



Decision Brief: **Active Duty Women's Health Care Services**

Dr. Michael Parkinson
Chair, Health Care Delivery Subcommittee
November 5, 2020

Overview



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- Tasking Overview
- Summary of Subcommittee Activities
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- Current Health and Readiness of ADW
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PRE-DECISIONAL DRAFT

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PRE-DECISIONAL DRAFT

Tasking (1/2)



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;**
- **Identify best musculoskeletal (MSK) injury prevention practices for AD women.**

Summary of Activities to Date

(1/3)



Date	Activity
September 16, 2019	Kick-off Meeting
November 4 – 5, 2020	Defense Health Board Meeting – Joint Base Lewis-McChord, Washington
January 24, 2020	Site Visit – Joint Base San Antonio-Lackland, Toured Reid Health Services Centers, and briefed on Trainee Health Surveillance/Physical Fitness test and Behavioral Health Analysis/Mental Health and Gender
March 30, 2020	Virtual Subcommittee Meeting – Briefed on Women’s Field Urogenital Health and Military Women’s Health Systems Approach and Infrastructure
April 28, 2020	Virtual Subcommittee Meeting – Briefed on Eating Disorders in the Military and Mental Health Sequelae of Sexual Assault /Trauma, and Mood Disorders Among Military Women

Summary of Activities to Date

(2/3)



Date	Activity
May 18, 2020	Defense Health Board Virtual Meeting
May 20, 2020	Virtual Subcommittee Meeting – Briefed on Impact of Intimate Partner Violence on Women’s Health/Scaling Best Practice in a Health Care System
June 17, 2020	Virtual Subcommittee Meeting – Musculoskeletal Injury Prevention Report Development
July 8, 2020	Virtual Subcommittee Meeting – Governance Report Development
July 30, 2020	Virtual Subcommittee Meeting – Reproductive and Urogenital Health Report Development

Summary of Activities to Date

(3/3)



Date	Activity
August 7, 2020	Defense Health Board Virtual Meeting
August 27, 2020	Virtual Subcommittee Meeting – Women’s Health Measurement Attainable and Improvement Process Report Development
September 10, 2020	Virtual Subcommittee Meeting – Findings and Recommendation Report Development
September 24, 2020	Virtual Subcommittee Meeting – Women’s Mental Health Care
October 8, 2020	Virtual Subcommittee Meeting – Consolidated Findings and Recommendations Report Development
October 22, 2020	Virtual Subcommittee Meeting – Report Finalization
November 5, 2020	Defense Health Board Meeting – Decision Brief



Active Duty Women Recent Headlines



Women in combat wear armor designed for men. That's finally changing in 2020.

Tom Vanden Brook USA TODAY

Published 2:21 p.m. ET Oct. 12, 2020 | Updated 8:08 a.m. ET Oct. 13, 2020



Air Force Takes First Step to Buy Maternity Flight Suits

24 Jun 2020
Military.com | By Oriana Pa



Nursing mothers must have refrigerator access under new Air Force rules

Stephen Losey September 21



Air Force offers cash for better system allowing female pilots to relieve themselves in flight

By JENNIFER H. SVAN | STARS AND STRIPES

Published: August 26, 2020



Health.mil

The official website of the Military Health System

DoD initiates Women's Health Reproductive Survey

By: Military Health System Communications Office 8/4/2020

Guiding Principles



Guiding Principles (1/5)

- Decades of **findings and recommendations concerning active duty women's health have not led to sustained improvements.** The shortfall has occurred because of limited dissemination of findings, inattention to implementation, and unassigned accountability.
- The conceptual and philosophical approach to active duty women's **health is based on historical cultural norms and attitudes** that contribute to the variability in knowledge of active duty women's health needs. DoD Leaders should be aware of active duty women's operational needs.



Guiding Principles (2/5)

- Significant best practices to improve active duty women's health **already exist in isolated locations and commands**. Substantial improvements in active duty women's health can be realized by identifying, standardizing, and deploying best practices throughout the military.
- The **Defense Health Agency's** new responsibilities give it both the **opportunity and the authority to identify, standardize, and improve how care is delivered to active duty women** throughout the Military Health System.



Guiding Principles (3/5)

- Initiatives to improve women's health should be planned in accordance with a **life cycle perspective**, rather than developed in reaction to episodes or incidents. The perspective starts at recruitment and extends out to retirement or separation. The life cycle perspective can leverage the current **DoD Total Force Fitness** framework to optimize health, fitness, and performance at lowest total cost over the Soldier's service life.
- **Measurement of the multiple dimensions of active duty women's health is essential** for sustainable improvements of health and fitness outcomes.



Guiding Principles (4/5)

- The health of active duty women is optimized when women are **enabled and empowered to perform self-care and be equal partners in their care.**
- **Technology promises a scalable and low-cost means** of delivering health information and counseling to active-duty women wherever they are stationed or deployed.
- Appropriate **gender-sensitive customization** is necessary and superior to a 'one-size fits all' approach for improving active duty women's health and fitness.



Guiding Principles (5/5)

- Dedicated and sustained funding, along with **individual and organizational accountability**, will be required to improve and sustain active duty women's health and fitness.

Background

Women's Participation and Health Care in the U.S. Military



- Women's participation in the military slowly evolved during the 20th century with the support of legislation and changes to statutes.
- However, services for women's health needs were even slower to evolve.
- Currently, women represent 17% of the active duty Force.



Source: https://www.democratsabroad.org/wc_state_mil



ADW's Health and Readiness – Previous Research and Recommendations (1/2)



Sources: <https://www.military.com/daily-news/2019/07/22/wwii-cadet-nurses-could-become-honorary-veterans.html>;
<https://www.dvidshub.net/graphic/2423/women39s-history-month>

- The transition of women from primary health providers to beneficiaries of military health care exposed gaps in health care needs.
- Various entities and organizations researched and made recommendations to fill those gaps in women's health.



