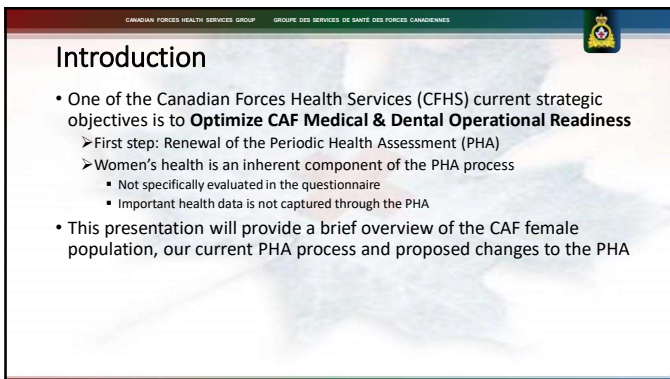




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3

CANADIAN FORCES HEALTH SERVICES GROUP GROUPE DES SERVICES DE SANTE DES FORCES CANADIENNES




Provisional findings from CAF Health Survey 2019

- Women were more likely than men to:
 - use physical, mental and other health care services (93% vs 84%)
 - report high levels of life stress (28% vs 22%)
 - have joint pain (61% vs 59%)
 - have a repetitive strain injury (32% vs 28%)

7

CANADIAN FORCES HEALTH SERVICES GROUP GROUPE DES SERVICES DE SANTE DES FORCES CANADIENNES



Current "Periodic" Health Assessment (PHA)

- Every 5 years for members <40 years of age, every 2 years for members ≥ 40
- Part 1
 - Paper based questionnaire with 27 questions (none on women's health)
 - In-person medical screening
 - review of immunization status
 - anthropometric measurements
 - vital signs
 - audiogram
 - visual screen
 - +/-laboratory tests/imaging

8

CANADIAN FORCES HEALTH SERVICES GROUP GROUPE DES SERVICES DE SANTE DES FORCES CANADIENNES



Current PHA

- Part 2 (in-person appointment with a healthcare provider)
 - Interview to review medical history, address current medical concerns
 - Opportunity to discuss age and sex appropriate risk factors and behavioural risk factors
 - Includes a physical exam
 - The CAF member's medical category (profile) is updated based on the outcome of this evaluation

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CANADIAN FORCES HEALTH SERVICES GROUP GROUPE DES SERVICES DE SANTE DES FORCES CANADIENNES

Current PHA

- Issues with the current process
 - Resource intensive, no longer evidence based
 - Dependent on the healthcare provider to ensure that appropriate preventive services are offered
 - Difficult to collect and analyse PHA data (paper based)
 - Current electronic health record does not have a recall function

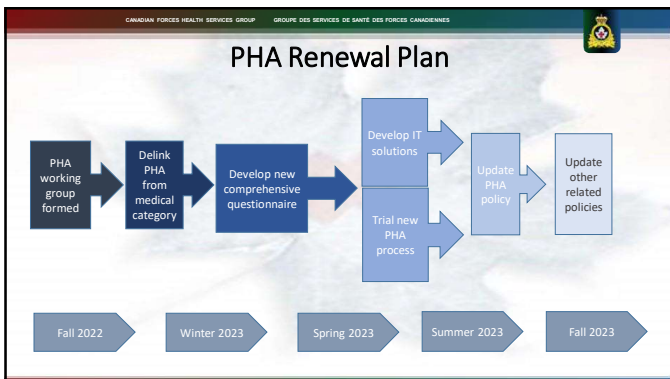
10

CANADIAN FORCES HEALTH SERVICES GROUP GROUPE DES SERVICES DE SANTE DES FORCES CANADIENNES

Goals of PHA Renewal


- Develop a true **Preventive** Health Assessment
- Reduce the need for in-person assessments by a healthcare provider
- Delink the assignment of a medical category from the process
- Develop a screening questionnaire that is based on scientific evidence
 - Follow Canadian and United States Preventive Services Task Force Guidelines
 - Use questions that are thorough, respectful, and appreciated by our patients
 - Include important **women's health related questions**
- Permit the collection and analysis of **health data**
- **Improve the reporting** of medical and dental readiness and occupational fitness to the Chain of Command

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CANADIAN FORCES HEALTH SERVICES GROUP GROUPE DES SERVICES DE SANTE DES FORCES CANADIENNES



Conclusion


- Benefits of including women's health specific questions in the CAF PHA questionnaire:
 - Ensure that important health questions are asked
 - Ensure that appropriate screening tests take place
 - Aid us in tracking important health indicators in our female CAF members

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Update on Women's Health in the DoD

Ms. Teresa Hart, Senior Nurse Consultant, DHA, Medical Affairs
LTC Lana Bernat, U.S. Army Nurse Corps




"Medically Ready Force...Ready Medical Force"

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Ministry of Defence



Prof Julie Greeves OBE

Understanding and protecting menstrual health through military service careers

01 Feb 2023



15

Gender data gap

Army Health and Performance Research [OFFICIAL] 16

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Female Reproductive Hormones: Through Life

