



# Health Care Delivery Subcommittee

## Active Duty Women's Health Care Services Report Update

February 10, 2020



# Overview

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- **Membership**
- **Review Tasking**
  - **Issue Statement**
  - **Objectives and Scope**
- **Summary of Subcommittee Activities to Date**
- **Areas of Interest**
- **Way Ahead**



# Membership



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# Tasking

On July 29, 2019, the Assistant Secretary of Defense for Manpower and Reserve Affairs, Performing the Duties of the Under Secretary of Defense for Personnel and Readiness, directed the Defense Health Board (“the Board”) to **provide recommendations to the DoD to identify Active Duty (AD) women’s health care needs, improve accessibility and quality of health services, and optimize individual medical readiness.**



# Tasking (2/2)

The Board should address and develop findings and recommendations on the policies and practices in place to:

- **Determine how the DoD should improve research, quality of care, and access to health services for AD women, while maintaining readiness;**
- **Address psychological and mental health conditions with gender-specific epidemiology;**
- **Evaluate access to reproductive health services, including preventative care, for AD women throughout the deployment cycle; and**
- **Identify best musculoskeletal (MSK) injury prevention practices for AD women.**



# Issue Statement (1/2)

- In 1994, the DoD created a Defense Women's Health Research Program as a special, 2-year congressional appropriation. The program identified **knowledge disparities in:**



Musculoskeletal  
Injuries



Reproductive  
Hazards



Field Care for  
Gynecological Health

- A 2015 analysis identified the same gaps in knowledge, research, and policy, as well as **gaps in contraception availability and mental health.**



# Issue Statement (2/2)

Military Women's Health: A Scoping Review and Gap Analysis, 2000-2015 identified gaps in eight areas:



Psychological Health



Readiness



Injury



Acute Care and Preventive Medicine



Deployment Health



Social Relationships



OB/GYN



Chronic Illness



# Objectives and Scope (1/2)

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- Determine what policies, practices, structure, and capabilities the DoD should implement to improve the quality of and access to women's health services, with a focus on maintaining readiness of AD women. Consult findings and experiences from the Veterans Health Administration and the Department of Health and Human Services in making those determinations.
- Review available psychological and mental health services for AD women that address conditions with gender-specific epidemiology, prevention, diagnosis, or treatment considerations such as suicidal ideation, mood disorders, eating disorders, and adjustment disorders.





# Objectives and Scope (1/2)

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- Evaluate access to reproductive health services for AD women, including contraception, fertility treatments, genitourinary infections, and obstetric care. Specifically evaluate contraception access and availability in the pre-deployment period and deployed environment and access to and availability of female preventive services such as mammograms and cervical cancer screening in the deployed environment.
- Assess available and currently implemented musculoskeletal injury prevention practices for their effectiveness and applicability to AD women and recommend changes as necessary.
- Provide recommendations on how the DoD can best identify, prioritize, and implement research on AD women's health issues.



# Summary of Activities to Date

(1/2)

- **22 Nov 2019, Video Teleconference:** panel presentations on military MSK injury prevention and performance exercise
- **24 Jan 2020, Joint Base San Antonio Site Visit:** full day of tours and briefs at Reid Health Services Center and San Antonio Military Medical Center on women's and trainee health services





# Summary of Activities to Date

(2/2)

- DHB staff visited:
  - DACOWITS Board meeting
  - VHA Women Veterans' Center anniversary
  - Ft. Meade MEPS and Army Wellness Center



- DHB staff pre-briefed SMEs on:
  - Total Force Fitness
  - Military nutrition interventions
  - MSK injury prevention
  - Military women's health infrastructure
  - Physical fitness tests
  - USN Office of Women's Health
  - USAF Women's Initiative Team





# Areas of Interest (1/2)

| Topic                         | Discussion Points   |
|-------------------------------|---|
| Baseline Fitness              | <ul style="list-style-type: none"><li>• Low levels of pre-military physical fitness</li><li>• Assess fitness or convey standards/conditioning during recruitment</li></ul>                        |
| Female MSK Injury Rates       | <ul style="list-style-type: none"><li>• Higher risk of MSK injury during BMT among women compared to men (not fitness-adjusted)</li><li>• Athletic trainer experience embedded in units</li></ul> |
| Screening/Diet Considerations | <ul style="list-style-type: none"><li>• Females with anemia and “nutritional deficiencies” may be more susceptible to MSK injuries</li><li>• Level of evidence to date under review</li></ul>     |
| Physical Training             | <ul style="list-style-type: none"><li>• Adherence to evidence-based exercise regimens</li><li>• Gender-neutral vs specific fitness tests</li></ul>  |



