

# The Female Force Readiness Strategy: Increasing Medical Readiness, Resiliency and Retention of the Female Force

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# CDR Shari Gentry, MD, MC, USN



- CDR Shari Gentry began her naval career as a student at the University of Missouri-Kansas City School of Medicine in the Health Professions Scholarship Program.
- Upon completing a surgical internship at Walter Reed National Military Medical Center (WRNMMC) in 2005, she served as a General Medical Officer (GMO) in Okinawa, Japan.
- In 2007, CDR Gentry returned to medical education to complete residency training in Family Medicine at NMC Camp Lejeune.
- CDR Gentry served as the Senior Medical Officer (SMO) for the Group Aid Station, 2nd MLG, Jacksonville, North Carolina from 2009-2012, where she also served as Regimental Surgeon for Combat Logistics Regiment-25 and deployed to Afghanistan with Combat Logistics Battalion-2.
- From 2012-2015, she served as a faculty member at the Family Medicine Training program at NMC Camp Lejeune.
- From 2015-2018, she served as the SMO for the Directorate of Primary Care at NMC Portsmouth.
- From 2018-2020, CDR Gentry served as the Commander, Amphibious Task Force Surgeon for the KEARSARGE Amphibious Ready Group and Officer in Charge of Fleet Surgical Team TWO

# CDR Monica Ormeno, DO, MC, USN



- CDR Ormeno enlisted in the Navy in 1998 as an undesignated seaman. She graduated from Old Dominion University with a Bachelor of Science in Biology while finishing her enlistment. She received her Doctorate in Osteopathic Medicine in 2007 before completing her internship and residency in psychiatry at NMC Portsmouth.
- CDR Ormeno served as Staff Psychiatrist at United States Naval Hospital (USNH) Guam from 2011-2013 and then as the Department Head of Mental Health and Staff Psychiatrist at North Atlantic Treaty Organization (NATO) Role III in Kandahar, Afghanistan from 2012-2013.
- From 2013-2015, CDR Ormeno completed a fellowship in Child & Adolescent Psychiatry at the Child Behavioral Health Clinic at WRNMMC.
- CDR Ormeno then served as the Staff Psychiatrist for Fleet Surgical Team Five from 2015-2018.
- CDR Ormeno holds an academic appointment as Assistant Professor of Psychiatry at the Uniformed Services University of the Health Sciences (USUHS).
- CDR Ormeno serves as the Navy Psychiatry Assistant Special Leader as well as Chair of the American Medical Women's Association Military & Veterans Chapter.

# Disclosures



- CDR Gentry and CDR Ormeno have no relevant financial or non-financial relationships to disclose relating to the content of this activity.
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# Learning Objectives



At the conclusion of this activity, participants will be able to:

1. Identify the need for a formalized Female Force Readiness Strategy to organize and coordinate efforts to increase medical readiness, resiliency, and retention of the female force.
2. Summarize the central objectives of the Female Force Readiness Strategy and the Deployment Readiness Education for Service Women Handbook.
3. Explain the future impact of the Female Force Readiness Strategy on medical readiness, resiliency, retention, and total force power.

# Need for Female Force Readiness Strategy



## Warfighter lethality is COMPROMISED when...

**9%** of female Sailors and Marines (compared To 5% of males) were on LIMDU (2015- 2019)<sup>6</sup>

**8.4%** of service women who were medically evacuated were evacuated for a genitourinary system disorder (2018)<sup>14</sup>

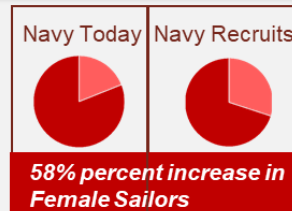
**61%** of female service members did not receive any contraceptive counseling prior to deployment<sup>4</sup>

Front line providers do not have the skills or resources they need to provide women's healthcare<sup>15,16</sup>



## But the future of the Navy and Marine Corps is increasingly female.

Today 19% of the Navy and 8% of the Marine Corps are female, but female recruits account for **30% of Navy and 17% of Marine** recruit classes<sup>17,18</sup>



For every 100 people that join the military, **women are proportionally more likely to join the Navy** than men (30 women compared to 24 men)<sup>11</sup>



Yet relative to men, a disproportionate number of women (officers and enlisted) **leave service** within the first 10 years<sup>19</sup>

## To remain the most superior Navy in the world, we must prioritize the survivability and retention of the female warfighter by...

