

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

November 4, 2019





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#### 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.



- 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





• 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.



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



**Deployment** 

Health



Social Relationships



Injury

**OB/GYN** 



Acute Care and Preventive Medicine





#### 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

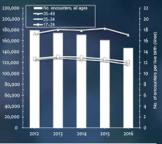
55,601 U.S. service women whose pregnancies resulted in

63.879

live births had

657,060

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





### **Objectives and Scope (1/2)**

- 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)

- 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 Subcommittee Activities to Date

- 16 Sep 2019, Kick-Off Meeting: full day in-person at Falls Church, VA
- DHB staff conducted several phone briefings for background information from SMEs on MSK injury prevention





- Teleconference and briefings planned for November 2019
- Planned meeting at Joint Base San Antonio-Lackland on January 24, 2020

# **Questions**?

# **BACK UP**



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

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