ADW's Health and Readiness – Previous Research and Recommendations (2/2)

- **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.**



Framework for Operationalizing and Measuring Health and Readiness

- Social
- Physical
- Financial
- Ideological/Spiritual
- Medical and Dental Preventative Care
- Environmental
- Nutritional
- Psychological

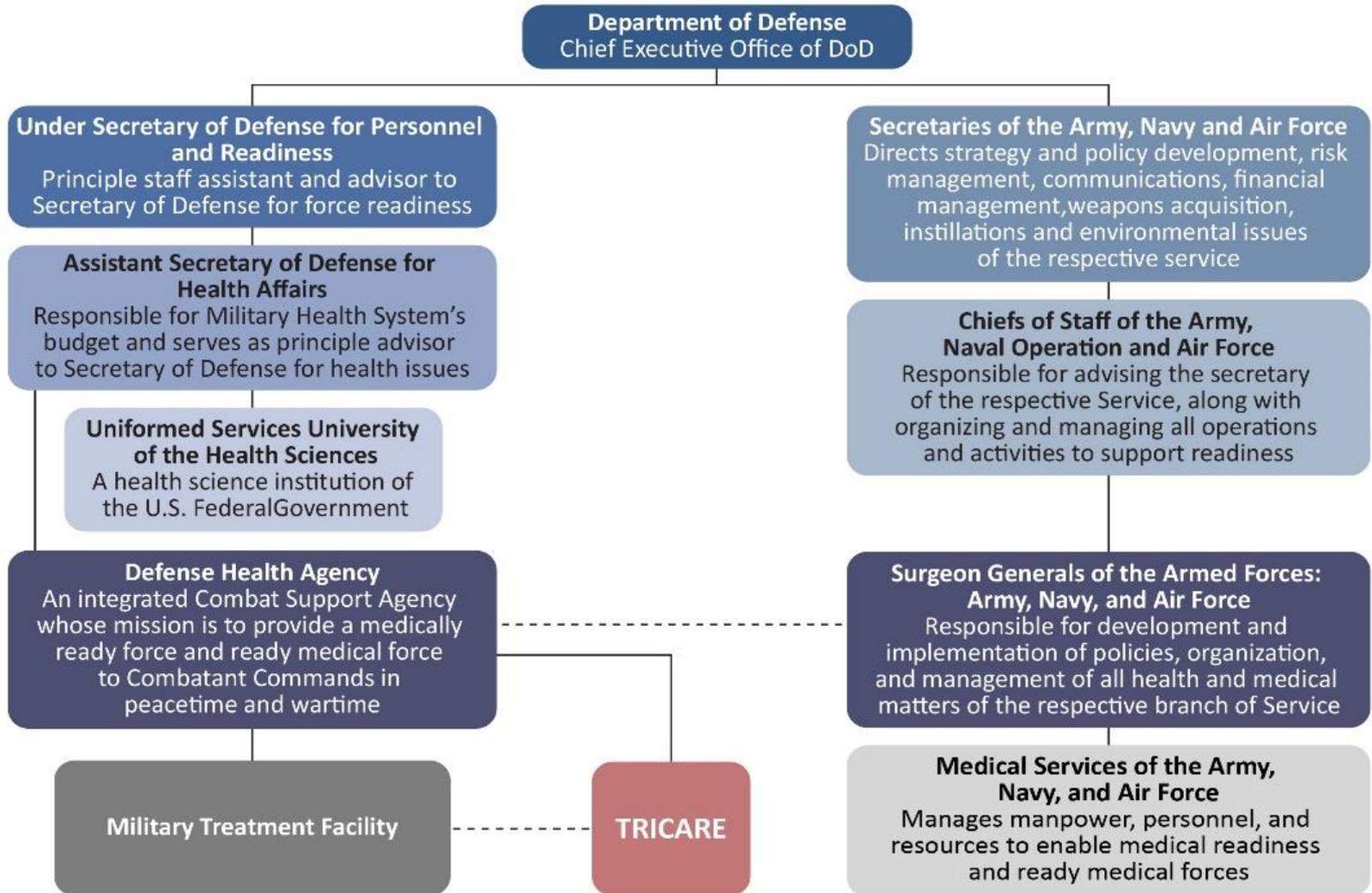
TOTAL FORCE FITNESS



Governance Structures – Women's Health Committees

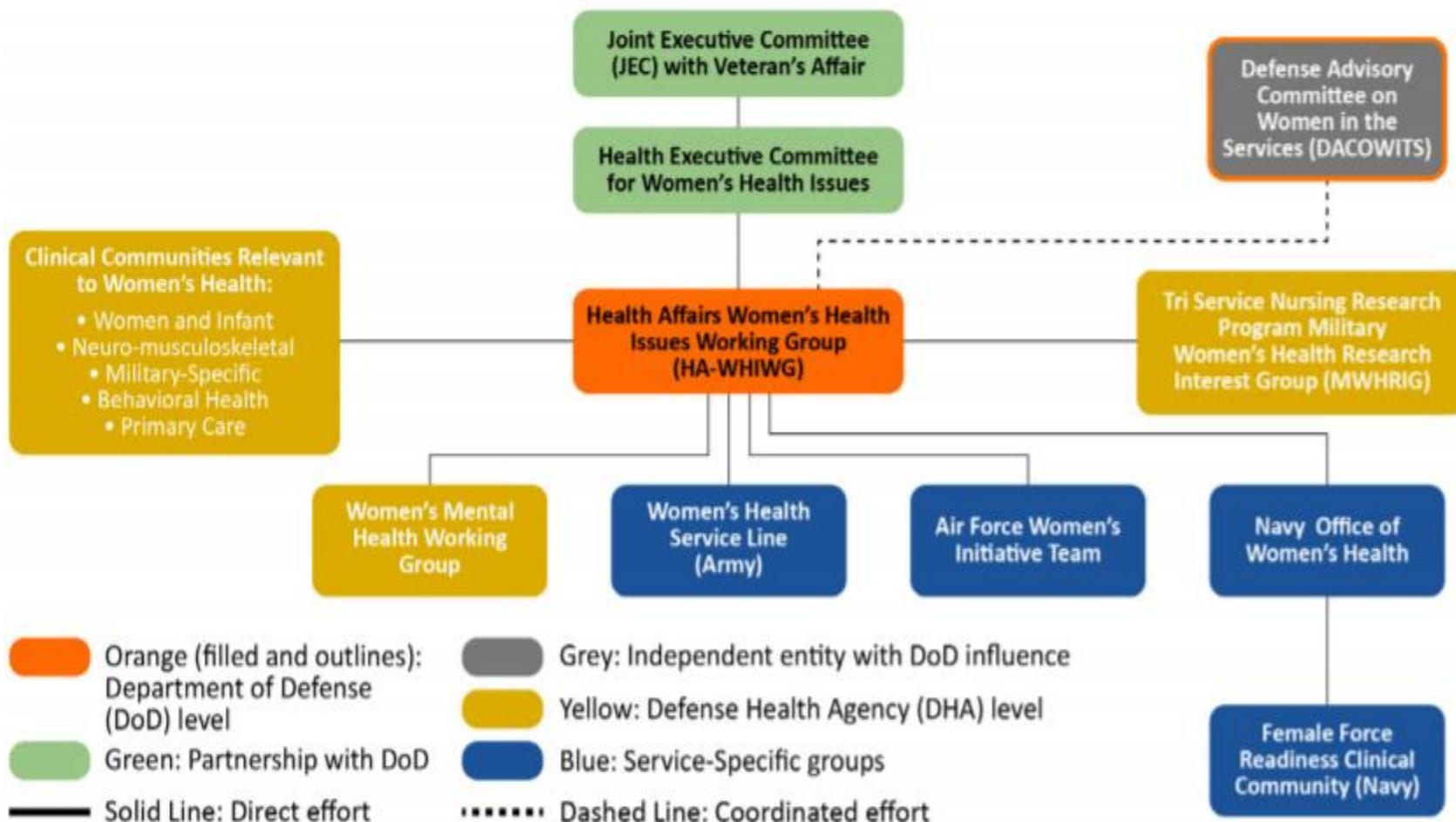


Governance of ADW Health (1/2)





Governance of ADW Health (2/2)



Current Health and Readiness of Active Duty Women



Burden of Injuries on ADW Readiness



Sources: <https://www.dvidshub.net/image/6391023/di-school-obstacle-course>; <https://www.dvidshub.net/image/6391028/di-school-obstacle-course>; <https://www.dvidshub.net/image/6391026/di-school-obstacle-course>



