



Active Duty Women's Health

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BLUF

- Purpose:
 - Provide an overview of Active Duty Women's Health (ADWH) across the Department of Defense (DoD)
- BLUF:
 - With the rising number of AD women and their expanding occupational roles, the MHS is engaged in efforts to better understand and support the unique needs of AD women.
 - These efforts span the breadth of health services (physical health, reproductive health, maternal health, sexual assault and military sexual trauma, and mental health) and include collaborations through initiatives, clinical communities, and research efforts.



Background:

Supporting women's health to maintain deployability and readiness

- Women comprise 17% of the total AD force, accounting for approximately 250,000 Active Duty Service members (ADSMs)
- In 2015, the DoD issued, "Implementation Guidance for the Full Integration of Women in the Armed Forces," which enable women to qualify for all military occupations, including direct combat roles
- As women's roles continue to expand, the MHS is working to better understand AD women's medical care needs and utilization patterns to improve access to care, physical & mental health, and individual medical readiness



Overview:

Characterizing medical care needs and usage for AD women

- The MHS continues to assess short- and long-term health impacts of military service on women
 - Expanding occupational roles for an increasing proportion of the force necessitates health care efforts, which address the emerging needs of this growing population
- AD women's health care needs span health care services
 - Including physical health, reproductive health, maternal health, sexual assault (SA) and military sexual trauma, and mental health
- Collaborations through initiatives, clinical communities, and data and research efforts inform improvements to policy, programs and processes
 - Identifying and addressing women's health care needs and gaps will provide AD women better care at lower cost



AD Women's Health Efforts:

Recognizing unique health needs related to military service

- Physical health: Musculoskeletal (MSK) injury prevention
 - Reducing and preventing MSK injury by understanding the unique fitness and body composition needs of AD women
- Reproductive health: Access to reproductive care and contraception
 - Improving access to reproductive health care services for AD women in deployed and non-deployed settings
- Maternal health: Maternal, perinatal, and postnatal support
 - Protecting maternal and fetal health to promote a healthy pregnancy and prevent complications
- Sexual assault and military sexual trauma: SA prevention, response, and health care management
 - Providing adequate, sensitive, and complete care to victims of SA
- Mental health: Mental health support
 - Promoting help-seeking behavior to improve psychological and emotional well-being



MSK Injury Prevention:

Reducing and preventing MSK injury by understanding the unique fitness and body composition needs of AD Women

Anatomical and physiological differences between men and women, as well as lower extremity biomechanical variances, may account for differences in injury types and rates

Policies

- Establish scientifically-justified mission-applicable physical fitness and body composition policies and programs to meet readiness needs (e.g., updates to DoDI 1308.3)
 - Acknowledges the intrinsic relationship between physical fitness, body composition, and MSK injury
 - Enhance physical performance capabilities and reduce injuries and risk for hypokinetic diseases, incorporating gender-specific considerations for FADSMs (e.g., % body fat, abdominal circumference)

Programs

- Improve MSK resilience and medical readiness (e.g., Army Fact Sheet: Preventing Injuries in Female Soldiers, Health and Wellness Coaching)
 - Maintain healthy weight through proper nutrition
 - Discuss changes in menstrual cycle with health care providers
 - Recover (start slowly) after injury or pregnancy

Way Forward

- Continue research on injury reduction/prevention and physiological health
 - Examine phenotypic differences including physiologic and anatomical structure, nutritional maintenance, and fatigue management
- Develop resources, tools, and guidance that improve individualized health, wellness, and performance
 - Validate and implement measures to facilitate operational improvements (e.g., load carriage on female warfighter injury risk)



Access to Reproductive Care and Contraception:

Improving access to reproductive health care services for AD women in deployed and non-deployed settings

Availability of contraception is often highlighted as a potential gap in reproductive health; however, current assessments indicate DoD-wide improvement via increased utilization during deployment

Policies

- Establish guidelines for reproductive care and contraception procedures, recognizing AD women-specific health care needs (e.g., DHA-IPM 16-003)
 - Improves reproductive and contraceptive care through standardization of counseling and access to counseling and contraceptive services
 - DHA-PI will be finalized soon

Programs

- Increase access to contraception, contraception counseling, reproductive services, and education for AD women (e.g., contraception mobile app, walk-in contraception clinics, reproductive services)
 - Informs patients on contraception availability
 - Promotes knowledge exchange and shared decision-making with health care providers
 - Offers select reproductive services through TRICARE