Reducing average LIMDU days per person

Reducing unintended pregnancy rate to below civilian average

Reducing preventable medical evacuations for genitourinary system disorders

Training and equipping front line providers to deliver women's healthcare effectively

Empowering service women to proactively address their health needs

(Navy Medicine, 2020)

LIMDU- Limited Duty

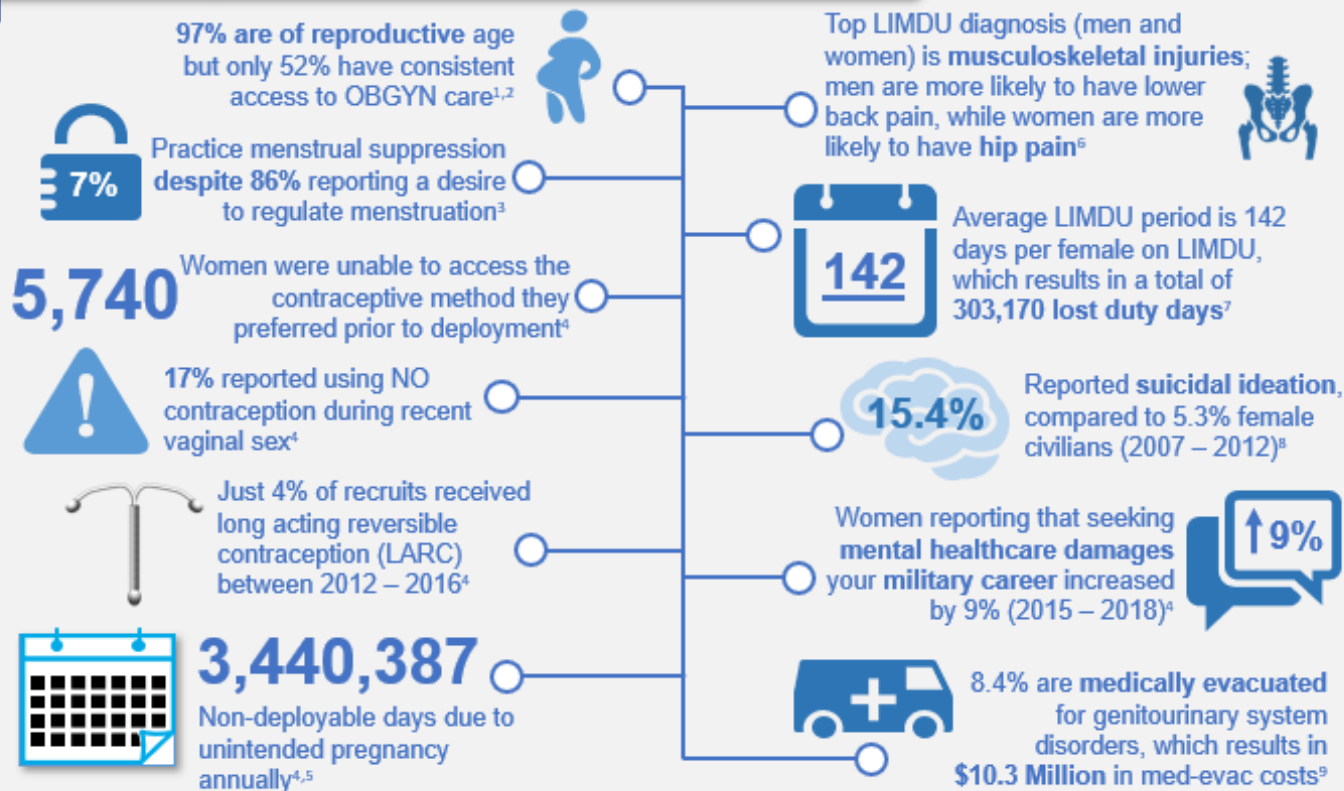
4- (RAND, 2018), 6- (DHS, 2019), 11- (Addario, 2019)  
14- (Nielson et al., 2009), 15- (BUMED, 2017), 16- (BUMED, 2018), 17- (USN, n.d.), 18- (USMC, n.d.),  
19- (Congress, 2017)

