

# **Active Duty Women's Health Care Services**

August 6, 2019





# Overview

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# Tasking (1 of 2)

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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 women’s health care needs, improve accessibility and quality of health services, and optimize individual medical readiness.**



# Tasking (2 of 2)

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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 Active Duty women, while maintaining readiness;
- Address psychological and mental health conditions with gender-specific epidemiologies;
- Evaluate access to reproductive health services, including preventative care, for Active Duty women throughout the deployment cycle; and
- Identify best musculoskeletal injury prevention practices for Active Duty women.



# Issue Statement (1 of 3)

- Women serve in increasing numbers in the U.S. Armed Forces, now comprising **16.6% of the Active Duty force**. In recent conflicts, women held approximately **10% of all deployed positions**. Also, **more than 25% of the total cadet and midshipmen seats at Military Service Academies are women**.



- As women emerge as the fastest growing military population and assume additional operational responsibilities, **the Military Health System (MHS) must institute best practices and policies to meet the needs of Active Duty women**.



# Issue Statement (2 of 3)

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- Women's health has been an intermittent concern within DoD for over 2 decades. **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 (3 of 3)

- There are several **promising efforts** within DoD:
  - U.S. Navy Bureau of Medicine and Surgery model for **walk-in contraception clinics**;
  - **Women's Health Research Interest Group**, sponsored by the TriService Nursing Research Program;
  - **Women and Infant Clinical Community** within the DHA
- But an integrated, **Enterprise-wide approach** to women's health is essential to the **military readiness** of female Service members





# Objectives and Scope (1 of 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 Active Duty 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 Active Duty women that address conditions with gender-specific epidemiology, prevention, diagnosis, or treatment considerations such as suicidal ideation, mood disorders, eating disorders, and adjustment disorders.
- Evaluate access to reproductive health services for Active Duty 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.





# Objectives and Scope (2 of 2)

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- **Assess available and currently implemented musculoskeletal injury prevention practices for their effectiveness and applicability to Active Duty women and recommend changes as necessary.**
- Provide recommendations on how the DoD can best identify, prioritize, and implement research on Active Duty women's health issues.



# Methodology

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- The **Health Care Delivery Subcommittee** assessment will be conducted in compliance with the Federal Advisory Committee Act, DoDI 5101.04, and the Board Charter.
- The Health Care Delivery Subcommittee should focus on **improving the policies and practices currently in place to provide health care services to Active Duty women.**
- The Health Care Delivery Subcommittee may conduct interviews and site visits as appropriate and may seek input from other sources with pertinent knowledge or experience.
- In accordance with the November 26, 2018 Deputy Secretary of Defense memo, “Advisory Committee Management” and DoDI 5105.04, the Health Care Delivery Subcommittee shall receive full and timely cooperation of each OSD and DoD Component Head in providing analyses, briefings, and other DoD information or data necessary for the fulfillment of its responsibilities as provided for by this TOR.



# Timeline/Way Ahead

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- The **Health Care Delivery Subcommittee** can have up to 9 authorized numbers; however, it currently has one member due to membership expiration and delays on new appointments. Until the membership is approved, this Subcommittee cannot perform the duties assigned.
- Following membership approval, the Subcommittee will:
  - Complete its work within one year of receiving the tasking and will report to the Board in a public forum for a full and thorough deliberation.
  - Provide progress updates at each Board meeting.
  - Research/gather information through literature reviews, expert collaboration, and necessary data collection.
  - Hold meetings and teleconferences as required for report development.
- The Board will report to the ASD(HA), who has been delegated the authority to evaluate the independent advice and recommendation received from the Board, in consultation with the Under Secretary of Defense for Personnel and Readiness, identify actions or policy adjustments to be made by the DoD in response.



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# Questions?