N = 3,785
 Central inhibition of Hypogonadal-Pituitary-Ovarian Axis (HPA)
 ♀ **58%** use hormonal contraception
 ↳ 18 to < 25: COCP
 ↳ 35 to > 40: IUS
 ♀ **57%** to stop periods

Army Health and Performance Research [OFFICIAL] 17

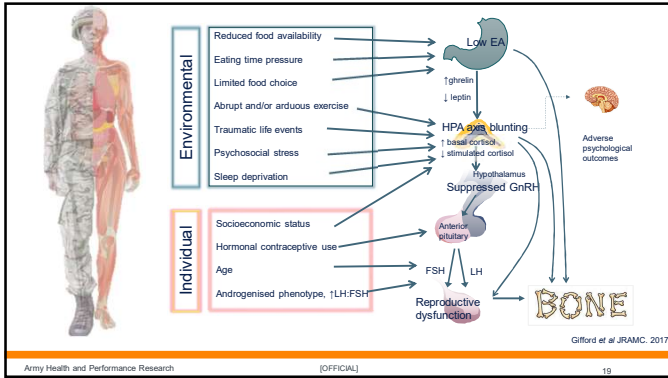
17

Menstrual Health

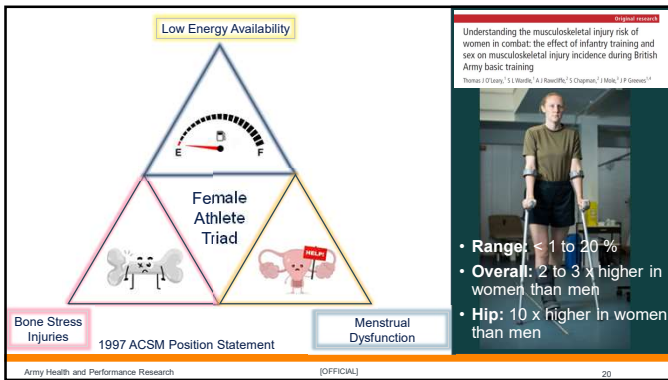
- ◆ Indicator of overall health
 - ◆ Fertility
 - ◆ Menopause
 - ◆ Cardiac health
 - ◆ Bone health
 - ◆ Mental health
- ◆ Affects all women
- ◆ Through career
- ◆ Regulated by the brain

