M., Goldstein, K. M., & Pace, R. (2024). *Research priorities identified through the VA Evidence Map of Women Veterans' Health Literature.* Evidence Synthesis Program, U.S. Department of Veterans Affairs

Street, A. E., Galovski, T. E., Creech, S. K., Lehavot, K., Kelly, U. A., & Yano, E. M. (2022). *State of the knowledge of VA military sexual trauma research. Journal of General Internal Medicine, 37*(Suppl. 3), 825–832. https://doi.org/10.1007/s11606-022-07580-8

Than, C. T., Hargrave, A. S., Gibson, C. J., Danan, E. R., & Yano, E. M. (2023). *Factors associated with military sexual trauma (MST) disclosure during VA screening among women Veterans. Journal of General Internal Medicine, 38*(14), 3188–3197. https://doi.org/10.1007/s11606-023-08264-4

Than, C. T., Bean-Mayberry, B. A., Goldstein, K. M., Yano, E. M., Hamilton, A. B., et al. (2022). *Women Veterans' preferences for comprehensive primary care: Implications for patient-centered care delivery. Journal of General Internal Medicine, 37*(Suppl. 3)

Vance, M. C., Kimerling, R., Street, A. E., Kelly, U. A., Lehavot, K., & Galovski, T. E. (2022). *Military sexual trauma research in women Veterans: Clinical implications for trauma-informed care. Journal of General Internal Medicine, 37*(Suppl. 3)

Washington, D. L., Yano, E. M., Frayne, S. M., Hamilton, A. B., Saechao, F., Berg, E., et al. (2022). *Association between availability of women's health services and women Veterans' care experiences. Women's Health Issues, 32*(6), 623–632. https://doi.org/10.1016/j.whi.2022.07.005

Yano, E. M., Frayne, S. M., Bean-Mayberry, B. A., Washington, D. L., Hamilton, A. B., Goldzweig, C., & colleagues. (2022). *Advancing women Veterans' health research and practice: Priorities for the next decade. Journal of General Internal Medicine, 37*(Suppl. 3)