

A Needs Assessment of Women Veterans in Western Pennsylvania

Final Report to Adagio Health

DANA SCHULTZ, SUSAN L. LOVEJOY, KAYLA M. WILLIAMS, KERRY
LINDQUIST, TEAGUE RUDER

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About This Report

Women make up an increasingly large share of the U.S. veteran population, and their numbers continue to grow while the overall number of veterans declines. Women’s military experiences and postservice needs often differ from those of men. Women veterans also differ from their nonveteran counterparts, so services designed to support women’s health and well-being might not meet their unique needs. Few studies have explored these variations, and this has translated to missed opportunities to improve support for women during and after their transition from military to civilian life. A better understanding of the needs of women veterans and the extent to which these needs are being met will help veteran-serving organizations provide the best support possible to women who served.

Adagio Health, a health care provider based in Western Pennsylvania, has taken steps to improve care for women veterans in their service area. For this report, RAND Corporation researchers quantitatively and qualitatively assessed these patients’ needs to help Adagio Health identify opportunities to expand and enhance the services and supports it provides to women veterans. The assessment provides a clearer picture of needs for this often-underserved population, the programs and resources available to them, gaps in support, barriers to access, and high-priority areas to address to improve the health and well-being of women veterans in the Adagio Health service area.

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Summary

Women make up an increasingly large share of the U.S. veteran population, and their numbers continue to grow while the overall number of veterans is on the decline. Yet programs designed to support veterans' health and well-being have largely focused on men. Women's military experiences and postservice needs often differ from those of men, and women veterans also differ in significant ways from their nonveteran counterparts. Few studies have explored these variations, and this has translated to potentially missed opportunities to improve support for women during and after their transition from military to civilian life.

With a mission to “meet the health, wellness, and nutrition” needs of diverse communities, regardless of income, with a focus on women, Adagio Health provides health, wellness, and nutrition services in 62 counties in Pennsylvania and seven counties in West Virginia. Adagio Health's Title X services encompass a 23-county service area, primarily in Western Pennsylvania. Since launching the Women Veterans Initiative in 2018, Adagio Health has been collecting data on the characteristics and needs of its women veteran patients, enhancing staffing and training to provide culturally sensitive care, and engaging in partnerships and outreach efforts to increase awareness of women veterans' experiences and community-level support for their needs. To identify opportunities to expand and enhance these efforts, we quantitatively and qualitatively assessed the needs of women veterans in Adagio Health's service area, centered in Western Pennsylvania, and the organization's women veteran patients. The assessment provides a clearer picture of this often-underserved population, available programs and resources, gaps in support, barriers to access, and areas to prioritize as Adagio Health and other veteran-serving organizations work to provide the best support possible for the health and well-being of women who served.

Approach to Characterizing Women Veterans and Their Needs

Few studies have focused specifically on the health and well-being of women veterans, but there is some evidence that veteran women fare worse than veteran men and nonveteran women in such areas as physical health, mental health, trauma and violence exposure, alcohol or substance use, and social support. Women veterans' reproductive health outcomes are even less studied. Although the U.S. Department of Veterans Affairs (VA) has significantly expanded its services for women veterans, gaps in support remain, and many women veterans have reported feeling unwelcome at VA facilities. For women veterans who are ineligible for VA care or who face barriers to accessing VA services—including those who live far from VA facilities or who face transportation limitations and caregiving demands—it can be difficult to find community-based providers who are versed in veteran culture and understand the unique challenges that

veterans face during and after their transition from military to civilian life. High risk of posttraumatic stress disorder (PTSD), depression, and suicide, along with a greater likelihood of having experienced military sexual trauma (MST) and intimate partner violence, can further complicate women veterans' treatment needs.

Our assessment of the needs of women veterans in Adagio Health's service area drew on national and regional survey data and patient data from Adagio Health. We supplemented this information with a review of the literature on women veterans' experiences, needs, and outcomes, along with documentation related to policies addressing women veterans' needs and Adagio Health's own services, resources, providers, and other sources of support for women veterans. Interviews with women veterans and stakeholders from veteran-serving organizations, advocacy groups, VA organizations, and others provided additional insights and context for our findings.

Women Veterans in the Adagio Health Service Area and the Care They Received

The Adagio Health service area includes more than 15,000 women veterans in 23 counties (U.S. Census Bureau, undated). Women veterans in the service area closely resemble women veterans nationally. They are more likely to be middle-aged (35–54 years old) than their nonveteran counterparts and more likely to be White, divorced, and living without a spouse or partner. They are also more likely to have completed some college. Overall, veteran and nonveteran women in the service area had similar employment statuses, household incomes, and housing situations, but the veteran women in the Adagio Health service area were less likely to have private health insurance.

In terms of health and well-being, younger women veterans (20–39 years old) in the service area tended to have more self-care, vision, and ambulatory difficulties than their nonveteran counterparts in the same age group. Older women veterans (ages 40–64) more often faced independent living and cognitive difficulties. Women veterans in the Adagio Health service area were less likely than women veterans nationally to have a service-connected disability rating (see Table S.1). Veterans who have a disability resulting from their military service are eligible for VA disability compensation benefits; higher disability ratings indicate more-severe conditions. Monthly compensation rates depend on the disability rating and whether there is a dependent spouse, child, or parent.

Table S.1. Service-Connected Disability Rating of Women Veterans

Rating	Women Veterans in the Adagio Health Service Area	Women Veterans Nationally
0 percent	0.8%	1.1%
10 or 20 percent	5.3%	5.8%
30 or 40 percent	3.9%	4.6%
50 or 60 percent	2.3%	4.0%
70, 80, 90, or 100 percent	6.6%	10.6%
Not reported	0.4%	1.3%
No rating	80.8%	72.6%

SOURCE: Features data from the five-year American Community Survey (ACS) data file (2016 through 2020) from U.S. Census Bureau, undated.

NOTE: Some percentages do not sum to 100 because of rounding. $p = 0.004$.

The 890 women veterans who received care through Adagio Health between January 2018 and April 2022 differed somewhat from the nonveteran women in its service area. Specifically, they tended to be older and higher earning than their nonveteran counterparts and were more likely to be White and married. However, the two groups had similar family sizes. The types of care that veteran and nonveteran women received were similar; most patients were seen for reproductive health and family planning (see Table S.2). Veteran and nonveteran women who were Adagio Health patients had similar numbers of visits with providers regardless of age, but veteran women across all age groups were more likely to have telehealth appointments, and veteran women age 50 and older were more likely to be patients of Adagio Health’s Breast and Cervical Cancer Early Detection Program (BCCEDP). Around 38 percent of veteran women patients had private insurance, compared with about 31 percent of nonveteran women patients. Veteran women patients were also less likely to be covered by a Medicaid managed care organization.

Table S.2. Patient and Visit Type Among Women Served by Adagio Health

	Veteran Women	Nonveteran Women
Patient Type		
Reproductive health and family planning	93.6%	93.7%
BCCEDP (for age 50+) ^a	24.6%	20.4%
Prenatal	3.4%	3.6%
Behavioral health	0.0%	0.2%
Visit Type		
Annual visit, new patient	27.9%	24.3%
Annual visit, established patient	47.8%	50.4%
Problem visit, new patient	21.1%	18.4%
Problem visit, established patient	57.8%	60.1%
Telehealth visit ^b	9.0%	6.5%

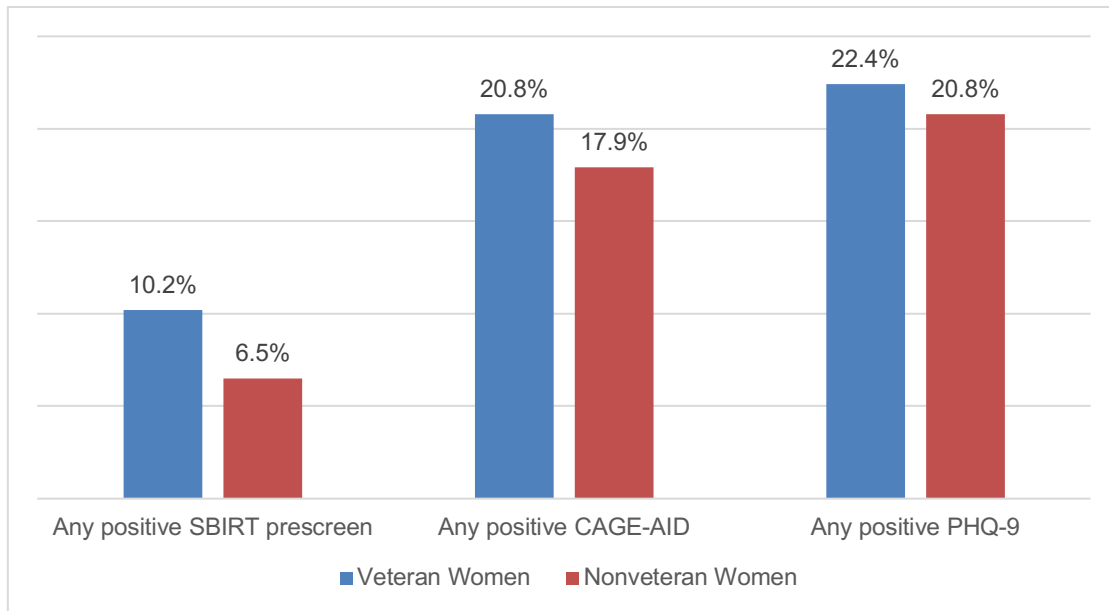
SOURCE: Features data from the five-year ACS data file (2016 through 2020) from U.S. Census Bureau, undated.

^a $p = 0.005$.

^b $p = 0.004$.

Adagio Health now prescreens all patients for mental and behavioral health indicators, and the frequency of these screenings increased to every visit partway through the study period. Nonetheless, it is notable that 10.2 percent of veteran women patients had a positive prescreen for a behavioral health issue, compared with 6.5 percent nonveteran women patients (see Figure S.1). Providers administer follow-up screenings to patients with positive scores on the initial prescreen. Overall, similar percentages of veteran women patients and nonveteran women patients screened positive, indicating symptoms of depression, PTSD, substance use, or other mental and behavioral health conditions.

Figure S.1. Positive Behavioral Health Screenings Among Women Served by Adagio Health



SOURCE: Features data from the five-year ACS data file (2016 through 2020) from U.S. Census Bureau, undated. NOTE: Adagio Health providers prescreen patients using the Screening, Brief Intervention, and Referral to Treatment (SBIRT) approach, which consists of six prescreening questions (Agerwala and McCance-Katz, 2012). For follow-up screenings, providers use the nine-question Patient Health Questionnaire–9 (PHQ-9), which assesses depression severity, and the Cut down, Annoyed, Guilty, and Eye-opener Adapted to Include Drugs (CAGE-AID) tool, which assesses substance use. $p = 0.001$ for any positive SBIRT prescreen; not significant (n.s.) for any positive CAGE-AID questionnaire or PHQ-9.

In terms of routine physical health screenings, veteran women patients had worse average blood pressure readings across visits than their nonveteran counterparts, but the two groups had similar body mass index scores.

Resources and Gaps in Support for Women Veterans in the Adagio Health Service Area

We identified a wide array of local and national resources that are theoretically available to women veterans in Western Pennsylvania, including 214 that were physically located in the Adagio Health service area. All 214 regional resources are either exclusively for veterans and their family members or programs and organizations that serve broader populations but also offer veteran-specific services. Not surprisingly, the regional resources are concentrated in counties with larger urban centers and higher concentrations of women veterans. These trends indicate the possibility of resource and transportation barriers for women veterans living in rural areas. It is also unclear whether there is enough capacity to meet demand for these services. The 214 regional resources in the Adagio Health service area include 80 mental health treatment facilities and 71 substance use treatment facilities that offer specialized treatment for veterans. A subset of these facilities provide treatment for PTSD, trauma, and co-occurring disorders and offer virtual

treatment options. Notably, nearly half of the substance use treatment facilities provide services for pregnant and postpartum women, as well as transportation assistance. Of the remaining 63 regional resources, 26 provide referrals and information rather than direct services. For example, PAServes and PA VetConnect refer veterans, service members, and their families to a variety of services and supports. Several national veteran-serving organizations also have a presence in Western Pennsylvania and offer a wide variety of services.

We also identified 133 national online resources; 25 experiences, trips, or gifts that are available to a limited number of veterans; and 31 VA facilities, services, and benefits (see Appendix B). The national online resources most often provide employment and career development assistance, individual and family support, help for mental health and substance use, education guidance, and wellness and social enrichment opportunities.

Our interviews with women veterans and other stakeholders highlighted several challenges that women veterans in the Adagio Health service area face in navigating services and benefits and accessing the support they need. Interviewees noted that these challenges are often interconnected. For example, women veterans who are unable to access adequate care for mental health conditions can find it difficult to find and maintain steady employment. This is consistent with literature describing how untreated trauma can also have serious implications for women veterans' well-being, cognitive functioning, and risk of intimate or partner violence, all of which can compound the challenge of initiating and following through with treatment. Poor social support can also exacerbate mental health problems, particularly for those with complex trauma histories (Scoglio et al., 2022). On a 2020 Wounded Warrior Project survey of women veteran members, 80 percent of respondents scored as "lonely" on a validated scale (Wounded Warrior Project, 2021). And in a needs assessment of veterans in southwestern Pennsylvania, only around half of respondents said that they felt connected to their community (Kuzminski and Carter, 2015).

Women veterans also reported feeling that their veteran status was less valued than that of men, and that perception left them unsure whether VA benefits were for them. They shared examples of the types of programs that would have been useful as they transitioned from military service to civilian life; often, these services were available, but women veterans were not aware of them at the time. They also emphasized the importance of providers' familiarity with veterans' experiences—and specifically women veterans' experiences. Some of the stakeholders recommended that providers ask about women veteran patients' time in uniform to better understand their respective military experiences, medical history, and gender-specific needs in addition to screening for military-related trauma or exposures. Other interviewees mistrusted VA care because they viewed it as an extension of the military, which was the source of their trauma, or because veteran men had made them feel uncomfortable at VA facilities or they received insensitive treatment from VA providers. Nonetheless, a substantial majority of women veterans we interviewed expressed high levels of satisfaction with the care they received from VA.

Interviewees echoed research findings that transportation and caregiving demands are significant barriers to accessing services. For example, despite the availability of housing resources for veterans, many of these programs do not accommodate veterans with children and other dependents living in the veteran's household, such as elderly parents. In one case (VA dental health care), stricter eligibility requirements posed a barrier to accessing treatment. Interviewees also noted that services that were available often had limited capacity to assist all veterans who needed them or to address the needs of women veterans specifically.

Opportunities to Address Challenges and Improve Support for Women Veterans

Since launching its Women Veterans Initiative in 2018, Adagio Health has made strides in addressing the challenges faced by this population in accessing support. However, opportunities remain to further improve care and support for Adagio Health's women veteran patients and to extend the reach of the Women Veterans Initiative. Our assessment of the needs of women veterans in Adagio Health's service area and its women veteran patients pointed to the following recommendations to further enhance the Women Veterans Initiative.

Develop Strong Relationships with Women Veteran Patients

For women veterans, prior negative experiences with care, including others' lack of recognition of their veteran status, can prevent them from seeking care or engaging with needed services and supports. This means that it is paramount to develop respectful and trusting relationships with these patients. Adagio Health has already taken initial steps in this direction with the hiring of a veteran care navigator but should consider how to strengthen engagement with women veteran patients through higher-quantity and -quality contacts with them.

Collaborate with Agencies and Organizations to Develop Partnerships and Referral Pathways

Women veterans' inability to connect with needed services and supports can be exacerbated by a lack of knowledge of available resources and trust issues. Adagio Health has made strides in establishing relationships with regional veteran-serving organizations. However, because women veterans do not always receive necessary referrals, Adagio Health should consider ways to continue to strengthen its network of partner agencies and organizations, including VA, and to deepen its relationships with them using the inventory to identify potential additional partnership opportunities.

Expand Services to Better Meet Needs of Women Veterans

Despite having high rates of PTSD, depression, and MST, women veterans often do not engage in behavioral health treatment or receive evidence-based mental health treatment. Adagio

Health has grown its behavioral health care capabilities by adding screening, behavioral health specialists, and new locations for behavioral health services. To expand its capacity for behavioral health care, Adagio Health can seek funding to expand further into underserved areas. To enhance its MST-related capabilities, Adagio Health can utilize VA resources, such as the Community Provider toolkit and the Beyond MST application for survivors of MST. Women veterans also have reproductive health care needs, including infertility services, that can go unaddressed with VA care. Adagio Health could focus on expanding access for women veterans in nearby states that have more access issues for reproductive health care and increase its own capabilities for providing and referring for infertility care.

Provide Multiple Channels to Ensure That Women Veterans Are Aware of Available Services and Supports

Women veterans noted that their lack awareness of services and supports posed additional challenges during their transitions from military service to civilian life—a situation that was compounded by feelings that they were not real veterans. Adagio Health has undertaken a variety of outreach activities to increase awareness and reach more women veterans. Our findings indicated that further developing this multipronged approach could help enhance the efforts. This might include amplifying efforts to share information about benefit eligibility and available services and programs during visits, expanding its presence at community events and on social media, undertaking direct mail campaigns, and other activities that market how Adagio Health provides specialized care for women veterans.

Address Women Veterans' Feelings of Isolation and Lack of Social Support

A lack of social support can lead to feelings of isolation and exacerbate mental health problems. Women veteran patients might benefit from more-focused efforts to connect them with peer support, social enrichment, recreational activities, and other opportunities to interact with other women veterans and get involved in their communities. Adagio Health could further promote its wellness retreats to its women veteran patients and develop other opportunities both internally and externally to support women veterans. The inventory includes various regional and national online resources that focus on social support and enrichment as possibilities for supporting women veteran patients.

Partner with Agencies and Organizations to Address Unmet Needs and Reduce Barriers to Accessing Health Care and Other Services

Women veterans often encounter concrete barriers to accessing services, such as a lack of transportation and child care demands. Adagio Health could work to further develop strategic partnerships to address specific unmet needs while helping its women veteran patients overcome access barriers. For example, there might be opportunities to partner with agencies and organizations that provide transportation services, child care, family housing, and workforce

development programs, as well as access to dental care, which is subject to stricter VA eligibility criteria than other health care services. The inventory can be a resource for finding new potential partners for addressing unmet needs and access barriers once they are identified.

Expand Trauma-Informed Approaches to Care

Although a history of trauma and intimate partner violence is common among women veterans, they do not always have access to trauma-informed, evidence-based care. Adagio Health provides veteran engagement training to providers and staff, but there are still opportunities to improve the identification of women veterans with trauma histories through routine screenings and to ensure seamless care transitions to strengthen trust when women veterans see new providers. Expanding its existing efforts to actively promote Adagio Health's status as a provider of trauma-informed care can help further signal its ongoing commitment to serving women veterans with respect and sensitivity.

Considerations for Women Veteran Service Providers

Efforts to meet the needs of women veterans in Western Pennsylvania should take into account the following considerations drawn from our quantitative and qualitative needs assessment:

- Recognize the interconnectedness of the issues and challenges that women veterans face.
- Individualize and tailor assistance for women veterans in ways that address their unique needs that differ from those of veteran men and nonveteran women.
- Be intentional in reaching women veterans; it takes a great deal of effort and time to build trusted relationships with underserved populations.
- Use systematic, ongoing data collection to help identify unmet needs and gauge the progress of improvement efforts.
- Explore additional opportunities to solicit input and feedback from women veterans. Response rates on surveys can be low, but even limited data can help gauge patient satisfaction and inform improvements to available services and supports.

With these approaches, Adagio Health can continue increasing its capacities and capabilities for supporting its women veteran patients and making progress toward its goal of advancing the health and well-being of its women veteran patients.

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Chapter 1. Background and National Context

Women who have served in the U.S. military have been called *invisible veterans* because they have been traditionally unnoticed and unappreciated, which can translate into too few resources to meet their unique needs (U.S. Department of Veterans Affairs [VA], undated-b). Women’s military experiences and postservice needs often differ from those of men, and women veterans differ in significant ways from their nonveteran counterparts. Yet few studies have explored these variations. A better understanding of the needs of women veterans and whether these needs are being met will help veteran-serving organizations to provide the best possible support to women who served.

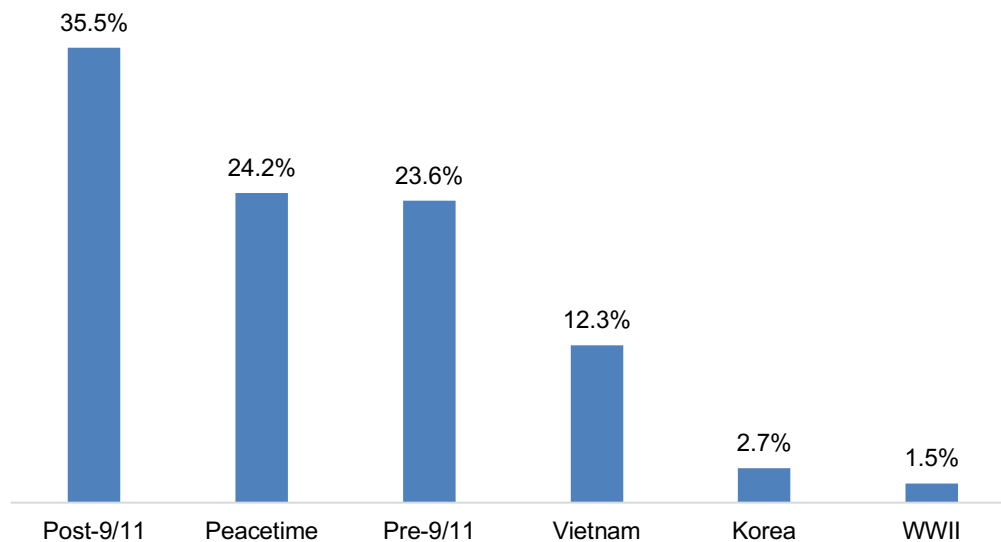
RAND Corporation researchers quantitatively and qualitatively assessed women veterans’ needs to help Adagio Health—a health care provider based in Western Pennsylvania that focuses on health, wellness, and nutrition services and support—identify opportunities to expand and enhance its services and support for women veterans. Our assessment drew on national and regional survey data and patient data from Adagio Health. We supplemented this information with a review of the literature on women veterans’ experiences, needs, and outcomes, along with documentation related to policies addressing women veterans’ needs and Adagio Health’s own services, resources, providers, and other sources of support for women veterans. Interviews with women veterans and stakeholders from veteran-serving organizations, advocacy groups, VA organizations, and others provided additional insights and context for our findings.

This chapter presents findings from our literature review and highlights key similarities and differences across these populations. In later chapters, we explore how the population of women veterans in Adagio Health’s service area differs from women veterans at the national level and how those differences might drive decisions about services and support.

Characteristics of Women Veterans in the United States

Women make up an increasingly large share of the U.S. veteran population, and their numbers continue to grow while the overall number of veterans is on the decline. By 2031, women are expected to account for almost 16 percent of veterans (National Center for Veterans Analysis and Statistics, 2022). Furthermore, as of 2017, women who served in the post-9/11 era accounted for more than one-third of all women veterans (see Figure 1.1).

Figure 1.1. Service Era Percentage of Women Veterans



SOURCE: Features data from National Center for Veterans Analysis and Statistics, 2017.
NOTE: Some percentages do not sum to 100 because of rounding. WWII = World War II.

Among the estimated 125 million women age 18 and above in the United States, approximately 2 million are veterans (National Center for Veterans Analysis and Statistics, 2022). This population differs from both nonveteran women and veteran men in several ways that could have implications for their health care and military-to-civilian transition needs:

- With an average age of 51, veteran women are on average four year older than nonveteran women (National Center for Veterans Analysis and Statistics, 2019).
- Veteran women also have a slightly different racial and ethnic profile from nonveteran women: 28.7 percent of veteran women are people of color (compared with 26.1 percent of nonveteran women), and 9 percent are Hispanic or Latino (compared with 15.2 percent of nonveteran women) (U.S. Census Bureau, undated). Furthermore, veteran women are significantly more diverse than veteran men, with 65.2 percent identifying as White non-Hispanic, compared with 78 percent of veteran men (National Center for Veterans Analysis and Statistics, 2017).
- Veteran women are more likely than nonveteran women to be divorced, and they are more likely to marry and divorce at younger ages than nonveteran women.
 - In 2017, 22.8 percent of veteran women were divorced or separated, compared with 12.5 percent of nonveteran women (National Center for Veterans Analysis and Statistics, 2019).
 - Veteran women were more likely to marry young (ages 17 to 24) than nonveteran women and more likely to be divorced at 17 to 24 (National Center for Veterans Analysis and Statistics, 2017).

- Veteran women overall are less likely than nonveteran women to have children living in their household, and young veteran women are more likely to have children than young nonveteran women.
 - In 2017, 30.4 percent of veteran women had children living in their household, compared with 33 percent of nonveteran women (National Center for Veterans Analysis and Statistics, 2019).
 - Although the share of veteran and nonveteran women with children in their household was similar overall, 49.1 percent of veteran women between the ages of 18 and 34 had children living in their household, compared with 33.4 percent of their nonveteran peers (Lofquist, 2017).
- Veteran women also experience higher poverty rates than veteran men, with 9.4 percent of veteran women living in poverty, compared with 6.4 percent of veteran men. However, these rates are lower than for nonveteran women, 13.7 percent of whom live in poverty (National Center for Veterans Analysis and Statistics, 2019).

In terms of health status, veteran women nationally reported having more days of poor physical or mental health despite being more likely than their nonveteran peers to have health care coverage and to have had a routine checkup in the past year (see Table 1.1).

Table 1.1. Health Status of Veteran and Nonveteran Women Nationally

Characteristics	Veteran Women	Nonveteran Women
Mean number of days last month with poor mental health	4.9	4.1
Mean number of days last month with poor physical health	5.1	4.6
Mean number of days last month with poor mental or physical health	6.3	5.3
No health care coverage	5.1%	6.8%
No personal doctor	12.9%	11.9%
No routine checkup in past year	17.9%	19.8%
Could not see doctor in the past year because of cost	10.0%	10.7%

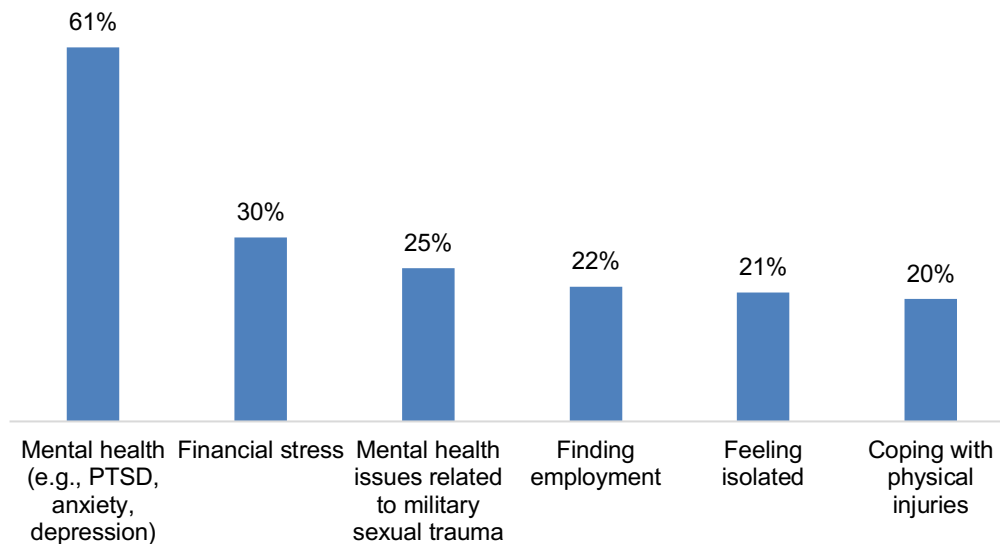
SOURCE: Features data from the five-year American Community Survey (ACS) data file (2016 through 2020) from U.S. Census Bureau, undated.

Issues and Challenges Facing Women Veterans

Over the past decade, studies have assessed veterans’ needs on a broad scale and examined the needs of veterans in particular geographic regions or subgroups of veterans, such as women. Although some of these existing needs assessments might not be representative of veteran

women because of small sample sizes or limited geographical range, this body of research overall has documented that veteran women are more likely than veteran men to be poor, low income, food insecure, and survivors of military sexual trauma (MST) (Perkins, Aronson, and Olson, 2017). In a 2020 survey of its women veteran members, the Wounded Warrior Project found that mental health alone or in combination with MST was a top concern for respondents as they transitioned from military to civilian life (see Figure 1.2). These veterans were also concerned about their financial security, employment prospects, risk of isolation, and coping with physical injuries (Wounded Warrior Project, 2021). Together with the demographic differences outlined earlier, the challenges that this population faces suggest that women who serve have a unique set of needs during and after their transition to civilian life.

Figure 1.2. Transition-Related Challenges Among Women Veterans



SOURCE: Features data from Wounded Warrior Project, 2021.
 NOTE: PTSD = posttraumatic stress disorder.

Health and Well-Being

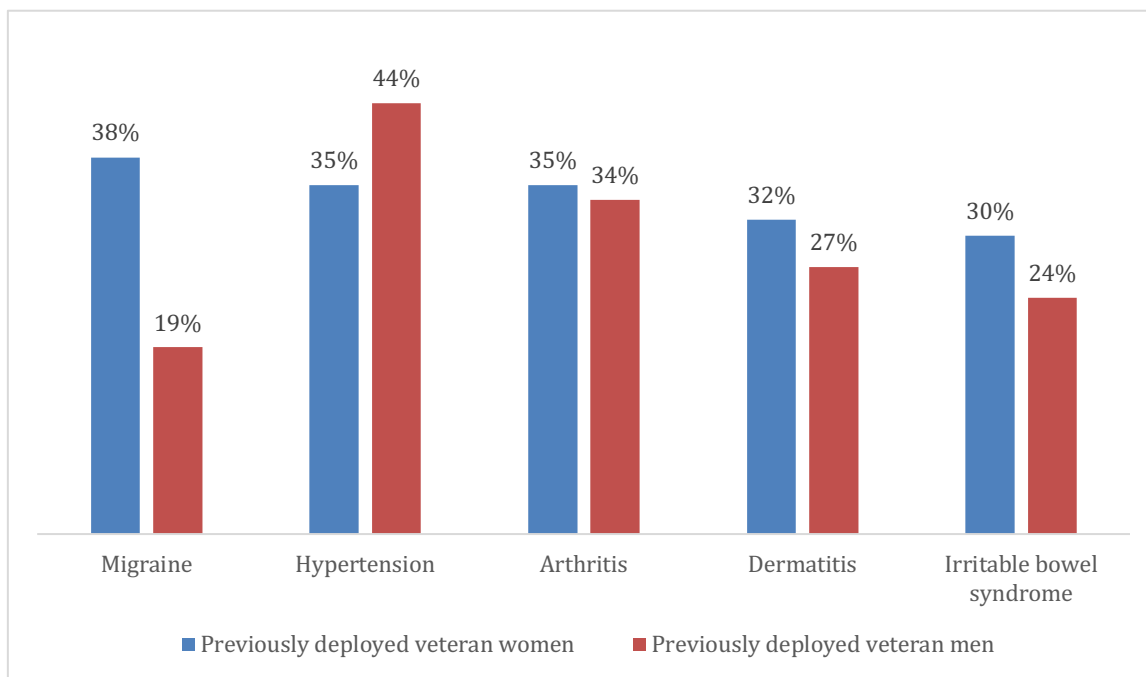
Few studies have focused specifically on the health and well-being of women veterans, but there is some evidence that veteran women fare worse than veteran men and nonveteran women in such areas as physical health, mental health, trauma and violence exposure, alcohol or substance use, and social support.

Physical Health

To address gaps in gender-specific analyses of the health status of veterans, VA conducted a 2012–2014 follow-up study of Gulf War–era veterans (Dursa et al., 2019). Among women veterans who had deployed during that conflict, the most-prevalent physical health conditions

were migraines (38 percent), hypertension (35 percent), arthritis (35 percent), dermatitis (32 percent), and irritable bowel syndrome (30 percent), as shown in Figure 1.3. These veteran women were more likely than the previously deployed veteran men in the sample to report all these conditions with the exception of hypertension, along with several other physical health conditions, including repeated bladder infections (10 percent versus 2 percent among veteran men), other endocrine disorders (20 percent versus 6 percent), and fibromyalgia (11 percent versus 3 percent). For veteran women who seek health care from VA, musculoskeletal; endocrine, metabolic, or nutritional; and cardiovascular conditions are the three most-prevalent physical health concerns overall and for 45- through 64-year-old women veterans (Frayne et al., 2018). For 18- through 44-year-old women veterans, the three most-prevalent physical health conditions were musculoskeletal; reproductive health; and endocrine, metabolic or nutritional.

Figure 1.3. Common Physical Health Conditions Among Previously Deployed Women Veterans



SOURCE: Features data from Dursa et al., 2019.

NOTE: Data were collected between 2012 and 2014. The sample consisted of 1,572 women and 6,532 men who had deployed during the 1990–1991 Gulf War.

Most studies on the health of women veterans have been observational, with relatively few rigorous studies on specific health conditions (Danan et al., 2016). Some studies of Gulf War veterans have found higher rates of Gulf War Illness—a cluster of unexplained, chronic symptoms—for veteran women than for veteran men, while others have found elevated rates of such health issues as breast cysts and bladder infections (Coughlin et al., 2017). There is also some evidence that veteran women have higher rates of eating disorders than veteran men and

that trauma, PTSD, and MST further increase their risk for eating disorders (Rivera and Johnson, 2014; Bartlett and Mitchell, 2015). Furthermore, some studies of women veterans have found significant associations among several mental health conditions (e.g., depression, PTSD, and substance use disorders), physical health disorders (e.g., cardiovascular disease, diabetes, hypertension, obesity, pain, and urinary symptoms), and health care utilization (Creech et al., 2021).

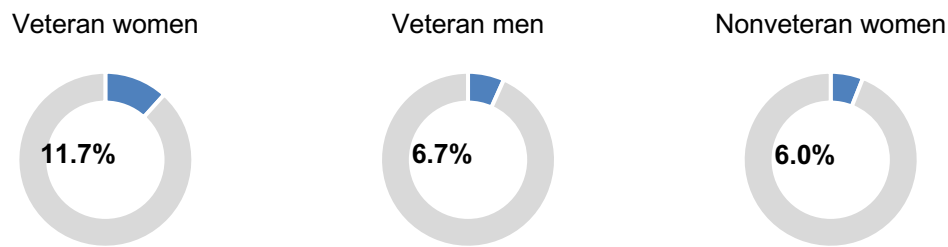
For the reproductive health of veteran women, there is mixed evidence on whether women veterans have higher rates of stillbirth, miscarriage, birth defects, and other birth outcomes than nonveteran women (Coughlin et al., 2017). One challenge is that such studies require large sample sizes, given the rarity of negative birth outcomes (Batuman et al., 2011). There is evidence that veteran and nonveteran women use contraception and have unintended pregnancies at similar rates (Katon et al., 2018).

Mental Health

Veteran women are at high risk for mental health conditions, such as PTSD, depression, and suicide, but they are more likely to use psychological services than veteran men.

- In a 2017 secondary data analysis of a nationally representative sample of adults, the past-year prevalence of PTSD was 11.7 percent for veteran women, compared with 6.7 percent for veteran men and 6 percent for nonveteran women (Lehavot et al., 2018) (see Figure 1.4).
- Veteran women have higher rates of depression than veteran men (Rivera and Johnson, 2014; Conard and Sauls, 2014; Adams et al., 2021) and nonveteran women (Denneson et al., 2021).
- At 14.8 per 100,000, the suicide rate among veteran women is nearly double that of nonveteran women (Ramchand, 2022). Similarly, veteran women are much more likely to report nonfatal suicide attempts than their nonveteran peers (Denneson et al., 2021). In one recent study, the lifetime prevalence of suicidal ideation among veteran women approached 50 percent (Monteith et al., 2020).
- Controlling for various risk and protective factors, veteran women have a greater lifetime use of psychological services than veteran men (Adams et al., 2021). However, one study found that younger women who served in Operation Enduring Freedom and/or Operation Iraqi Freedom were less likely than younger veteran men to engage in mental health services (Batuman et al., 2011).

Figure 1.4. Past-Year Posttraumatic Stress Disorder Prevalence Among Veteran Women, Veteran Men, and Nonveteran Women



SOURCE: Features data from Lehavot et al., 2018.

NOTE: Data were collected from 2012 to 2013. The sample consisted of 379 veteran women, 20,007 nonveteran women, and 2,740 veteran men. Respondents were assessed for PTSD with *The Alcohol Use Disorder and Associated Disabilities Interview Schedule-Diagnostic and Statistical Manual of Mental Disorders* (Grant et al., 2011).

Previous research suggests that mental and behavioral health conditions often co-occur, which can lead to significantly worse outcomes for service members and veterans in such areas as employment, homelessness risk, marriage, and parenting (Tanielian and Jaycox, 2008).

Trauma and Violence

In the post-9/11 era, exposure to trauma and violence remains a significant problem in the military, with annual estimates of PTSD ranging from 11 to 20 percent (National Center for PTSD, undated). Both military women and men have experienced combat trauma, an important predictor of both PTSD and depression. Almost 75 percent of Iraq and Afghanistan veterans reported exposure to more than one traumatic event, such as seeing a friend wounded or killed (Tanielian, 2009).

Women veterans have also disproportionately experienced MST during their military service. In a 2014 RAND survey completed by 170,000 service members, 4.9 percent of women reported being sexually assaulted in the previous year, often by a peer or supervisor, and 22 percent reported experiencing sexual harassment in the workplace (Morrall et al., 2015). The 2021 U.S. Department of Defense survey on sexual assault found that 8.4 percent of women reported being sexually assaulted in the previous year, compared with 1.5 percent of men (Office of People Analytics, 2022). Like their nonveteran peers, veteran women with histories of sexual trauma have high levels of sexual dysfunction and low levels of sexual satisfaction (Pulverman and Creech, 2021).

Intimate partner violence (IPV) is also prevalent among women veterans, with between 18 and 54 percent of women veterans reporting that they have experienced some form of IPV (Iovine-Wong et al., 2019). Furthermore, women veterans who have experienced IPV are at an increased risk for depression, PTSD, and alcohol dependence compared with those who have not (Iverson et al., 2015).

Risk Behaviors

Many veterans, regardless of gender, struggle with alcohol or substance use. One systematic review found that veteran women have generally lower rates of alcohol misuse (4–37 percent), binge drinking (7–25 percent), and substance use disorder (3–16 percent) than veteran men, but their rates are comparable with those of nonveteran women (Hoggatt et al., 2015). However, another systematic review found that veteran women smoke at higher rates (ranging from 23 to 35 percent for current smoking and 48 to 63 percent for lifetime smoking) than their nonveteran peers (Weinberger et al., 2016).

Social Support

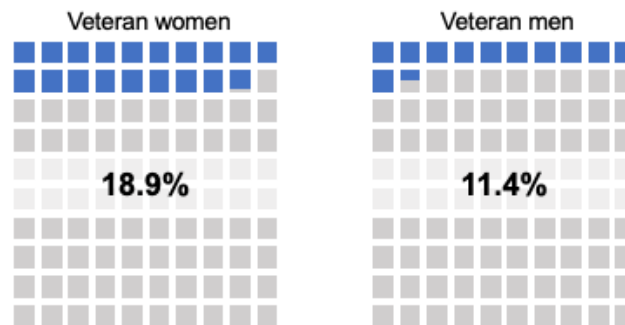
Social support can play a positive role in adjustment to civilian life for women veterans, particularly for those with traumatic experiences associated with deployment. Women veterans are at risk for loneliness and isolation. On the 2020 Wounded Warrior Project survey of women veteran members, 80 percent of respondents scored as “lonely” on a validated scale (Wounded Warrior Project, 2021). In a needs assessment of veterans in southwestern Pennsylvania, around half of respondents said that they felt connected to their community (Kuzminski and Carter, 2015). One recent study did not find gender differences in postdeployment social support among veterans but did find that poor social support exacerbated mental health problems, particularly for those with complex trauma histories (Scoglio et al., 2022). Another study noted the challenges women veterans face in engaging with social support networks because of mental health issues (Mankowski et al., 2015). A lack of social support can also negatively affect engagement with mental health treatment.

Health Care

In the health care arena, veteran women are more likely than veteran men to *only* use VA-provided health care (18.9 percent versus 11.4 percent) (National Center for Veterans Analysis and Statistics, 2019), as shown in Figure 1.5.¹ A large VA study of barriers that women veterans face when accessing health care identified a lack of understanding of rules eligibility and the scope of services offered, particularly around services for women’s health, as significant barriers, along with such concrete barriers as driving distance, facility locations and hours, and child care demands (VA, 2015).