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# Challenges to Female Force Readiness

## Of active duty female Sailors and Marines...



(Navy Medicine, 2020)

OBGYN- Obstetrics and Gynecology

1- (DHS, 2019), 2- (USN, 2018), 3- (Powell-Dunford et al., 2003), 4- (RAND, 2018), 5- (NPC, n.d.), 6- (DHS, 2019), 7- (BUMED, n.d.), 8- AFHSC, 2013), 9- (AFHSB, 2019)

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# Female Force Readiness Strategy Overview



- In August 2019, **Navy Medicine** hosted the **2019 Women's Health Summit**, bringing together over 50 medical and operational leaders to review the current state of women's healthcare in the Navy and Marine Corps and develop **the first Navy Medicine Female Force Readiness Strategy**.
- A formalized Female Force Readiness Strategy is necessary to organize and coordinate efforts to **increase medical readiness, resiliency, and retention of the female force**.
- Central components include piloting **embedded women's health providers**, developing **digital health education resources**, identifying and **standardizing female force health requirements**, and assessing knowledge, skills, and abilities of operational providers to **ensure proficiency in women's healthcare**.
- The Female Force Readiness Strategy was **approved by the Surgeon General (February 2020)** and is a **critical pillar of Navy Medicine's overarching Strategy**.
- The Female Force Readiness Strategy includes 14 key solutions centered around Health and Wellness, Education, and Culture. These solutions will be executed through the support and subject matter expertise of the FFRCC.

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# Future Impact of Strategy Execution

## The Navy and Marine Corps are changing...



Proportionally, **women** are more likely to **join the Navy** than men<sup>10</sup>



The proportion of **female service members who are officers** has surpassed the proportion of male service members\* who are officers<sup>10</sup>

The number of women in newly opened combat positions has **grown 5X** since restrictions lifted<sup>11</sup>



## The Female Force Readiness Strategy aims to...



Exceed the **HP2020 Goal** of intended pregnancy rates\*\* by 25%<sup>12</sup>



Provide **menstrual suppression** to all women that desire it by providing **contraceptive counseling to 100%** of female Sailors and Marines

Achieve a **cost avoidance of \$3,780,026** by increasing access to and use of IUDs to an additional 15% of Navy female service members<sup>13,1</sup>



Reduce medical evacuations for genitourinary disorders by 50% to achieve a **cost savings of \$5,140,000**<sup>14,9</sup>



Reduce lost duty days for 13% of Navy and Marine women deployed overseas by providing menstrual management education to achieve a savings of **10,621 lost duty days**<sup>3,1</sup>



(Navy Medicine, 2020)

IUD- Intrauterine Device

1- (DHS, 2019), 3- (Powell-Dunford et. al., 2003), 9- (AFHSB, 2019), 10- (Manning, 2019), 11- (Addario, 2019), 12- (ODPHP, 2020), 13- (Modi et. al. 2014), 14- (Nielson et. al., 2009)

