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Women's Health Task Force

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Briefing Agenda

PURPOSE: To provide background on establishment of Women's Health Task Force and an overview of the findings of the White Paper titled "The Concerns of Women Currently Serving in the Afghanistan Theater of Operations."

AGENDA:

1. TSG Video
2. Timeline of Women's Health Task Force
3. The Health Service Support Assessment
4. Women's Health White Paper
5. Questions

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Female Service Member Statistics

- 19, 758
- 284, 248

**Data obtained from the Defense Manpower Data Center, as of 31 March 2012*

Women's Health Task Force

Key Events

Health Service Support Assessment Team Deploys to Afghanistan (JUL – OCT 2011)

JUL 2011
DSG identifies need for Women's Health Task Force (WH TF)

AUG 2011
Council of Colonels meets weekly

SEP 2011
WH TF Chair deploys to Afghanistan

OCT 2011
Draft White Paper complete

NOV 2011
Team staffs White Paper

DEC 2011
-TSG directs establishment of the WH TF

JAN 2012
-WH TF Executive Officer arrives

FEB 2012
-WH TF identifies representatives
-WH TF identifies Executive Council

MAR 2012
-WH TF Executive Council hosts first meeting

MAY 2012
-CSA and SecArmy approve establishment of WH TF
-WH TF Inaugural Event and work group meeting
-Publish White Paper

Women's Health Assessment Team

- Location
  - Afghanistan Theater of Operations (ATO)
- Team
  - LTG Horoho
  - Nurse Corps Officers, an OB/GYN Physician, a Pediatrician, and a Medical Service Corps Officer
- Site Visits
  - Spoke to 150 women
  - Combat Outposts (COPs) to Forward Operating Bases (FOBs)
  - Role 1, Role 2 and Role 3 facilities

Women's Health Assessment Team

- Information Gathered
  - Focus groups
  - Interviews
  - Town Hall meetings
  - Surveys
- Literature review of research
- Result
  - White Paper: *Concerns of Women Currently Serving in the Afghanistan Theater of Operations*

Women's Health White Paper

- Six Major Themes Identified
  - Women's Health Education
  - Barriers to Seeking Care
  - Uniform/Personal Protective Gear Fit
  - Psychosocial Effects of Deployment
  - Effects of Deployment on Children and Families
  - Sexual Assault

Women's Health Education

Findings

- **What the team heard**
  - Lack of education on:
    - birth control
    - menstrual cycle control
    - feminine hygiene during deployment
- **What the literature shows**
  - Common GYN problems
  - Field conditions
  - Risk factors
  - Mission compromised

Women's Health Education

- Soldier
  - Basic
  - TG281 Guide to Female Soldier Readiness
  - PHA
- Leader
  - Courses
  - Predeployment briefs
- Provider
  - Standardized

Women's Health Education

Recommendations

- Urogenital hygiene/ prevention
- Self-diagnosis of Vaginitis and Urinary Tract Infections
- Contraception and Menstrual cycle control

Barriers to Seeking Care

Findings

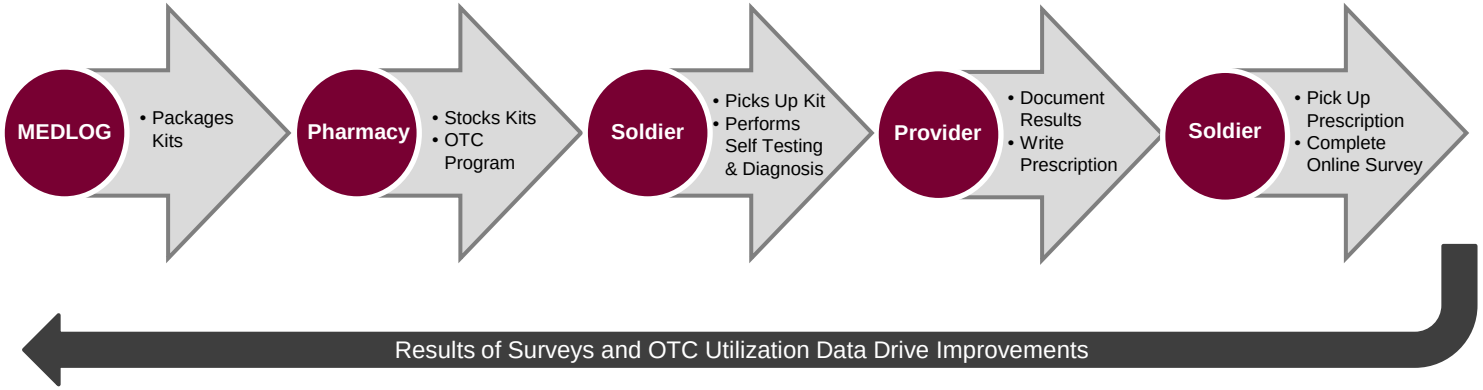
- **What the team heard**
  - male provider
  - chain of command
  - self-diagnosis kits
- **What the literature shows**
  - Hesitancy to use sick-call during deployment
  - Lacked confidence in provider
  - Lacked confidence in confidentiality
  - Embarrassed
  - Prefer female provider