¹ Eligibility for VA health care is based on veterans’ military service history, disability rating, income level, Medicaid eligibility, and other benefits they may be receiving. Veterans are assigned to priority groups based on these factors, and the priority group affects how soon they are eligible for benefits and copay rates (VA, undated-e).

Figure 1.5. Share of Veteran Women and Men Who Rely Exclusively on VA for Health Care



SOURCE: Features data from National Center for Veterans Analysis and Statistics, 2019.

An advantage of VA health care is that VA providers better understand military exposures and veteran culture, but not all facilities offer comprehensive gender-specific services. In addition, some women veterans have reported feeling unwelcome at VA facilities or fearing harassment when trying to access VA health care (Marshall et al., 2021). In one study, 25 percent of women reported experiencing harassment while receiving primary care at a VA health care center (Klap et al., 2019).

The majority of recent policy changes addressing the needs of women veterans have been focused on addressing gaps in VA health care, including the following:

- mandate for VA to launch the Women’s Health Transition Training pilot program (Pub. L. 116-92, 2019)
- improved access to information about available mental health care resources at VA health care centers (Pub. L. 116-171, 2020)
- elevation of VA’s Office of Women’s Health, which was established to monitor access, quality, and disparities in the care and services provided to women veterans (Pub. L. 116-315, 2021)
- mandate for the U.S. Government Accountability Office to conduct a comprehensive study on maternal mortality and morbidity among pregnant and postpartum veterans (Pub. L. 117-69, 2021)
- requirement for VA to improve access to mammograms and related care and create a strategic plan to monitor progress (Pub. L. 117-135, 2022).

Despite these efforts, women veterans continue to have unmet health care needs, including for mental health and family planning services.

Veteran women are less likely than veteran men to receive evidence-based mental health treatment options that can reduce risk for suicide, IPV, and substance use (Orshak et al., 2022). The prevalence of sexual assault and sexual harassment in the military has prompted greater investment in veterans’ mental health care. For example, all veterans who seek VA care are screened for MST, and VA provides treatment for all veterans who have experienced MST, regardless of their eligibility for VA services (VA, 2021). In addition, VA has launched a self-service mobile application for survivors of MST. Called Beyond MST, it includes tools and

assessments that can be used individually or in conjunction with a treatment provider (VA Mobile, undated).

Given that active-duty service members often struggle with family planning decisions and child care, often leading them to postpone having children, it is perhaps not surprising that one observational study found that 18 percent of women veterans faced infertility (Mancuso et al., 2020). VA *does* offer infertility services, including intrauterine insemination, but these services have strict eligibility criteria. To receive in vitro fertilization (IVF), patients must be married, have service-connected infertility, and not have an injury that requires the use of an egg or sperm donor. Such restrictions have meant that VA's IVF benefit is underutilized by those experiencing infertility (Coloske, 2021). Furthermore, if young service members do not establish a medical baseline early during their service, they can run into challenges documenting that their later infertility is linked to their service. To address these barriers, VA could initiate efforts that would result in expanded coverage for IVF to better serve women veterans (Coloske, 2021).

Transition to Veteran Status

Although the transition from military to civilian life can be challenging for all veterans, women veterans can have a variety of health and behavioral health issues, such as MST and PTSD, that can make their experience particularly difficult (Van Slyke and Armstrong, 2020). One study found that women veterans utilize fewer prevention services and have declines in physical and mental health through the transition (Villagran, Ledford, and Canzona, 2015). A recent review of veteran needs assessments found that veteran women have access to fewer resources and supports than veteran men, including disability compensation, safe housing options, and health-related resources (Van Slyke and Armstrong, 2020).

Economic Stability

Veteran women face a variety of challenges to their economic stability, including unemployment and homelessness. However, the 2021 unemployment rate for veteran women was 4.2 percent, which is lower than the rate for both veteran men and nonveteran women (Diaz, 2022). Confounding factors, such as MST and IPV, are related to worse occupational functioning for veteran women compared with veteran men (Sienkiewicz et al., 2020). Some difficulties that women face when transitioning from the military to the civilian workforce could be a result of training and resources not being available when needed.

Homelessness among veterans has been a critical policy issue for many years. On a given night, approximately 33,136 veterans experience homelessness, about 9 percent of whom are women (Henry et al., 2021; VA, undated-c). This total includes both sheltered homeless veterans who are living in emergency or transitional shelters and unsheltered homeless veterans who are living in a place not meant for human habitation, such as cars or parks. According to VA data, there was a 2 percent increase in the number of veteran women who experienced homelessness between 2018 and 2019, whereas homelessness decreased by 3 percent among veteran men

(Montgomery, 2020). Furthermore, veteran women are twice as likely to experience homelessness as nonveteran women (Montgomery, 2020). Risk factors for homelessness among women veterans include trauma exposure, MST, IPV, diagnosed mental illness, disability status, and lack of social support (Byrne, Montgomery, and Dichter, 2013; Montgomery, 2020; Washington et al., 2010). Once homeless, women veterans face barriers to receiving support, including a lack of knowledge of services, poor coordination across services, and prior negative experiences with services (Hamilton et al., 2012). Furthermore, 12 percent of veteran women who experience homelessness have a child under 18 in their households, compared with about 1 percent of veteran men (Henry et al., 2021). Many of the supportive housing programs for veterans cannot accommodate the unique needs of veteran women, potentially exacerbating their mental health issues (Kim, Matto, and Kristen, 2019).

Rural Veterans

Approximately one-quarter of women veterans in the VA health care system reside in rural areas, along with many more who seek care outside the VA system (Kinney et al., 2022). Access barriers for rural women veterans include affordability of care, lack of transportation, and child care demands (Cordasco et al., 2016). Furthermore, a lack of care coordination and poor communication among providers can hinder the quality of care provided (Kinney et al., 2022). Prior veteran needs assessments have identified difficulties in accessing VA resources, transportation, and treatment for specific health issues and needs for rural veterans in general (Van Slyke and Armstrong, 2020).

Lesbian, Gay, Bisexual, Transgender, and Questioning Veterans

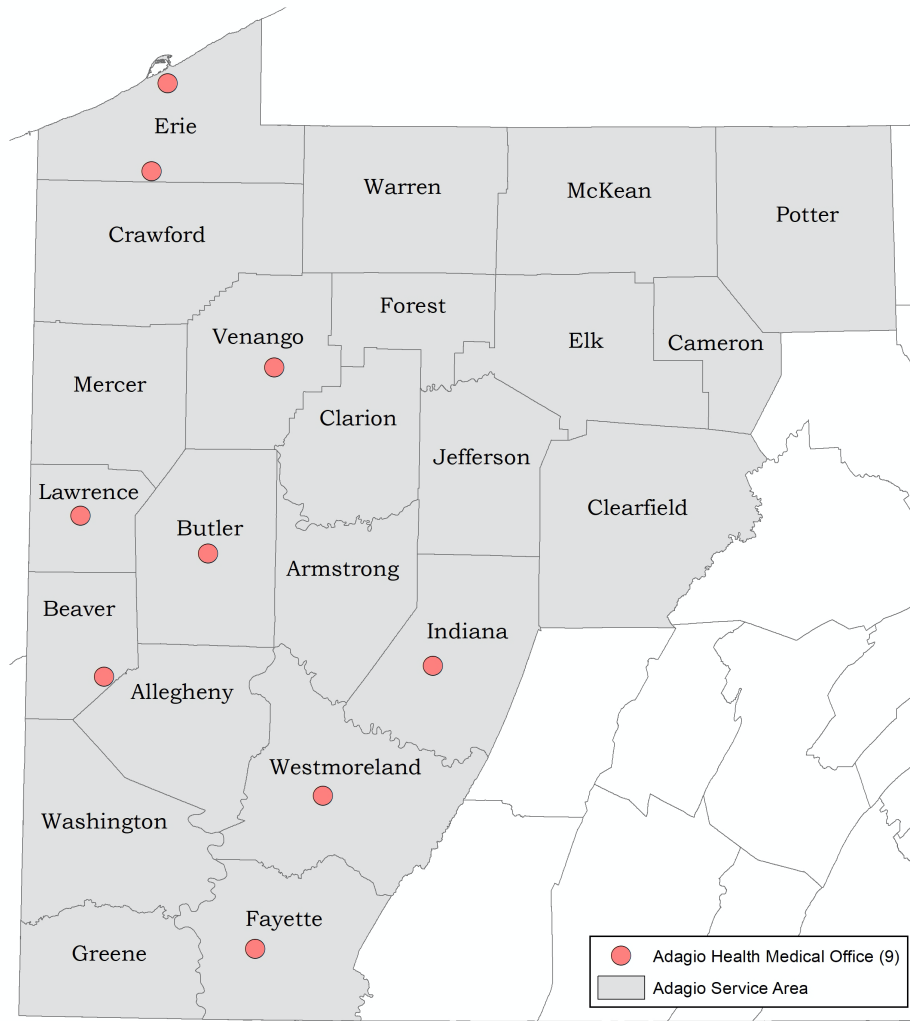
Although lesbian, bisexual, and questioning (LBQ) women represent a greater proportion of the military population than the general population (10.7 percent versus 4.2 percent), there is little information about this population of women veterans (Lehavot and Simpson, 2013). Some studies have examined whether sexual minority women veterans have an elevated risk of poor health and well-being outcomes. Specifically, they found that sexual minority veteran women have more health problems and risk factors than sexual minority nonveteran women, including mental distress, sleep problems, problem drinking, smoking, and obesity (Blosnich, Foyne, and Shipherd, 2013; Lehavot and Simpson, 2013; McGirr, Jones, and Moy, 2021; Weinberger et al., 2016). LBQ women veterans are also at higher risk for violence and trauma. For example, one study found that LBQ women veterans were more likely to report lifetime and past-year IPV than heterosexual women veterans (Dardis, Shipherd, and Iverson, 2017). Lifetime sexual IPV rates were 35.9 percent for LBQ women veterans, compared with 19.6 percent for heterosexual women veterans. Similarly, LBQ women veterans were significantly more likely to experience lifetime physical IPV than heterosexual women veterans (46.2 percent versus 27.9 percent). Although there is clearly a need for more research on this subpopulation of women veterans, these findings indicate that LBQ women veterans have a variety of unique and unmet needs.

Assessing the Needs of Women Veterans in Western Pennsylvania

For 50 years, Adagio Health has been providing health, wellness, and nutrition services and support to residents of Western Pennsylvania. Although women's health is its primary focus, Adagio Health also offers reproductive health and preventive care services to men; teens; members of the lesbian, gay, bisexual, transgender, queer/questioning, asexual, intersex, and other (LGBTQIA+) community; and vulnerable patients in need of care. Adagio Health primarily serves Western Pennsylvania and neighboring counties in Ohio and West Virginia (Adagio Health, undated). Adagio Health's nine medical offices and one mobile unit that serves 12 rural counties provide adult preventive health care, behavioral health services, family planning and reproductive health care, pre- and postnatal care, breast and cervical cancer screening, nutrition counseling, preexposure prophylaxis (PrEP) (protection against human immunodeficiency virus [HIV]), tobacco cessation, and connections to other community supports and services (see Figure 1.6). The organization also manages the Women, Infants, and Children program in five Pennsylvania counties, provides tobacco and vaping cessation counseling, provides support and education to adults and teens, and oversees the Pennsylvania Department of Health–funded Breast & Cervical Cancer Early Detection Program in 62 Pennsylvania counties and the Mammogram Voucher Program.

Adagio Health asked the RAND Corporation to conduct a community health needs assessment to characterize the needs of women veterans in the Adagio Health service area, the extent to which existing services and supports meet their needs, gaps in the availability and access to those services and supports, and unmet needs that Adagio Health could address itself or through partnerships and referrals.

Figure 1.6. Adagio Health Medical Office Locations



The national-level statistics in this chapter provide a baseline understanding for subsequent analyses. The remainder of this report is organized as follows. In Chapter 2, we provide an overview of Adagio Health’s initiatives targeting women veterans in the region it serves. In Chapter 3, we describe our approach to assessing the needs of women veterans in Adagio Health’s area of service. Chapter 4 contains a detailed comparison of the characteristics of these veterans and their nonveteran counterparts, and Chapter 5 examines similarities and differences between veteran and nonveteran women who were Adagio Health patients at the time of this study. Chapter 6 provides an overview of local, regional, and national programs, services, and other sources of support for women veterans in the Adagio Health service area, and Chapter 7 provides an assessment of potential gaps in support and challenges to accessing services. We conclude in Chapter 8 with key findings and recommendations to inform Adagio Health’s efforts to strengthen support for women veterans in Western Pennsylvania, along with considerations

for implementing those recommendations. Appendix A shows the characteristics of veteran and nonveteran women in the United States and in the Adagio Health service area and lists their characteristics by area. Appendix B provides a full list of the national and local programs, services, and supports for veterans that were identified.

Chapter 2. Adagio Health's Efforts to Support Women Veterans

Over the past four years, Adagio Health has taken steps to identify its women veteran patients, provide them with culturally sensitive care, and connect them with resources and services in the community to meet their needs. In this chapter, we describe the impetus for Adagio Health's Women Veterans Initiative and how it led to this effort to systematically assess the regional gaps in care experienced by women veterans.

Recognizing an opportunity to improve support for women veterans who were not receiving care through VA, in 2017, Adagio Health commissioned market research to gauge the potential demand for its services. The findings revealed significant barriers to care and health disparities for women veterans. These findings, coupled with the results from a 2015 study of women veterans that detailed the reasons that many women veterans did not receive VA care (VA, 2015), prompted Adagio Health to launch its Women Veterans Initiative in 2018. The initiative has four primary objectives:

- to make Adagio Health a significant provider of non-VA health care for women veterans in the areas it serves
- to position Adagio Health as part of a network of military-competent care
- to create an integrated model of behavioral and physical health care for women veterans as part of a larger integrated care initiative at Adagio Health
- to improve health outcomes for women veterans.

Critical to executing these plans, Adagio Health received a Heinz Endowment grant in 2018 to support its Women Veterans Initiative and was one of eight organizations in Central and Western Pennsylvania to receive a capacity-building grant from the Highmark Foundation in 2019 to enhance services for women veterans.

Action Plan

Adagio Health undertook a four-part approach to accomplishing its objectives: data collection and analysis, staffing and training, partnerships, and outreach.

Data Collection and Analysis

Decisions about staffing, changes to services and programs, and other activities drew on months of data collection and a survey of Adagio Health's women veteran patients.

- In 2018, clinic staff began asking all patients during their visits, "Have you ever served in the military?" Staff recorded responses in the patient's health record. They subsequently began asking whether patients received support from the Special Supplemental Nutrition Program for Women, Infants, and Children as well.

- After collecting data for eight months, management did a first look to ascertain how many veterans Adagio Health was serving, which medical offices and services these patients were utilizing, and the general demographic profile for the organization’s women veteran patients. Management has continued to monitor the data for any changes and intends to use the results to target services where they are needed. For example, after reviewing data on the prevalence of food insecurity among patients, and among veterans in particular, Adagio Health began meeting immediate food needs by opening food cupboards in its offices.
- To further inform these efforts, Adagio Health also conducted a survey of its women veteran patients to learn more about their needs and their experiences receiving care.

Staffing and Training

Filling positions with staff who have the appropriate expertise and offering training where needed are important for providing culturally sensitive support for women veterans.

- In 2018, Adagio Health hired a veteran to the position of Women Veterans Initiative coordinator to work on project development and implementation. Veterans were also hired to serve as medical director and human resources manager.
- Also in 2018, management hired a director of integrated services to lead the organization’s efforts to integrate behavioral health care with physical health care services for all patients, but it was motivated in large part by the needs of women veterans. Staff were trained in the Screening, Brief Intervention, and Referral to Treatment (SBIRT) model, as well as motivational interviewing. Since 2020, Adagio Health has added three behavioral health clinicians to its medical offices, and, in 2021, it began offering *bridge prescriptions* and *warm handoffs* to specialty treatment for patients with opioid use disorder.² In fall 2022, Adagio Health received grant funding to expand behavioral health services in two underserved counties.
- Adagio Health uses the PsychArmor curriculum for health care providers to train staff across the organization on effectively engaging and supporting veteran patients.³ The organization received PsychArmor’s Certified Healthcare Organization designation of “Veteran Ready” in 2021, indicating that at least 80 percent of medical staff have been trained. Adagio exceeded the threshold with 80 percent of all staff trained.
- In addition to three general care navigators hired in 2021, Adagio Health hired a veteran care navigator to focus specifically on the needs of women veteran patients in Indiana County, Pennsylvania. In September 2022, that staff member also began providing virtual care navigation support for veterans across the Adagio Health service area.

² *Bridge prescriptions* provide a 15- to 30-day supply of medication to “bridge” the period before a patient can see the appropriate provider. *Warm handoffs* refer to coordinated transfers in which a veteran care navigator directly connects women veteran patients with programs, services, and supports at partner agencies or organizations.

³ PsychArmor is a nonprofit provider of training in military culture for health care providers, veterans, employers, and military families (PsychArmor, undated).

Partnerships

A variety of regional partnerships helped Adagio Health improve the reach of its services while addressing barriers to access for women veterans in its service area.

- Adagio Health has established relationships with key veteran-serving organizations in its service area, such as VA vet centers, the Veterans Leadership Program (VLP) of Western PA, Veterans Place of Washington Boulevard, Veterans Breakfast Club, and university student veteran organizations, to position itself as a trusted partner in the provision of care and to enable referrals as needed.
- In 2019, Adagio Health became part of the PAserves network and gained access to an online system for making and receiving referrals for veterans.⁴
- Adagio Health has made some connections with regional VA staff, including women's health care managers at VA locations where it also has offices. The organization also joined the VA Community Care Network in 2019. It has worked particularly closely with VA vet centers, which provide counseling and intervention for veterans and service members who have deployed to a combat theater or experienced MST, including many who are otherwise ineligible for VA care.

Outreach, Education, and Awareness

Regional outreach efforts addressed common health care needs on a local basis, brought together women veterans to share their experiences and address their well-being, and provided training opportunities for other veteran-serving organizations.

- Adagio Health hosts pop-up clinics at veteran organization partner locations to offer various vaccines, sexually transmitted infection (STI) testing, cancer screenings, and birth control options, as well as education on sexual and reproductive health, nutrition, and tobacco cessation.
- In 2019, it facilitated two wellness retreats for women veterans in Erie and Indiana counties in Pennsylvania.
- Adagio Health replicated the I Am Not Invisible campaign at a regional level in Western Pennsylvania. I Am Not Invisible is a national VA awareness campaign that honors women veterans. The event honored more than 50 local women veterans and was held in Pittsburgh on Veterans Day in 2019.
- Early in the coronavirus disease 2019 (COVID-19) pandemic, Adagio Health's medical director provided safety protocols and education to the staff of a veterans' homeless shelter.
- In 2021, representatives presented to the American Public Health Association on Adagio Health's Women Veterans Initiative.
- Staff provide Mental Health First Aid training to veteran-serving organizations and their staff.

⁴ PAserves—Greater Pittsburgh is one of 18 coordination centers established under AmericaServes, part of the Institute for Veterans and Military Families (IVMF) at Syracuse University. It is hosted by the Veterans Leadership Program, a Western Pennsylvania veteran service organization, and utilizes the Unite Us system for referrals.

- Adagio Health representatives attend rural providers' meetings to maintain effective referral relationships and participate in community outreach.

In sum, Adagio Health has aggressively pursued its goals to improve support for women veterans and address gaps in its health care and other sources of support, and it seeks to continue to enhance its capability to serve the women veterans in its service area.

Chapter 3. Needs Assessment Components and Approach

In this chapter, we summarize the methods that we used to conduct our review of the current knowledge base on the needs of women veterans. We then describe our approach to quantitatively assessing the needs of women veterans in the Adagio Health service area and the methods used in our analysis of individual-level health status and health care utilization among the women veteran patients served by Adagio Health. We then describe the approach for the landscape analysis to assess the local availability and capacity of different programs, services, and supports for women veterans. Finally, we describe our approach to the qualitative assessment of women veterans in the Adagio Health service area.

Literature Review

In our literature review, we examined the current knowledge base about the service and support needs of women veterans.

We conducted a targeted search of relevant journal articles in academic databases, *gray literature* (i.e., reports not found through conventional peer reviewed search engines, reports from both government and nongovernmental bodies), policy documents, and websites. This review focused on U.S.-based women veterans' experiences since 2010. This initial search yielded 491 articles. We conducted the review using an online tool called CADIMA to streamline the title and abstract screening. For all relevant articles, we reviewed the titles and abstracts to identify key articles. We included 146 records of the 491 articles obtained through database search. Each included record was coded with overarching topic, location, type of paper, population characteristics, area of need or challenge (e.g., physical health care, behavioral health care, access to care, coordinated care, integrated care, education, employment, housing, food, and social supports), and specific issues or findings mentioned in the abstract (e.g., depression, anxiety, PTSD or trauma, MST, alcohol or other substance use, IPV, suicide risk, homelessness, food insecurity, and unemployment). We supplemented the literature search with searches of the gray literature and targeted web searches for examples of needs assessments, which yielded an additional 17 reports or articles, and Adagio Health shared seven unique records for review. Overall, we reviewed 170 records at the full-text level and, after further review, extracted data on the subset of records that was relevant to this effort.

Quantitative Assessment

The quantitative assessment was designed to examine population demographics by identifying and characterizing women veterans in the Adagio Health service area. For the quantitative assessment, we used the most recent U.S. Census Bureau's American Community

Survey (ACS) data for the 23 counties in the Adagio Health service area. The ACS is an ongoing nationally representative survey that provides current information on communities (U.S. Census Bureau, undated). Using the five-year data file covering 2016 through 2020, we produced data tables for the entire service area and for each county or county group, including age, race, ethnicity, marital status, household type, household size, educational attainment, employment status, household income, housing status, disability status, and health insurance status. We tested for differences in characteristics between the veteran women and nonveteran women using *t*-tests for continuous variables and chi-squared tests for categorical variables.

Patient Data Analysis

Adagio Health provided us with deidentified individual-level data from its Enterprise Practice Management and electronic health record systems.

This combination of data contains records on the 890 veteran women patients and 25,846 nonveteran women patients whose current gender indicated female, dropping males and those missing information on current gender for the January 2018 through April 2022 time period, as well as a variety of demographic, visit, and health status data.

We examined demographic data (county of residence, age, race, ethnicity, marital status, and family size), visit data (number of visits, office location, payer, patient type, visit type, initial birth control method, contraceptive care, and type of counseling), and health status data (mental health screening, blood pressure, body mass index [BMI], and pregnancy test results) for veteran women and nonveteran women for the full time period (January 2018 through April 2022). We tested for differences in demographic characteristics, health care, and health status between the veteran women and nonveteran women using *t*-tests for continuous variables and chi-squared tests for categorical variables. We also looked at the data pre-COVID-19 (initial visit before April 1, 2020) and post-COVID-19 (initial visit April 1, 2020, or later) but did not find any notable differences other than all of the behavioral health screening data came from the post-COVID period.

Landscape Analysis

Document Review

Adagio Health shared with us a wide variety of documents to help us understand its organization and the history and activities of the Women Veterans Initiative. Documents we reviewed included annual reports, grant reports, presentations, strategic plans, survey and focus group results, onboarding materials for the Veteran Care Navigator, and patient demographic data.

Inventory

We assembled an inventory of programs, services, and supports for women veterans in Adagio Health's 23 county service area using several key sources.

- **National Resource Directory** is a database of validated resources to support recovery, rehabilitation, and reintegration for service members, veterans, family members, and caregivers. Resources are grouped into the following categories: benefits and compensation, education and training, employment, family and caregiver support, health, homeless assistance, housing, military adaptive sports program, transportation and travel, and other services and resources. When sorting through relevant resources, we used the director's automatic filters to search by state (i.e., Pennsylvania) and demographic served (i.e., veterans and women veterans). We manually filtered by city to ensure every resource either served or had a physical location in a county within the Adagio Health service area.
- **United Way of Southwestern PA 211** is an online search engine for resources available in Allegheny, Armstrong, Beaver, Butler, Fayette, Greene, Indiana, Lawrence, Mercer, Washington, and Westmoreland counties. It includes veteran-specific resources for emergency services, financial stability, housing, medical, and support services.
- **Greater Pittsburgh VA and Non-VA Resources for Women Veterans (VA, 2019)** is a resource compiled by the U.S. Department of Veteran Affairs that contains information on veterans service organizations, county and state veterans affairs offices, and local organizations focused on assisting veterans.

We compiled an Excel spreadsheet with rows for each program that include the following:

- program name
- URL and phone number
- area served
- description of the organization and services
- subpopulations served (e.g., wounded and disabled)
- needs addressed: benefits; clothing, food, and transportation; housing and utilities; education; employment; income support; legal and veterans court; physical health, mental health, and substance use; MST and sexual assault; individual and family support; social enrichment; sports and recreation; wellness; and suicide prevention.

Separately, we identified behavioral health providers in the Adagio Health service area using the Mental Health Addiction Treatment Tracking Repository (MATTR), a database of public and private mental health and substance use treatment providers aggregated by RAND from the National Directory of Mental Health Treatment Facilities and the National Directory of Drug and Alcohol Abuse Treatment Facilities and supplemented with the Substance Abuse and Mental Health Services Administration (SAMHSA) Behavioral Health Treatment Services Locator. Information on each mental health and substance use facility was collected via the SAMHSA 2020 National Mental Health Services Survey and the SAMHSA 2020 National Survey of

Substance Abuse Treatment Services.⁵ We accessed the database on March 31, 2022, and extracted data on providers in the Adagio Health service area that specifically indicated that they serve veterans (Cantor et al., 2022).

Qualitative Assessment

The qualitative assessment was designed to develop an understanding of the specific needs of women veterans living in the Adagio Health service area.

We first conducted phone interviews with 13 stakeholders from representatives of veteran-serving organizations, advocacy organizations, VA-related service organizations, VA, and others in the Adagio Health service area. Adagio Health helped compile and prioritize the list of potential respondents and, in some cases, provided an introduction. In some cases, the interview respondent was also a woman veteran. The 45- to 60-minute stakeholder interviews used a semistructured discussion guide with questions on client identification and recruitment, capacity, needs of women veterans, barriers to providing services, coordination of services, client engagement with services, and advocacy.

We then conducted phone interviews with 12 women veterans. Adagio Health and one of our stakeholder interview participants helped recruit women veterans for interviews. We developed a recruitment flyer and established a dedicated email address to support the recruitment process. The 30-minute interviews with women veterans were conducted using a semistructured discussion guide with questions on service use during the transition to civilian life, non-health care-related resource and support needs since transitioning to civilian life, issues accessing physical or behavioral health care since transitioning to civilian life, and experiences with care in health care settings. Each respondent received a \$25 Walmart gift card for participating in the interview.

⁵ In 2021, SAMHSA combined the two surveys resulting in the National Substance Use and Mental Health Services Survey.

Chapter 4. Women Veterans in the Adagio Health Service Area

Population of Women Veterans

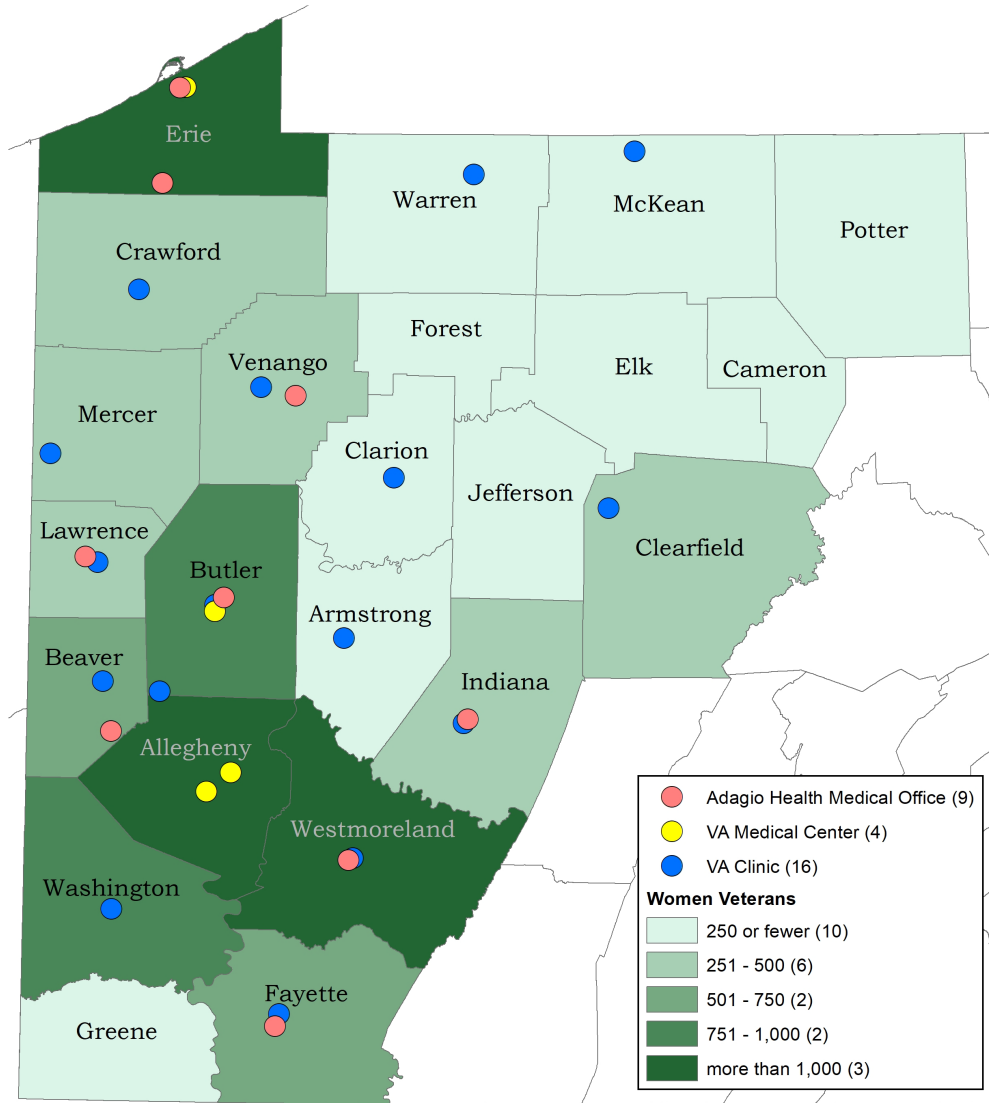
There are approximately 1.35 million women age 20 and older in the Adagio Health service areas; just over 15,000 of them are women veterans, representing 1.1 percent of the total (U.S. Census Bureau, undated). Although every county has at least a small population, women veterans are concentrated in the more populated areas of the service area with Allegheny, Erie, and Westmoreland counties all having more than 1,000 women veterans (see Figure 4.1).

Characteristics of Women Veterans

This section provides the characteristics of veteran and nonveteran women in the United States and in the Adagio Health service area (see also Appendix A, Table A.1). Tables A.2 through A.13 in Appendix A list the characteristics by individual county or groups of smaller-population counties.

Similar to national trends, women veterans in the Adagio Health service area skew toward the middle age groups. Forty-three percent of the veteran women in the Adagio Health service area are 35 to 54 years old, compared with 30 percent of nonveteran women (see Table 4.1).

Figure 4.1. Women Veterans in Adagio Health's Service Area



SOURCE: Features data from the five-year data file (2016 through 2020) from U.S. Census Bureau, undated.

Table 4.1. Age Distribution of Women in Adagio Health’s Service Area

Age Group (years)	Veteran Women	Nonveteran Women
20–24	1.5%	7.4%
25–34	14.0%	15.4%
35–44	18.1%	13.8%
45–54	24.5%	16.0%
55–59	10.9%	9.5%
60–64	10.6%	9.7%
65–74	10.9%	14.8%
75–84	6.9%	8.4%
85+	2.6%	4.9%

SOURCE: Features data from the five-year ACS data file (2016 through 2020) from U.S. Census Bureau, undated.

NOTE: Some percentages do not sum to 100 because of rounding. $p < 0.0001$.

Veteran women in the Adagio Health service area are less often White than nonveteran women (81.5 percent versus 89.7 percent), whereas the percentages of Hispanic or Latino are similar between the two groups (see Table 4.2). This racial and ethnic breakdown is similar to the national picture described earlier wherein veteran women are more often persons of color and less often Hispanic or Latino compared with nonveteran women (U.S. Census Bureau, undated).

Table 4.2. Race and Ethnicity of Women in Adagio Health’s Service Area

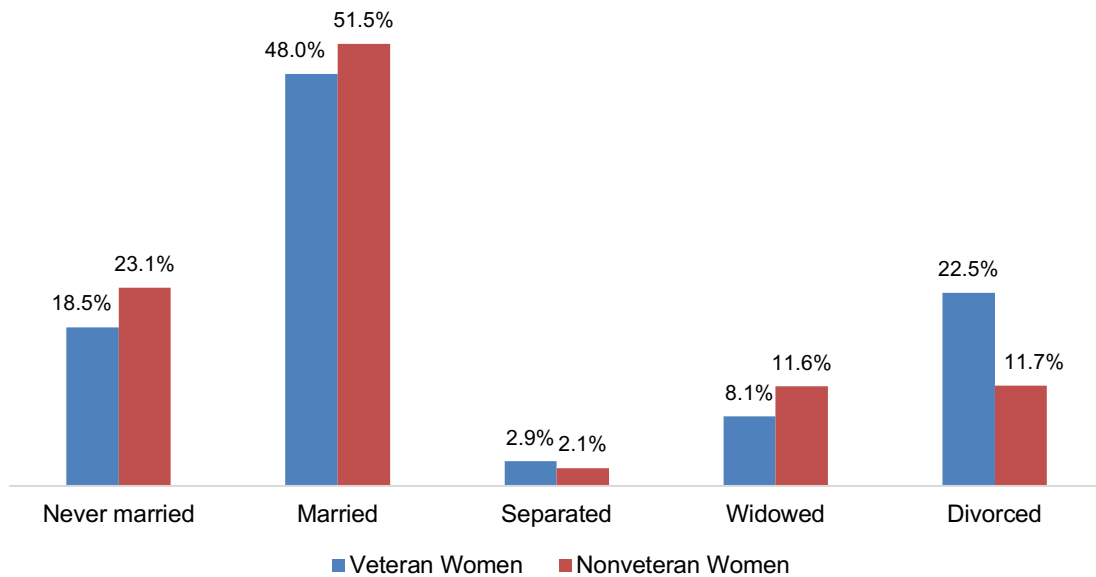
Race and Ethnicity	Veteran Women	Nonveteran Women
Race		
White	81.5%	89.7%
Black or African American	13.1%	6.2%
American Indian and Alaskan Native	1.2%	1.8%
Asian	0.2%	0.1%
Native Hawaiian and Other Pacific Islander	0.4%	0.1%
Ethnicity		
Hispanic or Latino	1.9%	1.5%
Not Hispanic or Latino	98.1%	98.5%

SOURCE: Features data from the five-year ACD data file (2016 through 2020) from U.S. Census Bureau, undated.

NOTE: Some percentages do not sum to 100 because of rounding. Missing, refused, or unknown not shown. $p < 0.0001$ for race; not significant (n.s.) for ethnicity.

Mirroring the national data on marital status presented earlier, nearly one-quarter (23 percent) of veteran women in the Adagio Health service area are divorced compared with 12 percent of nonveteran women (see Figure 4.2). There are also some differences in household type by veteran status. Veteran women are less often in married couple households and more often living without a spouse or partner than nonveteran women (see Figure 4.3).

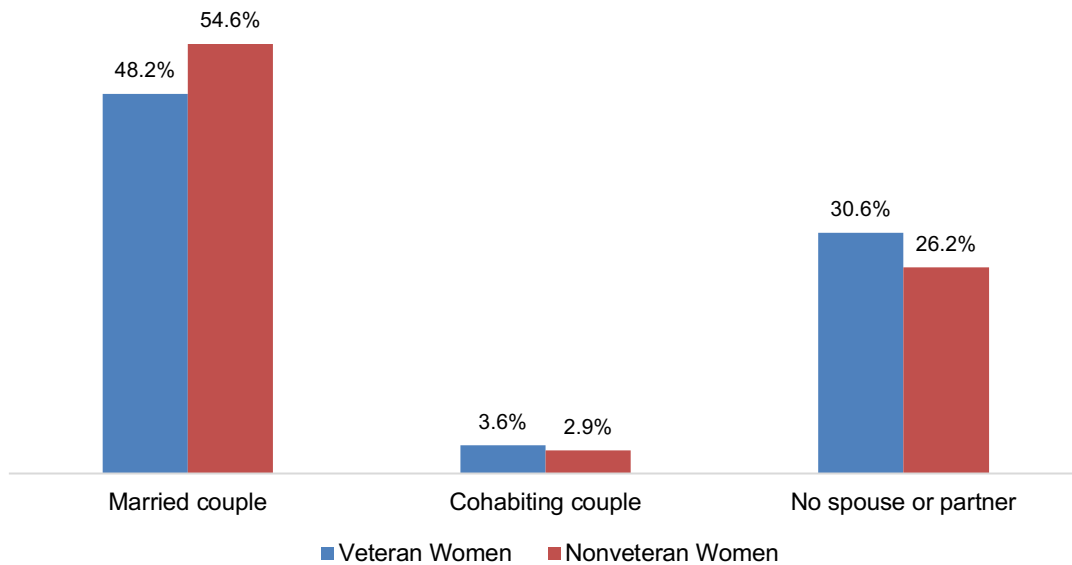
Figure 4.2. Marital Status of Women in Adagio Health’s Service Area



SOURCE: Features data from the five-year ACS data file (2016 through 2020) from U.S. Census Bureau, undated.

NOTE: Some percentages do not sum to 100 because of rounding. $p < 0.0001$.

Figure 4.3. Household Type Among Women in Adagio Health’s Service Area

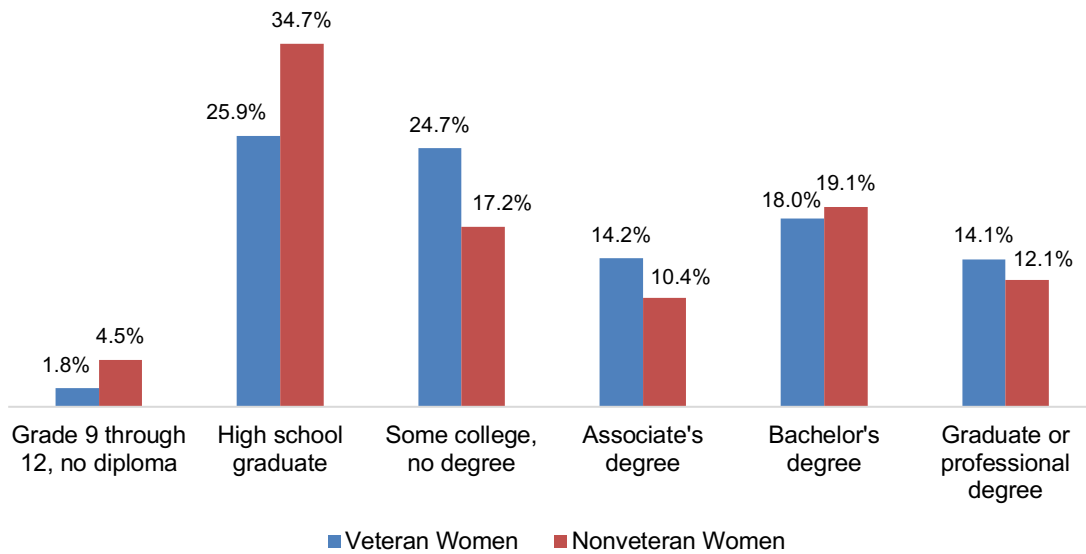


SOURCE: Features data from the five-year ACS data file (2016 through 2020) from U.S. Census Bureau, undated.

NOTE: Missing, refused, or unknown not shown. $p = 0.03$.

Veteran women in the Adagio Health service area are less likely to be high school graduates or below than nonveteran women, more likely to have some college or an associate’s degree, and have similar percentages of bachelor’s or graduate degrees (see Figure 4.4).