# Strategic Goals & Initiatives



**Embedded Women's Health:** Increase access to women's health providers in operational environments.

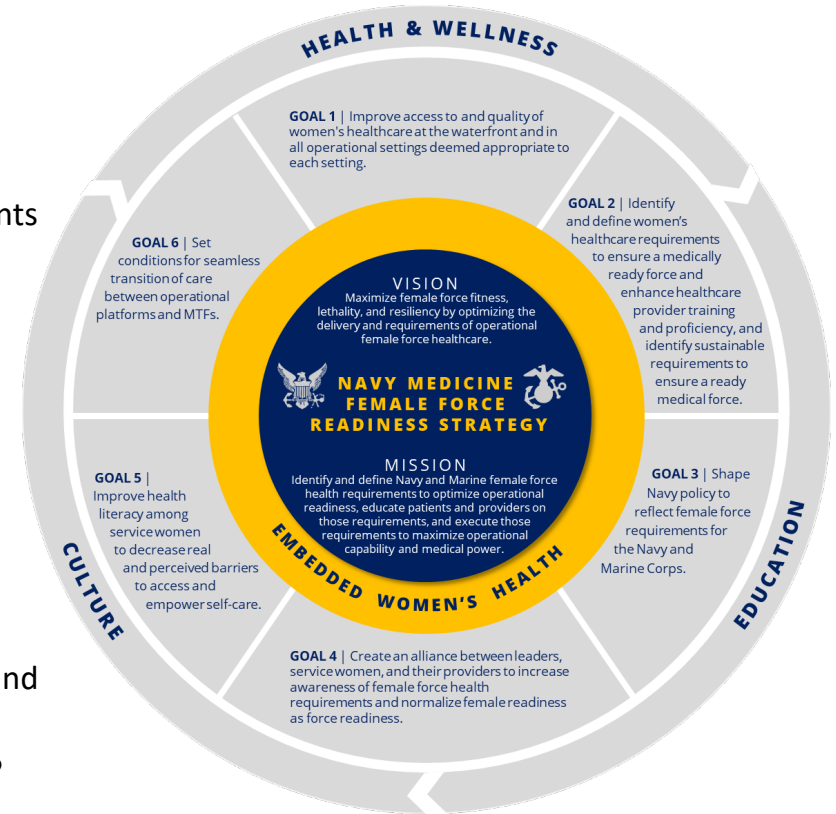
**Initiative:** Embedded Women's Health Provider (EWHP) Pilot.

**Anticipated Impact:**

- Reduce lost duty time associated with gynecology (GYN) appointments by 12,500 hours (*\*estimate calculated for Norfolk area female population with 1 nurse practitioner and 1 corpsman averaging 10 patients / day*).
- Increase in patient access to gynecologic care.
- Increase perception of quality for women's health services (i.e., no longer Corpsman provider).
- Increase in primary care provider (PCP) women's health knowledge.

**Progress to Date:**

- Identified proposed pilot locations to embed a provider.
- Communicated with appropriate contacts at identified operational and medical treatment facility (MTF) locations for potential pilot.
- Identified metrics to measure the impact and outcomes of an EWHP pilot.
- Briefed Navy Medicine leadership on proposed pilot program.



(Navy Medicine, 2020)

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# Strategic Goals & Initiatives



**Goal One:** Improve access to, and quality of, women's healthcare in all operational settings.

**Initiative:** Prepare Operational Providers to Address Women's Health Needs.

**Anticipated Impact:**

- 69% of service women who sought care for genitourinary symptoms reported their provider was a medic or corpsman, demonstrating the demand for operational providers knowledgeable in women's health. (Powell-Dunford et al., 2003)
- 22% of service women who sought birth control were unable to access their preferred method prior to deployment. (RAND, 2018)

**Progress to Date:**

- Analyzed training materials and Knowledge, Skills, and Ability (KSA) standards for front-line providers to understand existing requirements for competency in women's health across provider types.
- Communicated with appropriate Specialty Leaders (SLs) to advocate for four key women's health medical proficiencies to be included in the criteria to meet the Expeditionary Scope of Practice for the KSA standards of their provider community.