Burden of Injuries on ADW Readiness

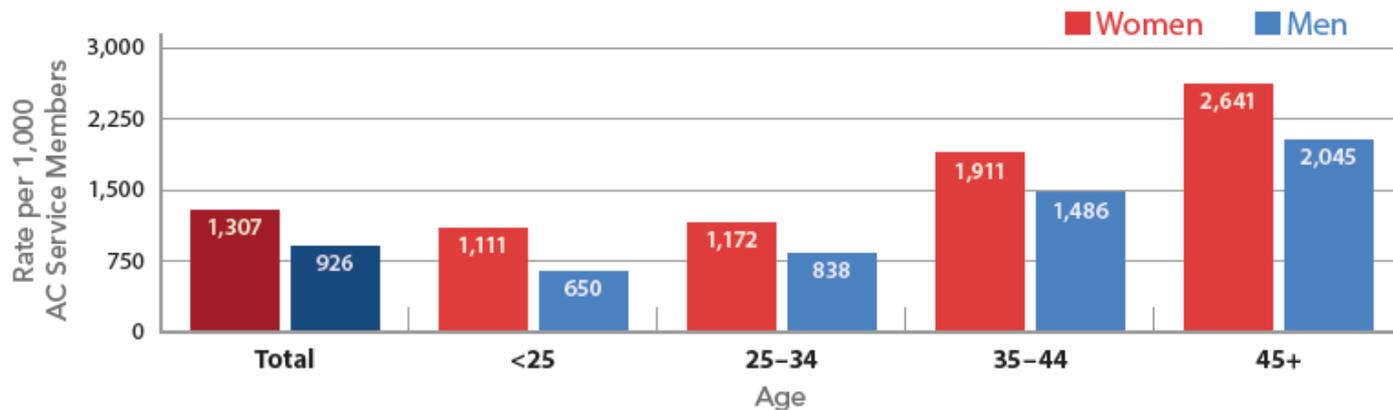
Incidence of Acute Injury by Sex and Age, AC Service Members, 2018

Overall, acute injury rates were higher for females (349 per 1,000) compared to males (296 per 1,000). Among both males and females, acute injury rates were highest in the youngest age group.



Incidence of Cumulative Traumatic Injury by Sex and Age, AC Service Members, 2018

Cumulative traumatic injury rates were higher for older compared to younger Service members and higher for females (1,307 per 1,000) compared to males (926 per 1,000).





Burden of Injuries on ADW Readiness

- Women's physiology increases the risks of certain injuries compared to men.
- Gender-specific interventions mitigate those risks.