Army Health and Performance Research [OFFICIAL] 18

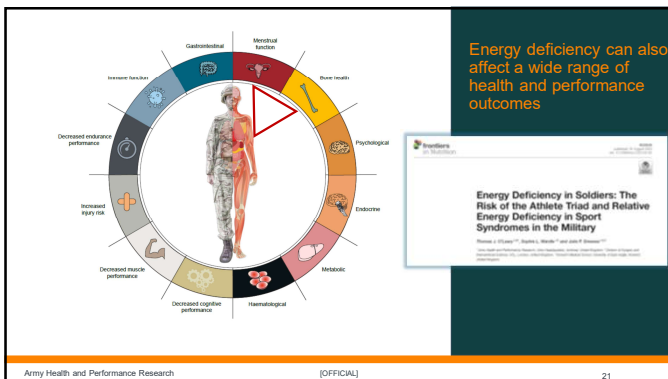
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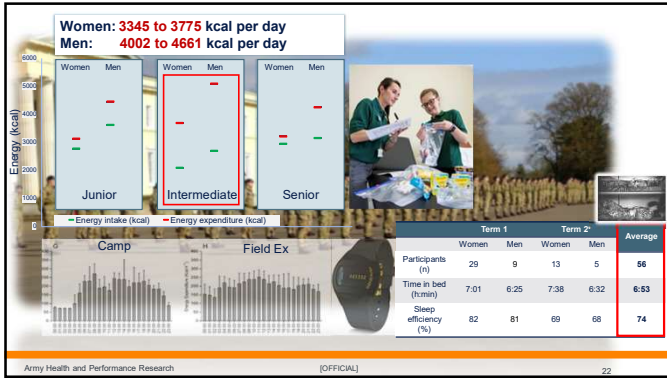
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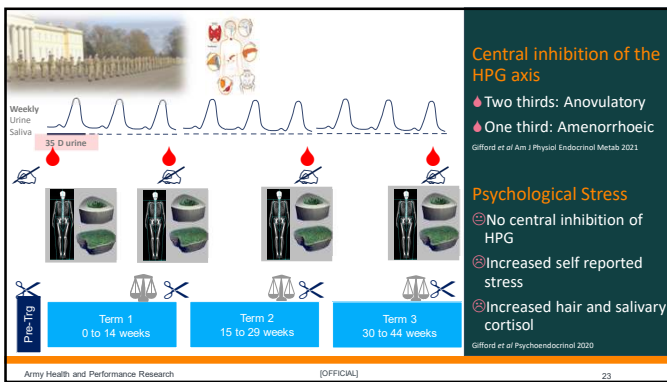
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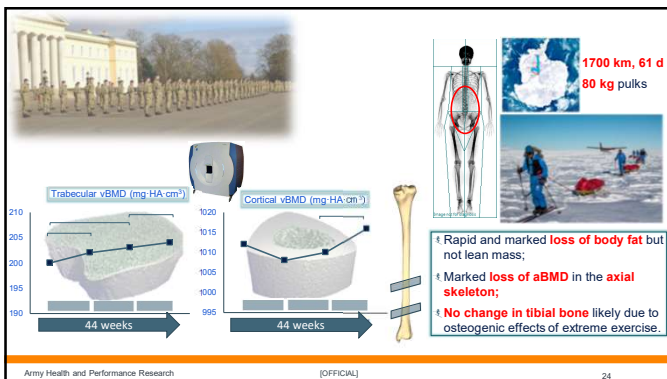
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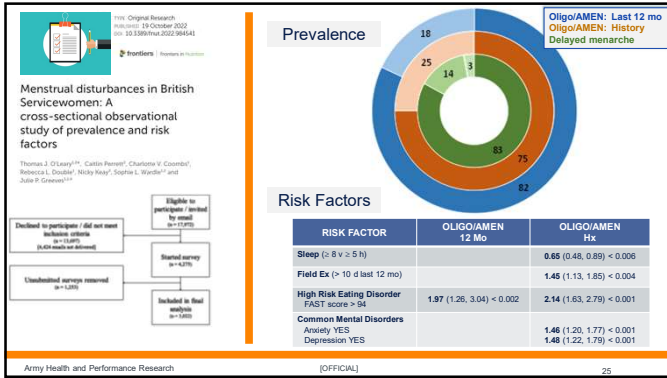
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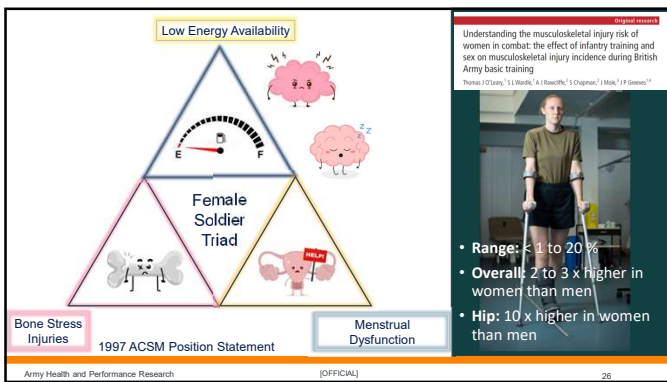
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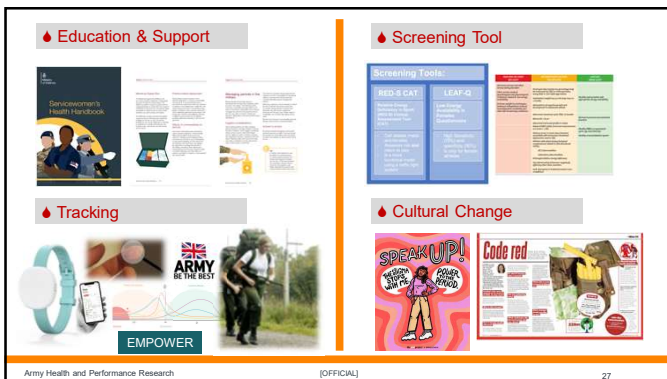
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NORTH ATLANTIC TREATY ORGANIZATION
SCIENCE & TECHNOLOGY ORGANIZATION



Optimized Menstrual Health in Servicewomen

This ET is a scoping activity to develop a structured program of work for an RTG with the explicit purpose to improve menstrual health in servicewomen.

SCIENTIFIC TOPICS TO BE COVERED

- Female reproductive axis and arduous training.
- Risk factors for menstrual ill health.
- Role of energy, exercise, and stress (sleep and psychological) on the reproductive axis.
- Health and performance outcomes.
- Predictive modelling.
- International practices of menstrual health management.
- Education and culture change.


Chairs:
Prof Julie Greeves
Dr Thomas O'Leary

Army Health and Performance Research [OFFICIAL] 28

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EMPOWERING SERVICEWOMEN & EQUIPPING PROVIDERS

Tactics to Improve Women's Health Capabilities




Catherine T. Witkop, MD, PhD, MPH, Col (Ret), USAF, MC
Associate Dean for Medical Education and Professor
Preventive Medicine and Gynecologic Surgery & Obstetrics
Uniformed Services University of the Health Sciences

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Disclaimer/Disclosures

The opinions and assertions expressed herein are those of the author/presenter and do not reflect the official policy or position of the Uniformed Services University of the Health Sciences or the Department of Defense.

The presenter has no conflicts of interest to declare.