Figure 4.4. Educational Attainment of Women in Adagio Health's Service Area

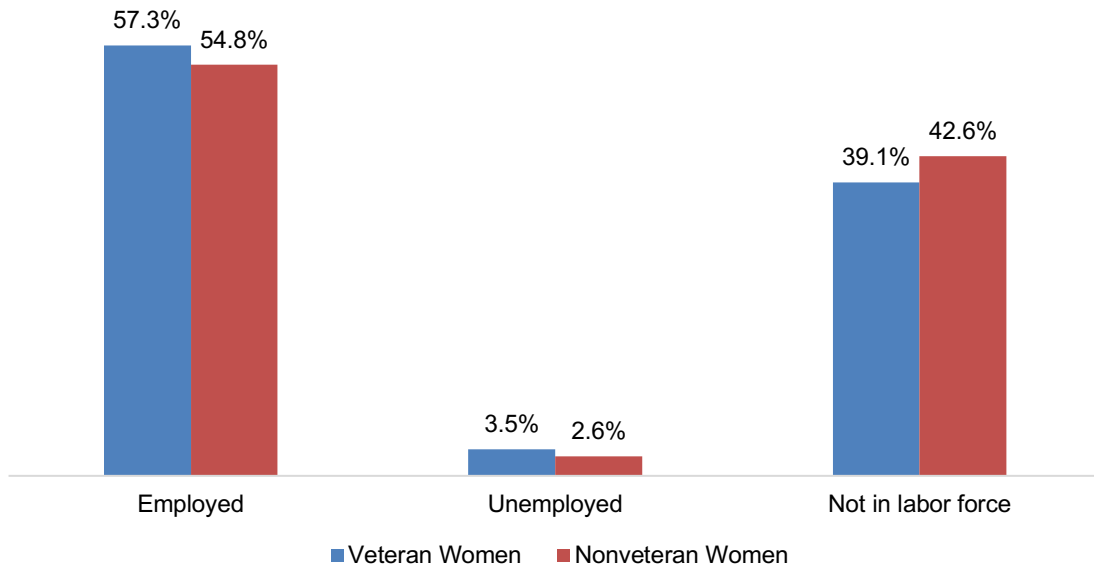


SOURCE: Features data from the five-year ACS data file (2016 through 2020) from U.S. Census Bureau, undated.

NOTE: Some percentages do not sum to 100 because of rounding. Missing, refused, or unknown not shown. $p < 0.0001$.

There are no differences in the employment status of veteran and nonveteran women in the Adagio Health service area. Fifty-seven percent of veteran women and 55 percent of nonveteran women are employed (see Figure 4.5).

Figure 4.5. Employment Status of Women in Adagio Health’s Service Area

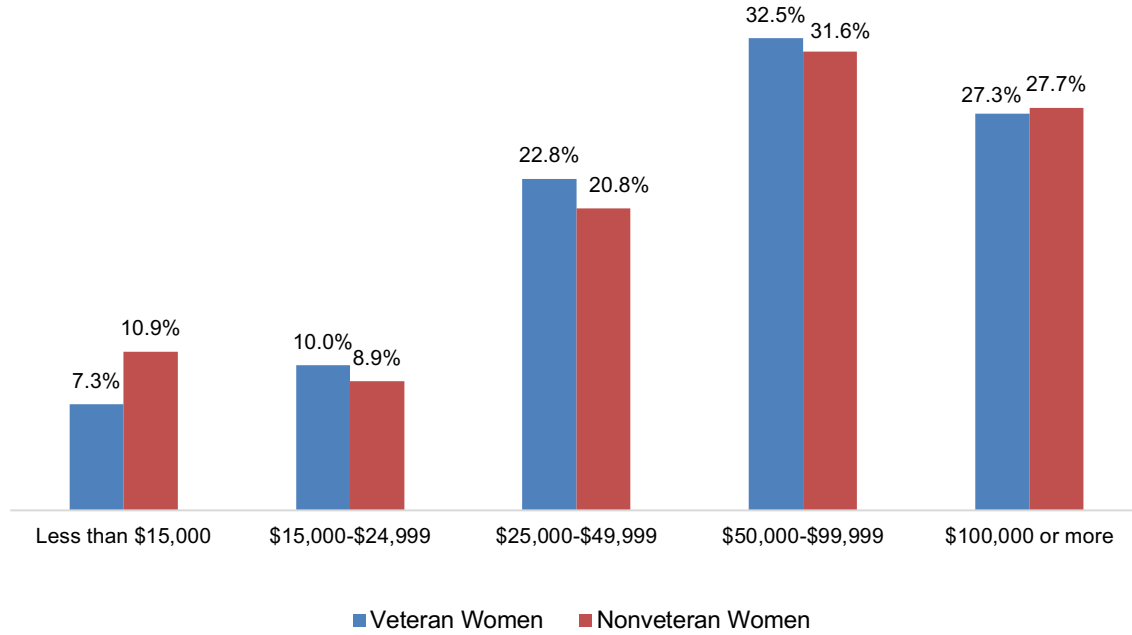


SOURCE: Features data from the five-year ACS data file (2016 through 2020) from U.S. Census Bureau, undated.

NOTE: Some percentages do not sum to 100 because of rounding. n.s.

Similar percentages of veteran women and nonveteran women in the Adagio Health service area are in each household income category (see Figure 4.6). This differs somewhat from the national picture wherein veteran women have substantially higher household incomes than nonveteran women (\$60,223 for veteran women versus \$50,398 for nonveteran women) (National Center for Veterans Analysis and Statistics, 2019).

Figure 4.6. Household Income of Women in Adagio Health’s Service Area



SOURCE: Features data from the five-year ACS data file (2016 through 2020) from U.S. Census Bureau, undated.
 NOTE: Some percentages do not sum to 100 because of rounding. n.s.

The housing status of veteran and nonveteran women in the Adagio Health service area is comparable; similar percentages of veteran and nonveteran women own their own home, and they spend a similar mean percentage of household income on housing (see Table 4.3).

Table 4.3. Housing Status of Women in Adagio Health’s Service Area

Housing Status	Veteran Women	Nonveteran Women
Own home	70.1%	72.3%
Mean percentage of household income spent on housing	23.3%	22.0%

SOURCE: Features data from the five-year ACS data file (2016 through 2020) from U.S. Census Bureau, undated.
 NOTE: n.s.

Among women ages 20 through 39, veterans were more likely have self-care, vision, and ambulatory difficulties than nonveteran women (see Table 4.4). In the 40 through 64 age group, women veterans in the Adagio Health service area had more independent living and cognitive difficulties. There were no significant differences by veteran status in the 65 and older age group.

Table 4.4. Disability Status of Women in Adagio Health’s Service Area

Disability	Age 20–39		Age 40–64		Age 65+	
	Veteran Women	Nonveteran Women	Veteran Women	Nonveteran Women	Veteran Women	Nonveteran Women
Hearing difficulty	2.5%	0.8%	3.7%	2.6%	13.7%	12.3%
Self-care difficulty	3.2% ^a	0.8%	3.6%	3.2%	11.3%	10.0%
Vision difficulty	4.1% ^b	1.3%	4.0%	2.7%	4.8%	7.0%
Independent living difficulty	5.4%	3.0%	9.7% ^d	6.4%	16.9%	18.5%
Ambulatory difficulty	5.7% ^c	1.7%	12.8%	9.8%	24.4%	25.3%
Cognitive difficulty	8.9%	5.0%	11.2% ^e	6.5%	8.2%	10.1%

SOURCE: Features data from the five-year ACS data file (2016 through 2020) from U.S. Census Bureau, undated.

^a $p = 0.022$.

^b $p = 0.025$.

^c $p = 0.008$.

^d $p = 0.045$.

^e $p = 0.004$.

In terms of service-connected disability ratings, women veterans in the Adagio Health service area have lower disability ratings across all categories (see Table 4.5). Veterans who have a disability resulting from their military service are eligible for VA disability compensation benefits; higher disability ratings indicate more-severe conditions. Monthly compensation rates depend on the disability rating and whether there is a dependent spouse, child, or parent.

Table 4.5. Service-Connected Disability Ratings of Women Veterans

Rating	Women Veterans in Adagio Health Service Area	Women Veterans Nationally
0 percent	0.8%	1.1%
10 or 20 percent	5.3%	5.8%
30 or 40 percent	3.9%	4.6%
50 or 60 percent	2.3%	4.0%
70, 80, 90, or 100 percent	6.6%	10.6%
Not reported	0.4%	1.3%
No rating	80.8%	72.6%

SOURCE: Features data from the five-year ACS data file (2016 through 2020) from U.S. Census Bureau, undated.

NOTE: Some percentages do not sum to 100 because of rounding. $p = 0.004$.

Finally, veteran women in the Adagio Health service area are less likely to have employer-based or direct-purchase health insurance than nonveteran women (see Table 4.6). Not surprisingly, veteran women more often have VA health care or are covered by TRICARE, whereas nonveteran women more often have Medicare. Overall, 1.9 percent of veteran women in the Adagio Health service area lack health insurance coverage compared with 3.7 percent of nonveteran women (U.S. Census Bureau, undated). Nationally, 3.8 percent of veteran women and 8.6 percent of nonveteran women lack health insurance coverage (National Center for Veterans Analysis and Statistics, 2019).

Table 4.6. Health Insurance Status of Women in Adagio Health’s Service Area

Health Insurance Status	Veteran Women	Nonveteran Women
Employer-based or direct-purchase health insurance ^a	66.0%	73.8%
Medicare ^b	26.5%	31.1%
Medicaid	16.9%	17.2%
TRICARE ^c	12.3%	1.2%
VA health care ^d	30.7%	0.3%

SOURCE: Features data from the five-year ACS data file (2016 through 2020) from U.S. Census Bureau, undated.

NOTE: Categories are not mutually exclusive.

^a $p < 0.001$.

^b $p = 0.038$.

^c $p < 0.001$.

^d $p < 0.001$.

Chapter 5. Women Veterans Served by Adagio Health

Between January 2018 and April 2022, Adagio Health served 26,736 women, including 890 women veterans. The data in the table and figures presented here are the deidentified individual-level data that Adagio Health provided and include the entire January 2018 to April 2022 period. Unless otherwise specified, we did not see any differences in the distributions pre- and post-COVID-19.

Characteristics of Women Veteran Patients

Women veterans served by Adagio Health are concentrated in Fayette (23.3 percent), Lawrence (22.2 percent), Butler (10.6 percent), Erie (9.7 percent), and Indiana (8.8 percent) counties; five percent or fewer of women veteran patients are in the other counties in the service area (see Table 5.1).

Table 5.1. County of Residence of Women Served by Adagio Health

County	Veteran Women	Nonveteran Women
Allegheny	3.0%	3.4%
Armstrong	1.2%	0.9%
Beaver	2.5%	8.0%
Butler	10.6%	9.3%
Cameron	0.0%	0.0%
Clarion	0.7%	1.1%
Clearfield	0.1%	0.1%
Crawford	2.1%	2.9%
Elk	0.0%	0.0%
Erie	9.7%	17.3%
Fayette	23.3%	12.0%
Forest	0.2%	0.4%
Greene	0.4%	0.3%
Indiana	8.8%	8.1%
Jefferson	0.2%	0.2%
Lawrence	22.2%	13.6%
McKean	0.1%	0.3%

County	Veteran Women	Nonveteran Women
Mercer	2.6%	1.6%
Potter	0.0%	0.0%
Venango	3.4%	11.9%
Warren	0.2%	0.3%
Washington	1.9%	1.5%
Westmoreland	2.2%	1.5%
Outside PA	2.7%	3.9%

NOTE: Percentages do not sum to 100 because of missing data. $p < 0.0001$.

Adagio Health’s women patients are younger than women in the service area; 44.9 percent of veteran women patients and 49.8 percent of nonveteran women patients are ages 20 to 34 (see Table 5.2). This compares with 15.5 percent of veteran women and 22.8 percent of nonveteran women in the service area in this age group. Across Adagio Health’s patient population, fewer veteran women patients are in the under-20 age group (11.8 percent versus 15.7 percent for nonveteran women), whereas more veteran women patients are age 50 or older (20.1 percent versus 13.4 percent).

Table 5.2. Age Distribution of Women Served by Adagio Health

Age Group	Veteran Women	Nonveteran Women
Under 20	11.8%	15.7%
Age 20 to 24 years	19.0%	21.4%
Age 25 to 29 years	15.3%	16.1%
Age 30 to 34 years	10.6%	12.3%
Age 35 to 39 years	8.5%	9.0%
Age 40 to 49 years	14.7%	12.1%
Age 50 to 59 years	11.6%	7.5%
Age 60 years and over	8.5%	5.9%

NOTE: $p < 0.0001$.

Somewhat more veteran women patients are White than nonveteran women patients (86 percent versus 81.3 percent) and slightly fewer veteran women patients are Black or African American (see Table 5.3). This pattern for women of color within the patient population is somewhat different from what was seen for the service area overall wherein twice as many

veteran women were Black or African American (see Table 4.2).

Table 5.3. Race and Ethnicity of Women Served by Adagio Health

Race and Ethnicity	Veteran Women	Nonveteran Women
Race^a		
White alone	86.0%	81.3%
Black or African American alone	11.5%	13.2%
Asian alone	0.3%	0.9%
American Indian or Alaskan Native alone	0.0%	0.1%
Multiple races	1.5%	2.3%
Refused or unknown	0.8%	2.3%
Ethnicity^b		
Hispanic or Latino	1.8%	3.0%
Not Hispanic or Latino	94.2%	92.0%
Other	0.2%	0.3%
Refused or unknown	3.8%	4.6%

NOTE: Some percentages do not sum to 100 because of rounding.

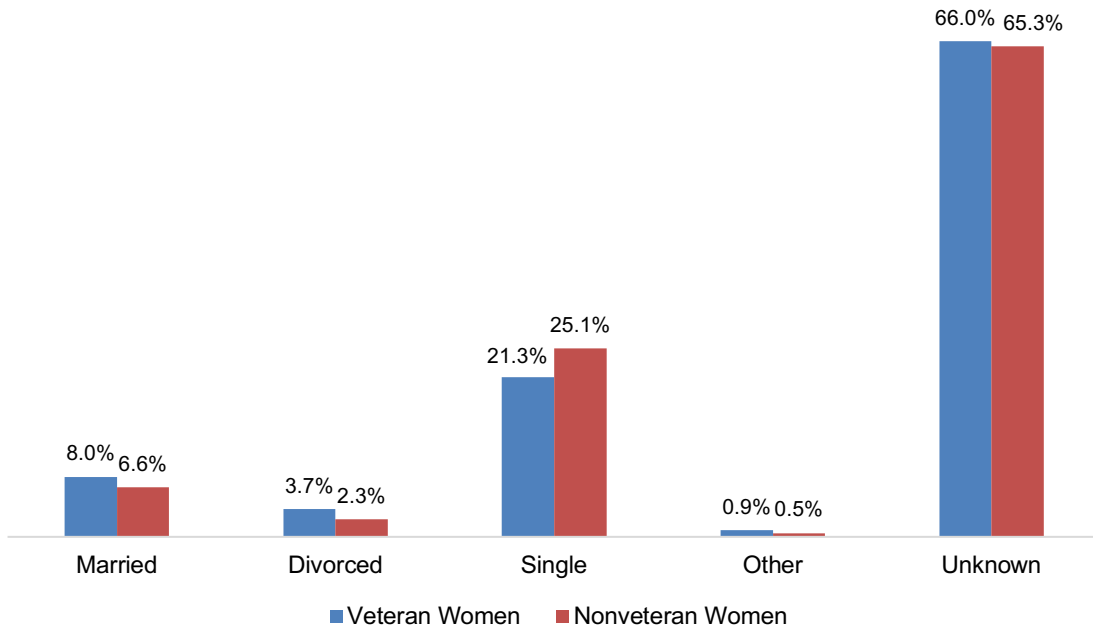
^a $p = 0.002$.

^b n.s.

Less than one percent of women veteran patients are gender nonconforming (when sex at birth and current gender are different) with no differences by veteran status.

The marital status of about two-thirds of female patients was unknown with more missing data in the post-COVID-19 period for both veteran and nonveteran women patients (see Figure 5.1). For the remaining third of women patients, veteran women patients are more often married or divorced and less often single than nonveteran women patients.

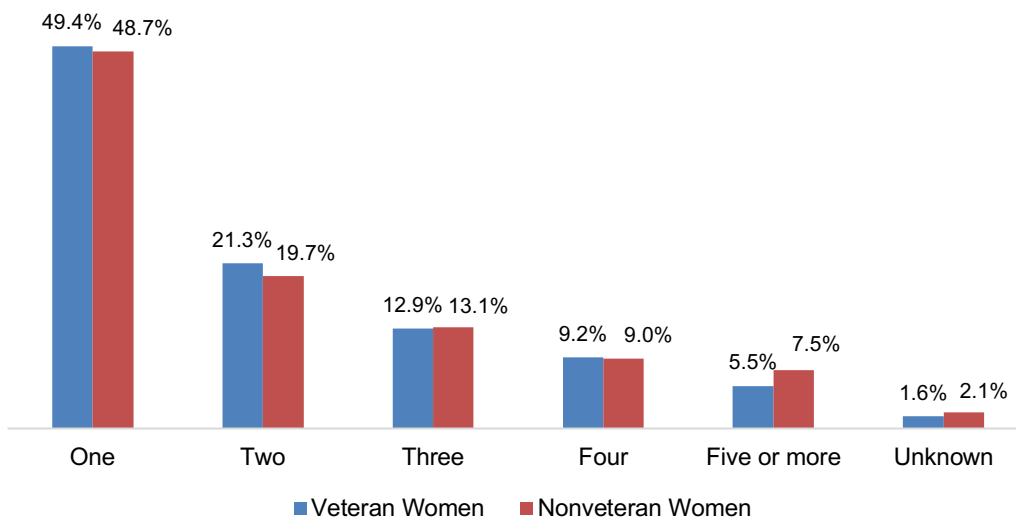
Figure 5.1. Marital Status of Women Served by Adagio Health



NOTE: Some percentages do not sum to 100 because of rounding. $p = 0.002$.

Family size was similar for veteran women patients and nonveteran women patients (see Figure 5.2).

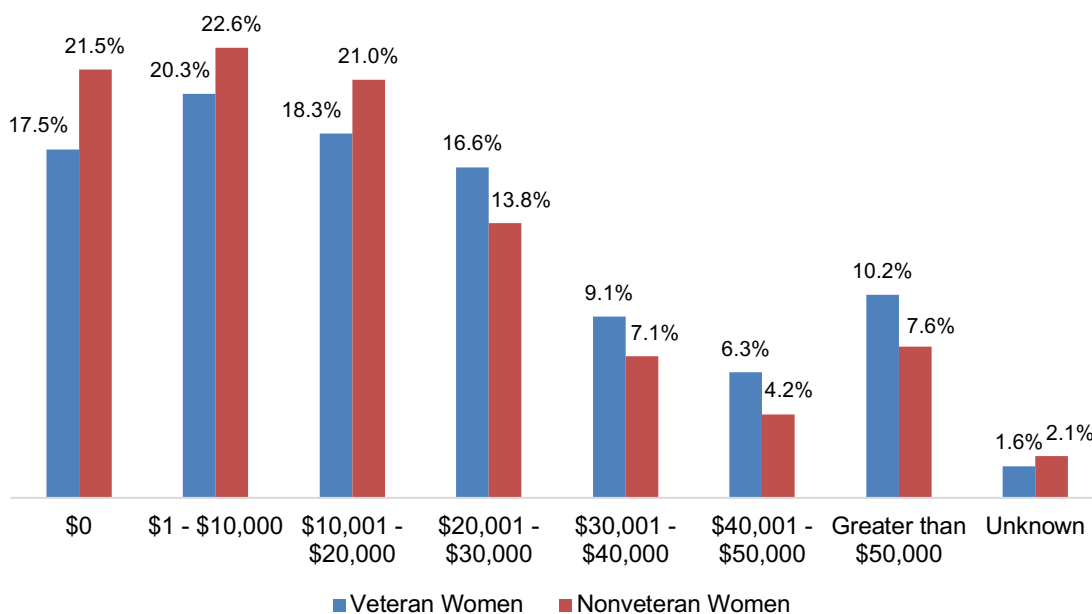
Figure 5.2. Family Size of Women Served by Adagio Health



NOTE: Some percentages do not sum to 100 because of rounding. n.s.

Fifty-six percent of veteran women patients have family incomes lower than \$20,000 which is lower than the 65 percent of nonveteran women patients (see Figure 5.3). Veteran women patients' average self-reported annual family income is \$17,000 compared with \$12,000 for nonveteran women patients.

Figure 5.3. Family Income of Women Served by Adagio Health



NOTE: Some percentages do not sum to 100 because of rounding. $p < 0.001$.

Health Care

More than one-half of veteran women patients utilized the Adagio Health Uniontown (27.2 percent) and New Castle (25.5 percent) office locations, whereas only about 29 percent of nonveteran women patients sought care at these locations (see Table 5.4).

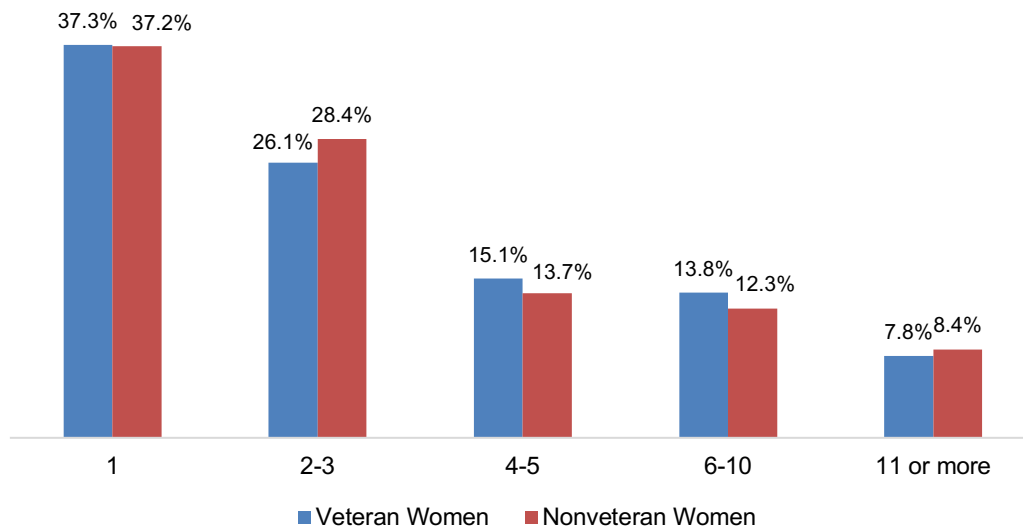
The number of health care visits looked similar for veteran women patients and nonveteran women patients (see Figure 5.4). Overall, more than one-third of both groups had a single visit during the 40-month period. Looking at visits by age, about 36 percent of both veteran women and nonveteran women under 25 had a single visit, and about 33 percent of those in the 25 to 49 age group had a single visit. About 50 percent of both veteran women and nonveteran women in the 50 and over age group had a single visit. We also looked at counts of patients and visits by month and quarter and did not see any strong trends across the two groups. There was a small uptick in veteran utilization around COVID-19, but that appears to have dropped off more recently.

Table 5.4. Visit Location for Women Served by Adagio Health

Location	Veteran Women	Nonveteran Women
Aliquippa	1.8%	8.7%
Butler	12.8%	10.8%
Edinboro	6.3%	8.7%
Erie (two offices)	6.3%	13.8%
Indiana	12.9%	10.9%
New Castle	25.5%	15.1%
Seneca	4.0%	14.4%
Uniontown	27.2%	14.2%
Mobile unit	1.3%	1.8%

NOTE: Percentages do not sum to 100 because of missing data. $p < 0.001$.

Figure 5.4. Number of Visits Among Women Served by Adagio Health



NOTE: Some percentages do not sum to 100 because of rounding. n.s.

For patient type, the vast majority of both groups were reproductive health and family planning patients. More veteran women patients aged 50 and over were categorized as Breast and Cervical Cancer Early Detection Program (BCCEDP) patients (24.6 percent versus 20.4 percent) than nonveteran women patients (see Table 5.5). Otherwise, patient types were similar between the two groups. The small percentage of behavioral health patients during the study

period reflects the fact that Adagio Health added behavioral health in 2020 and behavioral health specialists in 2022.

For visit type, veteran women patients were more likely to have telehealth visits (9.0 percent versus 6.5 percent) than nonveteran women patients. This pattern also held when looking at telehealth visits for different age groups. Among new patients, veteran women more often had annual visits and problem visits than nonveteran women.

Table 5.5. Patient and Visit Type Among Women Served by Adagio Health

	Veteran Women	Nonveteran Women
Patient Type		
Reproductive health and family planning	93.6%	93.7%
BCCEDP (for age 50+)	24.6%	20.4%
Prenatal	3.4%	3.6%
Behavioral health	0.0%	0.2%
Visit Type		
Annual visit, new patient ^a	27.9%	24.3%
Annual visit, established patient	47.8%	50.4%
Problem visit, new patient ^b	21.1%	18.4%
Problem visit, established patient	57.8%	60.1%
Telehealth visit ^c	9.0%	6.5%

NOTE: The following Healthcare Common Procedure Coding System codes were used: 99384-99386 and S0610 for new patient, annual visit; 99394-99397 and S0612 for established patient, annual visit; 99201-99204 for new patient, problem visit; and 99211-99215 for established patient, problem visit.

^a $p = 0.014$.

^b $p = 0.040$.

^c $p = 0.004$.

Initial birth control methods were similar for veteran women patients and nonveteran women patients (see Table 5.6). About 22 percent of both groups used oral contraceptives, a patch, or a vaginal ring as birth control at their initial visit; about 18 percent of both groups using an intrauterine device (IUD), hormonal implant, or hormonal injection. Veteran women more often had more-permanent birth control methods, such as female sterilization and vasectomy, than nonveteran women, and they less often relied on abstinence, fertility awareness method, or lactation amenorrhea method for birth control initially.

Table 5.6. Initial Birth Control Method for Women Served by Adagio Health

Initial Birth Control Method	Veteran Women	Nonveteran Women
Female sterilization ^a	12.8%	10.0%
Vasectomy ^b	2.1%	1.0%
IUD or hormonal implant	9.9%	10.4%
Hormonal injection	8.4%	8.4%
Oral contraceptive, patch, or vaginal ring	22.4%	22.9%
Male condom, female condom, cervical cap, or diaphragm ^c	14.4%	12.0%
Abstinence, fertility awareness method, or lactation amenorrhea method ^d	4.6%	7.1%
Spermicide alone	0.1%	0.1%
Withdrawal and other methods	2.4%	2.8%
None	0.3%	0.2%
Unknown or refused to answer ^d	3.3%	8.2%

NOTE: Categories are not mutually exclusive.

^a $p = 0.006$.

^b $p = 0.002$.

^c $p = 0.004$.

^d $p < 0.001$.

Contraceptive care looked similar for veteran women patients and nonveteran women patients, except for prescriptions for contraception, which were much less common for veteran women patients (12.5 percent versus 29.5 percent) (see Table 5.7).

Table 5.7. Contraceptive Care for Women Served by Adagio Health

Type of Contraceptive Care	Veteran Women	Nonveteran Women
Surveillance of contraceptive pills	56.3%	62.1%
Surveillance of injectable contraceptive	53.3%	58.0%
Insertion of IUD	9.7%	9.9%
Surveillance of implantable subdermal contraceptive	30.0%	31.7%
Surveillance of other contraceptives	26.3%	33.8%
Prescriptions for contraception ^a	12.5%	29.5%

^a $p = 0.004$.

Among the types of counseling offered during visits, contraceptive counseling and reproductive life plan counseling were most common for both groups followed by STI counseling, with no difference in prevalence by veteran status (see Table 5.8). Veteran women patients were more likely to receive domestic violence counseling and less likely to receive comprehensive reproductive health education and other counseling than their nonveteran counterparts.

Table 5.8. Types of Counseling for Women Served by Adagio Health

Type of Counseling	Veteran Women	Nonveteran Women
Contraceptive counseling	47.9%	50.6%
Reproductive life plan counseling	47.8%	50.4%
STI counseling	41.6%	39.5%
Domestic violence counseling ^a	32.7%	29.2%
Comprehensive reproductive health education ^b	26.6%	36.9%
Smoking cessation counseling	10.2%	12.0%
Pregnancy options counseling	3.5%	4.4%
Other counseling ^c	22.1%	28.8%

^a $p = 0.026$.

^b $p < 0.001$.

^c $p < 0.001$.

Around 38 percent of veteran women patients had private insurance compared with about 31 percent of nonveteran women patients (see Table 5.9). At the same time, veteran women patients were less likely to be covered by a Medicaid-managed care organization than their nonveteran counterparts (32.4 percent versus 41.1 percent).

Table 5.9. Payer for Women Served by Adagio Health

Payer	Veteran Women	Nonveteran Women
Commercial	38.4%	31.3%
Medicaid-managed care organization	32.4%	41.1%
Nonfamily planning grant funding ^a	12.8%	11.6%
State or federal payer	6.3%	8.0%
Medicare	6.1%	4.9%
Medicaid fee for service	1.2%	1.1%
Other payer	2.8%	1.7%

NOTE: $p < 0.0001$.

^a Includes visits for which the primary payer is BCCEDP, STI Project, Covid Vaccine Program, the Health Resources and Services Administration vaccine program, and the Trust for America's Health (Allegheny County Tobacco).

Health Status

Adagio Health began screening all patients for behavioral health indicators as the COVID-19 pandemic abated. Initially, the screening was done only at the first visit, during annual visits, or if a practitioner thought it was necessary, but the frequency recently changed to every visit.

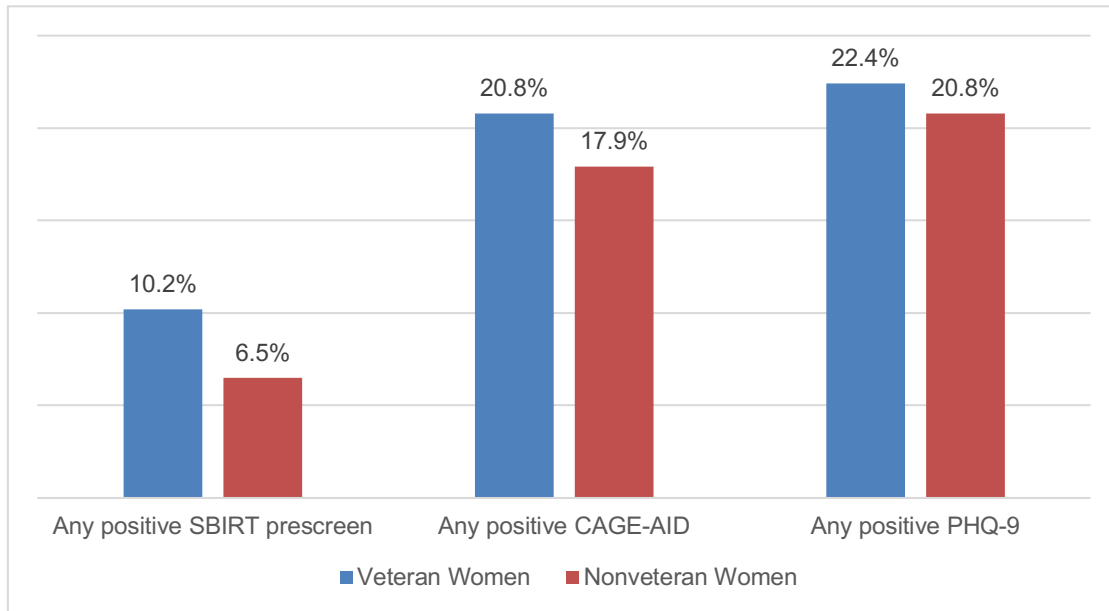
Adagio Health adopted the SBIRT approach for its behavioral health screening (Agerwala and McCance-Katz, 2012). If a patient responds positively to any of the following six prescreening questions, the SBIRT prescreener is considered positive.

- Are you feeling down or anxious more than 50 percent of the time?
- Have you ever been recommended for or attended psychiatric/mental health treatment?
- Do you use illegal drugs or misuse prescribed narcotics?
- Have you ever felt, or has anyone ever expressed to you, concern about your use of alcohol?
- Do you have any thoughts of harming yourself or others today?
- Do you feel safe at home?

Patients who screen positive on the SBIRT prescreener may receive the nine-question Patient Health Questionnaire–9 (PHQ-9) or the four-question Cut down, Annoyed, Guilty, and Eye-opener Adapted to Include Drugs (CAGE-AID) questionnaire. If either the PHQ-9 or CAGE-AID is positive, the practitioner typically discusses options and makes referrals. Even if the PHQ-9 or CAGE-AID questionnaire does not yield clinically significant results, the practitioner uses the opportunity for a brief intervention that can plant the seed for future conversations, recommendations, and referrals. Veteran women patients were more likely to have a positive SBIRT prescreen; 10.2 percent screened positive compared with 6.5 percent for nonveteran women patients (see Figure 5.5). About one-fifth of both groups screened positive on the PHQ-9

with a score of 10 or higher. For the CAGE-AID questionnaire, similar percentages of veteran and nonveteran women patients received a clinically significant score of two or higher.

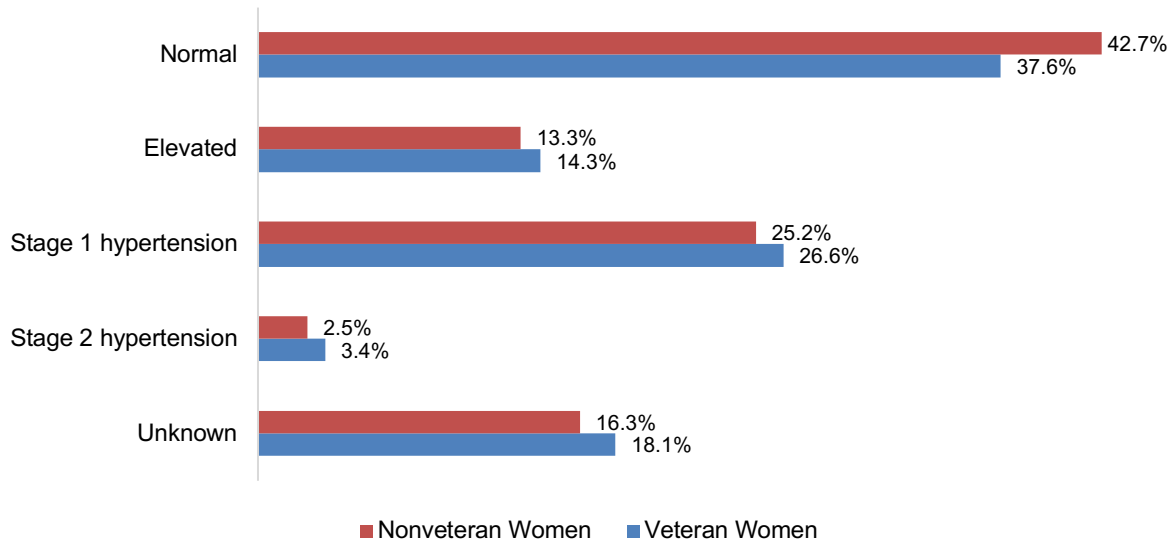
Figure 5.5. Positive Behavioral Health Screenings Among Women Served by Adagio Health



NOTE: $p = 0.001$ for any positive SBIRT prescreen; n.s. for any positive CAGE-AID questionnaire or PHQ-9.

Veteran women patients had worse average blood pressure across visits during the time period than nonveteran women patients (see Figure 5.6). Whereas 42.7 percent of nonveteran patients had normal blood pressure, only 37.6 percent of veteran women patients had blood pressure readings of less than 120/80. A higher percentage of veteran women patients had elevated blood pressure (120–129/less than 80), stage 1 hypertension (130–139/80–89), and stage 2 hypertension (140 or greater/90 or greater). Blood pressure information was unknown for a higher percentage of veteran women patients when compared with nonveteran women patients (18.1 percent versus 16.3 percent).

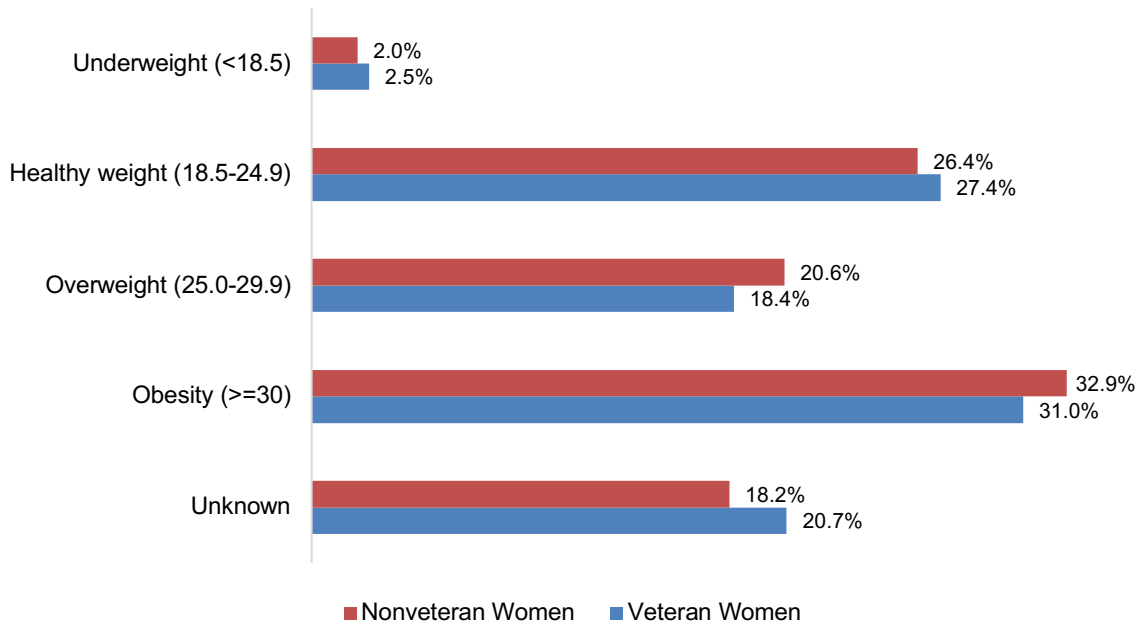
Figure 5.6. Blood Pressure Levels of Women Served by Adagio Health



NOTE: $p = 0.030$.

Veteran women patients were similar to nonveteran women patients in terms of BMI (see Figure 5.7).

Figure 5.7. Body Mass Index of Women Served by Adagio Health



NOTE: Some percentages do not sum to 100 because of rounding. n.s.

Pregnancy test results were similar for veteran and nonveteran women patients; most patients had no pregnancy results, about one-third had negative or unknown results, and about eight percent had a positive pregnancy test result (see Table 5.10).

Table 5.10. Pregnancy Testing for Women Served by Adagio Health

Pregnancy Testing	Veteran Women	Nonveteran Women
Any positive pregnancy result	7.2%	8.6%
Only negative or unknown pregnancy results	33.0%	31.9%
No pregnancy results	59.8%	59.5%

NOTE: n.s.

For those with positive or negative pregnancy tests, we looked at health care utilization at Adagio Health for the six months after the test. Given small sample sizes, we could not look at these data by veteran status. In the six months after a positive pregnancy test, 43 percent of women patients had pregnancy options counseling, 15 percent had reproductive life plan counseling, 10 percent had contraceptive counseling, 6 percent had domestic violence counseling, and 4 percent had smoking cessation counseling during an Adagio Health visit. Thirty-one percent of women patients with a positive pregnancy test had at least one prenatal visit at Adagio Health.

We also looked at contraceptive care for women patients who had a negative pregnancy test and were not trying to get pregnant. In the six months after a negative pregnancy test, women patients had surveillance of an injectable contraceptive (28 percent), contraceptive pills (12 percent), an implantable subdermal contraceptive (9 percent), or other contraceptives (13 percent). Sixteen percent of women patients with a negative pregnancy test result who were not trying to get pregnant received a prescription for contraception within six months of the test result.