Source: <https://www.dvidshub.net/image/5657907/nsi-cycle-2-pfa>



Injuries & ADW Readiness: Clothing

- The clothing and equipment that are identified to contribute to the incidence of injury for Active Duty women are:
 - Footwear
 - Sports bras
 - Clothing and body armor



Source: <https://www.dvidshub.net/image/6220250/2cr-soldiers-participate-murph-challenge>



Injuries & ADW Readiness: Pregnancy Fitness

- The DoD recommends Services provide a pregnancy fitness program to recondition women for maintenance of pre-pregnancy fitness level.¹



Source: <https://www.dvidshub.net/image/6028985/fit-through-end-accs-new-prenatal-postpartum-guidance>

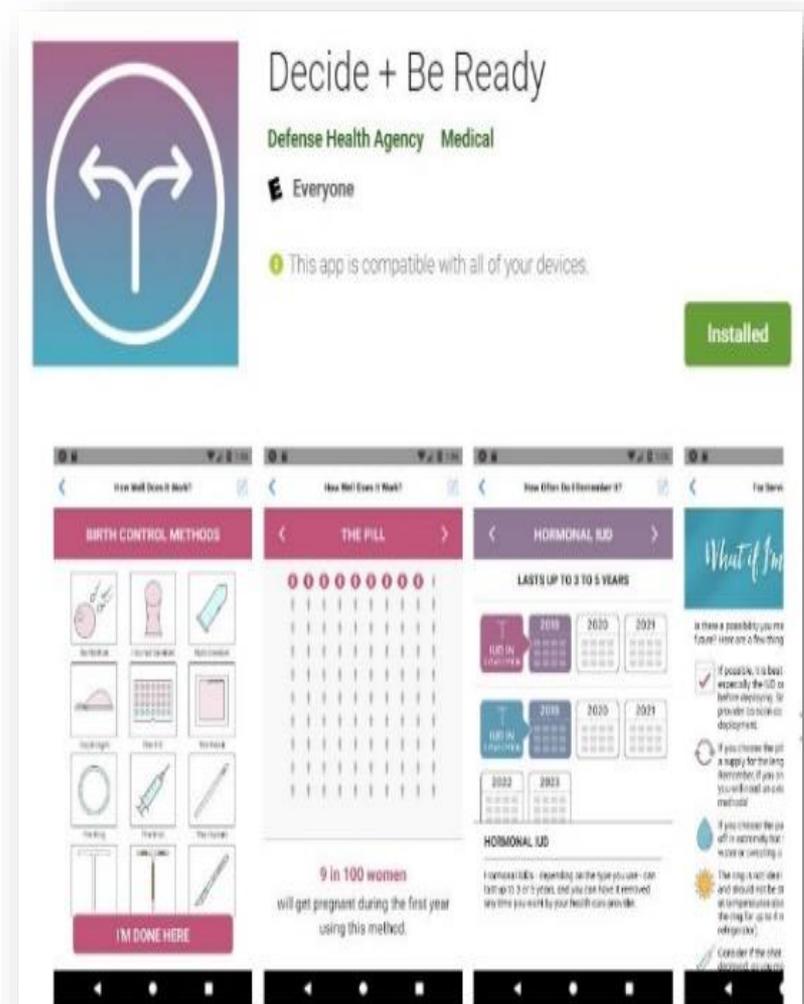


Urogenital Health Care Challenges



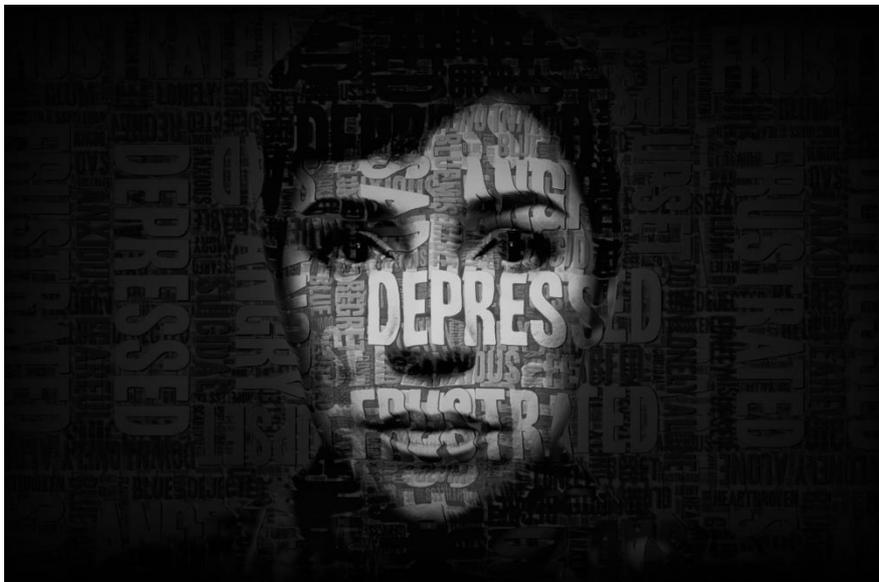
Urogenital Health Care Challenges: Contraceptives

- Menses and unintended pregnancies can impact Active Duty women's mission readiness, especially while deployed.
- Access to contraceptive services and education differs between the Services and may influence the rate of unintended pregnancies.





Mental Health Care for ADW



Source: <https://www.dvidshub.net/graphic/12988/its-not-always-written-your-face-suicide-awareness-graphic>



Source: <https://www.dvidshub.net/image/6393920/weathering-covid-19-mental-resilience>

Sexual Assault and Harassment: A Major Threat to the Mental Health of Active-Duty Women



**PROTECTING
OUR PEOPLE
PROTECTS
OUR MISSION**





Disordered Eating: An Underdiagnosed Mental Health Issue in ADW

- Three most common eating disorders to affect Active Duty women are:
 - Anorexia nervosa
 - Binge eating
 - Bulimia nervosa
- Variability in screening protocols in the military result in the stark differences in the reported prevalence of diagnosed eating disorders.