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Objectives

- Consider why we develop digital tools and how they can improve women's health capabilities
- Walk through Decide + Be Ready, a contraceptive decision aid mobile application (app)
- Explore Deployment Readiness Education for Servicewomen (DRES) mobile app
- Describe some of the topics covered in the Women's Health Provider Treatment Algorithms

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Challenges/Opportunities

03.01.2014 Photo by Corinne WOODRUFF, Fort USG Public Affairs
 05.10.2014 Photo by Sgt. Richard BLOOMFIELD, US Marine Corps (03031)
 02.17.2014 Photo by Sgt. John WENDT, US Marine Corps (03031)
 05.22.2014 Photo by Sgt. Clinton WOODRUFF, U.S. Marine Corps (03031, Fort USG)
 04.04.2014
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 100100-100-000-000-000



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- **The Challenges:** *Unintended pregnancies among military women and negative impact of gyn conditions on optimal performance*
- **The Opportunity:** *Availability of highly effective contraceptives and vast array of non-contraceptive benefits*
- **The Gap:** *Incomplete education about and access to contraceptive methods*
- **The Solution:** *Mobile App Contraceptive Decision Aid*





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Decision Aids

- **Shared Decision Making** - A collaborative process in which patients and providers make healthcare decisions together, considering the **patient's values and preferences** as well as the scientific evidence
- Requires individuals to have information (knowledge) and feel empowered to take action (agency)
- **Tools** (paper-based, computer-based, videos) that
 - Help patients become more engaged in clinical decisions
 - Provide information about options for care
 - Review risks and benefits in a user-friendly manner (often with pictorial representation)
 - Help clarify personal preferences and values

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A Contraceptive Decision Aid Mobile App Designed for Military Women



- Decide + Be Ready – Your Birth Control Decision Aid
- Developed as collaboration by USU, UCSF and DHA Connected Health, with funding from USU Defense Health Horizons Program
- Released in February 2019
- Free to all
- Maintained by DHA




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Decide + Be Ready

- Evidence-based app designed to meet standards for decision aids
- Military-relevant information added

Features	Description
Educational Session	Reviews effectiveness, mode and frequency of administration, side effects, return to fertility, and military-implications/considerations
Interactive values clarification exercise	Allows user to indicate preferences for method characteristics
Checklist	Assesses medical eligibility for different methods based on any self-reported medical issues
Interactive "method chooser" screen	Compares two methods simultaneously on a range of characteristics
Screen to document questions for provider	Collates questions and notes that the user enters when progressing through app
Final screen	Displays and allows patient to print out method preferences, relevant medical history, questions, and methods of most interest



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An Educational Session: Things to Think About

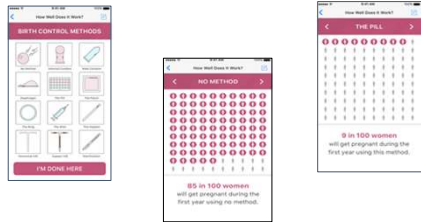


- Effectiveness
- Mode of use
- Frequency of administration
- Side effects
- Return to fertility
- Considerations for servicewomen



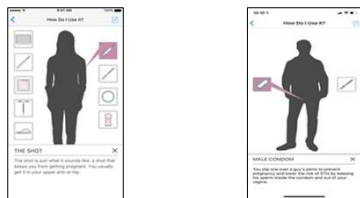
37

Effectiveness: How Well Does It Work?



38

Mode of Use: How Do I Use It?



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Frequency of Administration: How Often Do I Have to Remember It?

The screenshots show the following information:

- Birth Control Methods:** A list of various contraceptive methods with icons.
- The Pill:** A calendar interface for tracking pill intake, with instructions: "Take one pill every day, around the same time."
- The Patch:** A calendar interface for tracking patch application, with instructions: "Apply a new patch every week for three weeks. Then use your patch-free time."
- Copper IUD:** A calendar interface showing the IUD lasts up to 10 years, with instructions: "The copper IUD can work for up to 10 years, and you don't need to replace it. But you may want your health care provider to check it for you."

USU
Utah State University

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Side Effects: Are There Any Side Effects? What are the Non-Contraceptive Benefits?

The screenshots show the following information:

- The Good Stuff:** "LESS ACNE: The pill, patch, and ring may improve acne and keep your skin clearer."
- The Annoying Stuff:** "IRREGULAR PERIODS/SPOTTING: Having light bleeding throughout the month can happen when the hormonal pill, the ring, and the patch. For the hormone IUD and the ring, this usually goes away after 3 months. The spotting in the ring may last for the first few weeks after you start spotting. Spotting usually goes away after 3 months." "NAUSEA: Most women on birth control don't feel sick to their stomach because of their method. But if it does happen, it usually goes away after a couple of days."

USU
Utah State University

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Return to Fertility: What if I Decide to Get Pregnant?