# Areas of Interest (2/2)

| Topic  | Discussion Points  |
|--|--|
| Clothing & Equipment   | <ul style="list-style-type: none"><li>• Poorly-fitting sports bras</li><li>• Gender-specific footwear</li></ul>  |
| Operational, clinical and Public Health Information and Infrastructure | <ul style="list-style-type: none"><li>• Surveillance of women's health issues and operational impact</li><li>• How challenges and best practices are disseminated to local level leaders</li></ul> |
| Continuity of Care   | <ul style="list-style-type: none"><li>• Pregnancy care from pre- to post partum for rapid return to service</li><li>• Fertility services</li></ul>   |



# Way Ahead

- Teleconference and briefings planned for March/April 2020
- Meeting at Lovell Federal Health Care Center in May 2020



# Questions ?

**BACK UP**





# Issue Statement (1/4)

- AD Women are **increasing** in the U.S. Armed Forces
  - 14.4% in 2010 to 16.7% in 2019
- 10% of all deployed position in Operation Enduring Freedom/Operation Iraqi Freedom
- 25% of enrollees at Military Service Academies
- Women are the fastest growing military population





# Issue Statement

## Percentage of Active Duty Women, by Service and Rank

|                          | Army         | Navy         | Marine Corps | Air Force    | Total        |
|--------------------------|--------------|--------------|--------------|--------------|--------------|
| <b>0-7 to 0-10</b>       | 7.6%         | 8.7%         | 3.2%         | 8.7%         | 7.8%         |
| <b>0-1 to 0-6</b>        | 19.3%        | 19.7%        | 8.3%         | 21%          | 18.9%        |
| <b>Enlisted</b>          | 14.2%        | 19.7%        | 8.9%         | 20%          | 16.2%        |
| <b>Cadets/Midshipmen</b> | 23.1%        | 27.6%        | N/A          | 27.7%        | 26.1%        |
| <b>Total</b>             | <b>14.9%</b> | <b>19.8%</b> | <b>8.8%</b>  | <b>20.4%</b> | <b>16.7%</b> |



# Issue Statement (4/4)

Promising efforts are underway:

- Walk-in contraception clinics
- Women's Health Research Interest Group
- Women and Infant Clinical Community

An integrated, Enterprise-wide approach to women's health is essential to the readiness of female Service Members

## COMPLICATIONS AND CARE RELATED TO PREGNANCY, LABOR, AND DELIVERY AMONG ACTIVE COMPONENT SERVICE WOMEN U.S. ARMED FORCES, 2012-2016



Maternal complications and delivery outcomes are important components of the overall health and well-being of reproductive-age service women. This analysis provides an update on pregnancy complications and characterizes the counts, rates, and trends of several specific pregnancy complications.

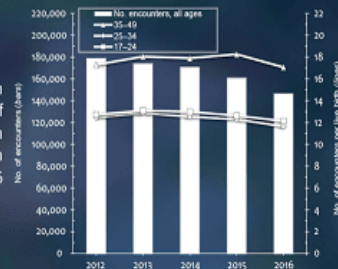
### FINDINGS DURING 2012-2016

**55,601**  
U.S. service women whose pregnancies resulted in

**63,879**  
live births had

**657,060**  
medical encounters

Numbers of medical encounters with a primary (first-listed) diagnosis of any pregnancy-related complication or indication for care decreased each year between 2012 and 2016



For all age groups, percentages of live births affected by preterm labor decreased, but during 2012-2016, the percentages of pregnant service members diagnosed with obesity increased.

**>2X** The percentage of pregnant service members affected by gestational diabetes was more than twice as high for obese women, compared with non-obese women (12.4% vs. 5.5%).

Access the full report in the November 2017 MSMR (Vol. 24, No. 11). Go to: [www.Health.mil/MSMR](http://www.Health.mil/MSMR)