Chapter 6. Programs, Services, and Supports for Women Veterans in the Adagio Health Service Area

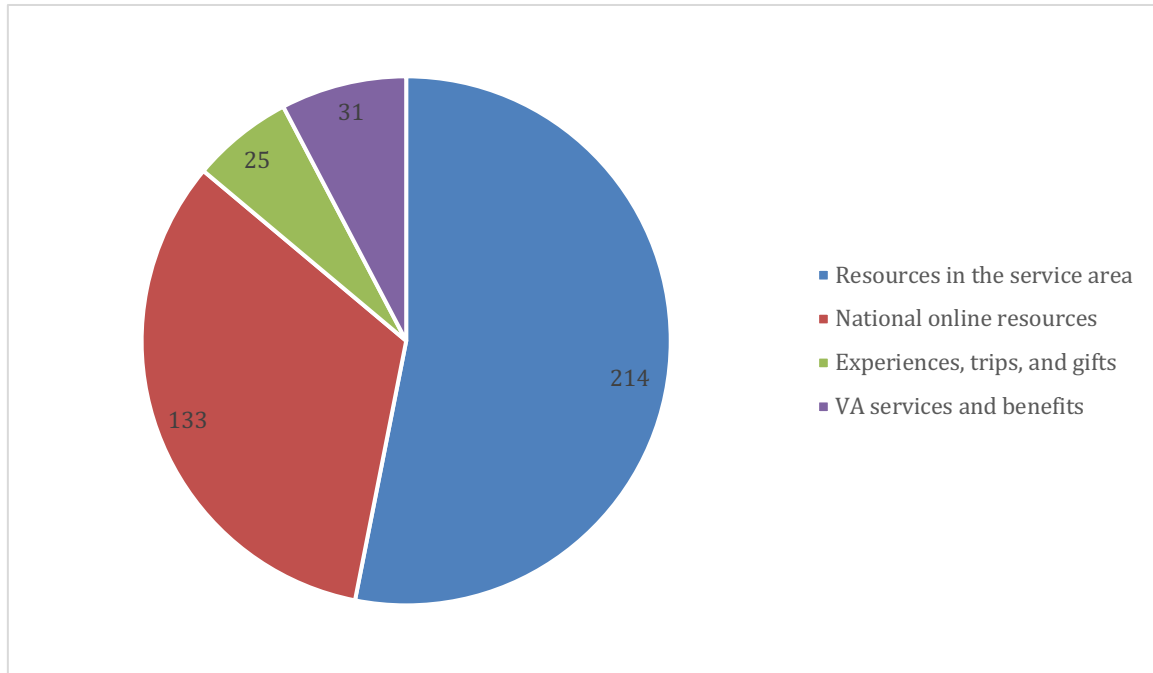
As Adagio Health staff have sought to address their patients' immediate nonmedical needs with services such as onsite food cupboards and brief behavioral health interventions, it has also been working to identify resources in the community to address patients' longer-term health needs and the social determinants of health. Care navigators are located in five Adagio Health medical offices to connect patients to services and supports across Adagio Health's service area. Each of these care navigators has developed an inventory of organizations or programs in their area to use when making potential referrals, and these databases are available to them on an organization-wide platform. With the recent addition of a veteran care navigator who provides both in-person and remote care navigation, Adagio Health wishes to expand its options for referrals to veteran-specific services in its service area.

In this section, we describe the national and local programs, services, and supports for veterans that we identified. Overall, we identified a wide array of local and national resources that are theoretically available to women veterans in Western Pennsylvania. However, we are aware that some resources may be difficult to access because of capacity constraints or lack of availability in some parts of the service area.

Available Programs, Services, and Supports

We categorized the resources we identified to distinguish between those physically located within the Adagio Health service area; national online resources; experiences, trips, and gifts that are available to a limited number of veterans; and VA-provided facilities, services, and benefits. A full list of the resources can be found in Appendix B. Figure 6.1 shows the breakdown across the four categories, and we provide more information about each below.

Figure 6.1. Inventory of Programs, Services, and Supports



Resources in the Adagio Health Service Area

Drawn primarily from the National Resource Directory, United Way’s 211 database, and RAND’s MATTR database, the regional resources in the inventory are either exclusively for veterans and their family members or are programs or organizations that serve broader populations but offer veteran-specific programs (see Appendix B, Table B.1). Of the 63 resources that we identified that are not included in the MATTR database, 26 are providers of referrals and information rather than direct services. Two such resources are available to connect veterans, service members, and their families in Western Pennsylvania to a variety of services and supports:

- **PAServes—Greater Pittsburgh** was established in 2015 by the IVMF at Syracuse University and is currently hosted by the VLP. Its care coordinators use the Unite Us peer-to-peer platform to connect veterans to a full range of health, benefit, social, and crisis services. Most veterans are referred through a medical provider or VA, with only about 3 percent of clients reaching out directly. All referrals are tracked in the system, and data on the number of requests, clients, and providers are shared through IVMF’s AmericaServes program (IVMF, undated). Adagio Health joined the PAServes network in 2019 and is able to make and receive referrals in the Unite Us system. Although PAServes was established to serve Allegheny, Butler, and Westmoreland counties, it has been expanding to additional counties in the Adagio Health service area since VLP became the coordinating center in 2020.
- **PA VetConnect** is administered by the Pennsylvania Department of Military and Veterans Affairs and implemented by county directors of veterans’ affairs across the

state. It is charged with connecting veterans to resources for benefits, employment, financial assistance, mental health, substance use, and other needs in its communities. Each of the 23 counties in the Adagio service area has a PA VetConnect representative.

The inventory also includes local chapters of such national organizations as the American Legion, Disabled American Veterans, and Guitars 4 Vets, as well as such regional programs as VLP. VLP is a particularly important resource given the variety of services it provides and its reach across Western Pennsylvania. It offers programs in the areas of housing, career development, and wellness, as well as such supportive services as temporary financial assistance, case management, and crisis intervention and hosts groups for women and LGBTQIA+ veterans. VLP has also convened veteran-serving organizations in the region to address issues confronting women veterans and is the coordinating center for PAServes. The inventory also includes four VA vet centers.

Direct providers offer services across a variety of categories, and many providers address multiple needs (see Table 6.1).

Table 6.1. Resources in the Adagio Health Service Area for Women Veterans

Category	Types of Services	Number of Regional Programs or Providers	Number of National Online Resources
Mental health and substance use	Treatment facilities; suicide prevention; mentorship programs; and free counseling for depression, PTSD, and other mental health issues	163	20
Individual and family support	Assistance with accessing health care, programs that support child development, retreats, and family and peer-to-peer mentorship	13	31
Housing and utilities	Affordable housing for veterans, rental assistance, and homeownership programs	11	10
Social enrichment	Clubhouses, community education, and warmlines	11	12
Benefits	Assistance with filing claims, appealing VA claims decisions, and completing the VA Aid and Attendance benefit application	8	12
Employment and career development	Resume and cover letter assistance, job readiness preparation, career fairs, and job boards	7	32
Wellness	Holistic health coaches, nutritionists, acupuncture, massage therapists, ministers, and supportive friendship programs	7	13
MST and sexual assault	No-cost in-person or telehealth counseling for sexual assault and the psychological effects of MST	6	6
Income support	Short-term financial assistance, emergency aid, and money management services	6	10

Category	Types of Services	Number of Regional Programs or Providers	Number of National Online Resources
Sports and recreation	Expressive arts teachers, music lessons, Reiki and yoga practitioners, and fitness assistance	5	8
Clothing, food, and transportation	Transportation to and from medical and nonmedical appointments (VA and non-VA), care packages, and case management supports	4	4
Education	Life skills enhancement, support for achieving educational goals, and assistance with accessing educational grants	4	17
Legal and veterans court	No-cost legal advice, paperwork assistance, and assistance for veterans charged with crimes	4	7
Physical health	Physical training to help veterans perform activities of daily living and rehabilitation services	3	9

The resources for addressing mental health and substance use were drawn from the National Resource Directory (12) and the MATTR database (151). The MATTR database was compiled by RAND using the responses to SAHMSA surveys of providers (see Chapter 3) and includes information on the facility location, type of facility, population served, treatment offered, type of payment accepted, and special services offered. Table 6.2 provides additional information about the mental health and substance use treatment facilities from the MATTR database. It is important to note that there are significant limitations to these data, including the lack of information on appointment wait times for the facilities. Furthermore, completion of the surveys on which the data are based is entirely voluntary, so some facilities may not be represented, or their responses may not be complete. The survey results indicated that, of the 138 mental health treatment facilities in the Adagio Health service area that serve adults, 80 provide specialized treatment for veterans (see Appendix B, Table B.2 and Table B.3 for a full list of the facilities and their characteristics), as do 71 of the 150 substance use treatment facilities (see Appendix B, Table B.4 and Table B.5 for a full list of the facilities and their characteristics). A subset of these facilities provides treatment for PTSD, trauma, and co-occurring disorders and offers treatment through telehealth modalities. Additionally, nearly half of the substance use treatment facilities provide services for pregnant and postpartum women, as well as transportation assistance. There are two VA facilities on the list of mental health treatment facilities (Erie and DuBois) and two VA facilities on the list of substance use providers (Erie and Pittsburgh).

Table 6.2. Mental Health and Substance Use Treatment Facilities in Adagio Health’s Service Area

Services	Number of Facilities
Mental Health Treatment Facilities with Specialized Treatment for Veterans (<i>n</i> = 80)	
Specialized treatment for PTSD and trauma	51
Specialized treatment for co-occurring disorders	40
Telehealth services	54
Substance Use Treatment Facilities with Specialized Treatment for Veterans (<i>n</i> = 71)	
Specialized treatment for trauma, abuse, and violence	48
Specialized treatment for co-occurring pain	29
Telehealth services	63
Services for pregnant and postpartum women	32
Transportation assistance	37

SOURCE: Features data from Cantor et al., 2022.

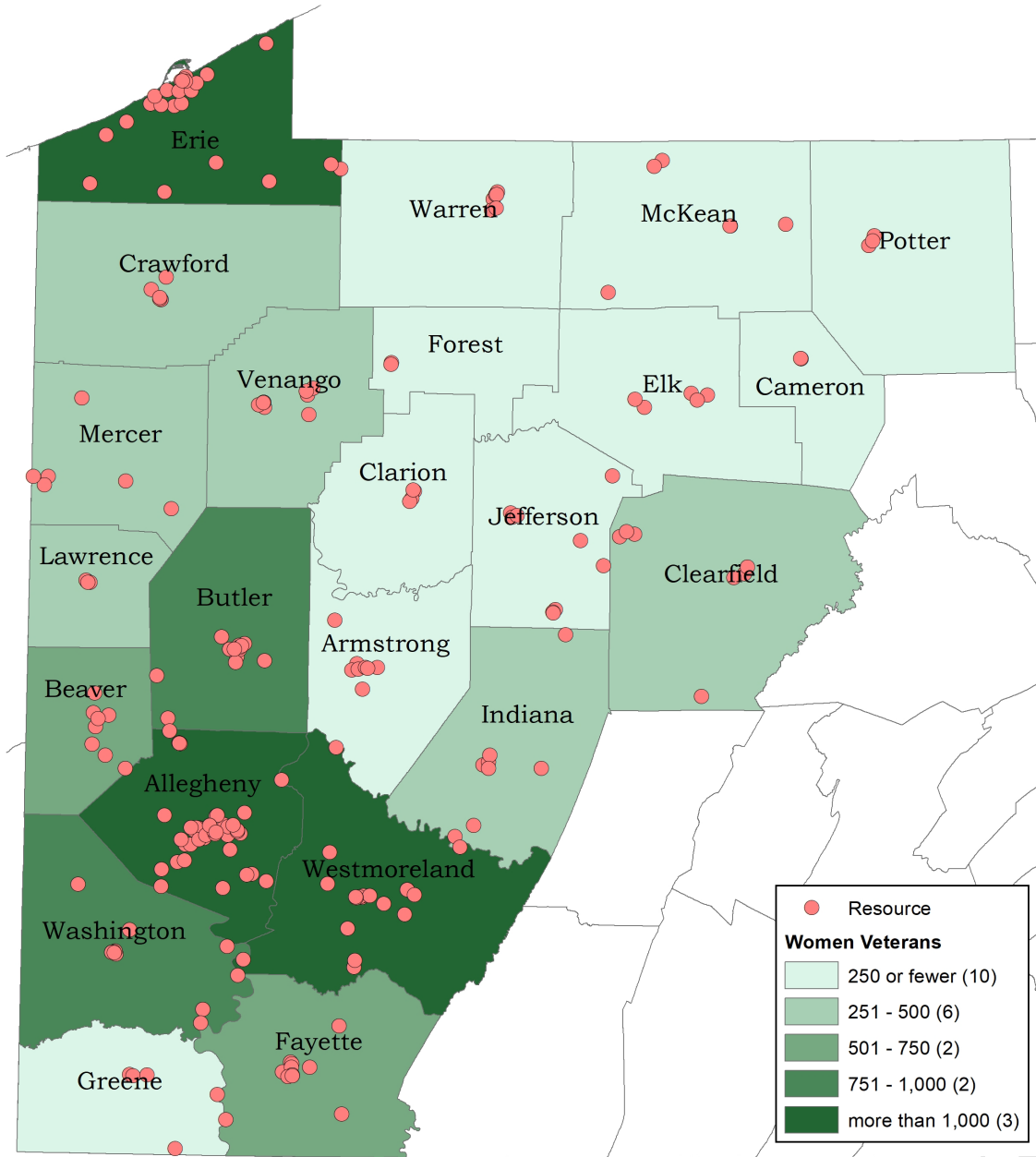
Given the prevalence of behavioral health needs among women veterans, we highlight below two important resources in the service area and one national resource.

- **Vet centers** are a particularly important resource for women veterans, as they provide no-cost counseling for MST, depression, and PTSD. Although they are operated by VA, their services are available to veterans who might not be eligible for VA health care benefits. There are four vet centers in the service area, and Adagio has been working closely with each.
- **The Headstrong Project** is a nonprofit organization that provides cost-free trauma-informed mental health treatment for veterans and their families. A network of psychiatrists, psychologists, clinical social workers, marriage and family therapists, and counselors offer in-person and telehealth services throughout Pennsylvania to address the impact of trauma. Individuals may submit their contact information online to be connected to services.
- **Give an Hour** is a national network of licensed mental health professionals who volunteer to give an hour of their time each week to provide free counseling sessions to service members and their families as part of the Military and Veterans Program. Potential clients may submit a request for an in-person, telephone, or video meeting; review available providers; and request an appointment. Peer support and online resources are also available.

Figure 6.2 shows the physical locations of providers or programs located in the Adagio Health service area. We note that there are some local providers in our inventory that offer both in-person and remote services within the service area, organizations that hold events in different counties, and programs that draw from larger areas—this is not reflected in the map. For

example, VLP serves the entire Adagio Health service area, but only three physical locations are represented on the map.

Figure 6.2. Locations of Providers and Programs in Adagio Health’s Service Area



SOURCE: Features data from the five-year data file (2016 through 2020) from U.S. Census Bureau, undated.

As expected, services are concentrated in counties with larger urban centers and higher women veteran populations, such as Allegheny, Erie, and Westmoreland, whereas in some rural

counties, there are few resources beyond the county director of veteran affairs. There is at least one mental health treatment facility with programs for veterans located in every county in the Adagio Health service area except for Cameron, Forest, and Lawrence, and there are substance use treatment facilities with programs for veterans in every county but Lawrence (see Table 6.3).

Table 6.3. Mental Health and Substance Use Treatment Facilities, by County

Counties in the Adagio Health Service Area	Mental Health Treatment Facilities	Substance Use Treatment Facilities
Allegheny	17	14
Armstrong	4	1
Beaver	2	3
Butler	3	5
Cameron	0	1
Clarion	2	1
Clearfield	2	3
Crawford	3	1
Elk	2	2
Erie	6	6
Fayette	4	4
Forest	0	1
Greene	3	1
Indiana	2	3
Jefferson	1	2
Lawrence	0	0
McKean	2	3
Mercer	3	3
Potter	1	1
Venango	3	3
Warren	4	2
Washington	7	3
Westmoreland	9	8

National Online Resources

We identified 133 online-only resources that may be useful to women veterans in Western Pennsylvania, particularly those living in areas with fewer physically located services (see Appendix B, Table B.6). As shown in Table 6.1, resources are available for a variety of needs. Eleven resources—including organizations offering peer support, networking, and mentoring (e.g., Women Veterans Network, Veteran Sisters, Service Women’s Action Network, and Military Sisterhood Initiative); support for women transitioning to civilian life (e.g., Women Veteran Social Justice Network); and a call center to answer questions about resources and benefits (Women Veterans Call Center)—are offered exclusively for women veterans.

Experiences, Trips, and Gifts for Veterans

This group of 25 programs and services includes those that we deemed lower priority for referrals by Adagio Health care navigators for various reasons, such as a low probability of selection for the program (e.g., grants or comfort pets), a requirement to travel to take part in the activity, or air or long-distance ground transportation for specialized medical care for wounded veterans (see Appendix B, Table B.7).

VA Facilities and Resources

Our inventory includes four VA systems located in Pittsburgh, Erie, Butler, and Altoona that operate four medical centers and 16 clinics located in the service area. We also include national VA resources that were primarily drawn from the National Resource Directory (see Appendix B, Table B.8). The list includes resources for assistance with VA benefits; mental health and wellness resources; housing, transportation, and internet access assistance; and crisis support. Our list is not meant to be exhaustive, as identifying VA facilities, resources, and benefits was not the focus of our study.

Chapter 7. Challenges and Gaps in Support for Women Veterans in the Adagio Health Service Area

In this chapter, we share the perspectives of local stakeholders and women veterans about gaps in services and the challenges associated with gaining access to and using available resources. It is important to note that we interviewed 25 individuals, so the findings are not representative of the experiences of women veterans across the Adagio Health service area. Interviewees had served in multiple eras and branches of service, both on active duty and in the reserve component, and as officers and enlisted personnel. A substantial majority of the women veterans received their health care at VA facilities, and none of them were patients of Adagio Health. All quotes in this section stemmed from these interviews, which occurred in June through October 2022.

Challenges Faced by Women Veterans

Stakeholder Perspectives

The stakeholders we interviewed generally work for or run organizations dedicated to serving and supporting women veterans, including those that provide housing to women veterans experiencing homelessness, those that help veterans secure benefits, and those that provide health care. Accordingly, these organizations may be more likely to engage with women veterans who need services rather than those who are thriving.

When considering the types of issues that these women veterans face, many stakeholders identified interrelated issues that can influence one another. For example, being unable to access adequate care to manage mental health conditions can make it more difficult for women veterans to seek, obtain, and hold steady employment, which leads to financial instability that can potentially result in homelessness. Relatedly, the high prevalence of trauma in the women veteran population emerged as a salient theme. This includes not only high rates of MST but also combat trauma and other types of traumas encountered before, during, or after military service. This history of trauma and possibly related mental health conditions can lead to substance use disorders, in that women veterans who are not receiving trauma-informed, evidence-based care may turn to alcohol or drugs to cope with emotional pain.

Various stakeholders noted that some women veterans with untreated trauma have smaller support systems and are at an increased risk for experiencing isolation and poor cognitive functioning compared with veterans who have not experienced trauma. One stakeholder noted:

A lot of the time, the women who come in for sexual trauma feel they've done something to contribute to their assault. If I hadn't worn this, if I hadn't drunk

this. Women who've been gang raped think they could have done something differently, and they continue to have a harder time functioning in life. But changing that belief system is challenging, since a lot of women come to us after having spent years processing this trauma as their own fault. How do you change 10, 20, even 30 years of self-blame?

The potentially damaging aftermath of trauma is well-established in the veteran population. However, the stakeholder respondents identified additional challenges for women veterans. For example, some noted that interpersonal violence can be a complicating factor in the treatment-seeking process, either when seeking care initially or when continuing a treatment course designed to elicit behavior changes that the abusive partner finds objectionable. In addition, isolation from peers can be intensified by the relatively small number of women veterans. This sense of feeling invisible and devalued can be profound for some women veterans, particularly those with a trauma history. In the words of one stakeholder, "Women veterans crave talking to someone who understands them."

Stakeholders also described negative experiences that women veterans face when they seek care or support. Many stakeholders noted that women veterans who have a single negative experience at a VA facility or a veteran-serving nonprofit organization are less likely to return to that environment. Stakeholders also noted that with the exception of women's clinics, VA hospitals can be unwelcoming to women veterans, citing instances like catcalling as an example. This type of negative experience, particularly when it occurs at VA facilities, can deter women veterans from future engagement in health care and related services.

Women veterans from the pre-9/11 era who have not served in combat are also less likely to self-identify as veterans. Some of these women were explicitly told they were not "real" veterans, such as one stakeholder who described being implicitly given that message when a veterans' service organizations offered her the application for auxiliary rather than the regular membership when she inquired about joining. Another stakeholder said, "We're kind of invisible. Women don't use VA health care, and they're not the ones that walk around with the hats that say, 'Vietnam Veteran.'"

An overall lack of knowledge about available services and supports also presents challenges. Many stakeholders noted that word of mouth is a crucial component of raising awareness among veterans about available services and supports. Therefore, women veterans who do not belong to veteran service organizations may be unaware of the programs that could assist them. According to one stakeholder:

Word of mouth amongst veterans is such a big thing. There's a huge distrust for the VA—this is more common among the younger veteran population. It's all about, "This worked for me, this person helped me, you should go talk to them." It's just talking and showing up at events. Talking about their service builds a rapport; it builds camaraderie. And then they always come back.

Stakeholders often noted that although there are many services and supports available to women veterans, this population faces challenges navigating complex systems of care. This is

especially true for women veterans experiencing homelessness who may lack the identification or paperwork that is required to engage in certain programs.

Another challenge for women veterans is that they are more likely to be caregivers compared with their male counterparts and are therefore responsible for balancing the needs of others with their own. For women veterans who are experiencing homelessness, it is challenging to find emergency shelter or temporary housing that can accommodate their entire family. One stakeholder said:

Our resource center assists anybody. We don't have housing available for families—it's single-room occupancy. But we also see nontraditional families, like grandmothers who have their grandchildren living with them. I don't think these family structures are taken into account when designing services. That's one of the biggest things—availability of housing, or, I should say, emergency housing, for female veterans that have families.

Women Veterans' Perspectives

The women veterans we interviewed frequently cited a lack of recognition of their status as a veteran and/or what benefits and services are available to them as the biggest barriers they faced. One woman veteran mentioned that she initially had not enrolled in VA health care because she did not consider herself a veteran:

There was a time when I could've used some mental health care, but I didn't know about VA health care. I didn't consider myself the kind of veteran that they serve at the VA.

Another said that she assumed VA facilities would not serve them, “I thought, I'm not going to file a claim. Claims were for guys who lost their arms or legs.”

The group of women veterans we interviewed learned through word of mouth from other veterans that VA care may be an option for them. This was particularly true for those who had transitioned during earlier eras, as they often noted that their unit leadership and/or the Transition Assistance Program (TAP) failed to communicate to them that they could be eligible for VA benefits and services. However, one respondent did acknowledge that a significant amount of information is conveyed during TAP, which may be too much for veterans to process and retain in the moment. Several of the women veterans had transitioned from active duty to dependent status when they left the military because they were in dual-military marriages and became dependents of their spouse, thereby retaining their eligibility for TRICARE—yet another contributing factor to these participants' not actively seeking VA health care and other veteran benefits.

Some of the women veterans also noted that even after acknowledging their identity as veterans and beginning to use available services, they were still unaware of the full range of additional resources available through VA or the community for veterans in need of support. Participants referenced several specific programs and services that they would have found helpful during their respective transitions to civilian life, including resume-writing workshops,

leadership opportunities, education benefits, disability housing grants, cooking classes, the MOVE! Weight Management Program, and access to registered dieticians. Some of the women veterans recommended encouraging and promoting regular participation in nonprofit organizations that offer supports and services to veterans as one method to ensure that women veterans do not “slip through the cracks.” However, others believed that primary care providers are responsible for informing their veteran patients of the wide variety of services and programs for which they might be eligible.

Several of the women veterans emphasized challenges related to providers’ ability to deliver trauma-informed care, knowledge of PTSD, and awareness of other conditions that are more common among veterans than civilians (e.g., Gulf War Illness and toxic exposures that may increase cancer risk). Some of the women veterans recommended that providers ask about their women veteran patients’ time in uniform to better understand their respective military experiences and medical history and to screen for military-related trauma or exposures. However, because these conversations can be difficult or painful for women veterans to engage in, the approach to these conversations is important. One interviewee recommended providers use the phrasing, “Is there anything we need to know to help us care for you better?” to open space for women veterans to request any accommodations they may need or find helpful without specifically asking them to retell—and perhaps reexperience—traumatic events from their past. Another recounted with emotion and appreciation some specific steps VA providers took to help her feel safe and supported during a medical procedure because they understood her trauma history, including making sure she knew that she would not be alone during the procedure. Notably, however, one interviewee cautioned, “We aren’t really that much different from civilian patients. . . . We’re just like everybody else. I’m still a regular person, so please treat me that way.”

The women veteran interviewees also stressed how and why it is imperative for health care providers to listen carefully and believe women veteran patients when they express health-related concerns.

Women veterans who are unable to find child care experience barriers when attending appointments with their health care provider or attempting to speak freely about sensitive topics. One woman veteran noted:

The VA needs to provide other ways if a veteran can’t physically come into the office. And if they do have to come in person, they should provide some on-site child care where parents would feel safe leaving their child.

These concerns persist especially when seeking mental health care, which is often viewed as stigmatizing and potentially damaging to a veteran’s career. One woman veteran described the need to destigmatize mental health:

When it comes to debunking the stigma of behavioral health, a lot of the people who seek mental health help do get to keep their job. If they talk to other people

who are in service and say, “Hey, I got help and didn’t lose my job,” that would help.

Gaps in Available Programs, Services, and Supports and Opportunities for Improvement

Gaps Identified by Stakeholders

The stakeholders we interviewed identified various gaps in programs and services for women veterans. Some of these gaps are not specific to women. For example, transportation-related issues were frequently cited as barriers to accessing health care and other services, particularly for veterans living in rural areas. Resources to alleviate this challenge do exist—for example, Disabled American Veteran vans are available to drive patients to their appointments at VA Medical Centers. However, stakeholders reported that the COVID-19 pandemic response exacerbated the situation by significantly reducing the number of patients who could be transported by the vans at one time.

In other cases, gender may exacerbate gaps in available services. For example, multiple stakeholders mentioned the lack of housing that is positioned to support women veterans, particularly those with children, in Western Pennsylvania. Interestingly, a newer trend identified by stakeholders is growth in nontraditional families seeking housing support, including family units with adult children and/or grandchildren. Single-room occupancy emergency housing programs are often unable to support women veterans and their families who are experiencing homelessness, and stakeholders encouraged public health professionals to consider a wider array of family structures when designing future services and facilities.

Stakeholders also noted that although veteran men and women may experience similar needs, adequately addressing these needs necessitates offering unique, tailored solutions to fill these gaps. For example, organizations that serve women veterans may face challenges when attempting to ensure an adequate selection of women-specific items is available, particularly those with a wide array of sizing options, such as bras. Additionally, even in organizations specifically designed to serve women veterans, it can be difficult to ensure that providers and staff maintain sufficient levels of respect and sensitivity. One stakeholder noted:

There’s a lack of trauma-informed care. [VA has] training, but it’s not mandatory, even though we want it to be. Sometimes, it’s as simple as a male radiologist walks into a room where a female doesn’t have her pants on. They’re not sensitive to what that woman may be feeling at the time.

Additionally, it can be conceptually difficult when deciding whether to characterize these issues as *challenges* that women veterans face, or *gaps in services* available to support them. For example, the underlying theme of trauma manifests as a potential gap in terms of a lack of options. Women veterans who experienced MST and who lack trust in VA because they perceive the entire system as an extension of the military—which was the source of their trauma—may

hesitate to engage with organizations funded by VA, yet there may be a limited number of other options available to them. One stakeholder said:

Women with MST don't trust the VA, and, in turn, they don't trust us, either. They understand how the money works, and that we work closely alongside the VA. We need an additional option for women with MST.

Another gap is related to the agencies and organizations that serve women veterans. In such a tight labor market, simply having enough employees to provide necessary services can be challenging, according to some stakeholders, who noted that both their own organizations and the agencies they interact with to serve women veterans are short-staffed, which leads to service delays or a lack of continuity in the supports being provided.

Notably, many stakeholders agreed that there are numerous resources and organizations available to serve veterans, including women veterans, in Western Pennsylvania. As they see it, there is a lack of capacity within these groups to identify women veterans who may be in need; ensure they are made aware of services that can support them and their families; and engage them in these programs, services, and support. This is often a highly personalized, labor-intensive process that many organizations do not have the capacity to provide. To address this gap, many stakeholders referenced setting up tables at community events geared toward veterans, the importance of word of mouth, and the need to build trust between women veterans and service providers. These community activities also play an integral role in fostering collaboration among organizations, particularly those with high turnover: One-on-one relationships between employees from different organizations helps them to fulfill women veterans' needs in a timely manner and remain available for warm handoffs. Although programs like PAServes are viewed positively by most service providers, they may not completely fulfill stakeholders' desires to maintain trusted, direct contacts who they are confident will respond promptly in times of crisis.

Opportunities for Improvement Identified by Women Veterans

A substantial majority of the women veterans we interviewed expressed high levels of satisfaction with their VA care and providers, although many acknowledged challenges navigating the enrollment process itself. One woman veteran said, "I have a wonderful PCP [primary care provider], and I've been very pleased with the care I received."

However, when given the opportunity to describe what would improve the care they receive, some women veterans mentioned concerns about high staff turnover and a lack of continuity in care as potential areas for improvement.

In addition, some women veterans cited the physical layout of clinics, particularly those that lacked dedicated entrances to the women's clinic, as the reason behind their diminishing feelings of safety and comfort. The women veterans we interviewed did not complain about harassment at VA facilities, but some acknowledged sporadic incidents with veteran men patients. One woman veteran said, "You get the looks. You get called 'sweetheart.' They ask you about your husband's service, not your own. Particularly with older veterans."

The issue of accessibility to VA care was seen as another opportunity for improvement by some of the women veterans we interviewed. One respondent specified that although transportation was not a current barrier to her ability to access health care, she anticipated that it could be a future barrier as she aged. Another respondent noted how she had to drive more than 75 miles in the middle of the night to get to the nearest VA when she needed emergency medical care: “There was no transportation. There was no number to call.”

Others expressed the need to create additional ways to increase the accessibility of their services, such as by offering on-site child care or supporting telehealth appointments with an iPad, hot spot, or other resources to promote widespread internet access. One woman veteran said that she would have taken advantage of telehealth but she did not own a working computer.

One opportunity to expand the spectrum of care that was raised several times by the women veterans we interviewed was access to dental services, which have stricter eligibility standards than both physical and mental health care from VA.

Finally, one interviewee who also works in the veteran-serving space expressed her confidentiality-related concerns, as she recognizes that her own colleagues could potentially access some of her records. She said, “I don’t trust that information stays private. I would never go in and talk about stuff because it’s all right in there, in my folder.”

This reticence to discuss or bring up certain health-related concerns for fear of them having permanence in their medical record suggests barriers to women veterans receiving the best possible health care.

Chapter 8. Summary and Approaches for Supporting Women Veterans in the Adagio Health Service Area

The Adagio Health service area includes more than 15,000 women veterans (U.S. Census Bureau, undated). These women veterans are spread across all 23 counties in the service area but are concentrated in Allegheny, Erie, and Westmoreland counties. Veteran women in the service area are more likely than their nonveteran counterparts to be in the 35 through 54 age group, White, divorced, and living without a spouse or partner and to have some college education. Overall, veteran and nonveteran women in the service area have similar employment statuses, household incomes, and housing situations, but the veteran women more often rely on public health insurance. Veteran women in the service area who are between the ages of 20 and 39 have more self-care, vision, and ambulatory difficulties than their nonveteran counterparts. In the 40 through 64 age group, more veteran women have independent living and cognitive difficulties than same-age nonveteran women.

Between January 2018 and April 2022, Adagio Health served 890 women veterans concentrated in Fayette, Lawrence, Butler, Erie, and Indiana counties. The veteran women served by Adagio Health were more likely to be older, White, and married than their nonveteran counterparts, and they tended to have higher family income levels. More than half of the veteran women sought care at Adagio Health's New Castle and Uniontown offices, and another quarter received care from the Butler and Indiana locations. Across the two groups, the number of visits looked similar; most patients had three or fewer visits. However, veteran women patients were more likely to have had telehealth visits across all age groups (9.0 percent versus 6.5 percent) and to be BCCEDP patients for those age 50 and older (24.6 percent versus 20.4 percent). When it came to behavioral health screenings conducted during office visits, veteran women patients were more likely to respond positively on the SBIRT prescreening than nonveteran women, indicating that these patients might have a behavioral health condition. A positive SBIRT prescreen is a prerequisite for further screening, so veteran women are more likely to get further screening. With the percentage of positive screens on the CAGE-AID and PHQ-9 similar for both patient groups, veteran women are not more likely to screen positive on these questionnaires than nonveteran women. In terms of physical health screenings, veteran women patients had worse average blood pressure readings across visits than their nonveteran counterparts, but the two groups had similar BMI scores.

Our inventory identified a wide array of local and national resources that are theoretically available to women veterans in Western Pennsylvania, including 214 that are physically located within the Adagio Health service area; 133 national online resources; 25 experiences, trips, or gifts that are available to a limited number of veterans; and 31 VA-provided facilities, services, and benefits.

All 214 regional resources are either exclusively for veterans and their family members or programs and organizations that serve broader populations but offer veteran-specific services. Not surprisingly, the regional resources are concentrated in counties with larger urban centers and higher concentrations of women veterans, such as Allegheny, Erie, and Westmoreland. In contrast, in some rural counties, there are very few resources beyond the county director of veterans' affairs. Overall, it is important to note that these regional resources may not be available in all parts of the service area or may not have enough capacity to serve the women veterans identified by Adagio Health.

Adagio Health's service area includes 80 mental health treatment facilities and 71 substance use treatment facilities that offer specialized treatment for veterans. A subset of these facilities provide treatment for PTSD, trauma, and co-occurring disorders and offer virtual treatment options. Additionally, nearly half of the substance use treatment facilities provide services for pregnant and postpartum women, as well as transportation assistance. For the other 63 regional resources, 26 provide referrals and information rather than direct services, including PAServes and PA VetConnect, both of which connect veterans, service members, and their families in Western Pennsylvania to a variety of services and supports. There are also local chapters of national organizations, such as the American Legion, Disabled American Veterans, and Guitars 4 Vets, as well as such regional programs as VLP, which provides a wide variety of services.

Many of the national online resources align with the issues and challenges faced by women veterans. The inventory includes 32 national online resources that focus on employment and career development, 31 that offer individual and family support, 20 that address mental health and substance use issues, 17 that focus on education, 13 that address wellness, and 12 that offer social enrichment opportunities.

Challenges Faced by Women Veterans

Our qualitative assessment surfaced some of the challenges women veterans face in the Adagio Health service area, many of which align with what has been found in other needs assessments and are applicable to women veterans nationally:

- unwelcoming environments and difficulties navigating systems of care that can leave women veterans feeling invisible and devalued
- prior negative experiences with care that can deter women veterans from future engagement in health care and related services
- lack of knowledge about services and supports available to veterans
- transition support that is either overwhelming at the time and/or not tailored to their specific needs
- inadequate social support that can lead women veterans to feel isolated
- insufficient access to trauma-informed and evidence-based care given the prevalence of trauma among women veterans

- concrete needs, such as access to transportation, child care, housing, and broadband, to facilitate engagement with health care and social services
- burden of caregiving responsibilities that complicate situations, particularly for those women veterans experiencing homelessness or with small children.

Many of the issues that women veterans face are interrelated and build up over time. For example, a lack of access to mental health care can lead to issues with employment and financial stability. An ongoing gender pay gap for employed adults means that women veterans who are employed likely earn less money than veteran men, making it harder for them to access child care and, in turn, other supports and services. The same is true for transportation—another commonly cited barrier. A lack of reliable transportation makes it more difficult for women veterans to maintain steady employment and regularly access needed services—especially for rural veterans—thereby making transportation even more inaccessible. Furthermore, offering telehealth to ease the challenges posed by a lack of child care and/or transportation may be an inadequate solution for women veterans who do not have access to high-speed internet.

Opportunities to Improve Support for Women Veterans

Since 2018, Adagio Health has worked to identify women veterans in its patient population through improvements to its data systems and to serve them in a culturally sensitive way through staffing and training. Adagio Health has also focused on increasing awareness and connecting women veteran patients with resources and services in the community through outreach activities and strategic partnerships with veteran-serving organizations. With these efforts, Adagio Health made strides toward addressing the issues and challenges that women veterans face in its service area. These efforts align with recommendations for serving veterans, such as screening for military history and providing trauma-informed care (Gerber, 2019). Furthermore, VA care and support for women have improved over time: Most women veterans we spoke to were very satisfied with VA care, which suggests that women veterans eligible for VA care may not be seeking care outside the system as often.

Even with this progress, there are some opportunities for Adagio Health to improve the systems of care and support for its women veteran patients and provide quality care for women veterans not eligible for VA care or who choose to seek care outside the VA system. Our assessment of the needs of women veterans in Adagio Health’s service area and its women veteran patients pointed to the following recommendations to further enhance its Women Veterans Initiative. Some of these opportunities for improving support for women veterans may also have relevance for other health systems or organizations serving women veterans.

Develop Strong Relationships with Women Veteran Patients

For women veterans, a lack of recognition of their veteran status and prior negative experiences with care can prevent them from seeking care or engaging with needed services and

supports. This makes developing respectful and trusting relationships paramount. To elevate its responsiveness to women veterans in its patient population, in 2022, Adagio Health added a veteran care navigator to one of its office locations and later expanded to provide virtual care to women veteran patients across the entire service area. Based on our literature review and qualitative assessment, this is an important first step in the process of building trusting relationships with women veteran patients. To further create an environment where women veterans feel comfortable sharing their stories and articulating their needs, Adagio Health should consider ways to increase the veteran care navigator's contact and engagement with women veteran patients. Given that two-thirds of women veteran patients had three or fewer office visits during the 40-month period, it will be important to maximize these contacts to establish positive relationships early and build trust quickly. Furthermore, these contacts can be used to assess whether to provide support in the Adagio Health system of care or make a handoff to an external partner.

Collaborate with Agencies and Organizations to Develop Partnerships and Referral Pathways

Women veterans' ability to connect with needed services and supports can be exacerbated by a lack of knowledge of available resources combined with trust issues. Through its Women Veterans Initiative, Adagio Health has made strides in establishing relationships with veteran-serving organizations, such as PAserves, VA vet centers, and VLP. Despite these efforts, referral data indicate that few referrals are being made for women veteran patients, and most are referred to VA resources or food banks. To better meet the needs of women veteran patients, Adagio Health should consider ways to continue to strengthen its network of partner agencies and organizations and deepen its relationships with them. For example, Adagio Health could reach out to county directors of veterans' affairs who make up the PA VetConnect network, especially in counties where this is the only identified resource, to make sure that they are aware of Adagio Health's services and military cultural competency and to learn from them about additional resources in the counties where Adagio Health serves women veterans. The inventory can help identify additional partners, thereby broadening the supports available to women veteran patients.

Adagio Health has been working on developing pathways from VA to Adagio Health for women veterans in the service area. Other opportunities for relationship-building with VA include additional outreach to Optum Serve, the VA Community Care Network contractor for Pennsylvania, to remind them about Adagio Health's capabilities. Adagio Health has also developed positive relationships with VA women veteran care coordinators in some areas that could be further strengthened, and it could continue to work on developing these relationships in other areas. Finally, Adagio Health's veteran care navigator may be able to serve as a single point of contact for women referred by VA. This approach of having a case manager approach for VA care referrals has been successful for other health systems.

Further developing personal relationships with other providers can enable warm handoffs. For example, Adagio Health could work with the Headstrong Project to identify the specific behavioral health providers in the service area and reach out to them to establish a relationship. This warm transfer approach, particularly for behavioral health needs, builds on the work of developing relationships and establishing trust to help women veterans engage with needed supports. When a veteran care navigator calls a partner agency together with the woman veteran during a visit or lets the woman veteran know who specifically from a partner agency will be reaching out, this can greatly increase comfort with the referral and the agency that will be providing services. Successfully partnering with other agencies and organizations requires investing time getting to know individual staff, maintaining those relationships over time, and understanding how things work at the partner agency. From the qualitative assessment, we learned that it is important to recognize that partner agencies may face challenges with staff turnover and continuity of care, which might interfere with their ability to effectively serve their clients. Adagio Health can enhance its efforts to keep in frequent contact with key partner agencies and ensure positive relationships with its staff, which can go a long way to ensuring that referrals and engagement with services go smoothly.

Expand Services to Better Meet Needs of Women Veterans

Veteran women have high rates of PTSD and depression compared with veteran men and nonveteran women, and much higher rates of MST than veteran men. Despite having greater need for behavioral health services, women veterans are less likely to engage with behavioral health care and to receive evidence-based mental health treatment. Adagio Health has steadily been expanding its behavioral health care capabilities with the addition of screening and behavioral health specialists, and it recently received a grant enabling it to expand its behavioral health services in Lawrence County and Beaver County. Adagio Health can continue to seek funding to expand its capacity to provide behavioral health care into underserved areas, such as Cameron and Forest counties, where the inventory showed a lack of mental health treatment facilities. To enhance its ability to address MST, Adagio Health can use VA resources such as the Community Provider toolkit for providers who treat veterans (VA, undated-a) and Beyond MST, a self-service mobile application for survivors of MST that can be used individually or in conjunction with a provider during treatment (VA Mobile, undated).