(Navy Medicine, 2020)

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# Strategic Goals & Initiatives



**Goal Two:** Define women's healthcare requirements and ensure operational providers are proficient to meet those requirements.

**Initiative:** Navy Medicine Women's Health Readiness Assessment.

**Anticipated Impact:**

- Increased proficiency of operational providers in proactively identifying and treating women's health issues.
- Operational providers are utilized to their full scope of practice.
- Decrease in referrals to specialty care for common women's health concerns.
- Updated Seal Team Operational Medical Pack (STOMP), Independent Duty Corpsman (IDC) curriculum, and fleet requirements for women's health.

**Progress to Date:**

- Designed Women's Health Readiness Assessment to determine the top challenges to female readiness and gaps in the provision of women's healthcare; adapted assessment methods for a virtual environment given COVID-19 pandemic.
- Currently conducting ethnographic interviews via teleconference to capture insights on barriers readiness from operational leadership and front-line providers.



(Navy Medicine, 2020)

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# Strategic Goals & Initiatives



**Goal Three:** Shape Navy policy to support women's health requirements.

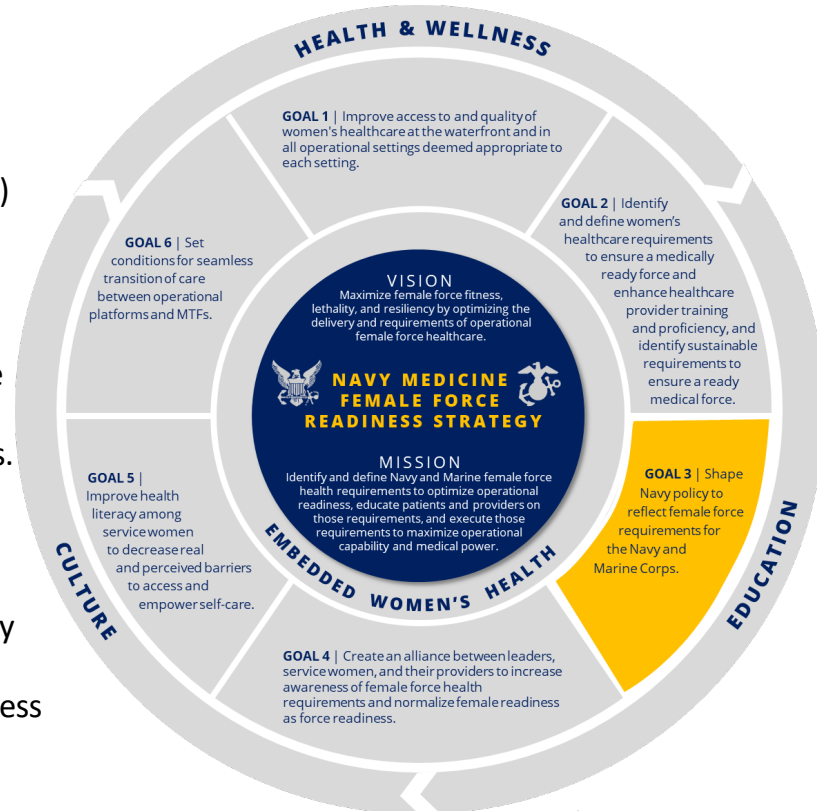
**Initiative:** Update Navy Medicine Manual of the Medical Department (MANMED) and Bureau of Medicine and Surgery (BUMED) policies as needed. Partner with the Office of the Chief of Naval Operations (OPNAV) to address gaps in women's health services that were identified to have the greatest impact on the medical readiness of the female force.

**Anticipated Impact:**

- Ensure that the physiologic and female-specific healthcare needs of the female force are incorporated into operational, equipment, training, education, and healthcare requirements for the Navy and Marine Corps.