The screenshots show the following information:

- If I Decide to Get Pregnant?** "This birth control method will stop you from being able to get pregnant in the future. (If you're female sterilization, remember that once a permanent.) Keep in mind that it may take several months or longer to get pregnant after using the pill. And because the pill and ring are long-term methods, we generally recommend them for women who do not want to get pregnant for at least a year. (But you can have them removed and stop using them at any time.)"
- If I Want to Get Pregnant: Birth control after having a baby** "After having a baby, birth control may not be at the top of your list of things to think about. But it's important to get pregnant every couple of years. Having a baby usually means your birth control method would work best for you if you don't want to have a baby again right away. There are additional things to consider when you are choosing a method after having a baby, including when you can start different methods, risk of blood clots, and the effect on breastfeeding. You can find some information on this topic in this app, when you have the option to explore your options. After you consider your options, talk to your provider about which may be best for you."

USU
Utah State University

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Contraindications: Do any of the following apply to you?

12:01 PM

Create Your Birth Control Profile

Do any of the following apply to you?
(Check all that apply)

Blood clots

High blood pressure

Smoke 15 or more cigarettes a day

Stroke

Heart disease

Head of stroke

CONTINUE

12:01 PM

Create Your Birth Control Profile

Have you ever had any of the following before getting a progestin?
(Check all that apply)

Weight gain

Depression or anxiety

Headaches or migraines


Problems getting pregnant

Headaches

Head of stroke

CONTINUE

A checklist assessing the individual's medical eligibility for different contraceptive methods



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Interactive Method Chooser

12:01 PM

Birth Control Recommendations

After looking over these recommendations, click on the methods you want to talk about with your provider.

Based on what you told us about the importance of pregnancy prevention to you and whether you want to get pregnant in the future, the following methods may be a good fit for you:

IUD

IUD

IUD

IUD

Based on what told us about how you'd like to use a method and how often you'd like to think about a method, the following methods may be a good fit for you:


IUD

IUD

IUD

IUD

- Highlights specific methods most appropriate for each individual based on responses to a number of questions.
- Allows the user to navigate information about each method and compare each method's appropriateness for individual personal needs.
- Allows the individual to weigh the relative importance of each characteristic on method choice.



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Interactive Method Chooser

12:18 PM

Compare Methods

How important is pregnancy prevention to you?


How often do you want to think about a method?

How often do you want to use a method?

How often do you want to think about a method?

Can compare characteristics of two methods at a time, including:

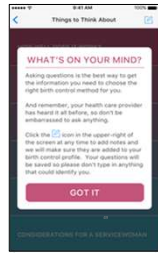
- Effectiveness
- Mode
- Frequency of use
- Side effects
- Benefits
- Who shouldn't use it
- If you've recently had a baby
- For Servicewomen



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Encouraging the Conversation

A screen that allows the user to document questions they might have for the provider



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Displays and/or allows a user to print out:
- Method preferences
- Relevant medical history
- Questions to ask health care provider
- Methods of most interest


The user can share this display and/or print-out with provider



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iOS version can be accessed at:
<https://itunes.apple.com/us/app/decide-be-ready/id1451879300>


Android version can be accessed at:
<https://play.google.com/store/apps/details?id=mil.dha.decidebeready&hl=en>

The app can also be found using search terms such as "decide be ready", "military birth control", etc.



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Some Outcomes. . .



Decide + Be Ready: A Contraceptive Decision-Making Mobile Application for Servicewomen
 Witkop CT, Torre DM, Maggio LA.
Military Medicine. 2021;186(11/12):300-304

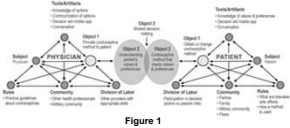





Figure 1

Complexity in Shared Decision Making: A Qualitative Analysis of Clinical Encounters and Patient/Physician Interviews
 Witkop CT, Maggio LA, Harvey EJ, Torre DM.
MedEdPublish. 2022;14Mar2022; 12:17



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- **The Challenge/Opportunity:** *Women serving in increasing array of career fields and deployment settings*
- **The Gap:** *Lack of or difficult to access health-related deployment information for women*
- **The Solution:** *Deployment Readiness Education for Service Women (DRES) Handbook and Mobile App*


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DEPLOYMENT READINESS EDUCATION FOR SERVICE WOMEN (DRES) Handbook

The Deployment Readiness Education for Service Women (DRES) Handbook

The DRES Handbook

- The DRES Handbook includes information on healthy practices and available resources to support service women's healthcare needs and challenges before and during deployment.
- The DRES Handbook was written by Navy Medicine providers across the Navy and Marine Corps to provide easily accessible, comprehensive, and unbiased health education to service women across the force.
- The goal of the DRES Handbook is to equip service women with the knowledge they need to effectively understand their bodies, use preventative practices, identify symptoms of concern, and navigate the Military Health System (MHS).
- Direct service women towards the DRES Handbook and encourage them to learn about self-care and best practices to maintain their medical readiness.