Although reproductive health care is a major issue for all women, women veterans have often delayed having children and thus have reproductive health care needs, including infertility services, that are more challenging to address with VA care. Because Pennsylvania has more access to reproductive health care than other nearby states, such as Ohio and West Virginia, Adagio Health could focus on expanding access to women veterans in those states in its Lawrence, Beaver, and Fayette locations. For infertility, Adagio Health provides the basic infertility services recommended by CDC in Providing Quality Family Planning Services (Gavin et al., 2014). These services are focused on preterm education on factors that may be contributing

to infertility, such as tobacco cessation and weight control, and documentation to establish the length of time the woman has been trying to get pregnant. Adagio Health could consider ways to strengthen the basic infertility care and counseling it provides and develop referral pathways for women who need further diagnosis and treatment.

Provide Multiple Channels to Ensure That Women Veterans Are Aware of Available Services and Supports

Many women veterans lack knowledge about services and supports available to veterans. With transition support that was overwhelming, not individually tailored to their needs, or many years in the past, there can be a vacuum in women veterans' awareness of the landscape of available programs, services, and supports. This can be exacerbated by women veterans, particularly those from prior eras of service, not self-identifying as veterans or participating in veteran-serving organizations, where information about services is often provided by word of mouth. Adagio Health has focused on outreach activities designed to increase education and awareness of available programs, services, and supports, including pop-up clinics, wellness retreats, and the I Am Not Invisible campaign. Our literature review and qualitative assessment indicate that a multipronged approach can help reach more women veterans. Possible strategies to add or enhance outreach include sharing information about the wide variety of services and programs for which they might be eligible during visits, promoting services at community events geared toward veterans, posting on social media, mailing informational newsletters, and hosting virtual meetings. Amplifying efforts like these to specifically advertise that Adagio Health provides specialized care for women veterans may attract more women veterans to seek care with Adagio Health.

Address Women Veterans' Feelings of Isolation and Lack of Social Support

This and prior needs assessments have identified that a lack of social support that can lead to feelings of isolation is a key challenge for women veterans. From our inventory, we identified ten regional programs and providers and 12 national online resources that focus on social support and enrichment. Adagio Health veteran care navigators could promote Adagio Health's wellness retreats that offer cooking, art therapy, aromatherapy, yoga, movement therapy, and other activities or find other ways to create social opportunities for women veterans, such as Mommy and Me sessions for women veterans who are new mothers. Adagio Health could also increase its efforts to connect women veteran patients to external peer support groups, cooking classes, exercise or wellness classes, or other art or music-based programs, such as CAVARTS, a free online program that offers discussion, workshops, and resources for veterans who are interested in the arts or the Objective Zero application, which connects veterans to peer support and provides such wellness resources as yoga and meditation resources. Locally, the It's About the Warrior Foundation offers opportunities for sports and recreation as does Adventures in Training with a Purpose. Using the Team Red, White, & Blue application enables veterans to identify

local and online training opportunities. As an alternative to referrals, Adagio Health could partner with another agency to provide activities, such as cooking or yoga classes, at Adagio Health office locations. For example, Adagio Health could partner with the Veterans Yoga Project to offer yoga classes at an Adagio Health location. These types of activities are consistent with Adagio Health's focus on wellness and have the potential additional benefit of addressing the prevalence of elevated blood pressure among women veteran patients. Adagio Health staff might also work with The Mission Continues and local veteran-serving organizations to identify and promote community service opportunities in the region that can bring a sense of connectedness with other veterans and the community.

Partner with Agencies and Organizations to Address Unmet Needs and Reduce Barriers to Accessing Health Care and Other Services

Women veterans can have unmet needs, such as dental care, reproductive care, and treatment for eating disorders, and encounter concrete barriers to accessing services, including a lack of transportation, child care, and internet access. Furthermore, with the transition to civilian life, some veterans may need to learn how to handle the activities of daily living. When combined with a lack of the structure that the military provides, veterans can experience culture shock as they acclimate to civilian life, which can result in a wide variety of unmet needs. Women veterans also often face a disproportionate burden of caregiving responsibilities that complicate having their needs met, particularly for those with small children or those experiencing homelessness. Adagio Health can develop strategic partnerships to address the specific unmet and concrete needs of its women veteran patients. For example, in our qualitative assessment, we identified workforce development programs, housing services, and dental care as areas of need for women veterans in the service area and found that such concrete needs as transportation, child care, and broadband can hinder engagement with health care and social services. By proactively developing relationships with programs and providers who provide services in these areas, Adagio Health can be prepared to meet these needs should they be identified among its women veteran patients. To address the need for dental services for women veterans, Adagio Health could seek to develop relationships with dental practices in areas with higher concentrations of women veteran patients. Furthermore, the inventory can be used to identify potential partners, depending on the specific need. For example, Pittsburgh Hires Veterans, Service to Opportunity, Pennsylvania CareerLink, and Goodwill of Southwestern Pennsylvania all offer employment services specifically for veterans in the Adagio Health service area. Furthermore, many online national resources are available to assist with employment by connecting veterans with mentors (e.g., eMentor, VETS—Beyond the Uniform, American Corporate Partners, and Stand Beside Them), assisting with resume preparation (e.g., Military and Veterans Appreciation Trust Foundation, O*NET Online—Military Crosswalk, and SkillMil), providing training (e.g., Splunk, VetToCEO, and Institute for Veterans and Military Families), and matching veterans with job opportunities (e.g., Veterans Employment and

Training Service, Veterans ASCEND, and Vetlign). For more-concrete needs, such as transportation, child care, and broadband access, that are common for women generally, care navigators can continue to try to identify resources in their communities to address these barriers.

Expand Trauma-Informed Approaches to Care

Despite the prevalence of trauma, women veterans do not always have access to trauma-informed and evidence-based care. Although Adagio Health uses the PsychArmor curriculum to train providers and staff on engaging with veterans, there are opportunities to expand their trauma-informed approach to help address this need and further build trust with women veteran patients. This might include adding a trauma screener, such as the five-item Primary Care PTSD Screen for Diagnostic and Statistical Manual, 5th Edition, the four-item SPAN (named for its four items: startle, physically upset by reminders, anger, and numbness), the eight-item Short Post-Traumatic Stress Disorder Rating Interview, or the ten-item Trauma Screening Questionnaire (VA, undated-d), to the behavioral health screenings currently being conducted; ensuring that new providers are familiar with the patient's chart and trauma history; and enhancing sensitivity and safety measures during visits. Efforts such as these can serve to further acknowledge and respect the military service and trauma history of women veteran patients without retraumatizing them. It also might be beneficial to expand existing efforts with signage, statements, or materials indicating that Adagio Health has received the PsychArmor Certified Healthcare Organization designation of Veteran Ready and that its providers are trained in trauma-informed care. Together, these efforts can set expectations for the kind of care that Adagio Health provides while signaling an ongoing commitment to serving women veterans with respect and sensitivity.

Considerations for Implementing Changes

Decisions about next steps for Adagio Health's Women Veterans Initiative should take into account the following considerations drawn from our quantitative and qualitative needs assessment:

- Recognize the interconnectedness of the issues and challenges that women veterans face.
- Individualize and tailor assistance for veteran women for the ways that their needs differ from those of veteran men and nonveteran women.
- Be intentional in reaching women veterans; it takes a great deal of effort and time to build trusted relationships with underserved populations.
- Systematic, ongoing data collection will help identify unmet needs and gauge the progress of improvement efforts.
- Explore additional opportunities to solicit input and feedback from women veterans. Response rates on surveys can be low, but even limited data can help gauge patient satisfaction and inform improvements to available services and supports.

With this approach, Adagio Health can continue increasing its capacities and capabilities for supporting its women veteran patients and making progress toward its goal of advancing the health and well-being of its women veteran patients.

Appendix A. Characteristics of Women Veterans

Table A.1 shows the characteristics of veteran and nonveteran women in the United States and in the Adagio Health service area. Tables A.2 through A.13 list their characteristics by area as follows:

- Table A.2—Allegheny County
- Table A.3—Butler County
- Table A.4—Erie County
- Table A.5—Fayette County
- Table A.6—Mercer County
- Table A.7—Westmoreland County
- Table A.8—Lawrence and Beaver counties
- Table A.9—Washington and Greene counties
- Table A.10—Crawford and Warren counties
- Table A.11—Clearfield, McKean, Elk, Potter, and Cameron counties
- Table A.12—Venango, Jefferson, Clarion, and Forest counties
- Table A.13—Armstrong and Indiana counties.

Table A.1. Characteristics of Women Veterans

Characteristic	Women in the United States			Women in the Adagio Health Service Area		
	All	Nonveterans	Veterans	All	Nonveterans	Veterans
Age						
20 to 24 years	8.5%	8.5%	2.8%	7.4%	7.4%	1.5%
25 to 34 years	17.8%	17.9%	14.0%	15.4%	15.4%	14.0%
35 to 44 years	16.5%	16.5%	18.1%	13.9%	13.8%	18.1%
45 to 54 years	16.7%	16.7%	21.5%	16.1%	16.0%	24.5%
55 to 59 years	8.9%	8.8%	12.5%	9.5%	9.5%	10.9%
60 to 64 years	8.5%	8.4%	11.1%	9.7%	9.7%	10.6%
65 to 74 years	13.0%	13.0%	11.9%	14.8%	14.8%	10.9%
75 to 84 years	6.8%	6.8%	5.0%	8.4%	8.4%	6.9%
85+ years	3.4%	3.4%	3.1%	4.9%	4.9%	2.6%
Race						
White	72.1%	72.1%	69.7%	89.6%	89.7%	81.5%
Black or African American	12.6%	12.5%	19.9%	6.3%	6.2%	13.1%
Asian	6.0%	6.1%	2.4%	0.2%	0.1%	0.2%
Native Hawaiian and Other Pacific Islander	0.2%	0.2%	0.4%	0.1%	0.1%	0.2%
American Indian and Alaska Native	0.8%	0.8%	1.0%	1.8%	1.2%	1.8%
Two or more races	3.9%	3.9%	4.6%	1.6%	1.6%	3.4%
Other	4.5%	4.5%	2.1%	0.5%	0.5%	0.1%
Ethnicity						
Hispanic or Latino	15.4%	15.5%	9.4%	1.5%	1.5%	1.9%
Not Hispanic or Latino	84.6%	84.5%	90.6%	98.5%	98.5%	98.1%
Marital Status						
Never married	25.0%	25.1%	15.9%	23.0%	23.1%	18.5%
Married	50.4%	50.4%	50.6%	51.4%	51.5%	48.0%
Separated	2.3%	2.3%	2.8%	2.1%	2.1%	2.9%
Widowed	9.3%	9.3%	7.4%	11.6%	11.6%	8.1%
Divorced	13.1%	12.9%	23.1%	11.9%	11.7%	22.5%

Characteristic	Women in the United States			Women in the Adagio Health Service Area		
	All	Nonveterans	Veterans	All	Nonveterans	Veterans
Household Type						
Married-couple household	54.6%	54.6%	51.0%	54.6%	54.6%	48.2%
Cohabiting-couple household	3.2%	3.2%	2.9%	2.9%	2.9%	3.6%
No spouse or partner	22.1%	22.1%	25.6%	26.2%	26.2%	30.6%
Household Size						
1 or more under 18	35.1%	35.1%	33.1%	27.7%	27.7%	33.2%
Average household size	2.93	2.93	2.70	2.55	2.55	2.65
Average family size	3.28	3.28	3.08	2.97	2.97	3.14
Average number of children	0.54	0.54	0.50	0.45	0.45	0.53
Educational Attainment						
Less than 9th grade	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
9th–12th grade, no diploma	6.0%	6.1%	1.6%	4.5%	4.5%	1.8%
High school graduate	25.9%	26.0%	17.4%	34.6%	34.7%	25.9%
Some college, no degree	22.1%	22.0%	26.9%	17.3%	17.2%	24.7%
Associate's degree	9.3%	9.3%	15.1%	10.4%	10.4%	14.2%
Bachelor's degree	20.3%	20.3%	22.1%	19.1%	19.1%	18.0%
Graduate or professional degree	12.0%	11.9%	15.8%	12.1%	12.1%	14.1%
Missing or unknown	4.5%	4.5%	1.2%	1.9%	1.9%	1.2%
High school graduate or higher	89.5%	89.4%	97.3%	93.6%	93.5%	97.0%
Bachelor's degree or higher	32.3%	32.2%	37.9%	31.2%	31.2%	32.1%
Employment Status						
In labor force						
Employed	56.7%	56.7%	57.5%	54.9%	54.8%	57.3%
Unemployed	2.9%	2.9%	2.8%	2.6%	2.6%	3.5%
Not in labor force	40.4%	40.4%	39.7%	42.6%	42.6%	39.1%

Characteristic	Women in the United States			Women in the Adagio Health Service Area		
	All	Nonveterans	Veterans	All	Nonveterans	Veterans
Household Income						
Less than \$10,000	6.3%	6.3%	5.0%	7.2%	7.3%	3.7%
\$10,000–\$14,999	3.4%	3.4%	2.7%	3.6%	3.6%	3.7%
\$15,000–\$24,999	7.4%	7.5%	5.9%	8.9%	8.9%	10.0%
\$25,000–\$34,999	7.8%	7.8%	7.0%	8.9%	8.9%	9.2%
\$35,000–\$49,999	11.4%	11.4%	11.3%	12.0%	11.9%	13.6%
\$50,000–\$74,999	17.1%	17.1%	17.8%	17.9%	17.9%	18.9%
\$75,000–\$99,999	13.3%	13.3%	14.7%	13.7%	13.7%	13.6%
\$100,000–\$149,999	16.6%	16.6%	18.4%	15.7%	15.6%	19.0%
\$150,000–\$199,999	7.7%	7.7%	8.5%	6.1%	6.2%	4.6%
\$200,000 or more	9.0%	9.0%	8.7%	5.9%	5.9%	4.1%
Housing Status						
Own home	66.1%	66.0%	68.8%	72.2%	72.3%	70.1%
Mean percentage of income spent on housing	26.4%	26.4%	25.0%	22.9%	22.0%	23.3%
Disability Status						
Age 20–39						
Hearing difficulty	0.8%	0.8%	2.4%	0.9%	0.8%	2.5%
Self-care difficulty	0.8%	0.8%	1.2%	0.8%	0.8%	3.2%
Vision difficulty	1.3%	1.3%	1.7%	1.3%	1.3%	4.1%
Independent living difficulty	2.5%	2.5%	4.0%	3.0%	3.0%	5.4%
Ambulatory difficulty	1.6%	1.6%	4.1%	1.7%	1.7%	5.7%
Cognitive difficulty	3.7%	3.7%	7.2%	5.0%	5.0%	8.9%
Age 40–64						
Hearing difficulty	2.2%	2.2%	3.9%	2.6%	2.6%	3.7%
Self-care difficulty	2.8%	2.8%	3.7%	3.2%	3.2%	3.6%
Vision difficulty	2.7%	2.7%	3.3%	2.7%	2.7%	4.0%

Characteristic	Women in the United States			Women in the Adagio Health Service Area		
	All	Nonveterans	Veterans	All	Nonveterans	Veterans
Independent living difficulty	5.3%	5.2%	7.0%	6.4%	6.4%	9.7%
Ambulatory difficulty	8.6%	8.6%	12.1%	9.8%	9.8%	12.8%
Cognitive difficulty	5.1%	5.1%	8.2%	6.6%	6.5%	11.2%
Age 65+						
Hearing difficulty	11.5%	11.4%	15.5%	12.3%	12.3%	13.7%
Self-care difficulty	10.6%	10.6%	11.2%	10.0%	10.0%	11.3%
Vision difficulty	7.0%	6.9%	8.3%	7.0%	7.0%	4.8%
Independent living difficulty	18.6%	18.6%	18.5%	18.4%	18.5%	16.9%
Ambulatory difficulty	25.8%	25.8%	28.6%	25.3%	25.3%	24.4%
Cognitive difficulty	10.5%	10.5%	10.9%	10.1%	10.1%	8.2%
Disability Rating						
0 percent	0.0%	NA	1.1%	0.0%	NA	0.8%
10 or 20 percent	0.1%	NA	5.8%	0.1%	NA	5.3%
30 or 40 percent	0.1%	NA	4.6%	0.0%	NA	3.9%
50 or 60 percent	0.1%	NA	4.0%	0.0%	NA	2.3%
70, 80, 90, or 100 percent	0.1%	NA	10.6%	0.1%	NA	6.6%
Not reported	0.0%	NA	1.3%	0.0%	NA	0.4%
Health Insurance Status						
Private health insurance only	52.6%	52.9%	31.0%	53.2%	53.4%	39.2%
Public coverage only	24.0%	23.8%	37.0%	22.6%	22.5%	32.1%
Both public and private coverage	14.9%	14.7%	28.6%	20.5%	20.4%	26.8%
No health insurance coverage	8.5%	8.6%	3.4%	3.7%	3.7%	1.9%

SOURCE: Features data from the five-year ACS data file (2016 through 2020) from U.S. Census Bureau, undated.
NOTE: Some percentages do not sum to 100 because of rounding. NA = not applicable.

Table A.2. Characteristics of Women Veterans in Allegheny County

Characteristic	Women in Allegheny County		
	All	Nonveterans	Veterans
Age			
20 to 24 years	7.5%	7.6%	0.4%
25 to 34 years	18.3%	18.3%	19.6%
35 to 44 years	14.3%	14.2%	20.3%
45 to 54 years	15.0%	14.9%	23.8%
55 to 59 years	9.1%	9.0%	13.1%
60 to 64 years	9.3%	9.3%	5.5%
65 to 74 years	13.8%	13.9%	7.0%
75 to 84 years	7.8%	7.9%	7.0%
85+ years	4.9%	4.9%	3.3%
Race			
White	81.2%	81.4%	62.7%
Black or African American	12.3%	12.1%	30.8%
Asian	3.5%	3.5%	1.6%
Native Hawaiian and Other Pacific Islander	0.1%	0.1%	0.0%
American Indian and Alaska Native	0.1%	0.1%	0.0%
Two or more races	2.0%	1.9%	4.6%
Other	0.8%	0.8%	0.3%
Ethnicity			
Hispanic or Latino	1.8%	1.8%	2.5%
Not Hispanic or Latino	98.2%	98.2%	97.5%
Marital Status			
Never married	28.5%	28.6%	22.9%
Married	47.1%	47.1%	44.2%
Separated	1.9%	1.9%	3.9%
Widowed	10.9%	10.9%	7.1%
Divorced	11.6%	11.4%	21.9%
Household Type			
Married-couple household	49.7%	49.7%	44.9%
Cohabiting-couple household	2.5%	2.5%	3.0%

Characteristic	Women in Allegheny County		
	All	Nonveterans	Veterans
No spouse or partner	30.8%	30.7%	34.3%
Household Size			
1 or more under 18	26.2%	26.1%	37.3%
Average household size	2.47	2.47	2.52
Average family size	2.95	2.95	3.13
Average number of children	0.42	0.42	0.58
Educational Attainment			
Less than 9th grade	0.0%	0.0%	0.0%
9th–12th grade, no diploma	3.6%	3.6%	2.4%
High school graduate	27.1%	27.2%	19.4%
Some college, no degree	17.3%	17.3%	22.1%
Associate's degree	9.8%	9.7%	14.7%
Bachelor's degree	23.8%	23.9%	19.9%
Graduate or professional degree	16.9%	16.9%	19.7%
Missing or unknown	1.4%	1.4%	1.8%
High school graduate or higher	95.0%	95.0%	95.8%
Bachelor's degree or higher	40.8%	40.8%	39.6%
Employment Status			
In labor force			
Employed	59.0%	58.9%	67.2%
Unemployed	2.8%	2.8%	2.0%
Not in labor force	38.3%	38.4%	30.8%
Household Income			
Less than \$10,000	7.1%	7.2%	3.2%
\$10,000–\$14,999	3.6%	3.5%	4.0%
\$15,000–\$24,999	8.1%	8.1%	9.0%
\$25,000–\$34,999	8.1%	8.0%	11.3%
\$35,000–\$49,999	11.1%	11.0%	17.0%
\$50,000–\$74,999	16.7%	16.6%	17.3%
\$75,000–\$99,999	13.1%	13.0%	13.5%
\$100,000–\$149,999	16.7%	16.8%	13.6%
\$150,000–\$199,999	7.4%	7.4%	7.5%

Characteristic	Women in Allegheny County		
	All	Nonveterans	Veterans
\$200,000 or more	8.2%	8.3%	3.5%
Housing Status			
Own home	67.6%	67.7%	61.2%
Mean percentage of income spent on housing	24.5%	24.5%	25.4%
Disability Status			
Age 20–39			
Hearing difficulty	0.8%	0.8%	4.0%
Self-care difficulty	0.7%	0.6%	6.8%
Vision difficulty	0.8%	0.8%	6.8%
Independent living difficulty	2.7%	2.6%	10.9%
Ambulatory difficulty	1.1%	1.1%	4.0%
Cognitive difficulty	4.5%	4.4%	14.5%
Age 40–64			
Hearing difficulty	2.4%	2.4%	0.4%
Self-care difficulty	3.0%	3.0%	3.7%
Vision difficulty	2.2%	2.2%	2.9%
Independent living difficulty	5.4%	5.4%	6.5%
Ambulatory difficulty	8.8%	8.8%	7.5%
Cognitive difficulty	5.3%	5.3%	7.6%
Age 65+			
Hearing difficulty	11.3%	11.3%	17.2%
Self-care difficulty	10.0%	9.9%	17.9%
Vision difficulty	6.5%	6.5%	5.1%
Independent living difficulty	19.0%	18.9%	23.0%
Ambulatory difficulty	25.8%	25.8%	23.5%
Cognitive difficulty	10.4%	10.4%	12.7%
Disability Rating			
0 percent	0.0%	NA	1.3%
10 or 20 percent	0.0%	NA	2.3%
30 or 40 percent	0.0%	NA	2.7%
50 or 60 percent	0.0%	NA	2.4%

Characteristic	Women in Allegheny County		
	All	Nonveterans	Veterans
70, 80, 90, or 100 percent	0.1%	NA	8.6%
Not reported	0.0%	NA	0.0%
Health Insurance Status			
Private health insurance only	57.7%	57.8%	42.5%
Public coverage only	19.8%	19.7%	24.7%
Both public and private coverage	19.2%	19.1%	30.1%
No health insurance coverage	3.4%	3.4%	2.7%

SOURCE: Features data from the five-year ACS data file (2016 through 2020) from U.S. Census Bureau, undated.

NOTE: Some percentages do not sum to 100 because of rounding.

Table A.3. Characteristics of Women Veterans in Butler County

Characteristic	Women in Butler County		
	All	Nonveterans	Veterans
Age			
20 to 24 years	7.0%	7.1%	0.0%
25 to 34 years	14.0%	13.9%	15.0%
35 to 44 years	14.7%	14.6%	23.5%
45 to 54 years	18.1%	18.1%	19.5%
55 to 59 years	10.3%	10.2%	14.9%
60 to 64 years	9.7%	9.6%	13.6%
65 to 74 years	14.1%	14.2%	9.9%
75 to 84 years	7.1%	7.2%	1.1%
85+ years	4.9%	5.0%	2.4%
Race			
White	96.9%	97.0%	91.7%
Black or African American	0.8%	0.8%	0.8%
Asian	1.3%	1.3%	2.5%
Native Hawaiian and Other Pacific Islander	0.0%	0.0%	0.0%
American Indian and Alaska Native	0.0%	0.0%	0.0%
Two or more races	0.8%	0.7%	5.1%
Other	0.1%	0.1%	0.0%
Ethnicity			
Hispanic or Latino	1.3%	1.3%	0.0%
Not Hispanic or Latino	98.7%	98.7%	100.0%
Marital Status			
Never married	18.8%	18.8%	15.2%
Married	58.4%	58.6%	49.8%
Separated	1.6%	1.7%	0.0%
Widowed	10.9%	10.9%	11.1%
Divorced	10.3%	10.1%	23.9%
Household Type			
Married-couple household	62.4%	62.6%	51.7%
Cohabiting-couple household	2.8%	2.8%	5.3%

Women in Butler County			
Characteristic	All	Nonveterans	Veterans
No spouse or partner	22.7%	22.6%	32.3%
Household Size			
1 or more under 18	29.6%	29.4%	42.9%
Average household size	2.64	2.63	3.13
Average family size	3.02	3.01	3.94
Average number of children	0.49	0.49	0.98
Educational Attainment			
Less than 9th grade	0.0%	0.0%	0.0%
9th–12th grade, no diploma	3.5%	3.5%	0.0%
High school graduate	31.3%	31.5%	15.2%
Some college, no degree	16.4%	16.2%	26.5%
Associate's degree	11.0%	10.8%	20.2%
Bachelor's degree	23.1%	23.1%	22.0%
Graduate or professional degree	13.7%	13.7%	16.1%
Missing or unknown	1.1%	1.1%	0.0%
High school graduate or higher	95.4%	95.3%	100.0%
Bachelor's degree or higher	36.8%	36.8%	38.2%
Employment Status			
In labor force			
Employed	55.3%	55.2%	61.3%
Unemployed	2.3%	2.3%	2.1%
Not in labor force	42.4%	42.4%	36.7%
Household Income			
Less than \$10,000	5.9%	6.0%	3.7%
\$10,000–\$14,999	2.4%	2.4%	0.3%
\$15,000–\$24,999	6.3%	6.4%	4.6%
\$25,000–\$34,999	7.0%	7.0%	4.4%
\$35,000–\$49,999	9.7%	9.6%	18.5%
\$50,000–\$74,999	17.5%	17.6%	10.9%
\$75,000–\$99,999	14.1%	14.2%	9.1%
\$100,000–\$149,999	19.3%	19.1%	36.7%
\$150,000–\$199,999	8.7%	8.8%	6.7%

Women in Butler County			
Characteristic	All	Nonveterans	Veterans
\$200,000 or more	9.1%	9.1%	5.3%
Housing Status			
Own home	78.1%	78.2%	74.9%
Mean percentage of income spent on housing	21.8%	21.8%	22.8%
Disability Status			
Age 20–39			
Hearing difficulty	0.4%	0.4%	0.0%
Self-care difficulty	0.7%	0.7%	0.0%
Vision difficulty	1.5%	1.5%	0.0%
Independent living difficulty	2.6%	2.6%	0.0%
Ambulatory difficulty	2.6%	2.6%	0.0%
Cognitive difficulty	3.7%	3.8%	0.0%
Age 40–64			
Hearing difficulty	2.2%	2.2%	0.0%
Self-care difficulty	2.1%	2.0%	7.6%
Vision difficulty	1.7%	1.8%	0.0%
Independent living difficulty	5.7%	5.5%	12.8%
Ambulatory difficulty	6.6%	6.4%	16.9%
Cognitive difficulty	6.1%	6.1%	9.5%
Age 65+			
Hearing difficulty	10.9%	10.9%	10.5%
Self-care difficulty	9.3%	9.2%	18.2%
Vision difficulty	5.0%	5.1%	0.0%
Independent living difficulty	17.0%	16.9%	26.6%
Ambulatory difficulty	22.9%	22.8%	39.9%
Cognitive difficulty	8.7%	8.8%	0.0%
Disability Rating			
0 percent	0.0%	NA	0.0%
10 or 20 percent	0.1%	NA	5.0%
30 or 40 percent	0.0%	NA	0.0%
50 or 60 percent	0.0%	NA	0.0%

Women in Butler County			
Characteristic	All	Nonveterans	Veterans
70, 80, 90, or 100 percent	0.2%	NA	11.9%
Not reported	0.0%	NA	0.0%
Health Insurance Status			
Private health insurance only	59.6%	59.8%	44.0%
Public coverage only	17.1%	17.0%	24.4%
Both public and private coverage	20.9%	20.8%	29.4%
No health insurance coverage	2.5%	2.5%	2.3%

SOURCE: Features data from the five-year ACS data file (2016 through 2020) from U.S. Census Bureau, undated.

NOTE: Some percentages do not sum to 100 because of rounding.

Table A.4. Characteristics of Women Veterans in Erie County

Characteristic	Women in Erie County		
	All	Nonveterans	Veterans
Age			
20 to 24 years	8.4%	8.5%	5.3%
25 to 34 years	16.4%	16.4%	12.4%
35 to 44 years	14.5%	14.3%	29.2%
45 to 54 years	16.4%	16.4%	11.6%
55 to 59 years	9.5%	9.5%	8.3%
60 to 64 years	9.4%	9.4%	10.9%
65 to 74 years	13.8%	13.8%	10.3%
75 to 84 years	7.2%	7.1%	9.6%
85+ years	4.5%	4.6%	2.3%
Race			
White	89.1%	89.1%	85.6%
Black or African American	5.8%	5.8%	3.1%
Asian	1.6%	1.5%	2.2%
Native Hawaiian and Other Pacific Islander	0.1%	0.0%	1.6%
American Indian and Alaska Native	0.4%	0.4%	0.1%
Two or more races	2.1%	2.1%	7.3%
Other	1.0%	1.0%	0.0%
Ethnicity			
Hispanic or Latino	3.2%	3.2%	3.0%
Not Hispanic or Latino	96.8%	96.8%	97.0%
Marital Status			
Never married	25.0%	25.0%	25.5%
Married	48.9%	48.9%	49.1%
Separated	3.3%	3.3%	0.9%
Widowed	10.0%	10.1%	4.2%
Divorced	12.8%	12.8%	20.3%
Household Type			
Married-couple household	52.5%	52.5%	50.8%
Cohabiting-couple household	3.1%	3.1%	7.8%

Characteristic	Women in Erie County		
	All	Nonveterans	Veterans
No spouse or partner	25.3%	25.2%	31.0%
Household Size			
1 or more under 18	30.8%	30.9%	17.8%
Average household size	2.68	2.68	2.84
Average family size	3.11	3.11	2.99
Average number of children	0.51	0.52	0.39
Educational Attainment			
Less than 9th grade	0.0%	0.0%	0.0%
9th–12th grade, no diploma	5.1%	5.1%	1.6%
High school graduate	36.2%	36.3%	22.7%
Some college, no degree	17.2%	17.0%	41.3%
Associate's degree	10.1%	10.1%	9.1%
Bachelor's degree	18.4%	18.4%	8.5%
Graduate or professional degree	10.7%	10.6%	13.0%
Missing or unknown	2.4%	2.4%	3.8%
High school graduate or higher	92.5%	92.5%	94.6%
Bachelor's degree or higher	29.0%	29.1%	21.5%
Employment Status			
In labor force			
Employed	55.4%	55.4%	61.6%
Unemployed	2.9%	3.0%	0.0%
Not in labor force	41.6%	41.7%	38.4%
Household Income			
Less than \$10,000	8.1%	8.1%	1.1%
\$10,000–\$14,999	3.8%	3.8%	1.1%
\$15,000–\$24,999	10.5%	10.5%	15.9%
\$25,000–\$34,999	9.7%	9.8%	3.9%
\$35,000–\$49,999	12.8%	12.8%	12.6%
\$50,000–\$74,999	18.3%	18.3%	19.3%
\$75,000–\$99,999	13.6%	13.6%	21.3%
\$100,000–\$149,999	13.8%	13.8%	17.4%
\$150,000–\$199,999	5.0%	5.1%	3.1%

Women in Erie County			
Characteristic	All	Nonveterans	Veterans
\$200,000 or more	4.3%	4.3%	4.3%
Housing Status			
Own home	68.8%	68.8%	64.9%
Mean percentage of income spent on housing	25.1%	25.1%	23.5%
Disability Status			
Age 20–39			
Hearing difficulty	0.8%	0.8%	0.0%
Self-care difficulty	1.4%	1.4%	0.0%
Vision difficulty	1.6%	1.6%	0.0%
Independent living difficulty	4.3%	4.3%	0.0%
Ambulatory difficulty	2.5%	2.3%	13.1%
Cognitive difficulty	6.2%	6.2%	0.0%
Age 40–64			
Hearing difficulty	4.0%	3.9%	11.6%
Self-care difficulty	4.4%	4.4%	6.4%
Vision difficulty	3.3%	3.3%	5.7%
Independent living difficulty	7.0%	6.9%	11.6%
Ambulatory difficulty	9.4%	9.4%	16.8%
Cognitive difficulty	6.9%	6.8%	16.8%
Age 65+			
Hearing difficulty	15.7%	15.7%	24.9%
Self-care difficulty	13.7%	13.8%	2.6%
Vision difficulty	7.5%	7.6%	0.0%
Independent living difficulty	19.0%	19.0%	12.9%
Ambulatory difficulty	26.0%	26.0%	28.3%
Cognitive difficulty	11.1%	11.1%	11.2%
Disability Rating			
0 percent	0.0%	NA	1.5%
10 or 20 percent	0.1%	NA	7.2%
30 or 40 percent	0.0%	NA	3.4%
50 or 60 percent	0.1%	NA	7.3%

Characteristic	Women in Erie County		
	All	Nonveterans	Veterans
70, 80, 90, or 100 percent	0.1%	NA	6.9%
Not reported	0.0%	NA	0.0%
Health Insurance Status			
Private health insurance only	50.0%	50.2%	34.5%
Public coverage only	27.1%	27.0%	39.3%
Both public and private coverage	18.7%	18.6%	26.1%
No health insurance coverage	4.2%	4.2%	0.0%

SOURCE: Features data from the five-year ACS data file (2016 through 2020) from U.S. Census Bureau, undated.

NOTE: Some percentages do not sum to 100 because of rounding.

Table A.5. Characteristics of Women Veterans in Fayette County

Characteristic	Women in Fayette County		
	All	Nonveterans	Veterans
Age			
20 to 24 years	6.2%	6.3%	0.0%
25 to 34 years	14.0%	14.1%	4.7%
35 to 44 years	13.6%	13.5%	24.7%
45 to 54 years	17.3%	17.1%	41.2%
55 to 59 years	10.1%	10.2%	0.0%
60 to 64 years	9.6%	9.6%	11.3%
65 to 74 years	15.4%	15.5%	13.4%
75 to 84 years	8.4%	8.5%	4.9%
85+ years	5.3%	5.3%	0.0%
Race			
White	94.3%	94.3%	94.4%
Black or African American	3.4%	3.4%	5.6%
Asian	0.4%	0.4%	0.0%
Native Hawaiian and Other Pacific Islander	0.1%	0.1%	0.0%
American Indian and Alaska Native	0.0%	0.0%	0.0%
Two or more races	1.5%	1.6%	0.0%
Other	0.2%	0.2%	0.0%
Ethnicity			
Hispanic or Latino	0.8%	0.8%	0.0%
Not Hispanic or Latino	99.2%	99.2%	100.0%
Marital Status			
Never married	21.0%	21.1%	18.4%
Married	49.4%	49.4%	46.2%
Separated	2.2%	2.1%	10.3%
Widowed	14.5%	14.5%	9.5%
Divorced	12.9%	12.8%	15.5%
Household Type			
Married-couple household	52.7%	52.9%	33.6%
Cohabiting-couple household	3.5%	3.5%	2.5%

Characteristic	Women in Fayette County		
	All	Nonveterans	Veterans
No spouse or partner	24.6%	24.5%	29.5%
Household Size			
1 or more under 18	30.4%	30.4%	34.2%
Average household size	2.67	2.67	2.66
Average family size	3.06	3.06	2.87
Average number of children	0.45	0.45	0.30
Educational Attainment			
Less than 9th grade	0.0%	0.0%	0.0%
9th–12th grade, no diploma	7.8%	7.8%	4.7%
High school graduate	45.8%	46.0%	25.4%
Some college, no degree	15.5%	15.3%	36.1%
Associate's degree	9.8%	9.9%	2.5%
Bachelor's degree	12.5%	12.4%	25.8%
Graduate or professional degree	6.0%	6.0%	5.4%
Missing or unknown	2.5%	2.5%	0.0%
High school graduate or higher	89.7%	89.7%	95.3%
Bachelor's degree or higher	18.6%	18.4%	31.3%
Employment Status			
In labor force			
Employed	48.0%	47.9%	58.3%
Unemployed	2.9%	2.8%	10.5%
Not in labor force	49.1%	49.3%	31.3%
Household Income			
Less than \$10,000	9.1%	9.1%	13.2%
\$10,000–\$14,999	4.7%	4.7%	6.4%
\$15,000–\$24,999	10.9%	11.0%	6.0%
\$25,000–\$34,999	11.2%	11.3%	2.7%
\$35,000–\$49,999	13.2%	13.0%	32.0%
\$50,000–\$74,999	18.7%	18.7%	16.5%
\$75,000–\$99,999	13.4%	13.5%	2.1%
\$100,000–\$149,999	13.2%	13.2%	18.4%
\$150,000–\$199,999	3.3%	3.3%	2.5%

Characteristic	Women in Fayette County		
	All	Nonveterans	Veterans
\$200,000 or more	2.3%	2.3%	0.0%
Housing Status			
Own home	74.9%	74.9%	71.7%
Mean percentage of income spent on housing	22.9%	22.9%	28.8%
Disability Status			
Age 20–39			
Hearing difficulty	2.3%	2.3%	0.0%
Self-care difficulty	1.5%	1.5%	0.0%
Vision difficulty	2.2%	2.2%	0.0%
Independent living difficulty	5.4%	5.4%	0.0%
Ambulatory difficulty	3.2%	3.2%	0.0%
Cognitive difficulty	7.4%	7.4%	0.0%
Age 40–64			
Hearing difficulty	2.8%	2.8%	0.0%
Self-care difficulty	5.2%	5.3%	0.0%
Vision difficulty	4.7%	4.8%	0.0%
Independent living difficulty	9.3%	9.4%	3.3%
Ambulatory difficulty	13.9%	13.9%	12.8%
Cognitive difficulty	9.0%	9.0%	6.1%
Age 65+			
Hearing difficulty	11.6%	11.7%	0.0%
Self-care difficulty	9.2%	9.3%	0.0%
Vision difficulty	7.4%	7.4%	0.0%
Independent living difficulty	20.5%	20.6%	4.3%
Ambulatory difficulty	28.1%	28.2%	16.0%
Cognitive difficulty	9.8%	9.9%	4.3%
Disability Rating			
0 percent	0.0%	NA	0.0%
10 or 20 percent	0.1%	NA	13.4%
30 or 40 percent	0.0%	NA	4.9%
50 or 60 percent	0.0%	NA	1.0%

Characteristic	Women in Fayette County		
	All	Nonveterans	Veterans
70, 80, 90, or 100 percent	0.0%	NA	2.9%
Not reported	0.0%	NA	0.0%
Health Insurance Status			
Private health insurance only	44.6%	44.9%	11.8%
Public coverage only	30.9%	30.5%	70.9%
Both public and private coverage	19.6%	19.7%	12.6%
No health insurance coverage	4.9%	4.9%	4.7%

SOURCE: Features data from the five-year ACS data file (2016 through 2020) from U.S. Census Bureau, undated.

NOTE: Some percentages do not sum to 100 because of rounding.