**Progress to Date:**

- The MANMED Working Group (WG) was stood up under the FFRAAB to develop recommended updates to Chapter 15 "Medical Examinations", Section V, "Annual Health Assessment Recommendations for Active Duty Women". Their revisions aim to promote preventive care through comprehensive women's health exams and optimize operational readiness for all active duty Navy and Marine Corps women through improved routine health screening.
- The Office of Women's Health (OWH) routed these recommendations for adjustments through the BUMED tasker system for review.



(Navy Medicine, 2020)

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# Strategic Goals & Initiatives



**Goal Four:** Create an alliance between leaders, service women, and their providers to increase awareness of female force health requirements and normalize female readiness as force readiness.

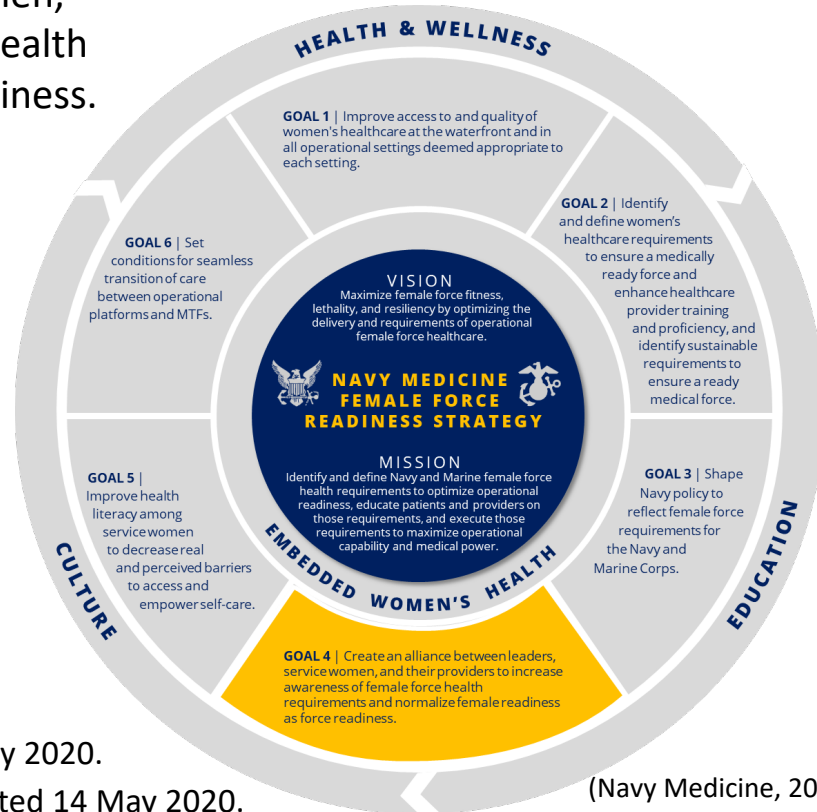
**Initiatives:** Develop educational materials on cultural competency for providers and leaderships; provide line leadership with educational training on women's health; develop women's health-specific questions for proposed inclusion in the Command Climate survey.

**Anticipated Impact:**

- Decrease stigma, encourage patient privacy, and normalize women's healthcare.
- Promote increased access to care and advance female force readiness and retention through stronger leadership support.
- Capture feedback on women's healthcare experiences in operational settings to drive process improvements and optimize readiness.

**Progress to Date:**

- Cultural Competency Training WG initiated 13 May 2020.
- Women's Education for Line Leadership (WHELL) WG initiated 12 May 2020.
- Command Climate Survey Question Development (CCSQD) WG initiated 14 May 2020.
- These WGs operate under the FFRCC and comprise multidisciplinary clinical and operational backgrounds. Each WG is finalizing formal Charters to determine their mission and strategic objectives.



(Navy Medicine, 2020)



# Strategic Goals & Initiatives



## Goal Five: Improve health literacy among service women.

**Initiative:** Women's Health and Deployment Education App.

### Anticipated Impact:

- If 13% of Navy and Marine women deployed overseas lose 2 duty days due to menstrual issues, 10,621 lost duty days could be avoided with menstrual management education.
- Increasing health literacy will enable patients to navigate the military health system effectively, access the resources available to them, and maintain their health while deployed.
- Effective and appropriate self-care and preventive practices will allow resources to be used more efficiently.