Way Forward

- Implement guidance to improve contraceptive counseling (e.g., DHA-PI 6200.02 in routing for signature)
 - Provides contraceptive counseling during pre-deployment readiness assessment
 - Offers the full range of contraceptive methods, including those not covered by TRICARE
- Expand contraception counseling and reproductive care services (e.g., walk-in contraception clinics)



Maternal, Perinatal, and Postnatal Support:

Protecting maternal and fetal health to promote a healthy pregnancy and prevent complications

MHS outperforms civilian counterparts in infant mortality and maternal trauma, but is below average in postpartum hemorrhage and undefined neonatal trauma

Policies

- Establish guidance regarding performance expectations, medical evaluation, and responsibilities to meet readiness and medical needs of mother and fetus (e.g., OPNAV Instruction 6000.1D., AFI 44-102, AR 40-501)
 - Acknowledges pregnancy, childbirth, and pregnancy-related complications as a leading cause of AD women hospitalization
 - Assesses perinatal and postnatal medical care (e.g., % infants born to AD women, birth defect rates) to enhance understanding of maternal, pregnancy, and infant

Programs

- Safeguard against complicated pregnancies through the management of medical, ergonomic, and environmental limitations (e.g., physical readiness program (PRP) exemption, deployment considerations for physical readiness)
- Prepare AD women for a successful transition into parenthood via education, guidance, and training (e.g. New Parent Support Program, Childbirth Education classes, Family Advocacy Program)
 - Provides comprehensive maternal and perinatal medical care throughout pregnancy and postpartum
 - Offers new parents a support network for proactively managing parenting demands
 - Maintains postpartum support services accessibility

Way Forward

- Develop resources, tools, and guidance that improve maternal and postnatal health and wellness (e.g. measure dashboards, specialized working groups)
- Establish DHA policy to develop and sustain comprehensive systems to provide, assess, and monitor standardized perinatal training (DHA-PI, "Process and Procedures for Implementation of Standardized Perinatal Training," in development)



Sexual Assault Prevention, Response, and Treatment:

Providing adequate, sensitive, and complete care to victims of SA

Although the number of SA reports have increased since 2009, reporting SA increases the likelihood that victims engage in medical treatment and other forms of assistance

Policies

- Establish policies and procedures to improve reporting and data collection, enhancing treatment, care, and advocacy for individuals reporting SA (e.g. DoDI 6495.02, DoDI 6310.09)
 - Recognizes the sensitive nature of SA and the compassionate care required for examinations and treatment
 - Establishes comprehensive standardized procedures and forensic examinations for all AD women in deployed and non-deployed settings

Programs

- Increase SA awareness, prevention, advocacy, and reporting (e.g., Sexual Assault Prevention and Response Program (SAPR), Family Advocacy Program, Sexual Assault Response and Prevention Office (SAPRO))
 - Provides focused sexual assault education, training, and safety planning (e.g., classes, workshops, seminars)
 - Delivers compassionate advocacy (e.g., counseling)
 - Assists in overcoming abuse (e.g. shelter services, interventions)

Way Forward

- Implement guidance to improve health care in response to disclosure of SA (e.g., DHA-PI Health Care Management of Patients with a Disclosure of SA, DHA-PI SA Medical Forensic Examination Guidance, in-development)
 - Provides trauma-informed, patient-centered, gender-sensitive care
- Promote resources, tools, and guidance that highlight services available to SA victims (e.g. SAPROs)
 - Leverages current working groups (e.g., MMSAWG, SAFE KIT, HA-WHIG) to improve measures, optimize SA prevention, and develop health care management tools



Mental Health:

Promoting help-seeking behavior to improve psychological and emotional well-being

Incidence of diagnosis for AD women equaled or exceeded AD male counterparts for several mental health disorders (assessed from 2007-2016)

Policies

- Develop and execute standardized procedures to improve readiness, reduce unwanted variation, enhance patient experience, increase access to care, and minimize fragmentation
 - Facilitates delivery of evidence-based mental health care practices
 - Incorporates current information and practices for health care providers (e.g., Veterans Affairs (VA)/DoD clinical practice guidelines (CPGs) including “Patients at Risk for Suicide,” “Major Depressive Disorder,” “Post Traumatic Stress Disorder,” Substance Use Disorder”)