Table A.6. Characteristics of Women Veterans in Mercer County

Characteristic	Women in Mercer County		
	All	Nonveterans	Veterans
Age			
20 to 24 years	8.4%	8.5%	0.7%
25 to 34 years	12.1%	12.2%	7.2%
35 to 44 years	12.4%	12.5%	2.8%
45 to 54 years	16.9%	16.4%	44.9%
55 to 59 years	9.4%	9.4%	11.8%
60 to 64 years	10.1%	10.1%	6.6%
65 to 74 years	15.5%	15.6%	14.4%
75 to 84 years	9.0%	9.0%	10.0%
85+ years	6.2%	6.3%	1.5%
Race			
White	93.1%	93.1%	96.9%
Black or African American	4.9%	5.0%	0.0%
Asian	0.6%	0.6%	0.0%
Native Hawaiian and Other Pacific Islander	0.0%	0.0%	0.0%
American Indian and Alaska Native	0.1%	0.0%	3.1%
Two or more races	1.1%	1.1%	0.0%
Other	0.2%	0.2%	0.0%
Ethnicity			
Hispanic or Latino	1.0%	1.0%	0.0%
Not Hispanic or Latino	99.0%	99.0%	100.0%
Marital Status			
Never married	20.1%	20.3%	1.6%
Married	51.5%	51.9%	27.7%
Separated	2.1%	2.2%	0.0%
Widowed	15.2%	15.2%	17.1%
Divorced	11.1%	10.4%	53.6%
Household Type			
Married-couple household	54.3%	54.5%	37.3%
Cohabiting-couple household	3.4%	3.4%	2.7%

Characteristic	Women in Mercer County		
	All	Nonveterans	Veterans
No spouse or partner	24.6%	24.2%	53.3%
Household Size			
1 or more under 18	28.9%	29.0%	18.9%
Average household size	2.01	2.54	2.54
Average family size	2.94	3.00	3.00
Average number of children	0.36	0.47	0.47
Educational Attainment			
Less than 9th grade	0.0%	0.0%	0.0%
9th–12th grade, no diploma	6.5%	6.6%	0.0%
High school graduate	40.2%	40.4%	28.9%
Some college, no degree	16.4%	16.4%	20.2%
Associate's degree	11.3%	11.2%	22.0%
Bachelor's degree	13.9%	13.9%	11.2%
Graduate or professional degree	8.7%	8.6%	16.0%
Missing or unknown	3.0%	3.1%	1.6%
High school graduate or higher	90.5%	90.4%	98.4%
Bachelor's degree or higher	22.6%	22.5%	27.2%
Employment Status			
In labor force			
Employed	49.6%	49.9%	31.1%
Unemployed	1.6%	1.6%	2.1%
Not in labor force	48.8%	48.5%	66.8%
Household Income			
Less than \$10,000	9.7%	9.8%	3.0%
\$10,000–\$14,999	4.1%	4.1%	3.6%
\$15,000–\$24,999	11.2%	10.9%	30.1%
\$25,000–\$34,999	10.4%	10.5%	3.6%
\$35,000–\$49,999	12.7%	12.7%	6.9%
\$50,000–\$74,999	17.4%	17.3%	21.3%
\$75,000–\$99,999	13.8%	13.9%	3.1%
\$100,000–\$149,999	12.9%	12.7%	25.0%
\$150,000–\$199,999	5.0%	5.0%	1.9%

Characteristic	Women in Mercer County		
	All	Nonveterans	Veterans
\$200,000 or more	2.9%	3.0%	1.5%
Housing Status			
Own home	69.4%	69.6%	61.1%
Mean percentage of income spent on housing	24.9%	21.4%	21.4%
Disability Status			
Age 20–39			
Hearing difficulty	1.9%	1.9%	0.0%
Self-care difficulty	1.7%	1.7%	0.0%
Vision difficulty	2.3%	2.3%	0.0%
Independent living difficulty	4.7%	4.8%	0.0%
Ambulatory difficulty	3.1%	3.1%	0.0%
Cognitive difficulty	8.5%	8.3%	34.8%
Age 40–64			
Hearing difficulty	3.4%	2.8%	30.5%
Self-care difficulty	3.9%	3.9%	5.4%
Vision difficulty	4.7%	4.1%	30.5%
Independent living difficulty	9.9%	9.3%	37.3%
Ambulatory difficulty	14.7%	14.0%	48.7%
Cognitive difficulty	9.0%	8.5%	31.9%
Age 65+			
Hearing difficulty	14.8%	14.8%	16.2%
Self-care difficulty	13.6%	13.5%	19.7%
Vision difficulty	9.9%	9.8%	15.0%
Independent living difficulty	22.1%	22.2%	16.2%
Ambulatory difficulty	27.9%	27.8%	39.9%
Cognitive difficulty	12.5%	12.2%	35.8%
Disability Rating			
0 percent	0.0%	NA	0.0%
10 or 20 percent	0.4%	NA	24.3%
30 or 40 percent	0.1%	NA	4.2%
50 or 60 percent	0.0%	NA	2.1%

Characteristic	Women in Mercer County		
	All	Nonveterans	Veterans
70, 80, 90, or 100 percent	0.1%	NA	3.3%
Not reported	0.0%	NA	1.3%
Health Insurance Status			
Private health insurance only	45.3%	45.6%	29.6%
Public coverage only	28.3%	28.0%	47.6%
Both public and private coverage	22.6%	22.6%	22.8%
No health insurance coverage	3.7%	3.8%	0.0%

SOURCE: Features data from the five-year ACS data file (2016 through 2020) from U.S. Census Bureau, undated.

NOTE: Some percentages do not sum to 100 because of rounding.

Table A.7. Characteristics of Women Veterans in Westmoreland County

Characteristic	Women in Westmoreland County		
	All	Nonveterans	Veterans
Age			
20 to 24 years	6.2%	6.2%	4.1%
25 to 34 years	12.7%	12.7%	10.8%
35 to 44 years	13.2%	13.2%	11.5%
45 to 54 years	16.8%	16.8%	19.8%
55 to 59 years	9.8%	9.8%	8.8%
60 to 64 years	10.5%	10.4%	18.6%
65 to 74 years	16.3%	16.3%	15.6%
75 to 84 years	9.1%	9.1%	10.2%
85+ years	5.4%	5.4%	0.6%
Race			
White	95.6%	95.7%	94.1%
Black or African American	2.1%	2.1%	1.1%
Asian	1.0%	1.0%	2.1%
Native Hawaiian and Other Pacific Islander	0.0%	0.0%	0.8%
American Indian and Alaska Native	0.1%	0.0%	1.8%
Two or more races	1.0%	1.0%	0.0%
Other	0.2%	0.2%	0.0%
Ethnicity			
Hispanic or Latino	0.9%	0.9%	4.2%
Not Hispanic or Latino	99.1%	99.1%	95.8%
Marital Status			
Never married	18.5%	18.4%	22.4%
Married	56.2%	56.2%	53.7%
Separated	1.8%	1.8%	3.0%
Widowed	12.4%	12.4%	9.1%
Divorced	11.2%	11.2%	11.8%
Household Type			
Married-couple household	59.5%	59.5%	55.5%
Cohabiting-couple household	2.7%	2.7%	4.1%

Women in Westmoreland County			
Characteristic	All	Nonveterans	Veterans
No spouse or partner	23.3%	23.3%	27.6%
Household Size			
1 or more under 18	26.5%	26.5%	27.9%
Average household size	2.54	2.54	2.37
Average family size	2.89	2.90	2.72
Average number of children	0.42	0.42	0.42
Educational Attainment			
Less than 9th grade	0.0%	0.0%	0.0%
9th–12th grade, no diploma	3.6%	3.6%	0.9%
High school graduate	35.6%	35.5%	42.6%
Some college, no degree	18.0%	18.0%	17.5%
Associate's degree	12.9%	12.8%	15.8%
Bachelor's degree	17.5%	17.5%	14.5%
Graduate or professional degree	10.8%	10.8%	8.8%
Missing or unknown	1.7%	1.7%	0.0%
High school graduate or higher	94.8%	94.7%	99.1%
Bachelor's degree or higher	28.3%	28.3%	23.3%
Employment Status			
In labor force			
Employed	53.1%	53.1%	49.9%
Unemployed	2.2%	2.2%	6.4%
Not in labor force	44.7%	44.7%	43.7%
Household Income			
Less than \$10,000	6.4%	6.5%	2.6%
\$10,000–\$14,999	3.7%	3.6%	4.1%
\$15,000–\$24,999	8.2%	8.2%	7.1%
\$25,000–\$34,999	8.2%	8.1%	14.0%
\$35,000–\$49,999	10.9%	10.9%	5.4%
\$50,000–\$74,999	19.2%	19.1%	23.5%
\$75,000–\$99,999	14.6%	14.6%	17.9%
\$100,000–\$149,999	16.6%	16.6%	15.4%
\$150,000–\$199,999	6.4%	6.4%	5.1%

Characteristic	Women in Westmoreland County		
	All	Nonveterans	Veterans
\$200,000 or more	5.9%	5.9%	4.9%
Housing Status			
Own home	79.2%	79.2%	80.2%
Mean percentage of income spent on housing	21.4%	21.4%	21.2%
Disability Status			
Age 20–39			
Hearing difficulty	0.6%	0.6%	0.0%
Self-care difficulty	0.9%	0.9%	0.0%
Vision difficulty	1.6%	1.6%	0.0%
Independent living difficulty	2.8%	2.8%	0.0%
Ambulatory difficulty	2.0%	2.1%	0.0%
Cognitive difficulty	3.8%	3.8%	0.0%
Age 40–64			
Hearing difficulty	2.1%	2.0%	8.4%
Self-care difficulty	2.7%	2.7%	3.0%
Vision difficulty	2.8%	2.8%	1.9%
Independent living difficulty	6.3%	6.2%	9.6%
Ambulatory difficulty	9.1%	9.1%	11.2%
Cognitive difficulty	6.8%	6.8%	4.3%
Age 65+			
Hearing difficulty	11.7%	11.8%	6.3%
Self-care difficulty	7.4%	7.4%	3.6%
Vision difficulty	6.1%	6.1%	6.3%
Independent living difficulty	16.5%	16.6%	5.8%
Ambulatory difficulty	22.7%	22.7%	18.8%
Cognitive difficulty	8.6%	8.7%	0.0%
Disability Rating			
0 percent	0.0%	NA	1.3%
10 or 20 percent	0.0%	NA	2.9%
30 or 40 percent	0.0%	NA	3.2%
50 or 60 percent	0.0%	NA	1.9%

Characteristic	Women in Westmoreland County		
	All	Nonveterans	Veterans
70, 80, 90, or 100 percent	0.0%	NA	2.3%
Not reported	0.0%	NA	0.0%
Health Insurance Status			
Private health insurance only	53.3%	53.4%	47.6%
Public coverage only	21.2%	21.0%	33.4%
Both public and private coverage	22.7%	22.8%	17.1%
No health insurance coverage	2.8%	2.8%	1.9%

SOURCE: Features data from the five-year ACS data file (2016 through 2020) from U.S. Census Bureau, undated.

NOTE: Some percentages do not sum to 100 because of rounding.

Table A.8. Characteristics of Women Veterans in Lawrence and Beaver Counties

Characteristic	Women in Lawrence and Beaver Counties		
	All	Nonveterans	Veterans
Age			
20 to 24 years	6.6%	6.7%	0.0%
25 to 34 years	13.8%	13.7%	20.9%
35 to 44 years	13.5%	13.4%	19.5%
45 to 54 years	16.1%	16.1%	19.1%
55 to 59 years	9.9%	10.0%	6.8%
60 to 64 years	10.0%	9.9%	13.8%
65 to 74 years	15.5%	15.6%	11.0%
75 to 84 years	9.5%	9.5%	9.1%
85+ years	5.0%	5.1%	0.0%
Race			
White	92.2%	92.2%	86.8%
Black or African American	4.9%	4.8%	11.2%
Asian	0.5%	0.5%	0.0%
Native Hawaiian and Other Pacific Islander	0.1%	0.1%	0.0%
American Indian and Alaska Native	0.0%	0.0%	0.0%
Two or more races	2.0%	2.0%	2.1%
Other	0.2%	0.2%	0.0%
Ethnicity			
Hispanic or Latino	1.4%	1.4%	1.0%
Not Hispanic or Latino	98.7%	98.6%	99.0%
Marital Status			
Never married	20.7%	20.7%	18.2%
Married	52.1%	52.1%	49.9%
Separated	2.5%	2.5%	2.0%
Widowed	12.6%	12.6%	11.2%
Divorced	12.2%	12.1%	18.7%
Household Type			
Married-couple household	56.1%	56.1%	50.0%
Cohabiting-couple household	2.7%	2.7%	1.9%

Characteristic	Women in Lawrence and Beaver Counties		
	All	Nonveterans	Veterans
No spouse or partner	23.0%	23.0%	20.5%
Household Size			
1 or more under 18	28.7%	28.5%	44.9%
Average household size	2.57	2.57	2.99
Average family size	2.94	2.93	3.39
Average number of children	0.44	0.44	0.70
Educational Attainment			
Less than 9th grade	0.0%	0.0%	0.0%
9th–12th grade, no diploma	5.0%	5.0%	2.8%
High school graduate	37.8%	38.0%	21.8%
Some college, no degree	19.8%	19.6%	33.7%
Associate's degree	11.3%	11.4%	7.0%
Bachelor's degree	15.9%	15.8%	23.1%
Graduate or professional degree	8.3%	8.3%	9.8%
Missing or unknown	1.8%	1.8%	1.8%
High school graduate or higher	93.2%	93.1%	95.4%
Bachelor's degree or higher	24.3%	24.2%	32.9%
Employment Status			
In labor force			
Employed	53.7%	53.8%	51.9%
Unemployed	3.3%	3.2%	11.8%
Not in labor force	42.9%	43.0%	36.3%
Household Income			
Less than \$10,000	7.1%	7.1%	4.9%
\$10,000–\$14,999	3.1%	3.2%	1.4%
\$15,000–\$24,999	9.2%	9.1%	15.8%
\$25,000–\$34,999	9.8%	9.8%	9.2%
\$35,000–\$49,999	13.6%	13.7%	10.3%
\$50,000–\$74,999	18.1%	18.1%	21.6%
\$75,000–\$99,999	14.4%	14.5%	7.1%
\$100,000–\$149,999	15.3%	15.2%	26.5%

Women in Lawrence and Beaver Counties			
Characteristic	All	Nonveterans	Veterans
\$150,000–\$199,999	5.8%	5.8%	2.4%
\$200,000 or more	3.6%	3.6%	0.7%
Housing Status			
Own home	75.0%	74.9%	81.7%
Mean percentage of income spent on housing	22.0%	22.0%	24.2%
Disability Status			
Age 20–39			
Hearing difficulty	0.4%	0.4%	0.0%
Self-care difficulty	0.8%	0.8%	0.0%
Vision difficulty	1.3%	1.3%	2.0%
Independent living difficulty	2.8%	2.8%	0.0%
Ambulatory difficulty	1.9%	1.8%	9.4%
Cognitive difficulty	6.0%	6.1%	0.0%
Age 40–64			
Hearing difficulty	2.8%	2.9%	0.0%
Self-care difficulty	3.5%	3.6%	0.0%
Vision difficulty	2.2%	2.2%	0.0%
Independent living difficulty	7.7%	7.7%	11.4%
Ambulatory difficulty	10.9%	10.9%	8.9%
Cognitive difficulty	8.1%	8.0%	16.9%
Age 65+			
Hearing difficulty	13.1%	13.1%	7.6%
Self-care difficulty	8.4%	8.4%	6.1%
Vision difficulty	5.6%	5.7%	0.0%
Independent living difficulty	16.6%	16.7%	1.9%
Ambulatory difficulty	23.3%	23.5%	1.9%
Cognitive difficulty	9.1%	9.2%	0.0%
Disability Rating			
0 percent	0.0%	NA	0.0%
10 or 20 percent	0.0%	NA	3.7%
30 or 40 percent	0.1%	NA	6.5%

Characteristic	Women in Lawrence and Beaver Counties		
	All	Nonveterans	Veterans
50 or 60 percent	0.0%	NA	0.0%
70, 80, 90, or 100 percent	0.1%	NA	7.5%
Not reported	0.0%	NA	0.8%
Health Insurance Status			
Private health insurance only	49.7%	50.0%	28.4%
Public coverage only	24.7%	24.4%	41.3%
Both public and private coverage	22.1%	22.0%	29.1%
No health insurance coverage	3.6%	3.6%	1.1%

SOURCE: Features data from the five-year ACS data file (2016 through 2020) from U.S. Census Bureau, undated.

NOTE: Some percentages do not sum to 100 because of rounding.

Table A.9. Characteristics of Women Veterans in Washington and Greene Counties

Characteristic	Women in Washington and Greene Counties		
	All	Nonveterans	Veterans
Age			
20 to 24 years	7.2%	7.2%	1.2%
25 to 34 years	13.5%	13.6%	3.6%
35 to 44 years	14.3%	14.4%	7.5%
45 to 54 years	16.8%	16.7%	24.4%
55 to 59 years	9.9%	9.8%	13.6%
60 to 64 years	9.9%	9.9%	10.4%
65 to 74 years	15.4%	15.4%	17.0%
75 to 84 years	8.4%	8.4%	12.6%
85+ years	4.6%	4.6%	9.6%
Race			
White	94.6%	94.6%	93.0%
Black or African American	2.4%	2.5%	0.1%
Asian	1.0%	1.0%	1.2%
Native Hawaiian and Other Pacific Islander	0.0%	0.0%	0.0%
American Indian and Alaska Native	0.1%	0.1%	1.5%
Two or more races	1.6%	1.5%	4.3%
Other	0.4%	0.4%	0.0%
Ethnicity			
Hispanic or Latino	1.1%	1.1%	0.7%
Not Hispanic or Latino	98.9%	98.9%	99.3%
Marital Status			
Never married	19.6%	19.7%	11.6%
Married	55.1%	55.2%	53.8%
Separated	1.6%	1.6%	0.0%
Widowed	11.1%	11.2%	6.1%
Divorced	12.6%	12.4%	28.6%
Household Type			
Married-couple household	59.6%	59.7%	49.3%
Cohabiting-couple household	3.3%	3.4%	0.0%

Characteristic	Women in Washington and Greene Counties		
	All	Nonveterans	Veterans
No spouse or partner	22.6%	22.5%	30.2%
Household Size			
1 or more under 18	29.2%	29.3%	20.1%
Average household size	2.62	2.62	2.40
Average family size	2.97	2.97	2.76
Average number of children	0.45	0.45	0.29
Educational Attainment			
Less than 9th grade	0.0%	0.0%	0.0%
9th–12th grade, no diploma	5.3%	5.3%	1.6%
High school graduate	37.2%	37.2%	31.4%
Some college, no degree	17.4%	17.4%	22.1%
Associate's degree	9.8%	9.7%	18.8%
Bachelor's degree	18.7%	18.7%	15.6%
Graduate or professional degree	9.6%	9.6%	9.9%
Missing or unknown	2.1%	2.1%	0.6%
High school graduate or higher	92.6%	92.6%	97.8%
Bachelor's degree or higher	28.2%	28.3%	25.5%
Employment Status			
In labor force			
Employed	53.5%	53.5%	54.6%
Unemployed	2.2%	2.2%	0.0%
Not in labor force	44.2%	44.2%	45.4%
Household Income			
Less than \$10,000	6.1%	6.1%	6.8%
\$10,000–\$14,999	3.4%	3.4%	5.4%
\$15,000–\$24,999	7.9%	7.9%	7.5%
\$25,000–\$34,999	7.8%	7.7%	8.5%
\$35,000–\$49,999	11.4%	11.5%	8.6%
\$50,000–\$74,999	17.9%	17.8%	25.8%
\$75,000–\$99,999	13.1%	13.1%	13.8%
\$100,000–\$149,999	17.9%	17.9%	13.1%

Characteristic	Women in Washington and Greene Counties		
	All	Nonveterans	Veterans
\$150,000–\$199,999	6.8%	6.8%	0.3%
\$200,000 or more	7.7%	7.7%	10.1%
Housing Status			
Own home	76.0%	75.9%	81.4%
Mean percentage of income spent on housing	20.7%	20.7%	20.9%
Disability Status			
Age 20–39			
Hearing difficulty	1.0%	0.9%	21.1%
Self-care difficulty	0.3%	0.3%	0.0%
Vision difficulty	2.2%	2.1%	31.2%
Independent living difficulty	1.8%	1.8%	0.0%
Ambulatory difficulty	1.2%	1.1%	31.2%
Cognitive difficulty	5.1%	5.0%	31.2%
Age 40–64			
Hearing difficulty	2.2%	2.2%	0.2%
Self-care difficulty	2.9%	3.0%	0.6%
Vision difficulty	3.0%	3.0%	0.6%
Independent living difficulty	6.1%	6.1%	0.9%
Ambulatory difficulty	9.5%	9.6%	6.3%
Cognitive difficulty	6.1%	6.2%	2.8%
Age 65+			
Hearing difficulty	12.5%	12.5%	14.9%
Self-care difficulty	10.9%	11.0%	5.1%
Vision difficulty	6.8%	6.9%	5.7%
Independent living difficulty	18.6%	18.5%	23.8%
Ambulatory difficulty	28.0%	27.9%	31.4%
Cognitive difficulty	9.7%	9.7%	8.7%
Disability Rating			
0 percent	0.0%	NA	0.1%
10 or 20 percent	0.1%	NA	5.7%
30 or 40 percent	0.1%	NA	10.8%

Characteristic	Women in Washington and Greene Counties		
	All	Nonveterans	Veterans
50 or 60 percent	0.0%	NA	1.4%
70, 80, 90, or 100 percent	0.0%	NA	4.0%
Not reported	0.0%	NA	3.6%
Health Insurance Status			
Private health insurance only	53.9%	54.1%	33.7%
Public coverage only	20.5%	20.5%	28.3%
Both public and private coverage	22.2%	22.0%	38.0%
No health insurance coverage	3.4%	3.5%	0.0%

SOURCE: Features data from the five-year ACS data file (2016 through 2020) from U.S. Census Bureau, undated.

NOTE: Some percentages do not sum to 100 because of rounding.

Table A.10. Characteristics of Women Veterans in Crawford and Warren Counties

Characteristic	Women in Crawford and Warren Counties		
	All	Nonveterans	Veterans
Age			
20 to 24 years	7.4%	7.5%	3.2%
25 to 34 years	13.3%	13.4%	3.6%
35 to 44 years	13.5%	13.5%	14.2%
45 to 54 years	16.7%	16.4%	40.4%
55 to 59 years	9.6%	9.7%	7.0%
60 to 64 years	10.7%	10.6%	14.3%
65 to 74 years	16.4%	16.4%	11.9%
75 to 84 years	8.7%	8.8%	3.9%
85+ years	3.7%	3.8%	1.4%
Race			
White	95.5%	95.4%	99.3%
Black or African American	1.7%	1.8%	0.0%
Asian	0.7%	0.7%	0.0%
Native Hawaiian and Other Pacific Islander	0.0%	0.0%	0.0%
American Indian and Alaska Native	0.0%	0.0%	0.0%
Two or more races	1.4%	1.5%	0.7%
Other	0.6%	0.6%	0.0%
Ethnicity			
Hispanic or Latino	1.3%	1.2%	3.2%
Not Hispanic or Latino	98.8%	98.8%	96.8%
Marital Status			
Never married	18.3%	18.4%	11.4%
Married	55.6%	55.7%	47.6%
Separated	2.1%	2.2%	0.0%
Widowed	10.6%	10.7%	6.7%
Divorced	13.3%	13.0%	34.3%
Household Type			
Married-couple household	57.5%	57.6%	47.6%
Cohabiting-couple household	3.7%	3.7%	9.7%

Women in Crawford and Warren Counties			
Characteristic	All	Nonveterans	Veterans
No spouse or partner	22.4%	22.4%	20.0%
Household Size			
1 or more under 18	28.2%	28.1%	42.5%
Average household size	2.60	2.58	3.97
Average family size	2.98	2.96	4.24
Average number of children	0.51	0.51	0.64
Educational Attainment			
Less than 9th grade	0.0%	0.0%	0.0%
9th–12th grade, no diploma	5.2%	5.2%	0.0%
High school graduate	43.8%	43.8%	45.9%
Some college, no degree	17.2%	17.1%	23.7%
Associate's degree	9.2%	9.2%	9.4%
Bachelor's degree	13.3%	13.3%	9.7%
Graduate or professional degree	8.0%	8.0%	11.3%
Missing or unknown	3.3%	3.4%	0.0%
High school graduate or higher	91.5%	91.4%	100.0%
Bachelor's degree or higher	21.3%	21.3%	21.0%
Employment Status			
In labor force			
Employed	49.6%	49.7%	46.2%
Unemployed	2.2%	2.1%	6.5%
Not in labor force	48.2%	48.2%	47.3%
Household Income			
Less than \$10,000	8.7%	8.8%	0.5%
\$10,000–\$14,999	3.4%	3.5%	0.0%
\$15,000–\$24,999	9.4%	9.5%	5.8%
\$25,000–\$34,999	11.5%	11.5%	8.5%
\$35,000–\$49,999	13.4%	13.5%	9.2%
\$50,000–\$74,999	20.8%	20.8%	24.4%
\$75,000–\$99,999	15.3%	15.1%	31.9%
\$100,000–\$149,999	11.6%	11.5%	17.9%

Women in Crawford and Warren Counties			
Characteristic	All	Nonveterans	Veterans
\$150,000–\$199,999	2.9%	3.0%	0.0%
\$200,000 or more	2.9%	2.9%	1.7%
Housing Status			
Own home	73.9%	73.9%	81.7%
Mean percentage of income spent on housing	20.5%	20.5%	16.7%
Disability Status			
Age 20–39			
Hearing difficulty	1.0%	1.0%	0.0%
Self-care difficulty	0.8%	0.8%	0.0%
Vision difficulty	2.0%	2.1%	0.0%
Independent living difficulty	3.7%	3.6%	20.9%
Ambulatory difficulty	2.3%	2.2%	20.9%
Cognitive difficulty	5.9%	5.8%	20.9%
Age 40–64			
Hearing difficulty	1.9%	1.9%	0.0%
Self-care difficulty	3.1%	3.2%	0.0%
Vision difficulty	3.6%	3.6%	3.8%
Independent living difficulty	6.4%	6.4%	4.3%
Ambulatory difficulty	10.4%	10.5%	5.0%
Cognitive difficulty	6.8%	6.8%	5.3%
Age 65+			
Hearing difficulty	10.2%	10.1%	14.9%
Self-care difficulty	8.9%	8.9%	7.9%
Vision difficulty	9.1%	9.1%	7.9%
Independent living difficulty	15.6%	15.6%	13.9%
Ambulatory difficulty	21.8%	21.9%	16.8%
Cognitive difficulty	7.2%	7.2%	0.0%
Disability Rating			
0 percent	0.0%	NA	0.7%
10 or 20 percent	0.0%	NA	0.0%
30 or 40 percent	0.0%	NA	1.4%

Women in Crawford and Warren Counties			
Characteristic	All	Nonveterans	Veterans
50 or 60 percent	0.0%	NA	3.9%
70, 80, 90, or 100 percent	0.1%	NA	4.4%
Not reported	0.0%	NA	0.0%
Health Insurance Status			
Private health insurance only	48.2%	48.1%	55.6%
Public coverage only	24.5%	24.6%	18.8%
Both public and private coverage	20.6%	20.6%	24.7%
No health insurance coverage	6.7%	6.8%	0.9%

SOURCE: Features data from the five-year ACS data file (2016 through 2020) from U.S. Census Bureau, undated.

NOTE: Some percentages do not sum to 100 because of rounding.

Table A.11. Characteristics of Women Veterans in Clearfield, McKean, Elk, Potter, and Cameron Counties

Characteristic	Women in Clearfield, McKean, Elk, Potter, and Cameron Counties		
	All	Nonveterans	Veterans
Age			
20 to 24 years	6.6%	6.6%	4.0%
25 to 34 years	12.7%	12.7%	10.1%
35 to 44 years	13.4%	13.3%	26.5%
45 to 54 years	17.3%	17.2%	26.2%
55 to 59 years	10.3%	10.3%	12.5%
60 to 64 years	9.6%	9.6%	10.7%
65 to 74 years	15.4%	15.5%	5.5%
75 to 84 years	9.9%	10.0%	1.7%
85+ years	4.6%	4.7%	2.8%
Race			
White	97.5%	97.5%	96.5%
Black or African American	0.4%	0.4%	0.0%
Asian	0.5%	0.5%	0.2%
Native Hawaiian and Other Pacific Islander	0.0%	0.0%	0.0%
American Indian and Alaska Native	0.1%	0.1%	0.0%
Two or more races	1.1%	1.1%	2.8%
Other	0.4%	0.4%	0.5%
Ethnicity			
Hispanic or Latino	0.7%	0.7%	0.5%
Not Hispanic or Latino	99.3%	99.3%	99.5%
Marital Status			
Never married	16.9%	17.0%	12.1%
Married	54.3%	54.1%	68.6%
Separated	2.0%	2.0%	0.5%
Widowed	13.1%	13.2%	2.4%
Divorced	13.7%	13.7%	16.3%
Household Type			
Married-couple household	56.9%	56.8%	66.6%

Characteristic	Women in Clearfield, McKean, Elk, Potter, and Cameron Counties		
	All	Nonveterans	Veterans
Cohabiting-couple household	4.1%	4.1%	1.0%
No spouse or partner	24.1%	24.1%	22.4%
Household Size			
1 or more under 18	27.1%	27.1%	24.4%
Average household size	2.54	2.54	2.41
Average family size	2.89	2.89	2.64
Average number of children	0.43	0.43	0.37
Educational Attainment			
Less than 9th grade	0.0%	0.0%	0.0%
9th–12th grade, no diploma	5.8%	5.9%	2.9%
High school graduate	46.5%	46.6%	32.8%
Some college, no degree	15.4%	15.3%	25.5%
Associate's degree	10.9%	11.0%	7.3%
Bachelor's degree	12.3%	12.2%	19.4%
Graduate or professional degree	6.8%	6.7%	12.1%
Missing or unknown	2.3%	2.3%	0.0%
High school graduate or higher	91.9%	91.8%	97.1%
Bachelor's degree or higher	19.1%	18.9%	31.5%
Employment Status			
In labor force			
Employed	51.5%	51.6%	50.4%
Unemployed	2.3%	2.2%	3.8%
Not in labor force	46.2%	46.2%	45.8%
Household Income			
Less than \$10,000	7.3%	7.4%	0.0%
\$10,000–\$14,999	5.0%	5.1%	2.8%
\$15,000–\$24,999	10.7%	10.8%	7.3%
\$25,000–\$34,999	10.1%	10.1%	10.9%
\$35,000–\$49,999	14.4%	14.4%	13.3%
\$50,000–\$74,999	20.2%	20.2%	13.7%
\$75,000–\$99,999	14.2%	14.2%	14.9%

Characteristic	Women in Clearfield, McKean, Elk, Potter, and Cameron Counties		
	All	Nonveterans	Veterans
\$100,000–\$149,999	12.9%	12.8%	25.1%
\$150,000–\$199,999	3.0%	3.1%	1.2%
\$200,000 or more	2.1%	2.0%	10.7%
Housing Status			
Own home	75.9%	75.9%	83.5%
Mean percentage of income spent on housing	21.5%	21.5%	15.4%
Disability Status			
Age 20–39			
Hearing difficulty	0.9%	0.9%	3.4%
Self-care difficulty	1.2%	1.2%	0.0%
Vision difficulty	0.5%	0.5%	0.0%
Independent living difficulty	3.9%	3.9%	0.0%
Ambulatory difficulty	1.9%	1.9%	0.0%
Cognitive difficulty	6.4%	6.4%	3.4%
Age 40–64			
Hearing difficulty	3.4%	3.4%	5.5%
Self-care difficulty	3.5%	3.5%	9.6%
Vision difficulty	3.3%	3.3%	1.5%
Independent living difficulty	7.1%	7.1%	10.5%
Ambulatory difficulty	12.1%	11.9%	30.0%
Cognitive difficulty	7.9%	7.7%	26.8%
Age 65+			
Hearing difficulty	14.1%	14.1%	39.7%
Self-care difficulty	11.6%	11.5%	27.6%
Vision difficulty	8.0%	8.0%	19.0%
Independent living difficulty	19.5%	19.5%	27.6%
Ambulatory difficulty	26.1%	26.0%	53.4%
Cognitive difficulty	11.7%	11.7%	8.6%
Disability Rating			
0 percent	0.0%	NA	0.9%
10 or 20 percent	0.0%	NA	3.3%

Characteristic	Women in Clearfield, McKean, Elk, Potter, and Cameron Counties		
	All	Nonveterans	Veterans
30 or 40 percent	0.1%	NA	12.5%
50 or 60 percent	0.0%	NA	4.0%
70, 80, 90, or 100 percent	0.0%	NA	5.4%
Not reported	0.0%	NA	0.0%
Health Insurance Status			
Private health insurance only	46.8%	46.8%	43.8%
Public coverage only	27.8%	27.7%	34.0%
Both public and private coverage	21.5%	21.5%	22.2%
No health insurance coverage	4.0%	4.0%	0.0%

SOURCE: Features data from the five-year ACS data file (2016 through 2020) from U.S. Census Bureau, undated.

NOTE: Some percentages do not sum to 100 because of rounding.

Table A.12. Characteristics of Women Veterans in Venango, Jefferson, Clarion, and Forest Counties

Characteristic	Women in Venango, Jefferson, Clarion, and Forest Counties		
	All	Nonveterans	Veterans
Age			
20 to 24 years	7.3%	7.4%	3.0%
25 to 34 years	13.5%	13.6%	6.0%
35 to 44 years	13.3%	13.3%	10.3%
45 to 54 years	16.0%	15.9%	31.4%
55 to 59 years	9.6%	9.6%	14.3%
60 to 64 years	10.5%	10.5%	16.8%
65 to 74 years	15.8%	15.8%	13.6%
75 to 84 years	9.8%	9.9%	1.2%
85+ years	4.1%	4.1%	3.3%
Race			
White	97.5%	97.5%	96.5%
Black or African American	0.5%	0.5%	2.3%
Asian	0.3%	0.3%	0.0%
Native Hawaiian and Other Pacific Islander	0.0%	0.0%	0.0%
American Indian and Alaska Native	0.1%	0.2%	0.0%
Two or more races	1.3%	1.3%	1.2%
Other	0.2%	0.2%	0.0%
Ethnicity			
Hispanic or Latino	0.8%	0.8%	1.0%
Not Hispanic or Latino	99.2%	99.2%	99.0%
Marital Status			
Never married	16.8%	16.9%	9.3%
Married	55.9%	55.9%	54.4%
Separated	2.4%	2.3%	8.2%
Widowed	11.8%	11.9%	4.3%
Divorced	13.1%	13.0%	23.8%
Household Type			
Married-couple household	58.4%	58.5%	52.7%

**Women in Venango, Jefferson, Clarion,
and Forest Counties**

Characteristic	All	Nonveterans	Veterans
Cohabiting-couple household	3.7%	3.7%	6.7%
No spouse or partner	23.8%	23.7%	26.5%
Household Size			
1 or more under 18	29.4%	29.4%	32.4%
Average household size	2.63	2.63	2.82
Average family size	2.97	2.97	3.11
Average number of children	0.48	0.48	0.37
Educational Attainment			
Less than 9th grade	0.0%	0.0%	0.0%
9th–12th grade, no diploma	5.3%	5.4%	1.5%
High school graduate	46.7%	46.9%	34.6%
Some college, no degree	14.8%	14.8%	20.5%
Associate’s degree	10.8%	10.8%	17.8%
Bachelor’s degree	12.5%	12.5%	15.8%
Graduate or professional degree	6.5%	6.4%	9.8%
Missing or unknown	3.3%	3.4%	0.0%
High school graduate or higher	91.4%	91.3%	98.5%
Bachelor’s degree or higher	19.0%	18.9%	25.6%
Employment Status			
In labor force			
Employed	49.3%	49.3%	46.6%
Unemployed	1.9%	1.9%	0.3%
Not in labor force	48.8%	48.7%	53.1%
Household Income			
Less than \$10,000	8.3%	8.4%	0.0%
\$10,000–\$14,999	4.3%	4.2%	10.0%
\$15,000–\$24,999	10.9%	10.9%	6.8%
\$25,000–\$34,999	11.1%	11.1%	7.8%
\$35,000–\$49,999	14.8%	14.8%	13.8%
\$50,000–\$74,999	19.2%	19.2%	20.6%
\$75,000–\$99,999	13.4%	13.4%	13.1%

Women in Venango, Jefferson, Clarion, and Forest Counties			
Characteristic	All	Nonveterans	Veterans
\$100,000–\$149,999	12.2%	12.1%	20.6%
\$150,000–\$199,999	4.0%	4.0%	3.8%
\$200,000 or more	1.9%	1.9%	3.3%
Housing Status			
Own home	74.2%	74.1%	77.9%
Mean percentage of income spent on housing	21.7%	21.7%	23.6%
Disability Status			
Age 20–39			
Hearing difficulty	0.8%	0.8%	0.0%
Self-care difficulty	1.0%	0.9%	9.5%
Vision difficulty	2.1%	2.1%	0.0%
Independent living difficulty	3.5%	3.5%	4.8%
Ambulatory difficulty	2.8%	2.8%	0.0%
Cognitive difficulty	5.8%	5.7%	10.5%
Age 40–64			
Hearing difficulty	3.4%	3.4%	3.4%
Self-care difficulty	3.6%	3.6%	6.5%
Vision difficulty	2.8%	2.9%	0.0%
Independent living difficulty	7.5%	7.5%	9.8%
Ambulatory difficulty	12.5%	12.4%	17.6%
Cognitive difficulty	7.4%	7.2%	15.5%
Age 65+			
Hearing difficulty	12.9%	12.9%	7.3%
Self-care difficulty	9.9%	9.9%	22.0%
Vision difficulty	7.5%	7.6%	3.7%
Independent living difficulty	18.6%	18.6%	22.0%
Ambulatory difficulty	25.8%	25.7%	36.7%
Cognitive difficulty	11.1%	11.2%	0.0%
Disability Rating			
0 percent	0.0%	NA	0.0%
10 or 20 percent	0.1%	NA	11.0%

Women in Venango, Jefferson, Clarion, and Forest Counties			
Characteristic	All	Nonveterans	Veterans
30 or 40 percent	0.0%	NA	3.5%
50 or 60 percent	0.1%	NA	4.7%
70, 80, 90, or 100 percent	0.0%	NA	4.0%
Not reported	0.0%	NA	0.0%
Health Insurance Status			
Private health insurance only	46.3%	46.4%	36.6%
Public coverage only	29.0%	28.9%	33.3%
Both public and private coverage	19.8%	19.7%	25.6%
No health insurance coverage	5.0%	5.0%	4.5%

SOURCE: Features data from the five-year ACS data file (2016 through 2020) from U.S. Census Bureau, undated.

NOTE: Some percentages do not sum to 100 because of rounding.

Table A.13. Characteristics of Women Veterans in Armstrong and Indiana Counties

Characteristic	Women in Armstrong and Indiana Counties		
	All	Nonveterans	Veterans
Age			
20 to 24 years	10.2%	10.3%	0.0%
25 to 34 years	12.7%	12.7%	10.9%
35 to 44 years	13.0%	13.0%	13.3%
45 to 54 years	15.9%	15.8%	24.7%
55 to 59 years	9.2%	9.3%	2.5%
60 to 64 years	10.1%	10.1%	20.7%
65 to 74 years	15.2%	15.1%	27.9%
75 to 84 years	8.8%	8.8%	0.0%
85+ years	4.9%	4.9%	0.0%
Race			
White	96.8%	96.9%	91.6%
Black or African American	1.0%	1.0%	3.0%
Asian	0.8%	0.8%	0.0%
Native Hawaiian and Other Pacific Islander	0.0%	0.0%	0.0%
American Indian and Alaska Native	0.0%	0.0%	0.0%
Two or more races	1.4%	1.3%	5.4%
Other	0.0%	0.0%	0.0%
Ethnicity			
Hispanic or Latino	0.8%	0.8%	0.0%
Not Hispanic or Latino	99.2%	99.2%	100.0%
Marital Status			
Never married	19.5%	19.6%	14.3%
Married	56.5%	56.5%	45.4%
Separated	2.4%	2.4%	8.1%
Widowed	11.8%	11.8%	14.6%
Divorced	9.8%	9.8%	17.5%
Household Type			
Married-couple household	60.1%	60.3%	43.5%
Cohabiting-couple household	2.9%	2.9%	1.0%

Characteristic	Women in Armstrong and Indiana Counties		
	All	Nonveterans	Veterans
No spouse or partner	23.2%	23.2%	19.5%
Household Size			
1 or more under 18	27.3%	27.3%	26.7%
Average household size	2.69	2.69	2.31
Average family size	2.99	2.99	2.79
Average number of children	0.47	0.47	0.54
Educational Attainment			
Less than 9th grade	0.0%	0.0%	0.0%
9th–12th grade, no diploma	5.3%	5.3%	0.0%
High school graduate	41.9%	42.0%	28.6%
Some college, no degree	17.9%	17.9%	18.0%
Associate's degree	9.4%	9.3%	26.4%
Bachelor's degree	14.4%	14.3%	23.0%
Graduate or professional degree	7.7%	7.8%	4.0%
Missing or unknown	3.3%	3.3%	0.0%
High school graduate or higher	91.4%	91.4%	100.0%
Bachelor's degree or higher	22.1%	22.1%	26.9%
Employment Status			
In labor force			
Employed	50.4%	50.5%	40.7%
Unemployed	2.7%	2.7%	0.0%
Not in labor force	46.9%	46.8%	59.3%
Household Income			
Less than \$10,000	6.5%	6.4%	13.6%
\$10,000–\$14,999	3.8%	3.8%	9.1%
\$15,000–\$24,999	11.7%	11.8%	7.9%
\$25,000–\$34,999	10.5%	10.5%	8.9%
\$35,000–\$49,999	13.2%	13.3%	5.9%
\$50,000–\$74,999	19.2%	19.2%	15.1%
\$75,000–\$99,999	13.9%	13.9%	14.6%
\$100,000–\$149,999	13.8%	13.8%	16.8%

Characteristic	Women in Armstrong and Indiana Counties		
	All	Nonveterans	Veterans
\$150,000–\$199,999	4.7%	4.7%	0.0%
\$200,000 or more	2.6%	2.6%	8.1%
Housing Status			
Own home	74.9%	75.0%	52.1%
Mean percentage of income spent on housing	21.7%	21.7%	19.5%
Disability Status			
Age 20–39			
Hearing difficulty	1.0%	1.0%	0.0%
Self-care difficulty	0.3%	0.3%	0.0%
Vision difficulty	0.9%	0.9%	0.0%
Independent living difficulty	2.4%	2.4%	6.6%
Ambulatory difficulty	1.5%	1.5%	0.0%
Cognitive difficulty	3.3%	3.3%	6.6%
Age 40–64			
Hearing difficulty	2.7%	2.7%	2.3%
Self-care difficulty	2.2%	2.2%	0.0%
Vision difficulty	3.6%	3.5%	18.5%
Independent living difficulty	6.6%	6.5%	18.5%
Ambulatory difficulty	10.7%	10.8%	0.0%
Cognitive difficulty	7.0%	6.9%	28.2%
Age 65+			
Hearing difficulty	12.5%	12.6%	3.5%
Self-care difficulty	10.1%	10.1%	7.1%
Vision difficulty	10.2%	10.2%	0.0%
Independent living difficulty	19.7%	19.7%	17.7%
Ambulatory difficulty	26.9%	26.9%	17.7%
Cognitive difficulty	10.8%	10.8%	0.0%
Disability Rating			
0 percent	0.0%	NA	0.0%
10 or 20 percent	0.1%	NA	14.3%
30 or 40 percent	0.0%	NA	0.0%

Characteristic	Women in Armstrong and Indiana Counties		
	All	Nonveterans	Veterans
50 or 60 percent	0.0%	NA	0.0%
70, 80, 90, or 100 percent	0.0%	NA	2.0%
Not reported	0.0%	NA	0.7%
Health Insurance Status			
Private health insurance only	49.8%	49.9%	35.1%
Public coverage only	23.9%	23.7%	46.7%
Both public and private coverage	21.6%	21.6%	16.0%
No health insurance coverage	4.8%	4.8%	2.2%

SOURCE: Features data from the five-year ACS data file (2016 through 2020) from U.S. Census Bureau, undated.