### Progress to Date:

- The DRES WG developed the DRES Handbook, a 158-page PDF with hyperlinks for easy navigation. This resource is currently housed on the [Navy and Marine Corps Public Health Center website](#).
- The Handbook is organized into three sections—Preparing for Deployment, During Deployment, and After Deployment. Topics include Knowing your Body, Sexual Health, Contraception, Critical Health Screenings, Packing for Deployment, Physical and Mental Health, and more.
- The DHA Medical Affairs office approved the DRES Handbook to be translated into a mobile application.



(Navy Medicine, 2020)

# Strategic Goals & Initiatives



**Goal Six:** Seamless transition of care between operational platforms and MTFs.

## Future Initiatives:

- Automate Communication of Information Regarding Health Transitions.
- Establish Care Coordinator Role.

## Anticipated Impact:

- Ensure line leadership, service women, and providers receive additional support and have an understanding of the process as service members go through key health transitions (e.g., postpartum return to duty, Limited Duty (LIMDU), convalescent leave, across care environments, etc.).
- Ensure smooth and successful transitions between DHA-managed facilities, operational care settings, and return to duty.
- Provide service members support throughout a period of absence and ensure they are taking the most appropriate actions to return to full duty status in the most efficient and safe manner possible.

## Progress to Date

- These efforts have not been initiated, but will be proposed by the FFRAB for WG support in the future.



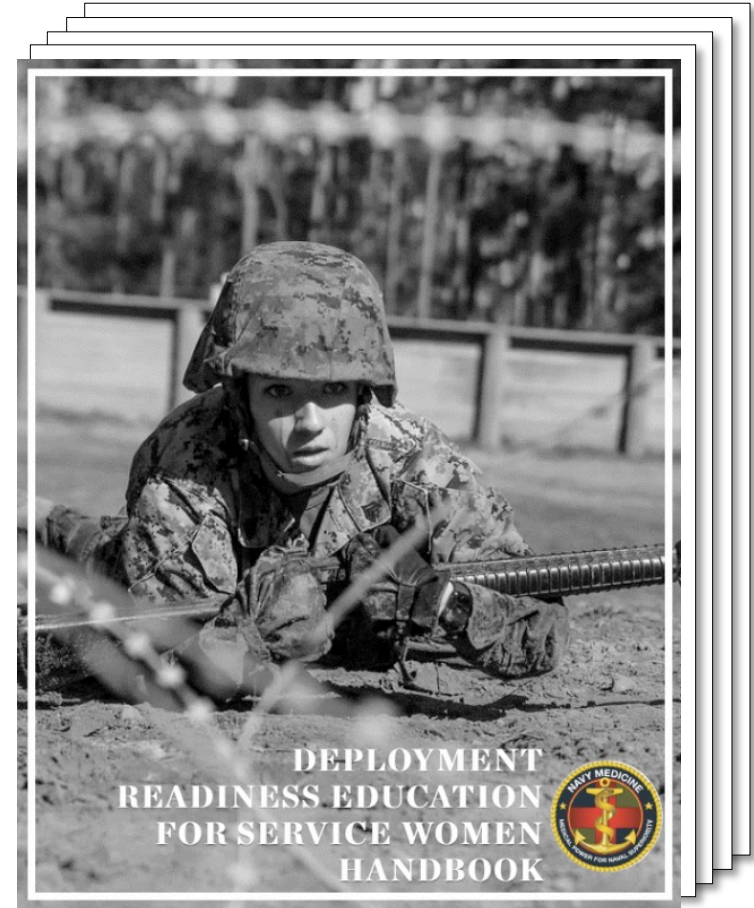
(Navy Medicine, 2020)

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# Deployment Readiness Education for Service Women Handbook



- In Summer 2019, FFRA members established a multidisciplinary WG focused on developing content for an **easily accessible, comprehensive, and accurate health education resource for active duty service women.**
- The DRES Handbook includes information on healthy practices and available resources to **support service women's healthcare needs and challenges before, during, and after deployment.**
- 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).**
- The DRES Handbook portable document format (PDF) is currently **housed on the [Navy and Marine Corps Public Health Center Website](#), and once downloaded, does not require Wi-Fi or internet to access the content.** This 158-page document contains hyperlinks in the Table of Contents and throughout the resource for easy navigation.