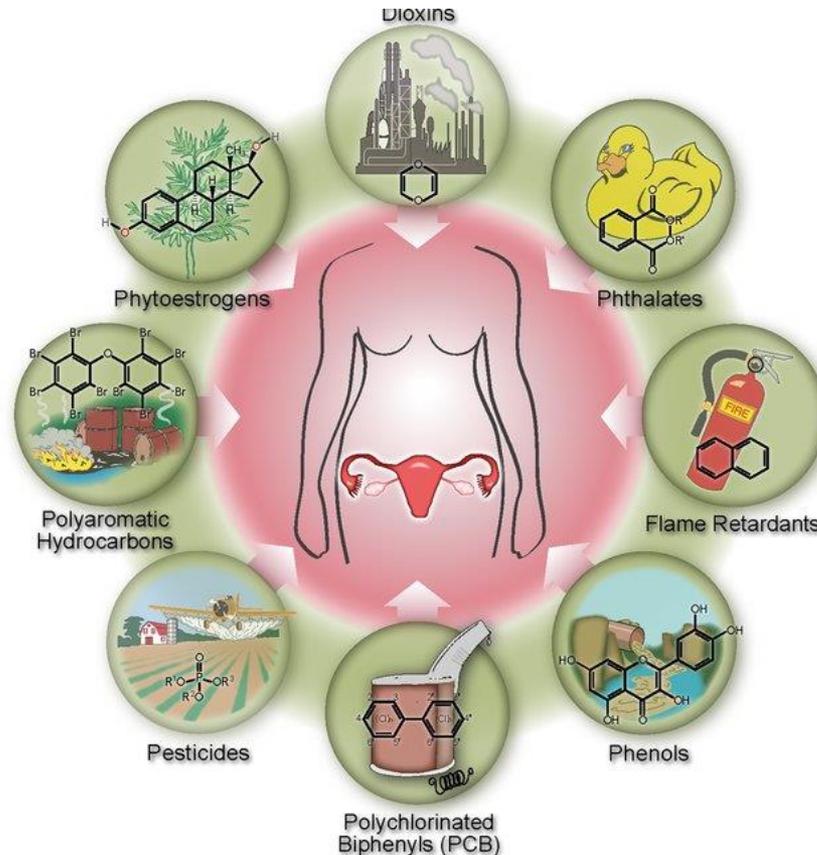
Emerging Trends and Concerns



LIFESTYLE MEDICINE FOCUSES ON 6 AREAS TO IMPROVE HEALTH

LIFESTYLE MEDICINE

Lifestyle medicine is an evidence-based approach to preventing, treating and even reversing diseases by replacing unhealthy behaviors with positive ones — such as eating healthfully, being physically active, managing stress, avoiding risky substance abuse, adequate sleep and having a strong support system.

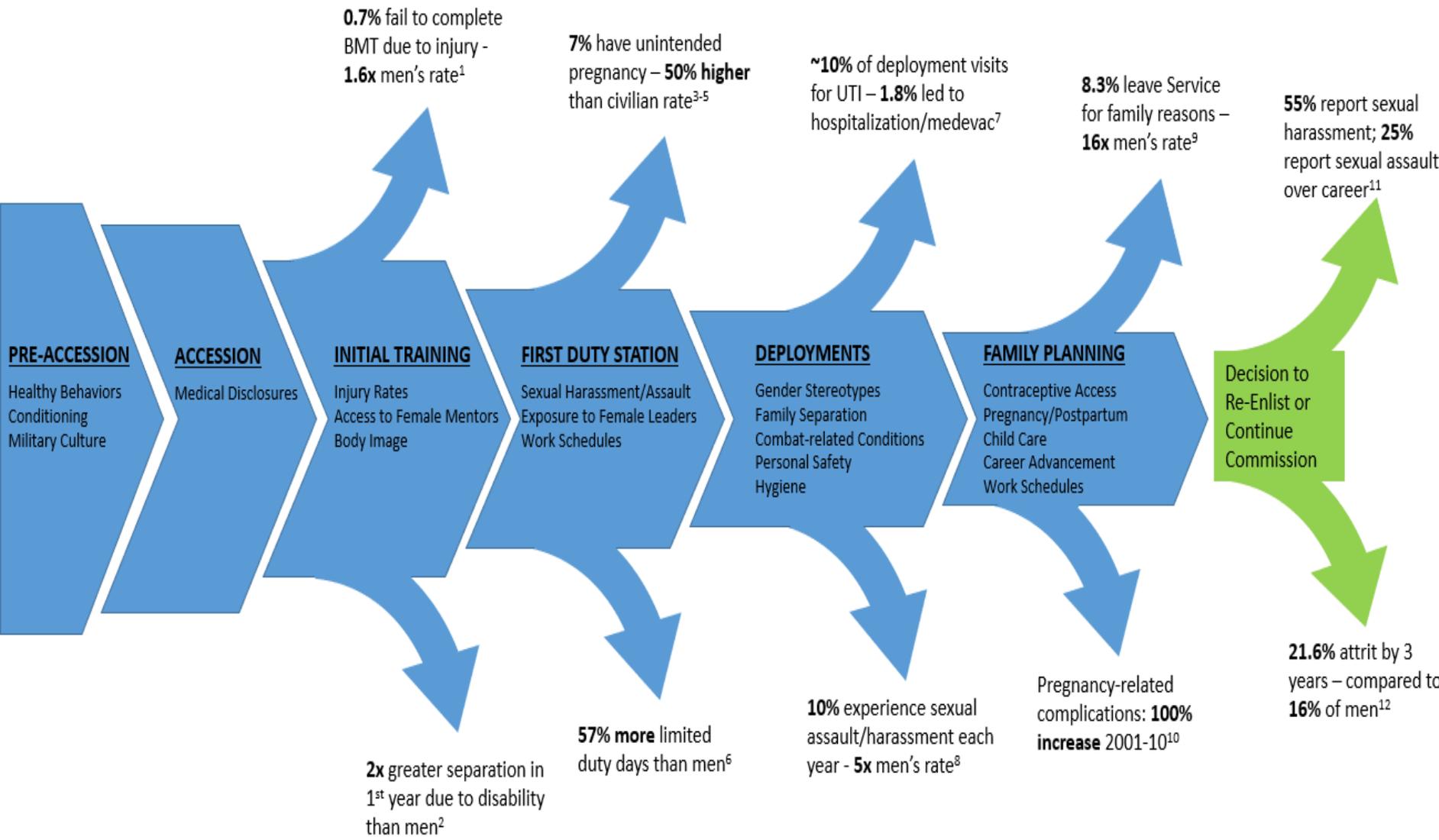


Endocrine Disrupting Chemicals



Source: The American College of Lifestyle Medicine. <https://lifestylemedicine.org/What-is-Lifestyle-Medicine>