NOTE: Some percentages do not sum to 100 because of rounding.

Appendix B. Inventory of Programs, Services, and Supports for Women Veterans in the Adagio Health Service Area

Table B.1 lists regional programs and providers in the Adagio Health service area.

Table B.1. Sixty-Three Regional Programs and Providers in the Adagio Health Service Area

Name	Description	County
Action Housing	<ul style="list-style-type: none"> • Provides affordable, accessible housing to underserved individuals, including veterans • Includes an affordable housing tax credit development—Forest Hills Veterans and Senior Apartments—with half the units designated for veterans and half for seniors 	Allegheny
Adventures in Training with a Purpose	Offers purposeful physical training through the Pittsburgh Veterans Program to empower veterans to move freely and perform tasks of daily living without the need of assistance	Allegheny
Allegheny County Veterans' Services	Offers information about state and federal veteran benefits, education resources, local technical training programs, events, and war memorials	Allegheny
American Red Cross Southwestern Pennsylvania Chapter	Promotes the overall health, well-being, and resiliency of military members, their families, and veterans coping with exigencies and challenges of military life during and following active service	Beaver, Butler, and Washington
Armstrong County Community Action of Pennsylvania	Provides case management and possible rental assistance to low-income veterans who are homeless or at risk of homelessness	Armstrong
Armstrong County Veterans Affairs	Helps veterans and their survivors file claims for state and federal veteran benefits	Armstrong
Balanced Heart Healing Center	<ul style="list-style-type: none"> • Offers group and individual health education and healing services by mental health professionals, holistic health coaches and nutritionists, acupuncturists, massage therapists, nurses, Reiki and yoga practitioners, expressive arts teachers, ministers, and more in the Pittsburgh region • Offers mental health services for sexual assault, posttraumatic stress, depression, relationship problems, stress, and other mental health issues through the Women Veterans and Military Families programs 	Butler
Beaver County Veterans Affairs	Provides referrals for benefits, employment, financial assistance, mental wellness and substance use, posttraumatic stress, and more	Beaver
Butler County Veterans Affairs	Provides referrals for benefits, employment, financial assistance, mental wellness and substance use, posttraumatic stress, and more	Butler

Name	Description	County
Cameron County Veterans Affairs	Provides referrals for benefits, employment, financial assistance, mental wellness and substance use, posttraumatic stress, and more	Cameron
Clarion County Veterans Affairs	Provides referrals for benefits, employment, financial assistance, mental wellness and substance use, posttraumatic stress, and more	Clarion
Clearfield County Veterans Affairs	Assists veterans or their family members with health care, grants for education, funerals, and more	Clearfield
Community Services of Venango County	Provides home visitation programs that support child development, programs for older adults, emergency aid, housing, and other agency collaboration to support families	Venango
Compeer	<ul style="list-style-type: none"> • Supports mental wellness by connecting someone living with a mental health challenge with a caring friend who has similar interests • Serves adults, older adults, and veterans through volunteer mentoring and supportive friendship programs 	Allegheny, Butler, and Lawrence
Crawford County Mental Health Awareness Program	Provides mental health programs, including a drop-in center, clubhouse, money management services, housing services, warmline, community education and outreach, a certified peer specialist, and mobile psychiatric rehabilitation	Crawford
Crawford County Veterans Services	Provides referrals for benefits, employment, financial assistance, mental wellness and substance use, posttraumatic stress, and more	Crawford
Disabled American Veterans—Pennsylvania	Offers disabled veterans in Pennsylvania a variety of services, including help with filing VA claims for disability compensation and appealing claims decisions and providing transportation to VA medical appointments	Allegheny, Butler, Indiana, Mercer, and Westmoreland
DuBois Vet Center	<ul style="list-style-type: none"> • Offers confidential free help for veterans, service members, and their families in a nonmedical setting • Includes counseling services for such needs as depression, PTSD, and the psychological effects of MST • Offers a Women’s Veteran Group 	Clearfield
Easterseals Western and Central Pennsylvania	Connects veterans and military families with what they need for meaningful employment, education, and overall wellness	Venango
Elk County Veterans Affairs	Provides referrals for benefits, employment, financial assistance, mental wellness and substance use, posttraumatic stress, and more	Elk
Erie County Veterans Affairs	Provides referrals for benefits, employment, financial assistance, mental wellness and substance use, posttraumatic stress, and more	Erie
Erie Vet Center	<ul style="list-style-type: none"> • Offers confidential free help for veterans, service members, and their families in a nonmedical setting • Includes counseling services for such needs as depression, PTSD, and the psychological effects of MST • Offers a Women’s Veteran Group and Mobile Vet Center 	Erie

Name	Description	County
Fayette County Housing Authority	Provides affordable housing, rental assistance, and homeownership programs to families and persons in Fayette County with disabilities	Fayette
Fayette County Veterans Affairs	Provides referrals for benefits, employment, financial assistance, mental wellness and substance use, posttraumatic stress, and more	Fayette
Forest County Veterans Affairs	Provides referrals for benefits, employment, financial assistance, mental wellness and substance use, posttraumatic stress, and more	Forest
Goodwill of Southwestern Pennsylvania	Offers career transition support designed to provide holistic, wraparound services to veterans, current and former military, and their families	Allegheny, Armstrong, Beaver, Butler, Fayette, Greene, Washington, and Westmoreland
Greene County Veterans Affairs	Provides referrals for benefits, employment, financial assistance, mental wellness and substance use, posttraumatic stress, and more	Greene
Guitars 4 Vets	Offers a free guitar instruction program aimed at providing a unique therapeutic alternative to veterans struggling with physical injuries, posttraumatic stress, and other emotional distress	Butler
Headstrong Project	<ul style="list-style-type: none"> • Offers cost-free trauma-informed mental health treatment for veterans and their families • Provides in-person and telehealth services through a network of providers in Pennsylvania 	All in service area
Indiana County Veterans Affairs	Provides referrals for benefits, employment, financial assistance, mental wellness and substance use, posttraumatic stress, and more	Indiana
It's About the Warrior Foundation	Assists post-9/11 veterans and their families in the tristate area with recreational and therapeutic needs	Allegheny
Jefferson County Veterans Affairs	Provides referrals for benefits, employment, financial assistance, mental wellness and substance use, posttraumatic stress, and more	Jefferson
Lawrence County Community Action Partnership	Provides programs that ensure veterans and their families have safe, secure homes and access to employment services and job training	Lawrence
Lawrence County Veterans Affairs	Provides referrals for benefits, employment, financial assistance, mental wellness and substance use, posttraumatic stress, and more	Lawrence
McKean County Veterans Services	Provides referrals for benefits, employment, financial assistance, mental wellness and substance use, posttraumatic stress, and more	McKean
Mechling-Shakley Veterans Center	<ul style="list-style-type: none"> • Provides a residential treatment facility in rural Armstrong County for homeless veterans needing rehabilitation and support • Offers services including counseling, job training, life skills enhancement, educational opportunities, housing assistance, appointment transportation, job readiness preparation, substance abuse recovery, and more 	Armstrong

Name	Description	County
Mental Health Association of Northwestern Pennsylvania	Provides supports and promotes recovery for veterans and other mental health consumers in the Erie community	Erie
Mercer County Veterans Affairs	Provides referrals for benefits, employment, financial assistance, mental wellness and substance use, posttraumatic stress, and more	Mercer
Military Order of the Purple Heart	Provides advocacy and representation of veterans and their dependents seeking benefits and services from VA and other government agencies	Allegheny and Erie
Operation Veteran Benefits	Assists veterans, spouses, and their families in navigating the application process for the Aid and Attendance benefit	Butler
PA 211	Offers a call center and web portal designed to connect Southwestern Pennsylvania residents and veterans to information about health and human services, supported by United Way	Allegheny, Armstrong, Beaver, Butler, Fayette, Greene, Indiana, Lawrence, Mercer, Washington, and Westmoreland
PAServes	Offers service members, veterans, and their families access to a variety of providers for housing and emergency service, employment, recreation and fitness, financial capabilities, and more	Allegheny, Butler, and Westmoreland
PA Veteran Farming Project	Provides a network of mentor farmers and agriculture resources throughout Pennsylvania, including the Troops to Tractors program, which offers farm apprenticeship as an alternative to higher education	Westmoreland
Pennsylvania American Legion	<ul style="list-style-type: none"> Offers free advice and guidance for Pennsylvania veterans and family members who need VA services, helping them with paperwork to get benefits and medical care Provides homes in Pittsburgh to help homeless veterans with transitional housing 	All
Pennsylvania CareerLink	Connects veterans with employment representatives at any of the statewide Pennsylvania CareerLink offices to receive free job counseling, training referrals, and placement services	Armstrong, Beaver, Butler, Cameron, Clearfield, Elk, Erie, Fayette, Greene, Indiana, Jefferson, Lawrence, McKean, Mercer, Potter, Washington, and Westmoreland
Pennsylvania Veterans Treatment Court	Assists veterans charged with crimes in the Pennsylvania criminal justice system who are struggling with addiction, mental illness, or co-occurring disorders	Allegheny, Armstrong, Beaver, Butler, Erie, Fayette, Indiana, Mercer, Washington, and Westmoreland

Name	Description	County
Pennsylvania Wounded Warriors, Inc.	Provides emergency financial assistance to wounded warriors, veterans in crisis, and their families to help pay for housing, utilities, transportation, medical, and other expenses	Allegheny, Armstrong, Beaver, Butler, Cameron, Clarion, Clearfield, Crawford, Elk, Erie, Fayette, Forest, Greene, Indiana, Jefferson, Lawrence, McKean, Mercer, Potter, Venango, Warren, Washington, and Westmoreland
Pittsburgh Hires Veterans	Offers one-on-one support and assistance with education, training, and employment to veterans	Allegheny, Armstrong, Beaver, Butler, Cameron, Clarion, Clearfield, Crawford, Elk, Erie, Fayette, Forest, Greene, Indiana, Jefferson, Lawrence, McKean, Mercer, Potter, Venango, Warren, Washington, and Westmoreland
Pittsburgh Vet Center	<ul style="list-style-type: none"> • Offers confidential free help for veterans, service members, and their families in a nonmedical setting • Includes counseling services for such needs as depression, PTSD, and the psychological effects of MST • Offers a Women's Veteran Group 	Allegheny
Potter County Veterans Affairs	<ul style="list-style-type: none"> • Provides information for Potter County Veterans about VA benefits and services • Includes discounts, typically ten percent or more, for Potter County veterans from Potter County merchants and professional service providers 	Potter
RISE: Veterans	<ul style="list-style-type: none"> • Supports minority veteran populations with community, advocacy, and healing • Offers organizational services, such as consulting, training and education, strategic planning and program design, and organizational assessment and development to help veteran-serving organizations meet the needs of minority veteran populations, including women veterans; veterans of color; and lesbian, gay, bisexual, transgender, queer/questioning, and more (LGBTQ+) veterans 	Westmoreland
Service to Opportunity (Allegheny Conference on Community Development)	Connects job-seeking skilled veterans and transitioning service members to employers	Allegheny
Steel City Vets	Provides support and guidance to post-9/11-era veterans in the greater Pittsburgh and Western Pennsylvania area throughout their transition and after	Allegheny
Venango County Veterans Affairs	Provides referrals for benefits, employment, financial assistance, mental wellness and substance use, posttraumatic stress, and more	Venango

Name	Description	County
Veteran Community Initiatives, Inc.	<ul style="list-style-type: none"> • Offers programs and services for veterans and their family members, including career assistance, job fairs, rural outreach, veterans court, and assistance with VA benefits • Provides and delivers programs and services in some counties in Pennsylvania 	Cameron, Clearfield, Elk, Indiana, and Jefferson
Veteran Angels	Offers retreats, seminars, and peer-to-peer mentoring to help veterans overcome anxiety and stress related to combat trauma and heal from the traumatic experiences of combat by connecting with family and peer support	Westmoreland
Veterans Breakfast Club	Creates communities of listening around veterans and their stories through online and in-person events held at various locations	Allegheny and Beaver
Veterans Leadership Program	<ul style="list-style-type: none"> • Operates programs to fulfill their mission of providing housing, employment, and support services to the region's veterans • Hosts a women veterans' program 	Western Pennsylvania
Veterans Place of Washington Boulevard	<ul style="list-style-type: none"> • Facilitates the return of formerly homeless veterans to society • Through the Female Veteran Program, offers financial assistance to veteran women in need facing homelessness due to domestic violence, mental and physical health barriers, or financial strain • Offers a female veterans' group providing a supportive community of female veterans to discuss their challenges and needs 	Allegheny
Warren County Veterans Affairs	Provides referrals for benefits, employment, financial assistance, mental wellness and substance use, posttraumatic stress, and more	Warren
Washington County Veterans Affairs	Provides referrals for benefits, employment, financial assistance, mental wellness and substance use, posttraumatic stress, and more	Washington
Westmoreland County Veterans Affairs	Provides referrals for benefits, employment, financial assistance, mental wellness and substance use, posttraumatic stress, and more	Westmoreland
White Oak Vet Center	<ul style="list-style-type: none"> • Offers confidential free help for veterans, service members, and their families in a nonmedical setting • Includes counseling services for such needs as depression, PTSD, and the psychological effects of MST 	Allegheny

Table B.2 lists mental health facilities in the Adagio Health service area.

Table B.2. Eighty Mental Health Treatment Facilities in the Adagio Health Service Area

Name	Clinic, Department, Program, or Location	City	County
Abraxas 1	Abraxas Residential Mental Health Services	Pittsburgh	Allegheny
Allegheny Health Network	Department of Psychiatry	Pittsburgh	Allegheny
East End Behavioral Health Hospital		Pittsburgh	Allegheny
Glade Run Lutheran Services		Pittsburgh	Allegheny
Jefferson Hospital	Behavioral Health Inpatient	Clairton	Allegheny
Mercy Behavioral Health		Pittsburgh	Allegheny
Mercy Behavioral Health	East Commons Center/North	Pittsburgh	Allegheny
Mercy Behavioral Health	Outpatient Services	Pittsburgh	Allegheny
Persad Center		Pittsburgh	Allegheny
Pittsburgh Pastoral Institute		Pittsburgh	Allegheny
Saint Clair Hospital	Psychiatry and Mental Health Services	Pittsburgh	Allegheny
Southwood Psychiatric Hospital	Choices RTF [Residential Treatment Facility]	Bridgeville	Allegheny
Southwood Psychiatric Hospital	Acute Care Hospitalization	Pittsburgh	Allegheny
Step by Step Support		Pittsburgh	Allegheny
University of Pittsburgh Medical Center (UPMC) McKeesport Hospital	Behavioral Health services	McKeesport	Allegheny
UPMC Presbyterian Shadyside	Western Psychiatric Hospital	Pittsburgh	Allegheny
UPMC Western Behavioral Health at Mon Yough	Adult Outpatient Services	McKeesport	Allegheny
Armstrong County Memorial Hospital	Behavioral Health	Kittanning	Armstrong
Armstrong County VA Outpatient Clinic		Kittanning	Armstrong
Family Counseling Center of Armstrong County		Leechburg	Armstrong
Family Counseling Center of Armstrong County		Kittanning	Armstrong
Glade Run Lutheran Services		Beaver Falls	Beaver
Primary Health Network	Rochester Behavioral Health	Rochester	Beaver
Community Wellness Center		Zelienople	Butler
Family Pathways		Butler	Butler
Glade Run Lutheran Services		Butler	Butler
Clarion Family Therapy, Inc.		Clarion	Clarion
Clarion Psychiatric Center		Clarion	Clarion

Name	Clinic, Department, Program, or Location	City	County
James E. Van Zandt VA Medical Center	DuBois VA Clinic, outpatient	DuBois	Clearfield
Penn Highlands DuBois	Behavioral Health Unit	DuBois	Clearfield
Achievement Center of LECOM Health	Crawford Office	Meadville	Crawford
Bethesda Lutheran Services		Meadville	Crawford
Meadville Medical Center	Inpatient Mental Health	Meadville	Crawford
Dickinson Center, Inc.		Ridgway	Elk
Dickinson Center, Inc.		Saint Marys	Elk
Achievement Center of LECOM Health		Erie	Erie
Millcreek Community Hospital	Behavioral Health	Erie	Erie
Saint Vincent Health Center	Behavioral Health	Erie	Erie
UPMC Western Behavioral Health at Safe Harbor	12th Street location	Erie	Erie
UPMC Western Behavioral Health at Safe Harbor	26th Street location	Erie	Erie
Veterans Affairs Medical Center	Substance Abuse Treatment Program	Erie	Erie
Bright Horizons	Adult Partial Hospitalization Chestnut Ridge Counseling Services, Inc. (CRCSI)	Uniontown	Fayette
Connellsville Counseling and Psychological Services		Connellsville	Fayette
Family Behavioral Resources	Outpatient Mental Health Clinic	Uniontown	Fayette
Southwest Behavioral Care, Inc.		Uniontown	Fayette
Cornerstone Care	Waynesburg	Waynesburg	Greene
Cornerstone Care	Mount Morris	Mount Morris	Greene
Cornerstone Care	Greensboro	Greensboro	Greene
Family Psychological Associates		Indiana	Indiana
Indiana Regional Medical Center	Behavioral Health	Indiana	Indiana
Penn Highlands Brookville	Behavioral Health Unit	Brookville	Jefferson
Guidance Center		Bradford	McKean
Guidance Center		Smethport	McKean
Community Counseling Center of Mercer County	Outpatient Treatment	Hermitage	Mercer
Community Counseling Center of Mercer County	Grove City Office	Grove City	Mercer
Community Counseling Center of Mercer County		Greenville	Mercer
Dickinson Center, Inc.		Coudersport	Potter
Regional Counseling Center		Franklin	Venango
Regional Counseling Center		Oil City	Venango
UPMC Northwest	Behavioral Health	Seneca	Venango

Name	Clinic, Department, Program, or Location	City	County
Achievement Center of LECOM Health	Warren Office	Warren	Warren
Beacon Light Behavioral Health System	Recovery Center	Warren	Warren
Family Services of Warren County		Warren	Warren
Warren State Hospital		Warren	Warren
Care Center, Inc.		Washington	Washington
Centerville Clinics	CMHC Yablonski Memorial Clinic	Fredericktown	Washington
Centerville Clinics	Washington Partial Hospitalization Program	Washington	Washington
Centerville Clinics	Vestaburg Partial Hospital Program	Vestaburg	Washington
Cornerstone Care	Burgettstown	Burgettstown	Washington
Psychiatric Care Systems		Monongahela	Washington
Washington Communities Human Services		Washington	Washington
Excela Health Behavioral Health	Westmoreland Regional Hospital	Greensburg	Westmoreland
Excela Health Latrobe Hospital	Behavioral Health Services	Latrobe	Westmoreland
Excela Latrobe	Outpatient Counseling Center	Latrobe	Westmoreland
Family Behavioral Resources	Outpatient Mental Health Clinic	Greensburg	Westmoreland
Mount Pleasant Counseling and Psychological Services		Mount Pleasant	Westmoreland
Southwest Behavioral Care, Inc.		Greensburg	Westmoreland
Southwest Behavioral Care, Inc.		Latrobe	Westmoreland
Southwest Behavioral Care, Inc.		New Kensington	Westmoreland
Torrance State Hospital		Torrance	Westmoreland

Table B.3 lists the characteristics of the mental health facilities in the Adagio Health service area.

Table B.3. Characteristics of Mental Health Facilities in the Adagio Health Service Area

Description	Number of Facilities
Facility type	
Outpatient mental health facility	43
Residential treatment center	7
Psychiatric hospital	5
Hospital inpatient or 24-hour hospital inpatient	18
Partial hospitalization or day treatment	18
Federally Qualified Health Center	10
Payer or payment information	
Cash or self-payment	73
Medicaid	76
Medicare	64
State-financed health insurance plan other than Medicaid	68
Private health insurance	78
Federal military insurance (e.g., TRICARE)	74
VA funds	25
Sliding fee scale or payment assistance	39
Population served	
Specialized treatment for co-occurring disorders	40
Lesbian, gay, bisexual, transgender, or queer/questioning (LGBTQ)	22
Veterans and military	80
Persons needing specialized treatment for PTSD	51
Persons 18 and older with serious mental illness	48
Persons with traumatic brain injury (TBI)	10
Persons experiencing first-episode psychosis	7
Clients with HIV or acquired immunodeficiency syndrome (AIDS)	13
Persons with Alzheimer's or dementia	9
Persons with eating disorders	11
Clients who have experienced intimate partner violence or domestic violence	10

Description	Number of Facilities
Criminal justice (other than driving under the influence [DUI] or driving while intoxicated [DWI]) and forensic clients	28
Treatment or therapy	
Telemedicine and telehealth therapy	54
Individual psychotherapy	79
Group therapy	69
Cognitive behavioral therapy	78
Dialectical behavior therapy	64
Assertive community treatment	5
Suicide prevention services	61
Crisis intervention team	21
Psychiatric hospital or emergency services	31
Case management services	42
Couples and family therapy	61
Activity therapy	41
Mentoring and peer support	27
Family psychoeducation	60
Psychosocial rehabilitation services	22
Chronic disease and illness management	13
Other services	
Sign language services for the deaf and hard of hearing	60
Spanish or other languages	11
Illness management and recovery	16
Integrated primary care services	18
Diet and exercise counseling	26
Smoking and tobacco cessation	48
Education services	18
Housing services	11
Supported housing	7
Supported employment	13
Vocational rehabilitation services	7
Legal advocacy	2

Table B.4 lists substance use treatment facilities in the Adagio Health service area.

Table B.4. Seventy-One Substance Use Disorder Treatment Facilities in the Adagio Health Service Area

Name	Clinic, Department, Program, or Location	City	County
Allied Addiction Recovery		Pittsburgh	Allegheny
Gateway Rehab	Fox Chapel	Pittsburgh	Allegheny
Gateway Rehab	Green Tree	Pittsburgh	Allegheny
Gateway Rehab	North Hills	Wexford	Allegheny
Gateway Rehab	Squirrel Hill	Pittsburgh	Allegheny
LaurelCare Treatment Services		Coraopolis	Allegheny
Persad Center, Inc.		Pittsburgh	Allegheny
Program for Offenders	West Homestead Center for Females	Homestead	Allegheny
Salvation Army	Harbor Light Center	Pittsburgh	Allegheny
Tadiso, Inc.		Pittsburgh	Allegheny
UPMC McKeesport Hospital		McKeesport	Allegheny
UPMC Mercy Hospital	Acute Medical Detox	Pittsburgh	Allegheny
UPMC Western Psychiatric Hospital	Narcotic Addiction Treatment Program	Pittsburgh	Allegheny
VA Pittsburgh Healthcare System	Center for Treatment of Addictive Disorders	Pittsburgh	Allegheny
Family ACTS, Inc.		Ford City	Armstrong
Five Star Medical Services LLC		Ambridge	Beaver
Gateway Rehab	Aliquippa Abe's Place	Aliquippa	Beaver
Pinnacle Treatment Services of Aliquippa		Aliquippa	Beaver
Butler Memorial Hospital	Butler Regional Recovery Program	Butler	Butler
Butler Regional Recovery Program	Family Services	Butler	Butler
Discovery House		Cranberry Township	Butler
Ellen O'Brien Gaiser Addiction Center		Butler	Butler
Foundations Medical Services		Butler	Butler
Alcohol and Drug Abuse Services, Inc.		Emporium	Cameron
Cen-Clear Child Services, Inc.		Clarion	Clarion
Cen-Clear Child Services, Inc.		Clearfield	Clearfield
Cen-Clear Child Services, Inc.		Coalport	Clearfield
Clearfield Comprehensive Treatment Center		Clearfield	Clearfield
Stepping Stones Unit	Meadville Medical Center	Meadville	Crawford

Name	Clinic, Department, Program, or Location	City	County
Alcohol and Drug Abuse Services, Inc.	Saint Mary's Unit	Saint Mary's	Elk
Cen-Clear Child Services, Inc.		Saint Mary's	Elk
Esper Treatment Center		Corry	Erie
Esper Treatment Center		Erie	Erie
Gaudenzia, Inc. (Erie)	Community House	Erie	Erie
New Directions Healthcare		Erie	Erie
UPMC Western Behavioral Health	Addiction Medicine Services	Erie	Erie
Veterans Affairs Medical Center	Substance Abuse Treatment Program	Erie	Erie
Angels Light Addiction Specialists		Uniontown	Fayette
Another Way, Inc.		Farmington	Fayette
Southwest Behavioral Care, Inc.		Uniontown	Fayette
Wellness Recovery LLC		Uniontown	Fayette
Deerfield Centers for Addictions Treatment		Tionesta	Forest
Fayette Treatment Program LLC	DBA Greene Treatment Center	Carmichaels	Greene
Conewago Indiana		Blairsville	Indiana
MedMark Treatment Centers		Blairsville	Indiana
SpiritLife, Inc.		Penn Run	Indiana
Cen-Clear Child Services, Inc.		Brookville	Jefferson
Cen-Clear Child Services, Inc.		Punxsutawney	Jefferson
Alcohol and Drug Abuse Services, Inc.	Kane Unit	Kane	McKean
Alcohol and Drug Abuse Services, Inc.	Bradford Unit	Bradford	McKean
Alcohol and Drug Abuse Services, Inc.	Outpatient Services	Port Allegany	McKean
Community Counseling Center of Mercer		Greenville	Mercer
Community Counseling Center of Mercer County	Outpatient Treatment	Hermitage	Mercer
Discovery House	Farrell Comprehensive Treatment Center	Farrell	Mercer
Alcohol and Drug Abuse Services, Inc.		Coudersport	Potter
Family Services and Children's Aid Society		Franklin	Venango
Family Services and Children's Aid Society		Oil City	Venango
Oil Region Recovery		Franklin	Venango
Deerfield Centers for Addictions Treatment		Warren	Warren
Family Services of Warren County		Warren	Warren

Name	Clinic, Department, Program, or Location	City	County
Allied Addiction Recovery		Washington	Washington
Care Center, Inc.		Washington	Washington
Charleroi Treatment Services		Charleroi	Washington
Allied Addiction Recovery LLC		Greensburg	Westmoreland
Clear Day Treatment of Westmoreland		Greensburg	Westmoreland
Gateway Rehab		Greensburg	Westmoreland
Gateway Rehab	Westmoreland	Mount Pleasant	Westmoreland
Recovery Care LLC		Jeannette	Westmoreland
Southwest Behavioral Care, Inc.		Latrobe	Westmoreland
Southwest Behavioral Care, Inc.		New Kensington	Westmoreland
Southwestern Behavioral Care, Inc.	DBA SPS Behavioral Health	Monessen	Westmoreland

Table B.5 lists the characteristics of the substance use treatment facilities in the Adagio Health service area.

Table B.5. Characteristics of Substance Use Disorder Facilities in the Adagio Health Service Area

Description	Number of Facilities
Facility type	
Residential	15
Transitional housing, halfway house, or sober home	3
Outpatient	56
Psychiatric or general hospital	10
Payer or payment information	
Cash or self-payment	66
Medicaid	67
Medicare	41
State-financed health insurance plan other than Medicaid	47
Private health insurance	59
Federal military insurance (e.g., TRICARE)	52
Federal or any government funding for substance use treatment programs	40
Sliding fee scale or payment assistance	22
Population served	
LGBTQ	30
Veterans and military	71
Clients with co-occurring pain and substance use disorders	29
Criminal justice (other than DUI or DWI) and forensic clients	39
Pregnant and postpartum women	32
Clients with HIV or AIDS	28
Clients who have experienced trauma, abuse, or violence	48
DUI or DWI clients (specially designed program)	10
DUI or DWI clients only	0
Opioid use disorder clients only	9
Screening and testing	
Comprehensive substance use assessment	69
Screening for substance use	70

Description	Number of Facilities
Drug or alcohol urine screening	71
Breathalyzer or blood alcohol testing	46
Drug and alcohol oral fluid testing	30
Comprehensive mental health assessment	30
Screening for mental disorders	52
Screening for tobacco use	66
Sexually transmitted disease testing	30
HIV testing	36
Testing for Hepatitis B (HBV)	30
Testing for Hepatitis C (HCV)	45
Tuberculosis screening	52
Treatment or therapy	
Telemedicine and telehealth therapy	62
Detoxification (alcohol, cocaine, opioids, or other)	22
Methadone maintenance	15
Buprenorphine maintenance	35
Relapse prevention	70
Federally certified opioid treatment program	15
Cognitive behavioral therapy	68
Individual counseling	69
Group counseling	68
Family counseling	66
12-step facilitation	56
Brief intervention	54
Contingency management and motivational incentives	41
Motivational interviewing	68
Matrix model	30
Community reinforcement plus vouchers	18
Aftercare and continuing care	70
Treatment for other addiction disorder	32
Other services	
Sign language services for the deaf and hard of hearing	32

Description	Number of Facilities
Spanish	8
Smoking and tobacco cessation	62
Trauma-related counseling	60
Domestic violence services, including family or partner	21
Treatment for gambling disorder	33
Recovery coach	21
Professional interventionist or educational consultant	17
HIV or AIDS education, counseling, or support	51
Hepatitis education, counseling, or support	54
Health education services other than HIV, AIDS, or hepatitis	48
Interim services for clients	45
Case management service	46
Marital and couples counseling	57
Mentoring and peer support	52
Anger management	52
Social skills development	36
Self-help groups	38
Housing services	50
Employment counseling or training	21
Vocational training or educational support	11
Transportation assistance	37

Table B.6 contains a list of national online resources for veterans.

Table B.6. One Hundred Thirty-Three National Online Resources

Name	Description
Afterdeployment.org	Provides an online wellness resource for the military community and self-care solutions targeting behavioral health challenges commonly faced after a deployment
American Corporate Partners	Helps returning veterans and active-duty spouses find their next careers through one-on-one mentoring, networking, and online career advice
American Latino Veterans Association	Helps American Latino veterans access the benefits they have earned and enhances recognition of Latino contributions to our nation's defense
American Legion Auxiliary	<ul style="list-style-type: none"> • Offers programs and scholarships for veterans, service members, and their families • Helps military families cope with the effects of multiple deployments by focusing on advocacy, military and family support, and youth development
American Veterans Committee	Connects veterans of the U.S. Armed Forces to potential employers, networking, and transition opportunities
Army Behavioral Health	Offers information for soldiers returning home—most of whom (along with their family members) will experience a readjustment period—and a successful home transition
Army Morale, Welfare, and Recreation	Provides support and leisure programs and services for service members and their families, civilian employees, and military retirees
Army Recovery Care Program	Evaluates and treats U.S. Army wounded warriors through a comprehensive process of medical care, rehabilitation, and professional development
Army Resilience Directorate	Provides policy, resources, and capabilities for soldiers and U.S. Army leaders to increase their resilience and readiness
Army Women's Foundation	Provides a support network for women service members and veterans to build partnerships for success and serves as a voice and advocate for U.S. Army women
Blinded Veterans Association	Assists eligible blind veterans and their families navigate the VA claims process and offers other assistance programs and services, including scholarships and peer support
Bob Woodruff Foundation	Offers fertility assistance and support for veterans with service-related infertility
Business and Professional Women's Foundation	Supports women veterans as they transition from military to civilian life and provides links to helpful resources, including career advancement resources and personal and professional connections
Catch a Lift Program	Includes a Women's Fitness Initiative for combat injured women
CAVARTS (Challenge America Veteran Arts Community)	Brings together veterans who support one another as they connect, learn, and grow through the arts
Centerstone Military Services	Offers services, including counseling, therapeutic retreats, couples and family counseling, housing assistance, employment counseling, online support groups, classes, and workshops, to help with a variety of mental health concerns
Challenged Athletes—Operation Rebound Program	<ul style="list-style-type: none"> • Provides grant opportunities and support to military veterans with permanent physical injuries • Assists with reintegration through sports and fitness

Name	Description
Christopher & Dana Reeve Foundation	Assists service members and veterans living with spinal cord injury and paralysis to help connect them with military services, programs, and benefits
Circa Jobs for Veterans	Provides a veterans job board and expert resources to help guide the search process
Coalition to Salute America's Heroes	Provides financial aid and support services to help severely wounded veterans and families of Operation Enduring Freedom, Operation Iraqi Freedom, and Operation New Dawn who are facing severe financial hardships to help recover from their injuries and illnesses
CollegeRecon	Provides online tools and information to help veterans, military spouses, and dependent military children find scholarships, military-friendly colleges, and other education and transition resources
COMMIT Foundation	<ul style="list-style-type: none"> • Helps service members and veterans transition into successful roles and careers postservice • Offers one-on-one transition assistance tailored to the individual
Crisis Text Line	Provides free and anonymous support 24/7 for those in crisis
eMentor	Connects veterans with career mentors who offer career transition advice and resources (online mentoring program)
Esposas Militares Hispanas USA Armed Forces	Supports Hispanic military spouses through awareness and information in Spanish about everything that surrounds them in the military that they struggle to access because of language barriers
Faces of Honor	Offers free reconstructive medical care to veterans with facial or neck injuries sustained either in combat or noncombat support activities
Fair Shake	Assists veterans who are, or have been, incarcerated, helping to reduce the pressures associated with reentry
Feds Hire Vets	Offers federal employment information and resources for veterans, transitioning military service members, and their families, and provides access to federal hiring officials
First Command Educational Foundation	<ul style="list-style-type: none"> • Offers financial readiness programs and resources for veterans and their families • Awards scholarships each year to persons seeking associate, undergraduate, and graduate degrees; attending a trade school; or seeking professional certifications
Foundation for Financial Planning	Provides free financial planning programs for military and veterans who often face substantial and unique financial challenges
GallantFew	<ul style="list-style-type: none"> • Provides one-on-one transition assistance and veteran support to any service member or veteran seeking guidance along their transition from the military and reintegration into American society • Offers online support and resources
GI Go Fund Veterans Center	Provides assistance to all military veterans, with a focus on veterans from Iraq and Afghanistan, by helping them find employment, access housing, and secure their education and health benefits
G.I. Jobs	Provides free resources for transition to civilian life after the military, including a jobs board, social media channels, virtual career expos, and other resources and online tools to help veterans explore different career and postsecondary education options
Give an Hour	<ul style="list-style-type: none"> • Offers free and confidential mental health support to military, veterans, and their families • Provides veterans with the ability to conduct a local search to find Give an Hour providers in their area

Name	Description
Helmets to Hardhats	Connects veterans to career training and employment opportunities in the construction industry
Help Heal Veterans	Offers free therapeutic arts and crafts kits to injured and recuperating veterans to help them improve their sense of self-esteem and overall physical and mental health
H.E.R.O.E.S. Care	Provides emergency financial aid, employment opportunities, and mental health care services through a network of specially trained caregivers before, during, and after deployment
Hire a Hero	<ul style="list-style-type: none"> • Provides an online jobs board for veterans and their families • Offers access to targeted job opportunities with military-friendly employers by industry, function, and location
Hire Heroes USA	Provides free employment assistance to help veterans and military spouses get hired, and helps companies hire and retain them
Hire Veterans	Connects veterans with civilian careers through the Hire Veterans e-recruiting site
Hiring Our Heroes	Provides a nationwide initiative to help connect veterans, transitioning service members, and military spouses with meaningful employment opportunities
HOOAH, Inc.	Assists service members, veterans, and their families with financial resources to meet their needs and in times of mortal crisis where distance is a barrier
IMAlive Virtual Crisis Center	Provides crisis intervention for people dealing with depression and thoughts of suicide through its online chat, mental health fairs, and other educational programs
Instant Teams—Military Affinity Program	Provides fully remote opportunities to military spouses and other military-connected individuals for career continuation
Institute for Veterans and Military Families	Offers programs in career, vocational, and entrepreneurship education and training, including a women-focused training program in entrepreneurship and small business management
InTransition Mental Health Coaching	Assists active-duty service members and veterans receiving mental health treatment transition between health care systems or providers by connecting them to the right resources
Iraq and Afghanistan Veterans of America	Provides free, confidential, 24/7 peer support and remote care management
Job Opportunities For Disabled American Veterans	Provides job listings for veterans with disabilities, where they can post resumes and find job opportunities through both email and SMS texting job alerts
Lifeline for Vets	Connects women veterans with appropriate resources to help them transition to civilian life after leaving the military
Love Our Vets	Offers a book and blog on PTSD and veterans that offers hope, encouragement, practical help, and connection for all loved ones of those who serve or have served in the military, especially those who battle PTSD
Military and Veterans Appreciation Trust Foundation	Provides resources for veterans, including a free online network of professionals, offering job assistance through resume critiques, feedback on career aspirations, and professional development advice
Military Consumer	<ul style="list-style-type: none"> • Provides tools, tips, and advice to military consumers for financial readiness to make informed decisions when managing money • Offers free resources against fraud for active-duty and retired service members, military families, veterans, and civilians in the military community

Name	Description
Military Families United	Provides services, events, and advocacy programs to support military families
The Military Guide	<ul style="list-style-type: none"> • Offers a blog for service members and veterans to help them take advantage of their military benefits and achieve financial independence • Offers articles on military life, including military pay and benefits, insurance, money management, and retirement
Military Sisterhood Initiative	Provides a national peer support community for women
Military Strategic	Provides veterans, transitioning service members, and their families with employment information, an up-to-date jobs board, scholarship opportunities, discount offers, and a digital magazine with job recruitment advertisements
The Military Wallet	<ul style="list-style-type: none"> • Offers information for service members, veterans, and their families to help take advantage of their military benefits and make smarter financial decisions • Includes articles and podcasts that cover military pay, benefits, career and transition, military discounts, military life, money management, and more
Military.com	Connects service members, military families, and veterans to information about government benefits, scholarships, discounts, and more
MILLIE	Provides an online resource to find vetted veteran real estate agents that assist military families with a permanent change of station
The Mission Continues	Assists veterans in continuing their service by engaging in volunteer projects in their communities or online
Modern Military Association of America	Provides education, advocacy, and support for LGBTQ service members
National Association for Black Veterans	<ul style="list-style-type: none"> • Provides personal advocacy on behalf of all veterans seeking claims against VA • Offers camaraderie, claims services, volunteer opportunities, member discounts, scholarships, and legacy for preserving the history of black veterans in service
National Association of American Veterans	Assists eligible service members, veterans, and their families experiencing financial hardship through emergency assistance referrals and helps ease the burden of caregivers through the military family program
National Association of Blind Veterans	Provides programs to improve the quality of life for blind and visually impaired veterans
National Military Family Association	<ul style="list-style-type: none"> • Provides education and information regarding rights, benefits, and services for military families • Offers programs to support family members, including career funding and scholarships for military spouses seeking degrees and career advancement, camps for military kids, family retreats, resilience strengthening experiences, and healing adventures
National Organization of Veterans' Advocates	Assists veterans seeking to appeal a VA disability claim by providing a list of accredited sustaining members of experienced attorney or agent practitioners by state
National Women Veterans of America	Provides information and support for women veterans by assisting them in obtaining VA benefits and participating in local and national issues pertaining to all women veterans
Network of Care for Veterans, Service Members, and Their Families	Provides an interactive web portal for service members, veterans, their families and those who support them to access a wide variety of information relating to local, state, and national social services, including crisis intervention