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DRES Mobile App – <https://mobile.health.mil/dres/#/>

DRES
DEPLOYMENT READINESS EDUCATION FOR SERVICEWOMEN APP

The Deployment Readiness Education for Servicewomen (DRES) application (app) provides essential information and resources for women before, during and after a deployment. These resources cover a variety of topics including pre-deployment packing lists, contraceptive advice, menstrual cycle and mental health management, while on deployment, women's health care guidance, and suggestions for important communication with family before departure.

Key Benefits

- Mobile health education and resources for deployment
- Offers health education to assist servicewomen to practice appropriate self-care and health management during deployment
- Provides easy access to important women's health information
- Provides CDC-based education for family health management and promotes the health of our servicewomen
- Provides resources for family health management during deployment

Key Features

- Mobile deployment checklist to bring get checked
- Information on menstrual management and contraceptive advice
- Includes health information, conditions, symptoms, and more
- Health resources for mental health, nutrition, sexual assault, staying connected, & more
- Includes tips for self & family reintegration, family planning, mental health resources, & more

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Select a Deployment Phase:

1

Preparing for Deployment

Important health information, conditions, contraception, STIs, packing list, & more

2


During Deployment

Information on mental health, nutrition, sexual assault, staying connected, & more

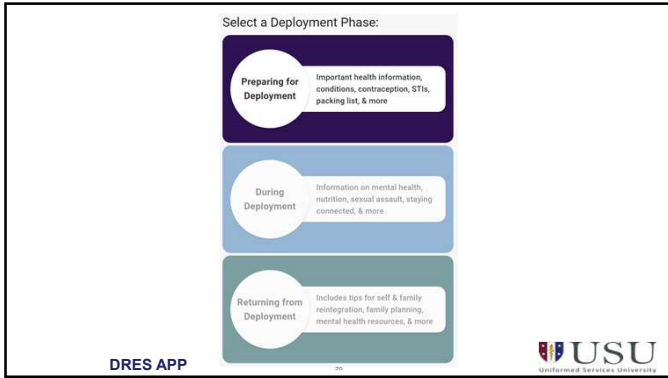
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Returning from Deployment

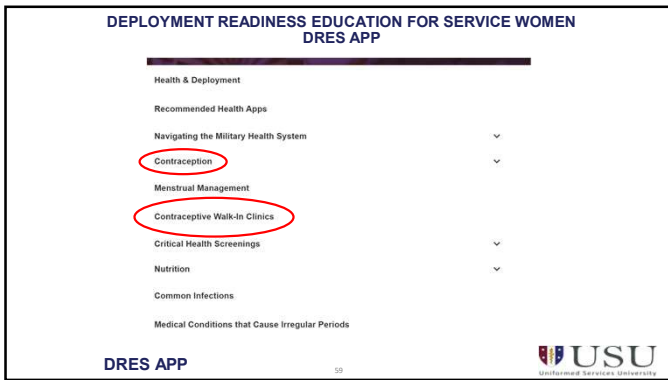
Includes tips for self & family reintegration, family planning, mental health resources, & more

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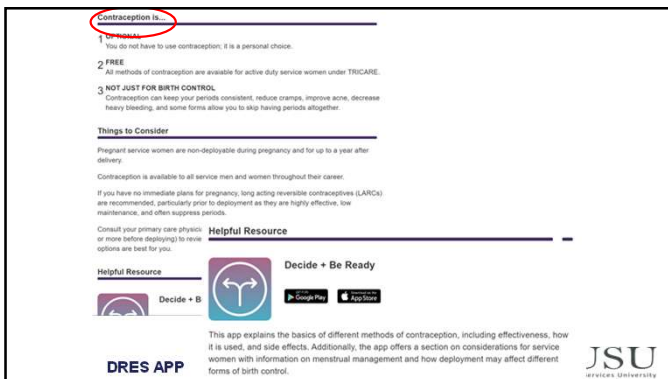
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What is a Walk-In Clinic?

You can go to a Contraceptive Walk-In Clinic without an appointment to learn more about contraception and get a prescription for contraception the same day.

Contraception Walk-In Clinics are a great option if you don't want to wait for your routine physical to discuss your contraceptive needs.

Call your duty station's health facility to ask about the location and hours of the Contraceptive Walk-In Clinic at your command.

What is offered at a contraceptive Walk-In Clinic?

Education on contraception options, family planning, and sexual health.

Counseling to help you determine the best method of contraception for you.

Long Acting Reversible Contraceptives (LARCs) including intrauterine devices (IUDs) and the subdermal implant Nexplanon®.

Short Acting Reversible Contraceptives (SARCs) including birth control pills, the patch, vaginal rings, and the shot.

Emergency contraceptives as needed following an unprotected sexual encounter.

Contraceptive Walk-In Clinic Locations

Take a look below to find contraceptive walk-in clinics near you.