Active Duty Women Career Life Cycle Milestones and Selected Health- and Mission-Related Attrition Factors



Selected Best Practices for ADW



Centralized Women's Health Services Office
Supports medical readiness of Active Duty Women of the Navy by implementing a Female Force Readiness Strategy

Best Practice: Navy Office of Women's Health

Owner: Navy Office of Women's Health

Grassroots Organization with Direct Communication to Policymakers and Service Leaders

Promotes female-specific health care programs, and policies in support for individualized health care

Best Practice: Air Force Women's Initiative Team

Owner: Air Force Barrier Analysis Working Group (AFBAWG)

Walk-in Contraception Clinic

Full service walk-in clinic that provides contraceptive care to Active Duty women at no cost

Best Practice: Process Improvement for Non-delayed Contraception (U.S. Navy)

Owner: Navy Office of Women's Health

Use of Long-acting Reversible Contraceptive (LARC) at Basic Training

Counseling services and insertion of the LARC for active duty women to decrease rates of unplanned pregnancies and non-deployable days to pregnancy

Best Practice: Navy's LARC Forward

Owner: Navy's Office of Women's Health

Military-designed Contraception Options Mobile Application

Educate women about the different options and methods to use for contraception

Best Practice: Decide + Be Ready App

Owner: DHA Connected Health

Self-Diagnosis and Treatment Kits

Provides active duty women the resources to comfortably self-diagnose and treat common urogenital conditions in field environments

Best Practice: Women in the Military Self-Diagnosis Kits (WMSD)

Owner: Daniel K. Inouye Graduate School of Nursing at Uniformed Services University of the Health Sciences

Dissemination of Urinary Diversion Devices in ADW Gear

FDA-approved urination device that increase comfortability, privacy and safety for ADW to void in field environments and deployment

Best Practice: Female Urinary Diversion Device (FUDD)

Owner: Daniel K. Inouye Graduate School of Nursing at Uniformed Services University of the Health Sciences



Embedded Athletic Trainer

Reduced number of duty days cause from MSKI by providing on-the-spot care for injured Service members

Best Practice: Air Force Versatility Injury Prevention and Embedded Reconditioning (VIPE)
Owner: United States Air Force

Command Accountability for

Implementation of protocol for command decrease stress fractures during

Best Practice: Israeli Defense
Owner: Israeli Defense Force

Customized Training Ex

Step progression used during training to of sustaining MSK

Best Practice: U.S. Air Force Tiered Physical Defense Force Modified Graduate
Owner: United States Air Force Exercise Defense Force's Medicine

Pregnancy and Postpartum Rec

A standardized training curricula to levels in pregnant active duty women failed physical tests in postpartum

Best Practice: U.S. Army's Physical Assessment Pregnancy and the Postpartum
Owner: Army Medical Command and

Comprehensive and Integrative Sexual Assault Victim Response Team

A comprehensive team and program that provides gender-sensitive support and care to victims of sexual assault

Best Practice: Sexual Assault Program Response
Owner: DoD Sexual Assault Prevention and Response Office

Embedded Behavioral Health Professionals in Basic Training Unit Clinics

Accessibility to early intervention behavioral health services for referred trainees, especially women, to decrease attrition

Best Practice: Air Forces Behavioral Analysis Service
Owner: Air Force Behavioral Analysis Service

Standardization of Behavioral Health Screening for Recruits

A questionnaire that gathers information on different behaviors and emotions to identify female and male trainees with potential pre-enlistment behavioral health concerns

Best Practice: Lackland Behavioral Questionnaire
Owner: Air Force Behavioral Analysis Service

Mobile On-Demand Resources for Sexual Assault

Mobile app that provides resources and access to 24/7 counseling services for sexual assault victims

Best Practice: DoD SAFE Helpline App
Owner: DoD and RAINN

Customized Women's Health Metrics Dashboard

Transparent, up-to-date visual of 14 women's health metrics
Best Practice: Military Health System (MHS) Dashboard and Woman and Infant Clinical Community (WICC) Dashboard
Owner: Defense Health Agency (DHA) J-5 Strategy, Plans and Functional Integration, and WICC

Gender Stratification of Health Measures

Stratified by gender that provides overview of Service members' health
Best Practice: DoD Health of the Force (HoF) Index
Owner: Defense Health Agency (DHA) J-5 Strategy, Plans and Functional Integration, and WICC

Standardization Status to Support Active Duty Women's Health

Standardize to support and establish quality measure and improve health outcomes of active duty women
Best Practice: Active Duty Communities and Quadruple Aim Performance Plans
Owner: Defense Health Agency (DHA) J-5 Strategy, Plans and Functional Integration, and WICC

Decision-Making for Better Outcomes

Provides expert-selected or developed resources with the potential to be stratified by gender and active-duty status
Best Practice: Active Duty Communities and Quadruple Aim Performance Plans
Owner: Defense Health Agency (DHA) J-5 Strategy, Plans and Functional Integration, and WICC

Findings and Recommendations

Finding 1.1

Active duty women (ADW) continue to experience high rates of stress fractures and other musculoskeletal injuries, urogenital infections, unintended pregnancies, sexual violence, anxiety, depression, adjustment disorders, and eating disorders. These conditions adversely affect ADW's readiness and health.