Programs

- Lead and support a robust portfolio of cross-sector initiatives to accelerate innovation and delivery of treatment for mental health conditions (e.g., National Intrepid Center of Excellence, Psychological Health Center of Excellence, Defense and Veterans Brain Injury Center)
 - Develop strategies and action plans to disseminate best practices for gender-sensitive mental health care (e.g., National VA/DoD Women’s Mental Health Mini-Residency)

Way Forward

- Understand gender-based differences in risk, exposure, onset and progression of mental health conditions
- Perform research on efficacy of different treatment mechanisms for women
- Explore women-specific issues related to psychological health and resilience
 - Examine basis behind rates of incident mental health disorders higher among women (e.g., proper diagnosis)



Initiatives:

Increasing collaborative efforts to improve understanding of access to care needs for AD women

VA/DoD Health Executive Council Women's Health Working Group

- Identifies, assesses, and promotes strategic opportunities for AD women and women Veterans through the coordination and sharing of health-related services and resources
- Utilizes information and analytics to develop a strategic plan, addressing current and emerging health care needs of transitioning AD women and women Veterans
- Informs research portfolios to advance knowledge and address gaps related to prevalence, incidence, services, programs, and treatment in the clinical care of transitioning AD women and women Veterans

Women's Health Transition Assistance Pilot Program (WH TAP Pilot)

- Increases AD women understanding of the Veterans Health Administration (VHA) health system, VHA women's healthcare services, and resources available for transition support
- Works to create awareness and utilization of VHA services to drive positive health outcomes for transitioning AD women and foster continued partnership between MHS stakeholders
 - Training session feedback indicates substantial improvement in attendees' knowledge and understanding
 - Numerous positive referrals to transitioning AD women indicate success, suggesting room for program growth



Clinical Communities:

Improving outcomes through shared learning

Women and Infant Clinical Community (WICC)

- Provides leadership to the patient-centered, clinician-led Women and Infant networks that span all Service Components, environments, and care-impacting areas, identifying functional goals, performance targets, metrics, and priorities
- Improves patient outcomes by developing care pathways, CPGs, and instructions
- Embeds a learning and safety culture for women- and infant-related clinical practices through the development and implementation of staff engagement plans

Women's Health Clinical Community (WHCC)

- Aligns and standardizes policies and procedures, impacting the delivery of care for female beneficiaries
- Promotes patient-centered services specific to women's health, improving access and beneficiary awareness of these services through MHS channels
- Supports readiness for women beneficiaries by developing and promoting initiatives focused on active recovery of women-specific conditions



ADWH Databook Report (Calendar Year 2017): *Investigating gaps in AD women's health care (in-development)*

Purpose

- Provide a comprehensive view of a range of health characteristics found in AD women

Goals

- Understand the medical care needs and usage for AD women to improve access to care and individual medical readiness

Objectives

- Identify gaps and inform changes to policy, processes, and programs
- Develop access and quality of care measures, metrics, and indicators

Next Steps

- Initiate ADWH Databook Report CY18
- Leverage data to identify trends for further studies

Interesting Findings*

- Assessment of MSK injury ICD codes suggest strong similarities between men and women for upper extremity injuries and a variance in lower extremity injuries; specifically, the occurrence of upper leg and hip injuries appeared higher in women
- Review of cervical screening data imply that the entire AD women population will be screened within three years, indicating that the MHS (patients, providers, and TRICARE) adhere to US Preventive Services Task Force (USPSTF) cervical screening recommendations
- Evaluation of mental health disorder ICD codes suggest that adjustment disorder, anxiety disorder, and depressive disorder were the most prevalent



Way Forward

- Modify, develop, and implement policy and guidance to improve the standard of care for AD women
 - Prevent MSK injuries, provide contraception counseling, improve perinatal care, and standardize SA evaluation and documentation
- Empower working groups, clinical communities, and other collaborative initiatives to identify emerging AD women's health needs and gaps
 - Enable front-line stakeholders, including health care providers, to drive MSH-wide performance improvements
- Leverage research and development, health services research, and epidemiological efforts to become a national leader in women's health care
 - Produce data and insights on women-specific physiologic and anatomic issues, occupational health, and health service environments