DRES APP CONUS OCONUS JSU
Joint Service University

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**DEPLOYMENT READINESS EDUCATION FOR SERVICE WOMEN
DRES APP**

- Menopause
- Menstrual Suppression
- Menstrual Cycle
- Female Anatomy
- Vaginal Care
- Hair Removal
- Packing For Deployment
- Sexual Health
- Deployment Checklists
- Communication With Family

DRES APP 62 USU
United States University

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Vaginal Care

Hair Removal

Packing For Deployment

Sexual Health

Deployment Checklists

Family Care Plan

Use the following checklist to develop your family care plan if you are a single parent or in the event that both parents or caregivers for minor children will deploy.

Check off each box to keep track of what you've planned.

- Assign a guardian for your family in a special Power of Attorney (POA) and confirm the guardian understands his or her responsibilities.
- Obtain ID and commissary cards, to ensure military health coverage for you and your children, register all dependent family members in Defense Enrollment Eligibility Reporting System (DEERS), and check to make sure all ID cards have not expired.
- Make sure Service members Group Life Insurance (SGLI) is correct.
- Arrange for housing, food, transportation, and emergency needs.
- Inform caretakers of your financial matters.
- Arrange for guardian to have access to necessary funds.
- Arrange for child care, education, and medical care.
- Arrange for pet care to include information on their veterinarian, medications, and favorite toys.
- Arrange necessary travel and support to transfer family members to the new location.

DRES APP JSU
Joint Service University

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Select a Deployment Phase:

Preparing for Deployment

Important health information, conditions, contraception, STIs, packing list, & more

During Deployment

Information on mental health, nutrition, sexual assault, staying connected, & more

Returning from Deployment

Includes tips for self & family reintegration, family planning, mental health resources, & more

DRES APP

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Mental Health

- Mental Health & Stress Management
- TRICARE Coverage With Mental Health G
- Mental Health Care, Your Clearance, And**
- Common Mental Health Disorders
- Military Mental Health Resources
- Eating Disorders

Privacy Surrounding Mental Health Care Services

What Protections Exist if I Seek Mental Health or Substance Abuse Services?

The fact that mental health services were accessed by a service member cannot be disclosed to a service member's Commanding Officer (CO) unless there is a serious concern related to one of the following:

- Risk of harm to self
- Risk of harm to others
- Risk of harm to mission
- Need for urgent care
- Entering or exiting a formal treatment program for substance misuse

In addition, if Command leadership has requested a mental health evaluation, they will be aware of the intervention.

Who to access mental health care from

Service members have access to a range of mental health providers including:

- Mental health providers at medical treatment facilities (MTFs) such as psychiatrists, psychologists, and clinical social workers
- Deployment Resiliency Counselors (DRCs)
- Chaplains
- Counselors through Fleet and Family Support Center (FFSC)

DRES APP

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Physical Health

- Musculoskeletal Health
- Hydration**
- Female Athlete Triad
- Nutrition
- Additional Physical Health Resources

Hydration and Urination

The best way to determine your hydration status is to evaluate your urine color. Check out the chart below.

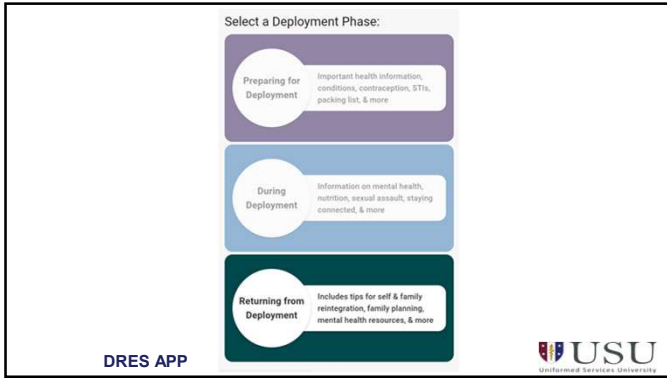
Do you feel like hydrating will make you go to the bathroom too frequently? Urination devices are recommended during trainings and deployments in remote settings, consider a (1) *Scottie's*, (2) *Go-Girl*, or (3) *Urethra-to-Mate*.

Tips to Meet Your Hydration Needs

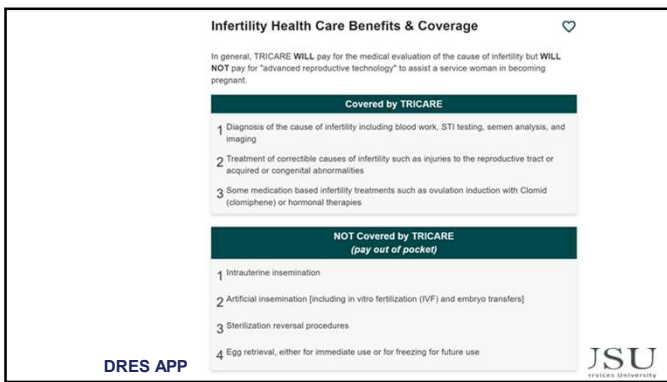
- ☑ Make hydrating a priority! Carry a water bottle to drink on the go.
- ☑ Choose water over sugar-sweetened, caffeinated, or alcoholic beverages.
- ☑ Add lemon, lime, or cucumber to your water to enhance the taste.