Finding 1.1 (continued)

The differential incidence of these conditions among ADW have persisted despite 70 years of integration efforts and the creation of more than 10 advisory and decision-making groups, specifically created to improve ADW's health, fitness, safety, and performance. The groups capably identified best practices and recommended their adoption. But, lacking authority and accountability, few of their recommendations have been implemented.



Recommendation 1.1

With urgency and commitment, the DoD should establish an overarching office with a clear charter to approve recommendations necessary to improve active-duty women's health, fitness, safety, and performance. This office should be both authoritative and accountable for outcomes and for minimizing undesirable gender-associated differences in:

1. Health care delivery
2. Health care personnel
3. Research, dissemination, and implementation of best health care practices
4. Supply chains (e.g. clothing, equipment, medical products)
5. Personnel policies (e.g. fitness standards, parental leave) and
6. Culture (i.e., traditional male-centric values).

Finding 1.2

All military personnel – not just health professionals – influence, support, or detract from the health and health care of active duty women.





Recommendation 1.2

Expand general awareness of the gender-specific health and health care issues affecting ADW particularly among line commanders and senior non-commissioned officers.

Finding 1.3

The availability and scope of women's health services vary significantly at their point-of-access (home station, field, deployment, or military treatment facility).





Recommendation 1.3

Standardize availability and scope of ADW's health care services.

Finding 2

Both basic training programs and ongoing fitness-for-duty evaluations have two foundational fitness components: health fitness standards that are gender-specific, and occupationally-focused fitness standards that should be gender-neutral. A “one size fits all” approach for health fitness contributes to training injuries in a mixed-gender population.





Finding 2 (continued)

Women enter the military with lower fitness levels than men and are more susceptible to overuse and lower limb injuries. Their musculoskeletal injury risk is further increased when they attempt to meet gender-neutral health fitness standards during BMT and without access to gender-customized equipment. Research also suggests that a higher percentage of ADW can make the transition to meet occupationally specific, operationally-relevant (OSOR) standards by using more focused, structured, and monitored training approaches.



Recommendation 2.1

The DoD and Recruiting commands should improve preparation of recruits by emphasizing healthy behaviors (stop smoking, reduce excess alcohol consumption, and adopt healthy eating habits) and gender-specific aerobic and strength conditioning prior to accession to reduce the risks of injury and increase the likelihood of success in basic military training and military service.



Recommendation 2.2

DoD should implement two-level fitness assessments: (i) gender-specific fitness standards and (ii) gender-neutral occupational-specific, skill- and operationally-relevant (OSOR) standards.



Recommendation 2.3

Basic training programs should embed licensed sports medicine professionals within the unit. These professionals can promote and implement evidence-based practices for training and rapid injury recovery, which are particularly valuable for ADW. The VIPER program at Joint Base San Antonio – Lackland represents a best practice for embedding a sports medicine trainer in a unit during BMT.

Finding 3

Active duty women lack access to gender-customized equipment (e.g., properly fitting sports bras, backpacks, protective armor, footwear and insoles) necessary for (i) achieving training standards, (ii) reducing musculoskeletal injuries, and (iii) decreasing attrition.





Recommendation 3

The DoD should define and ensure procurement and distribution of gender-customized equipment to reduce injuries and improve the health, performance, and readiness of ADW.

Finding 4



Studies of Basic Military Training injuries observed an association between increased risk of stress fractures and injury in women with iron and vitamin D deficiencies. Women who incurred injuries in BMT also were more likely to have poorer pre-accession health and fitness levels, higher rates of smoking, and amenorrhea. Blood donation is expected of all trainees at the end of BMT. Donations from female trainees contribute 6% of the Armed Forces Blood Program supply. Blood donation causes a significant decrease in iron stores which take up to 10 months to replenish in women.



Recommendation 4

The DoD should conduct well-designed studies of ADW to determine the association between hematologic and nutritional deficiencies and the incidence of ADW injuries and sub-standard performance. Studies should also assess the efficacy of interventions or policies to remediate such deficiencies, including the benefits of calcium, vitamin D, and iron supplementation, and restricting ADW blood donations.

Finding 5



ADW's limited access to and awareness of products and services for self-care of treatable and preventable urogenital conditions hinders their capability to actively manage symptoms and prevent disease progression, especially in the deployed or field environment.



Recommendation 5.1

The DoD should educate pre-deployment women about urogenital infection prevention, self-diagnosis and treatment particularly when deployed.



Recommendation 5.2

The DoD should enable women to perform self-medical care by incorporating urogenital infection self-testing and self-treatment kits and hygiene devices (e.g., Female Urinary Diversion Device (FUDD)) into standard equipment kits and supply chains.

Finding 6



Unintended pregnancy is approximately 50% higher for ADW than for civilian women, and is approximately the same as the incidence of planned pregnancy among ADW. The occurrence of unplanned pregnancies creates significant adverse health and major mission impacts. Studies show that long-acting reversible contraception (LARC) counseling and walk-in contraceptive clinics decrease unintended pregnancies.



Recommendation 6

The DoD should improve contraceptive education and services through the following actions:

1. Launch a sexual health education campaign for all Service members at all accession locations to include knowledge and access to contraception options.
2. Provide the military-designed mobile contraceptive decision-support “Decide + Be Ready” counseling app
3. Promote the use of the most effective LARC method by establishing and expanding walk-in contraceptive clinics [best practice Navy PINC clinic], and
4. Provide convenient mobile women’s health services where ADW work

Finding 7



The Services do not uniformly apply evidence-based standards and practices for postpartum fitness recovery and return-to-duty. The Air Force's post-pregnancy event return-to-duty sliding scale represents a best practice model for optimal postpartum fitness recovery and evaluation.