Barriers to Seeking Care

Recommendations

Self-Diagnosis Kits

- Vaginitis (bacterial vaginosis and yeast infections) and Urinary Tract Infections (UTIs)
- OTC access to kits
- PCM access to Rx, documentation, and follow-up



Barriers to Seeking Care

Recommendations

- Standardize women's healthcare for these specific topics
  - Menstrual cycle control
  - UTI and Vaginitis self-diagnosis kits
  - Well woman screening (cervical and breast cancer, and Chlamydia)

Uniform/Personal Protective Gear Fit

Findings

- **What the team heard**
  - APFT uniform and Improved Outer Tactical Vest (IOTV) fit poorly
  - Poor fit limits function
- **What the literature shows**
  - IOTV not sized appropriately for women
  - Soldier System Center
  - Program Executive Office (PEO) Soldier

Uniform/Personal Protective Gear Fit

Recommendations

- **Research and Development on improved fit / function**
  - Protective equipment
  - Female representation in R&D studies
- **PEO Soldier representation on Women's Health Task Force**
  - To enhance communication between the R&D program managers
  - To ensure that R&D efforts address women's health issues
  - WHTF to monitor R&D efforts of PEO Soldier r/t women's health issues

Psychosocial Effects of Deployment

Findings

- **What the team heard**
  - Experience
  - Coping
  - Preparation
  - Reintegration
- **What the literature shows**
  - Limited gender-specific research
  - Mixed results

Psychosocial Effects of Deployment

Recommendations

- **Further Research on the Effects of Combat on Women**
  - Research into the psychological effects of combat on women
- **Ensure that Programs Designed to Prepare our Soldiers for Deployment and Reintegration Consider Gender Specific Needs**
  - R&D leads to intervention programs to prepare for, prevent, and cope with events in the deployment cycle
- **Consider feasibility of One Year Post-Partum Deferment for all Services**
  - Cost/benefits on operational readiness and MHS
- **Community-based Support Groups for Women**
  - Support existing programs (DoD and VHA)
  - Connect through PCMH

Effects of Deployment on Children and Families

Findings

- **What the women said**
  - Concerned about their families while they are deployed
  - Concerned about the lack of preparation and support that women receive during the reintegration period
- **What the literature shows**
  - Deployments affect family psychosocial functioning and increase the rates of child abuse and neglect and behavioral health complaints
  - Relationship between war-stressors of deployed Service Members and adverse emotional and behavioral outcomes in children
  - Limited gender-specific research when the deploying parent is the mother

Effects of Deployment on Children and Families

Recommendations

- **Systematic Review of Programs**
  - Health promotion, risk reduction, resiliency, and support programs that address child, adolescent and family well being
  - Assess programs for reliable and valid outcomes measures
- **Training of Military and Civilian Primary Care Providers**
  - Train in the prevention, early detection, and treatment of common behavioral health disorders among military children
- **Embed Behavioral Health "Far Forward"**
  - Embed behavioral health for children in primary care and community settings
- **Evidence Based Focus on Prevention**
  - Identify and consolidate the existing resources to build family resiliency
- **Research on Effects of Deployment Cycle on Families**

Sexual Assault
Findings

- **What the team heard**
  - Knowledge of SHARP program
  - Barriers clearly exist to reporting
  - Lack of physical security measures
  - Lack of confidence in leadership
- **What the reports show**
  - Not a gender specific issue
  - Environmental factors in Theater that increase the risk for sexual assault:
    - solitary duty (especially at night),
    - poor barracks security
    - insufficient environmental lighting

Sexual Assault
Recommendations

- **Require Installations Assess Physical Safety Measures**
  - Improve physical security and monitoring on lodging and bathroom facilities.
- **Review Theater policy regarding distribution of SAFE providers**
  - Enhance competence and effectiveness
- **Convene a team of experts from the Tri-Services**
  - Investigate the integration of Service policies on prevention and response programs in Theater, including the training of SAFE providers, SARCs, and VAs

Sexual Assault
Recommendations

- **Professionalize the VA Roles**
  - Provide national certification and continuing education
- **Leverage and synergize with Comprehensive Soldier Fitness**
  - Build interpersonal skills, self esteem, assertiveness and the core values of *all* Soldiers
- **Ensure 100% implementation of the SHARP program**
  - Engage HQDA G-1 to track objective SHARP implementation and outcome measures of effectiveness

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Questions

27 June 2012

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