DRES APP

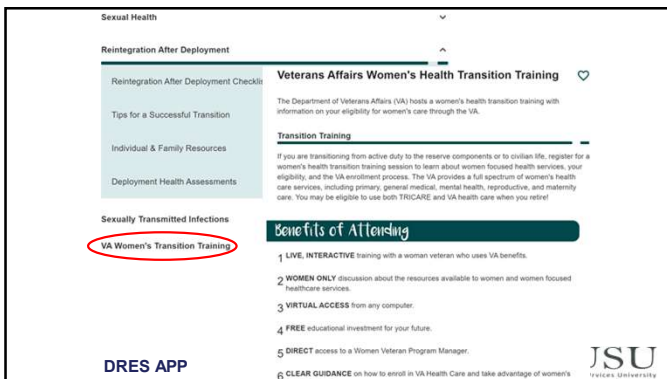
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DRES APP

<https://mobile.health.mil>






DRES
Department Readiness Education for Service Women
Version 1.0.2
05/23/2022


[Learn More](#)


Can then download app on desktop or phone to use offline—see tutorial at website



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- **The Challenge/Opportunity:** *Service women often seen by operational providers who may not have a lot of experience with women's health conditions*
- **The Gap:** *Lack of point of care resources to aid healthcare providers in triaging common women's health conditions in remote settings*
- **The Solution:** *Women's Health Provider Treatment Algorithms*





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Refreshed Women's Health Provider Treatment Algorithms

The BUMED Office of Women's Health & Family Planning (OWH-FP) in collaboration with the Army Medical Center (AMC) and the Army Medical Center (AMC) collaborated to refresh 11 Provider Treatment Algorithms to aid healthcare providers in triaging common women's health conditions in remote settings. Each algorithm is an interactive PDF that includes easy-to-use navigators, so that users can quickly jump to their desired routes.

PROVIDER TREATMENT ALGORITHMS

These tools are designed to help operational providers **recognize common issues** and **determine whether to treat or escalate** female patients to a higher level of care. These algorithms outline **how to treat the patient** if the issue falls within the provider's scope of practice.

TREATMENT ALGORITHM TOPICS


- Contraception
- Emergency Contraception
- Menstrual Suppression
- Irregular Bleeding
- Vaginal Discharge
- Pelvic Pain
- Sexually Transmitted Infections (STIs)
- Management of Breakthrough Bleeding on Hormonal Contraception
- Ruling out Pregnancy
- Breast Concerns
- Pap Testing/Routine Pelvic Examinations

TREATMENT ALGORITHM REFRESH

- Added **two new algorithms**, Breast Concerns and Pap Testing/Routine Pelvic Examinations to align with Army Provider Treatment Algorithms.
- FPSCB members completed a comprehensive review and provided feedback on Algorithms to ensure Algorithms reflect **current clinical best practices**.
- Aligned Algorithms with recently updated Center for Disease Control (CDC) **guidance on prevention and treatment of STIs**.
- Updated Algorithms to include **levonorgestrel 52 mg intrauterine devices (Liletta® and Mirena®)** as **effective emergency contraception options** per the New England Journal of Medicine study on the use of 52 mg levonorgestrel-releasing IUDs for emergency contraception.

The updated **Provider Treatment Algorithms** can be found [here](#) on the FPSCC GAC-enabled site.

Women's Health Provider Treatment Algorithms



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Normal Menstrual Parameters

Parameter	Normal Range
Frequency of menses	21-35 days
Duration of menses	3-7 days
Volume of menses	30-80 mL
Color of menses	Red to brown
Clots	Small, soft
Intermenstrual bleeding	None
Menstrual cramps	Mild to moderate
Menstrual cycle	Regular
Menstrual cycle	Regular
Menstrual cycle	Regular

Flow Chart to Aid Abnormal Uterine Bleeding Between Menarche and Menopause

Figure 3: Menorrhagia in the Non-Pregnant Patient

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Flow Chart to Aid Abnormal Uterine Bleeding Between Menarche and Menopause

Figure 4: Oral Contraceptive Associated Bleeding

Figure 5: Intrauterine Device Associated Bleeding

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Flow Chart to Determine STI Screening

Sexually Transmitted Infections and Treatment

Sexually Transmitted Infections and Chlamydia and Gonorrhea Treatment

Chlamydia

Gonorrhea

Sexually Transmitted Infections and Chlamydia and Gonorrhea Treatment

Chlamydia

Gonorrhea

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Where We've Been . . .

- How digital health tools can improve women's health capabilities
- Decide + Be Ready mobile app
- Explore Deployment Readiness Education for Servicewomen (DRES) mobile app
- Women's Health Provider Treatment Algorithms

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QUESTIONS?

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Break

Workshop Resumes @ 1015hrs



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