Recommendation 7

The DoD should standardize policies for post-pregnancy fitness evaluations and return-to-duty that are contingent on types of pregnancy outcomes (e.g., miscarriage, stillbirth, pre-term, full-term).

Finding 8



Breastfeeding has positive effects on the physical, emotional, and psychological health of ADW and their infants. ADW breastfeeding rates are below the Healthy People 2020 goal. The Services do not uniformly apply or execute policies to support breastfeeding.



Recommendation 8

The DoD should continue to improve and standardize policy, education, and infrastructure to encourage and facilitate breastfeeding.

Finding 9



Fertility services available to ADW show particularly high variation across military treatment facilities and locations.



Recommendation 9

The MHS should standardize the fertility benefit and access to services.

Finding 10.1



Despite efforts to reduce sexual harassment, assault, and intimate partner violence, ADW continue to experience elevated and unacceptable rates of gender-related, intentional trauma. Such actions against women are more likely to lead to post-traumatic stress disorder (PTSD) than exposure to combat. DoD efforts to raise awareness of the magnitude of the ongoing problem, and line commander and non-commissioned officer accountability for a zero-tolerance culture, need to be continually reinforced.



Recommendation 10.1

Continual reinforcement of zero-tolerance for workplace sexual harassment and assault and for intimate partner violence must be emphasized in Service member training, particularly for line commanders and non-commissioned officers (NCOs).

Finding 10.2

Stigma and fear of reprisal for reporting sexual harassment and assault continue to exist.





Recommendation 10.2

Allegations of sexual assault should be reported and investigated promptly including medical forensic examinations resulting in a timely adjudication, delivery of judgment/punishment, and whenever possible, communication to commanders, NCOs, and Service members to reinforce that the culture of zero-tolerance is, in fact, in place.

Finding 10.3



Women respond better to established PTSD treatments than men, especially when the diagnosis is made early. The full complement of health professionals and services for victims of sexual assault, however, does not exist at all locations where ADW serve.



Recommendation 10.3

The DoD should expand adequately trained and gender-responsive staffing for timely medical and psychological evaluation and counseling for sexual harassment, assault, and intimate partner violence. Evaluation and counseling can be provided by a MTF, private care, or telehealth.

Finding 10.4

The DHA Connected Health has at least seven publicly available mobile apps to support Service members with behavioral health issues. The DoD has an app that specifically supports military victims of sexual harassment or assault.





Recommendation 10.4

The DoD and DHA Connected Health should re-evaluate and standardize existing digital health tools for ADW's mental health needs, especially regarding sexual harassment and assault. The DoD Safe Helpline app is a potential best practice resource for guiding military members to much needed care and support for sexual assault.

Finding 11



Anxiety, depression, and adjustment disorders are more prevalent in ADW than men. Women and men respond similarly to treatment and counseling for anxiety and depression. Gender- and military-specific identification, screening, and treatment modalities have not been comprehensively studied or deployed.



Recommendation 11

The DoD should validate the gender- and military-appropriateness of all currently used mental health screening tools and treatment modalities.

Finding 12

Body appearance standards and Service-specific cultures may contribute to ADW eating behavior disorders and body image issues. Eating disorder prevalence varies among Services.





Recommendation 12

The DoD should study whether the body appearance standards for women are appropriate to promote physical fitness and attainment of military occupational standards, without inadvertently motivating ADW into disordered eating.

Finding 13



The MHS Dashboard and the WICC Dashboard, maintained by DHA, display different types of women’s health measures but mainly measures of inputs, process, compliance, and complications. Few of the dashboards measure outcomes; patient-reported outcome measures are especially rare. The Dashboard data do not show performance at different times of ADW’s life cycle of military service.



Finding 13 (continued)

Dashboard data are at least 3-6 months out of date, and often much longer. Beyond the lack of timeliness, the Dashboards have restricted access, and lack metrics on ADW's medical readiness (unplanned pregnancy, musculoskeletal injuries, sexual assault). These data deficiencies limit the Dashboards' relevance for identifying and responding to differential rates of ADW health, readiness, and safety.



Recommendation 13

Create an interactive and customizable ADW's MHS Dashboard that provides line and health personnel with access to up-to-date data on key drivers and outcome measures of ADW's readiness. The Dashboard should track both nationally-accepted and military-relevant women's health metrics, and feature customizable options to reflect the differential needs of the end-users (e.g., Commanders tracking musculoskeletal injury rates and outcomes by gender). The Dashboard should feature patient-reported-outcome-metrics (PROMs) specific to the needs and concerns of ADW over their life cycle in the military.

Finding 14



The DoD electronic medical record (EMR) system does not systematically collect patient reported outcome measures (PROMs) for conditions relevant to women’s health and readiness. The EMRs have inadequate and inconsistent documentation of militarily-relevant medical issues and constrain personnel from documenting specific conditions, their treatment, and the outcomes produced. As a part of MHS’ transformation efforts to streamline healthcare services, the DHA has adopted frameworks for measuring and entering PROMs into the EMR, which will allow identification of ADW’s health-related drivers of quality and continuous improvement. Currently, however, no standardized ADW-specific readiness metrics are under development in the new set of PROMs.



Recommendation 14.1

The DHA should establish a set of ADW metrics that are informed from review of the universe of women-specific metrics, including inputs like (i) health care personnel training, (ii) compliance with recommendations, (iii) complications, and (iv) PROMs of health and personnel outcomes (e.g., treatment success or failure, readiness return times, attrition rates, and retention rates). Ensure integration of these metrics into the electronic medical record and dashboards.



Recommendation 14.2

The DHA should provide ongoing support and resources to those who have a stake in developing, documenting/reporting, implementing, validating, and tracking of metrics relevant and specific to ADW's health and readiness.

Questions ?