Name	Description
NeuroRestorative Veterans and Military Services	Addresses challenges resulting from a brain, spinal cord, or medically complex injuries including PTSD, mental/behavioral changes, and family disharmony
Objective Zero Foundation	Offers mobile apps to anonymously connect veterans to resources for suicide prevention and a community of peer supports
O*NET Online—Military Crosswalk	Helps with resumes, using terms more familiar with the civilian human resources community to assist transitioning service members, veterans, and their family members in finding potential comparative civilian employment
Operation Code	Helps veterans learn new skills and build their careers in the information technology industry through program offerings such as the Software Mentor Program, conference scholarships, and employment services
Operation Gratitude	<ul style="list-style-type: none"> • Provides support to deployed military service members, veterans, and first responders through volunteer service projects, acts of gratitude, and community events nationwide • Sends care packages to troops, first responders, veterans, recruit graduates, wounded heroes, caregivers, and military families
Operation We Are Here	Provides a hub of free resources for military and veteran families and those who support them
Paralyzed Veterans of America	Provides resources and professional services to catastrophically disabled veterans, their caregivers, and their families
Parkinson’s Foundation	Provides free resources and advice for veterans with Parkinson’s, including information to help understand what the disease is, the signs and symptoms, and available treatment options
Pat Tillman Foundation	Provides academic scholarships; leadership development opportunities; and access to a national network of high-performing peers, mentors, and industry leaders for military service members, veterans, and spouses
Patriot Education Fund	Provides multiyear and repetitive scholarships, over and above the benefits provided by the Post-9/11 GI Bill, to help minimize the financial gaps of post-9/11 military families as they pursue higher education
Patriot Military Family Foundation	Offers a variety of programs for veteran health and support, military family support, scholarships, and homes for veterans
Project Healing Heroes	Offers a weekly webinar program to help combat veterans and service members overcome PTSD through awareness, resilience, and support
Project Welcome Home Troops	Provides techniques for stress relief, greater health, and well-being and empowerment to improve the quality of life for returning veterans and their families
Purple Heart Foundation	<ul style="list-style-type: none"> • Supports programs and services dedicated to helping veterans and their families by awarding direct grants and scholarships • Helps veterans process claims for compensation, pension, medical care, education, job training, employment, housing, and death and burial benefits
Purple Heart Homes	Provides housing solutions for service-connected, disabled, and aging veterans of all eras
Real Warriors Campaign	<ul style="list-style-type: none"> • Offers psychological health resources for service members, veterans, and their families • Supports the promotion of psychological health and reduction of stigma of psychological health concerns and encourages help-seeking behavior
Rebuilding America’s Warriors	Provides free reconstructive surgery to wounded and disfigured active-duty warriors and veterans of all wars post-2001

Name	Description
Return to Work, Inc.	Provides personalized vocational rehabilitation and employment services free of charge to veterans, their spouses, and Americans with disabilities, including wounded warriors
The Rosie Network	Provides training, mentoring, and resources for military spouses, transitioning service members, and veterans who want to start a business
Service to School	<ul style="list-style-type: none"> • Provides free college and graduate school application counseling to military veterans and service members • Prepares transitioning service members and veterans for their next chapter of leadership by helping them gain admission to the best college or graduate school possible
Service Women’s Action Network	Connects women veterans to mentors for personal and professional guidance, legal advice, and counseling services
Shift	<ul style="list-style-type: none"> • Offers fellowships for transitioning service members tailored to their career goals and other skill building resources to help translate their military experience to civilian careers • Offers veterans zero-interest loans for tech education, including web development, data science, and cybersecurity
SkillMil	<ul style="list-style-type: none"> • Offers tools to help veterans find jobs and create a personalized resume • Provides veterans with an opportunity to upload their military work history and skills, after which SkillMil translates their military experience to find the best jobs
SMART Recovery	<ul style="list-style-type: none"> • Offers free recovery meetings online or in-person at a local VA facility • Offers veterans help with coping skills in a safe and supportive environment via SMART meetings
SoberRecovery	<ul style="list-style-type: none"> • Provides information about addiction and recovery support featuring an online forum community • Offers an online referral source for those seeking rehab facility centers
Soldier On	<ul style="list-style-type: none"> • Offers in-home case management, referral services, and temporary financial assistance for housing to veterans facing homelessness • Provides an opportunity for a veteran to meet with staff at a location convenient for the veteran
Splunk	Offers access to e-learning courses to help current service members, veterans, and spouses prepare for job opportunities
Stand Beside Them	Offers free coaching for veterans and their family members, including career development, executive leadership, life and relationships, health and wellness, and small business development
StartMovingForward.org	Provides information and resources for addiction, including listings of substance addiction recovery centers and a confidential helpline
Statewide Legal	Offers legal information and resources to help military service members, veterans, and their families understand and protect their rights
Stop Soldier Suicide	Provides free services to help service members and veterans in crisis
TAOnline.com	Assists transitioning military in obtaining civilian employment at veteran-friendly organizations by matching employers to candidates through the use of career information, online tools, relationships with key partners, and experience in the military career site business
Team Red, White, & Blue	Offers physical and social activity for military veterans and family members through regular fitness activities, social gatherings, and community service events

Name	Description
Trucking Track Mentoring Program	Assists veterans, transitioning service members, and their spouses in finding careers in the trucking industry
U.S. Department of Agriculture (USDA) Military Veterans	Offers a website specific to military veterans, focusing on employment, education, and entrepreneurship with each section providing information on veteran's programs from the 17 agencies within the USDA
USO—Invisible Wounds Videos	Provides videos of veterans sharing their personal stories and how their conditions have impacted their lives
VA Home Loan Centers	Helps veterans, active-duty service members, and their families purchase homes through low-interest loans
Veteran Sisters	<ul style="list-style-type: none"> • Provides a support network and advocacy for female veterans who are survivors of PTSD and MST, helping each other through unique challenges while serving in the military and after • Assists with filing VA claims for service-connected disabilities with an emphasis on PTSD, MST, depression, and anxiety
Veterans ASCEND	<ul style="list-style-type: none"> • Provides a web-based service to help employers connect with transitioning service members and veterans seeking civilian employment • Helps veterans to find civilian careers based on their military skills and career preferences
Veterans Consortium	Provides free attorneys to veterans and family members who need assistance with discharge upgrades or filing an appeal to the U.S. Court of Appeals for veterans' claims
Veterans Employment and Training Service	Offers employment services, programs, and resources to help veterans, service members, and military spouses get jobs
Veterans in Pain	<ul style="list-style-type: none"> • Provides a national physician network to connect veterans with chronic pain to nonsurgical pain solutions • Empowers veterans through access to orthobiologic and alternative chronic pain solutions
Veterans Lending Group	Offers free resources to help the military community use their VA home loan benefits and lower their monthly home loan payments or interest rates
Veterans Matter	Helps house homeless veterans and their families who qualify for the U.S. Department of Housing and Urban Development Veterans Affairs Supportive Housing voucher program
Veteran's PATH	Provides programs and events that offer a renewed sense of purpose, mindfulness, and connection to veterans transitioning from service to civilian life
Veterans Restorative Project	Offers free iRest mindfulness meditation programs to qualified veterans and family members at over 50 VA or military settings across the United States
Veterans Support Foundation	Assists disabled homeless veterans and their family members with finding transitional and permanent housing as well as other VA benefits to meet their needs
Veterans United Home Loans	Offers assistance with VA loans and multiple home financing options, helping veterans to buy or refinance a home
Veterans Yoga Project	Offers free online yoga classes, conducted in conjunction with vet centers, VA hospitals, treatment centers, student veteran groups, and other community veterans support organizations
Vetlign	Provides a tool that matches veterans with job opportunities by understanding how their skills and experience align to a job requirement
VetLinks	Links veterans and caregivers to resources and providers for PTSD, TBI, and substance use disorder

Name	Description
Vets4Warriors	Provides 24/7 personalized peer support to all service members, veterans, and their families
VETS—Beyond the Uniform	Offers free mentoring and training services to help veterans make a successful journey from the military into the civilian workforce
VetsEDU	Provides a network of professional services in all 50 states and four territories to educate veterans and active military families on what to expect with the real estate process and the VA home loan program
VetToCEO	Offers a free virtual program, designed and facilitated by veterans for veterans, that runs for five weeks, one night each week, for veterans who are either exploring entrepreneurship as a career path choice or completing their business plan
WarriorNOW	Connects veterans impacted by a mental health diagnosis, posttraumatic stress, or addiction to resources, services, and mentorship
Women Injured in Combat	Offers peer support groups, retreats, military sexual trauma intensive therapy retreats, workshops, summits, and more in partnership with Challenge America
Women Veterans Call Center	Provides a call center dedicated to answering questions about resources and benefits for women veterans
Women Veterans Network	<ul style="list-style-type: none"> • Provides a social network of women veterans to foster connections and build relationships in local communities and across the nation • Empowers women veterans with information, education, and resources on career and employment, civilian transition, housing and homelessness, legal aid and advice, recreation, and relationships
Women Veterans ROCK!	Engages and empowers women and girls in military families to excel in their postmilitary and civilian lives
Women Veteran Social Justice Network	Provides outreach services to women veterans transitioning from military service to civilian life, including support to women who may have experienced sexual abuse trauma during their service
Workforce Opportunity Services	Recruits and educates post-9/11 enlisted veterans and young adults from socioeconomically disadvantaged communities and prepares them for employment opportunities at partner organizations
Work Vessels for Veterans	Offers grants ranging from \$1,000 to \$8,000 for equipping veteran-owned small businesses with critical new or used equipment (adapted to accommodate injuries, if needed) or equipping injured veteran farmers with agricultural equipment (tractors, fencing, and farm equipment)
Wounded Warrior Project	Helps veterans and service members who incurred a physical or mental injury, illness, or wound while serving in the military on or after September 11, 2001
Yellow Ribbon Foundation	Helps fulfill the unmet needs (food, shelter, clothing, medical, and education) of veterans who served in the U.S. military

Table B.7 lists experience, trip, and gift opportunities for veterans.

Table B.7. Twenty-Five Experience, Trip, and Gift Opportunities for Veterans

Source	Description
Angel Wings for Veterans	Provides free medical transportation services for wounded, ill, and injured veterans; active-duty service members; and their families, to clinical care on the ground and in the air with gas cards, bus, and train tickets; general aviation flights; and commercial airline tickets
B&Bs for Vets	Offers free lodging for one night on or around Veterans Day at bed and breakfasts, inns, and unique lodging properties across the United States to veterans and service members
Building Homes for Heroes	<ul style="list-style-type: none"> • Provides nationwide support to injured veterans by building or modifying homes and gifting them, mortgage free, to these veterans and their families • Offers programs, including financial planning services, family funding, and emergency support, to those who are gifted homes
Canines for Service	Provides veterans from all conflicts with service-connected mobility challenges, PTSD, TBI, and MST with highly trained service dogs at no cost or promotional consideration
Freedom Hunters	Offers therapeutic outdoor adventures (mainly hunting, fishing, and shooting trips) at no cost to select active-duty and combat veterans, families of fallen heroes, children of deployed service members, and those wounded or injured
Guide Dog Foundation for the Blind	Provides guide dogs and training at no cost to veterans to help them return to a life without boundaries through its America's VetDogs organization
Guide Dogs of America	Provides service dogs for eligible veterans to address symptoms of disabilities by providing mobility assistance, decreasing physiological symptoms of stress and anxiety, reducing isolation, and more
Mercy Medical Angels	<ul style="list-style-type: none"> • Helps veterans and their families by offering free medical transportation services on the ground and in the air to ensure that no one in need is denied medical care • Provides travel to clinical care, service dog acquisition, healing retreats and posttraumatic stress and TBI treatments
Military Housing Assistance Fund	<ul style="list-style-type: none"> • Offers gift funds to expand housing opportunities for veterans and active-duty military, guard, and reserve personnel to promote home ownership and personal security • Helps veterans purchase homes
North American Hunters for Heroes	Offers hunting and fishing trips all over the United States for wounded veterans and military heroes
On Course Foundation USA	Offers recovery opportunities in which wounded, ill, or injured service members and veterans play golf, through nationwide events with tuition from advanced golf professionals
Operation Finally Home	Provides mortgage-free homes, home modifications, and transitional housing to wounded, ill, and injured military veterans; first responders; and their families in honor of their service and sacrifice to their country and community.
Over the Edge Outdoors	Provides expenses-paid adventures (hunting, fishing, and camping) for veterans, service members, and gold-star families, allowing them to forge new relationships with others who have been through similar experiences

Source	Description
Paws4People Foundation	Places psychiatric medical alert assistance dogs with veterans and service members with chronic or complex PTSD, TBI, and MST
Paws for Purple Hearts	Trains assistance dogs to help injured veterans along the road to recovery from PTSD, TBI, or mobility impairments
Pets for Vets	Matches veterans with pets around the nation to create a Super Bond, offering the comfort and companionship necessary to ease psychological trauma, mitigate loneliness, and provide a sense of purpose
Project Healing Waters	Offers fishing outings to teach fly-fishing and fly-tying techniques to disabled service members and veterans
Sierra Club—Military Outdoors	Provides veterans with the opportunity to get outdoors when they return home after service
Sisterhood 4 Vets	Provides vacation accommodations exclusively to female veterans who reside in Pennsylvania (selection process begins with an application that includes a veteran testimonial letter stating why she should be accommodated, and selections are based on availability and the number of people traveling with her)
Tech for Troops	Provides qualifying veterans and veteran assistance organizations with refurbished computers at low or no cost
US VetConnect	Offers a free awareness platform of unique organizations providing outdoor adventures for veterans to find their next experience
Veterans Airlift Command	Offers free air transportation for wounded warriors, veterans, and their families for medical and other compassionate purposes
Veterans Holidays	Offers free membership for all veterans and their families to enjoy vacations at popular destinations around the world
Vets Adopt Pets	<ul style="list-style-type: none"> • Assists veterans in facilitating companion animal adoptions from pet shelters across the country • Pays the adoption fee for veterans, service members, and their families
Vet Tix	Offers free tickets to sporting events, concerts, performing arts, and family activities aimed at improving mental welfare and enriching the lives of military service members and veterans

Table B.8 lists facilities and resources for veterans in the Adagio Health service area.

Table B.8. Thirty-One VA Facilities and Resources in the Adagio Health Service Area

Source	Description
Butler VA Healthcare System	<ul style="list-style-type: none"> • Provides comprehensive health care, including primary, specialty, and mental health care • Operates clinics in Butler, Armstrong, Lawrence, Clarion, and Mercer counties
Digital Divide Consult	Provides support for eligible veterans who do not have a device with internet access by lending devices, directing them to telehealth sites in their community, or assisting with obtaining subsidies for phone and internet services
Erie VA Healthcare System	<ul style="list-style-type: none"> • Offers a wide range of health, support, and facility services • Operates clinics in Erie, Crawford, McKean, Venango, and Warren counties
Federal Benefits for Veterans, Dependents, and Survivors	Provides information for veterans and their dependents and survivors about VA health care, disability compensation, education and training, home loan guaranty, financial assistance, life insurance, and more
VA Altoona Health Care System	<ul style="list-style-type: none"> • Offers a wide range of health, support, and facility services • Operates clinics in Clearfield and Indiana counties
VA App Store	Provides access to dozens of apps, including those created specifically for veterans and their health care professionals
VA Blind Rehabilitation Services	Supports blind and low-vision veterans and active-duty service members in regaining their independence and quality of life to enable their successful integration into family and community life
VA Center for Minority Veterans	Promotes the use of VA benefits, programs, and services available to minority veterans
VA Center for Women Veterans	Provides health care services, benefits services, and programs for women veterans
VA Disability and Compensation	Provides information on VA disability benefits, including how to fill out the forms correctly and where to send a claim for the fastest processing
VA Education and Training Benefits	<ul style="list-style-type: none"> • Offers information on how to apply for and manage the VA education and training benefits • Helps veterans, service members, and their qualified family members with needs like paying college tuition, finding the right school or training program, and getting career counseling
VA Homeless Veteran Programs	Connects homeless and at-risk veterans with housing solutions, health care, community employment services, and other required supports
VA Intimate Partner Violence Assistance Program	Assists veterans, their partners, and VA staff who are impacted by intimate partner violence
VA Locations for PTSD Program	Provides assistance locating a specialized PTSD program by state or type of program
VA Mental Health	Offers mental health support for anxiety, depression, or PTSD for veterans and their family members who through in-person appointments at local VA facilities, telehealth sessions, and online resources
VA MOVE! Weight Management Program	Provides information on the VA weight management and health promotion program designed to improve the lives of veterans through encouraging healthy eating behavior, increasing physical activity, and promoting even small weight losses

Source	Description
VA My HealtheVet	Connects veterans and their dependents to their health care team to manage health issues
VA National Cemetery Administration	Provides information on VA burial benefits for veterans and eligible family members
VA Native American Veterans	Provides programs and services for eligible military Native American veterans to include health care, education, disability, and records
VA Pension Benefits	Provides information about VA pension benefits including eligibility, how to apply, extra VA pension benefits, and benefits as a surviving spouse or child of a deceased veteran with wartime service
VA Pittsburgh Healthcare System	<ul style="list-style-type: none"> • Provides a wide range of health, support, and facility services • Operates clinics in Allegheny, Beaver, Fayette, Washington, and Westmoreland counties
VA Specially Adapted Housing Program	Offers grants to service members and veterans with certain severe service-connected disabilities to build, remodel, or purchase an adapted home
VA Suicide Prevention	Helps veterans find local mental health and suicide prevention resources, family and friends connect to care and resources for coping with a suicide loss, and provides other resources for community members and providers
VA Transition and Case Management	Provides information about the benefits that VA offers to post-9/11 veterans through the Transition and Care Management (formerly OEF/OIF/OND) program
VA Vet Call Center	Offers a 24/7 confidential call center where combat veterans and their families can call to talk about their military experience or any other issue they are facing in their readjustment to civilian life
VA Veteran Readiness and Employment	Offers services for veterans and service members to help with job training, employment accommodations, resume development, and coaching for job skills
VA Veteran Training	<ul style="list-style-type: none"> • Offers free online courses designed specifically for veterans, service members, and their families to help them move forward and enhance different aspects of their lives • Provides tools to help veterans work on problem-solving skills, manage anger, develop parenting skills, and more
VA Veterans Transportation Service	Assists veterans in accessing transportation to VA medical facilities or authorized non-VA appointments to receive care at participating VA medical centers
VA Women Veterans Health Care	<ul style="list-style-type: none"> • Provides programs and support to help all women veterans • Offers assistance to any woman veteran or person that has questions about services and benefits available to women veterans in VA
Veterans Alcohol and Drug Dependence Rehabilitation Program	Offers treatment programs for eligible alcohol and drug dependent veterans to include detoxification, rehabilitation, and psychiatric care
Veterans Crisis Line	Provides free confidential 24/7 support

Abbreviations

ACS	American Community Survey
AIDS	acquired immunodeficiency syndrome
BCCEDP	Breast and Cervical Cancer Early Detection Program
BMI	body mass index
CAGE-AID	Cut down, Annoyed, Guilty, and Eye-opener Adapted to Include Drugs
COVID-19	coronavirus disease 2019
DUI	driving under the influence
DWI	driving while intoxicated
HIV	human immunodeficiency virus
IPV	intimate partner violence
IUD	intrauterine device
IVF	in vitro fertilization
IVMF	Institute for Veterans and Military Families
LBQ	lesbian, bisexual, and questioning
LGBTQ	lesbian, gay, bisexual, transgender, and queer/questioning
LGBTQIA+	lesbian, gay, bisexual, transgender, queer/questioning, asexual, intersex, and other
MATTR	Mental Health Addiction Treatment Tracking Repository
MST	military sexual trauma
NA	not applicable
n.s.	not significant
PHQ-9	Patient Health Questionnaire–9
PTSD	posttraumatic stress disorder
SAMHSA	Substance Abuse and Mental Health Services Administration
SBIRT	Screening, Brief Intervention, and Referral to Treatment
STI	sexually transmitted infection
TBI	traumatic brain injury
UMPC	University of Pittsburgh Medical Center
VA	U.S. Department of Veterans Affairs
VLP	Veterans Leadership Program

References

- Adagio Health, "About Adagio Health," webpage, undated. As of December 2022:
<https://www.adagiohealth.org/about-us>
- Adams, Richard E., Yirui Hu, Charles R. Figley, Thomas G. Urosevich, Stuart N. Hoffman, H. Lester Kirchner, Ryan J. Dugan, Joseph J. Boscarino, Carrie A. Withey, and Joseph A. Boscarino, "Risk and Protective Factors Associated with Mental Health Among Female Military Veterans: Results from the Veterans' Health Study," *BMC Women's Health*, Vol. 21, Art. 55, 2021.
- Agerwala, Suneel M., and Elinore F. McCance-Katz, "Integrating Screening, Brief Intervention, and Referral to Treatment (SBIRT) into Clinical Practice Settings: A Brief Review," *Journal of Psychoactive Drugs*, Vol. 44, No. 4, 2012.
- Bartlett, Brooke A., and Karen S. Mitchell, "Eating Disorders in Military and Veteran Men and Women: A Systematic Review," *International Journal of Eating Disorders*, Vol. 48, No. 8, 2015.
- Batuman, Fatma, Bevanne Bean-Mayberry, Caroline Goldzweig, Christine Huang, Isomi M. Miake-Lye, Donna L. Washington, Elizabeth M. Yano, Laurie C. Zephyrin, and Paul G. Shekelle, *Health Effects of Military Service on Women Veterans*, U.S. Department of Veterans Affairs, 2011.
- Blosnich, John, Melissa Ming Foynes, and Jillian C. Shipherd, "Health Disparities Among Sexual Minority Women Veterans," *Journal of Women's Health*, Vol. 22, No. 7, 2013.
- Byrne, Thomas, Ann Elizabeth Montgomery, and Melissa E. Dichter, "Homelessness Among Female Veterans: A Systematic Review of the Literature," *Women & Health*, Vol. 53, No. 6, 2013.
- Cantor, Jonathan, Ryan K. McBain, Aaron Kofner, Russell Hanson, Bradley D. Stein, and Hao Yu, "Telehealth Adoption by Mental Health and Substance Use Disorder Treatment Facilities in the COVID-19 Pandemic," *Psychiatric Services*, Vol. 73, No. 4, 2022.
- Coloske, Marissa, "The Right to Serve, but Not to Carry: Expanding Access to Infertility Treatment for US Veterans," *Health Affairs*, blog, July 22, 2021.
- Conard, Patricia L., and Donna J. Sauls, "Deployment and PTSD in the Female Combat Veteran: A Systematic Review," *Nursing Forum*, Vol. 49, No. 1, 2014.

- Cordasco, Kristina M., Michelle A. Mengeling, Elizabeth M. Yano, and Donna L. Washington, "Health and Health Care Access of Rural Women Veterans: Findings from the National Survey of Women Veterans," *Journal of Rural Health*, Vol. 32, No. 4, 2016.
- Coughlin, Steven S., Maxine Kregel, Kimberly Sullivan, Penny F. Pierce, Vahé Heboyan, and Candy Wilson, "A Review of Epidemiologic Studies of the Health of Gulf War Women Veterans," *Journal of Environment and Health Sciences*, Vol. 3, No. 2, 2017.
- Creech, Suzannah K., Carey S. Pulverman, Jennifer N. Crawford, Ryan Holliday, Lindsey L. Monteith, Keren Lehavot, Jennifer Olson-Madden, and Ursula A. Kelly, "Clinical Complexity in Women Veterans: A Systematic Review of the Recent Evidence on Mental Health and Physical Health Comorbidities," *Behavioral Medicine*, Vol. 47, No. 1, 2021.
- Danan, Elisheva, Kristine Ensrud, Erin Krebs, Eva Koeller, Nancy Greer, Tina Velasquez, Roderick MacDonald, and Timothy J. Wilt, *An Evidence Map of the Women Veterans' Health Research Literature (2008–2015)*, Department of Veterans Affairs, ESP Project 09-009, 2016.
- Dardis, Christina M., Jillian C. Shipherd, and Katherine M. Iverson, "Intimate Partner Violence Among Women Veterans by Sexual Orientation," *Women & Health*, Vol. 57, No. 7, 2017.
- Denneson, Lauren M., Claire A. Hoffmire, John R. Blosnich, Melissa E. Dichter, Elizabeth Fitelson, Ryan Holliday, Lindsey L. Monteith, Derek J. Smolenski, and Elizabeth M. Yano, "Advancing Knowledge of Suicide Risk and Prevention Among Women: Introduction to the Supplement," *Medical Care*, Vol. 59, February 2021.
- Diaz, Monica, "Veteran Homelessness Decreased by 11% in the Last Two Years: Point-in-Time Data Reveals Progress Toward Decreasing Veteran Homelessness for 2022," *VA News*, November 3, 2022.
- Dursa, Erin K., Shannon K. Barth, Ben W. Porter, and Aaron I. Schneiderman, "Health Status of Female and Male Gulf War and Gulf Era Veterans: A Population-Based Study," *Women's Health Issues*, Vol. 29, Supplement 1, June 2019.
- Frayne S. M., C. S. Phibbs, F. Saechao, S. A. Friedman, J. G. Shaw, Y. Romodan, E. Berg, J. Lee, L. Ananth, S. Iqbal, P. M. Hayes, and S. Haskell, *Sourcebook: Women Veterans in the Veterans Health Administration, Vol. 4: Longitudinal Trends in Sociodemographics, Utilization, Health Profile, and Geographic Distribution*, Women's Health Evaluation Initiative, Women's Health Services, Veterans Health Administration, Department of Veterans Affairs, February 2018.
- Gavin, Loretta, Susan Moskosky, Marion Carter, Kathryn Curtis, Evelyn Glass, Emily Godfrey, Arik Marcell, Nancy Mautone-Smith, Karen Pazol, Naomi Tepper, and Lauren Zapata, "Providing Quality Family Planning Services: Recommendations of CDC and the U.S. Office of Population Affairs," *Morbidity and Mortality Weekly Report*, Vol. 63, No. 4, 2014.

- Gerber, Megan R., “Trauma-Informed Care of Veterans,” in Megan R. Gerber, ed., *Trauma-Informed Healthcare Approaches*, Springer, 2019.
- Grant, B. F., R. B. Goldstein, S. P. Chou, T. D. Saha, W. J. Ruan, B. Huang, S. M. Smith, H. Zhang, J. Jung, R. P. Pickering, C. Aivadyan, E. Greenstein, and D. S. Hasin, *The Alcohol Use Disorder and Associated Disabilities Interview Schedule-Diagnostic and Statistical Manual of Mental Disorders*, Fifth Edition, National Institute on Alcohol Abuse and Alcoholism, 2011.
- Hamilton, Alison B., Ines Poza, Vivian Hines, and Donna L. Washington, “Barriers to Psychosocial Services Among Homeless Women Veterans,” *Journal of Social Work Practice in the Addictions*, Vol. 12, No. 1, 2012.
- Henry, Meghan, Tanya de Sousa, Caroline Roddey, Swati Gayen, and Thomas Joe Bednar, *The 2020 Annual Homeless Assessment Report (AHAR) to Congress: Part 1: Point-in-Time Estimates of Homelessness*, U.S. Department of Housing and Urban Development, January 2021.
- Hoggatt, Katherine J., Andrea L. Jamison, Keren Lehavot, Michael A. Cucciare, Christine Timko, and Tracy L. Simpson, “Alcohol and Drug Misuse, Abuse, and Dependence in Women Veterans,” *Epidemiologic Reviews*, Vol. 37, No. 1, 2015.
- Institute for Veterans and Military Families, Syracuse University, “AmericaServes Insights,” webpage, undated. As of December 31, 2022:
<https://ivmf.syracuse.edu/programs/community-services/americaserves/insights>
- Iovine-Wong, Paige E., Corey Nichols-Hadeed, Jennifer Thompson Stone, Stephanie Gamble, Wendi Cross, Catherine Cerulli, and Brooke A. Levandowski, “Intimate Partner Violence, Suicide, and Their Overlapping Risk in Women Veterans: A Review of the Literature,” *Military Medicine*, Vol. 184, Nos. 5–6, 2019.
- Iverson, Katherine M., Dawne Vogt, Melissa E. Dichter, S. Louisa Carpenter, Rachel Kimerling, Amy E. Street, Megan R. Gerber, “Intimate Partner Violence and Current Mental Health Needs Among Female Veterans,” *Journal of the American Board of Family Medicine*, Vol. 28, No. 6, 2015.
- IVMF—See Institute for Veterans and Military Families.
- Katon, Jodie G., Laurie Zephyrin, Anne Meoli, Avanthi Hulugalle, Jeane Bosch, Lisa Callegari, Ileana V. Galvan, Kristen E. Gray, Kristin O. Haeger, Claire Hoffmire, Silvina Levis, Erica W. Ma, Jennifer E. McCabe, Yael I. Nillni, Suzanne L. Pineles, Shivani M. Reddy, David A. Savitz, Jonathan G. Shaw, and Elizabeth W. Patton, “Reproductive Health of Women Veterans: A Systematic Review of the Literature from 2008 to 2017,” *Seminars in Reproductive Medicine*, Vol. 36, No. 6, 2018.

- Kim, J. Cacilia, Mikel Matto, and Elizabeth Kristen, “Safer Housing for Homeless Women Veterans,” *Journal of the American Academy of Psychiatry and the Law*, Vol. 47, No. 3, 2019.
- Kinney, Rebecca L., Sally Haskell, Mark R. Relyea, Eric C. DeRycke, Lorrie Walker, Lori A. Bastian, and Kristin M. Mattocks, “Coordinating Women’s Preventive Health Care for Rural Veterans,” *Journal of Rural Health*, Vol. 38, No. 3, 2022.
- Klap, Ruth, Jill E. Darling, Alison B. Hamilton, Danielle E. Rose, Karen Dyer, Ismelda Canelo, Sally Haskell, and Elizabeth M. Yano, “Prevalence of Stranger Harassment of Women Veterans at Veterans Affairs Medical Centers and Impacts on Delayed and Missed Care,” *Women’s Health Issues*, Vol. 28, No. 2, 2019.
- Kuzminski, Katherine L., and Phillip Carter, “CNAS Needs Assessment: Veterans in Southwest Pennsylvania,” Center for a New American Security, November 17, 2015.
- Lehavot, Keren, Jodie G. Katon, Jessica A. Chen, John C. Fortney, and Tracy L. Simpson, “Post-Traumatic Stress Disorder by Gender and Veteran Status,” *American Journal of Preventive Medicine*, Vol. 54, No. 1, 2018.
- Lehavot, Keren, and Tracy L. Simpson, “Incorporating Lesbian and Bisexual Women into Women Veterans’ Health Priorities,” *Journal of General Internal Medicine*, Vol. 28, Supplement 2, 2013.
- Lofquist, Daphne A., “Characteristics of Female Veterans—An Analytic View Across Age-Cohorts: 2015,” U.S. Census Bureau, August 2017.
- Mancuso, Abigail C., Karen M. Summers, Michaelle A. Mengeling, James C. Torner, Ginny L. Ryan, and Anne G. Sadler, “Infertility and Health-Related Quality of Life in United States Women Veterans,” *Journal of Women’s Health*, Vol. 29, No. 3, 2020.
- Mankowski, Mariann, Sally G. Haskell, Cynthia Brandt, and Kristin M. Mattocks, “Social Support Throughout the Deployment Cycle for Women Veterans Returning from Iraq and Afghanistan,” *Social Work in Health Care*, Vol. 54, No. 4, 2015.
- Marshall, Vanessa, Krysttel C. Stryczek, Leah Haverhals, Jessica Young, David H. Au, P. Michael Ho, Peter J. Kaboli, Susan Kirsh, and George Sayre, “The Focus They Deserve: Improving Women Veterans’ Health Care Access,” *Women’s Health Issues*, Vol. 31, No. 4, 2021.
- McGirr, Julie, Kenneth Jones, and Ernest Moy, *Chartbook on the Health of Lesbian, Gay, and Bisexual Veterans*, U.S. Department of Veterans Affairs, 2021.

- Monteith, Lindsey L., Ryan Holliday, Christin Miller, Alexandra L. Schneider, Claire A. Hoffmire, Nazanin H. Bahraini, and Jeri E. Forster, “Suicidal Ideation, Suicide Attempt, and Non-Suicidal Self-Injury Among Female Veterans: Prevalence, Timing, and Onset,” *Journal of Affective Disorders*, Vol. 273, August 2020.
- Montgomery, Ann Elizabeth, “VA Research Reveals Circumstances That Can Lead to Homelessness Among Women,” *Vantage Point* blog, March 31, 2020.
- Morrall, Andrew R., Kristie L. Gore, Terry L. Schell, Barbara Bicksler, Coreen Farris, Bonnie Ghosh-Dastidar, Lisa H. Jaycox, Dean Kilpatrick, Steve Kistler, Amy Street, et al., *Sexual Assault and Sexual Harassment in the U.S. Military: Highlights from the 2014 RAND Military Workplace Study*, RAND Corporation, RB-9841-OSD, 2015. As of February 8, 2023:
https://www.rand.org/pubs/research_briefs/RB9841.html
- National Center for PTSD, “How Common Is PTSD in Veterans?” webpage, U.S. Department of Veterans Affairs, undated.
- National Center for Veterans Analysis and Statistics, *Women Veterans Report: The Past, Present, and Future of Women Veterans*, U.S. Department of Veterans Affairs, February 2017.
- National Center for Veterans Analysis and Statistics, “Profile of Veterans: 2017,” U.S. Department of Veterans Affairs, March 2019.
- National Center for Veterans Analysis and Statistics, “Veteran Population,” Age/Gender dataset, last updated September 7, 2022.
- Office of People Analytics, *2021 Workplace and Gender Relations Survey of Military Members: Overview Report*, U.S. Department of Defense, September 2022.
- Orshak, Jennifer, Lacey Alexander, Andrea Gilmore-Bykovskiy, and Diane Lauver, “Interventions for Women Veterans with Mental Health Care Needs: Findings from a Scoping Review,” *Issues in Mental Health Nursing*, Vol. 43, No. 6, 2022.
- Perkins, D. F., K. R. Aronson, and J. R. Olson, “Supporting United States Veterans: A Review of Veteran-Focused Needs Assessments from 2008–2017,” Clearinghouse for Military Family Readiness at Pennsylvania State University, 2017.
- PsychArmor, homepage, undated. As of December 31, 2022:
<https://psycharmor.org>
- Public Law 116-92, National Defense Authorization Act for Fiscal Year 2020, December 20, 2019.

- Public Law 116-171, Commander John Scott Hannon Veterans Mental Health Care Improvement Act of 2019, October 17, 2020.
- Public Law 116-315, Johnny Isakson and David P. Roe, M.D., Veterans Health Care and Benefits Improvement Act of 2020, January 5, 2021.
- Public Law 117-69, Protecting Moms Who Served Act of 2021, November 30, 2021.
- Public Law 117-135, Making Advances in Mammography and Medical Options for Veterans Act, June 7, 2022.
- Pulverman, Carey S., and Suzannah K. Creech, “The Impact of Sexual Trauma on the Sexual Health of Women Veterans: A Comprehensive Review,” *Trauma, Violence, & Abuse*, Vol. 22, No. 4, 2021.
- Ramchand, Rajeev, “Suicide Among Veterans: Veterans’ Issues in Focus,” *RAND Health Quarterly*, Vol. 9, No. 3, 2022. As of February 26, 2023:
<https://www.rand.org/pubs/periodicals/health-quarterly/issues/v9/n3/21.html>
- Rivera, Jessica C., and Anthony E. Johnson, “Female Veterans of Operations Enduring and Iraqi Freedom: Status and Future Directions,” *Military Medicine*, Vol. 179, No. 2, 2014.
- Scoglio, Arielle A. J., Beth E. Molnar, Alisa K. Lincoln, John Griffith, Crystal L. Park, and Shane W. Kraus, “Social Support over Time for Men and Women Veterans With and Without Complex Trauma Histories,” *Psychological Services*, February 2022.
- Sienkiewicz, Megan E., Aneline Amalathas, Katherine M. Iverson, Brian N. Smith, and Karen S. Mitchell, “Examining the Association Between Trauma Exposure and Work-Related Outcomes in Women Veterans,” *International Journal of Environmental Research and Public Health*, Vol. 17, No. 12, 2020.
- Tanielian, Terri, *Assessing Combat Exposure and Post-Traumatic Stress Disorder in Troops and Estimating the Costs to Society: Implications from the RAND Invisible Wounds of War Study*, testimony before the U.S. House of Representatives Committee on Veterans’ Affairs, Subcommittee on Disability Assistance and Memorial Affairs on March 24, 2009, RAND Corporation, CT-321, 2009. As of February 8, 2023:
<https://www.rand.org/pubs/testimonies/CT321.html>
- Tanielian, Terri, and Lisa H. Jaycox, *Invisible Wounds of War: Psychological and Cognitive Injuries, Their Consequences, and Services to Assist Recovery*, RAND Corporation, MG-720-CCF, 2008. As of February 26, 2023:
<https://www.rand.org/pubs/monographs/MG720.html>
- U.S. Census Bureau, “American Community Survey Public Use Microdata Sample 5-Year File,” 2016–2020 dataset, undated.

- U.S. Department of Veterans Affairs, “Community Provider Toolkit,” webpage, undated-a. As of February 14, 2023:
<https://www.mentalhealth.va.gov/communityproviders/index.asp>
- U.S. Department of Veterans Affairs, “I Am Not Invisible,” webpage, undated-b. As of November 30, 2022:
<https://www.va.gov/womenvet/iani/index.asp>
- U.S. Department of Veterans Affairs, “Point-in-Time (PIT) Count,” webpage, undated-c. As of November 30, 2022:
https://www.va.gov/HOMELESS/pit_count.asp
- U.S. Department of Veterans Affairs, “PTSD Screening Instruments,” webpage, undated-d. As of February 16, 2023:
<https://www.ptsd.va.gov/professional/assessment/screens/index.asp>
- U.S. Department of Veterans Affairs, “VA Priority Groups,” webpage, undated-e. As of February 14, 2023:
<https://www.va.gov/health-care/eligibility/priority-groups/>
- U.S. Department of Veterans Affairs, *Study of Barriers for Women Veterans to VA Health Care*, April 2015.
- U.S. Department of Veterans Affairs, “Greater Pittsburgh VA and Non-VA Resources for Women Veterans,” August 2019.
- U.S. Department of Veterans Affairs, “Military Sexual Trauma,” factsheet, May 2021.
- VA—See U.S. Department of Veterans Affairs.
- VA Mobile, Beyond MST, application, undated. As of December 31, 2022:
<https://mobile.va.gov/app/beyond-mst>
- Van Slyke, Ryan D., and Nicholas J. Armstrong, “Communities Serve: A Systematic Review of Need Assessments on U.S. Veteran and Military-Connected Populations,” *Armed Forces & Society*, Vol. 46, No. 4, 2020.
- Villagran, Melinda, Christy J. W. Ledford, and Mollie Rose Canzona, “Women’s Health Identities in the Transition from Military Member to Service Veteran,” *Journal of Health Communication*, Vol. 20, No. 10, 2015.
- Washington, Donna L., Elizabeth M. Yano, James McGuire, Vivian Hines, Martin Lee, and Lillian Gelberg, “Risk Factors for Homelessness Among Women Veterans,” *Journal of Health Care for the Poor and Underserved*, Vol. 21, No. 1, 2010.

Weinberger, Andrea H., Hannah Esan, Marcia G. Hunt, and Rani A. Hoff, “A Review of Research on Smoking Behavior in Three Demographic Groups of Veterans: Women, Racial/Ethnic Minorities, and Sexual Orientation Minorities,” *American Journal of Drug and Alcohol Abuse*, Vol. 42, No. 3, 2016.

Wounded Warrior Project, *Women Warriors Initiative Report*, 2021.