(Navy Medicine, 2019)

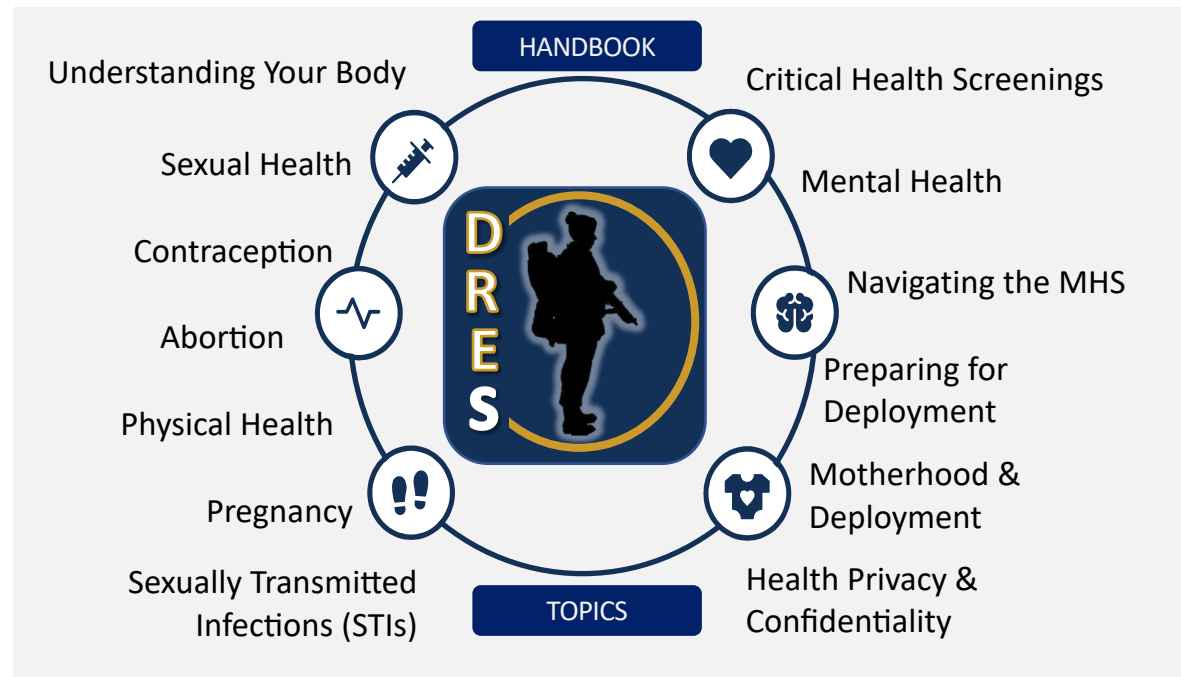
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# DRES Handbook Mobile Application



The DHA Medical Affairs department recently approved the Deployment Readiness App for immediate development.

- As with the online PDF, once the Handbook App is downloaded, service women will not need Wi-Fi to access the content and will be able to search the topic they're interested in, or click on a topic in the table of contents to jump directly to that section.
- **Call to Action:** Please share the DRES Handbook with service women:  
<https://www.med.navy.mil/sites/nmcphc/Documents/health-promotion-wellness/general-tools-and-programs/hp-toolbox/DRES-Handbook-FNL.pdf>
- **Next Steps:** Once the app has been developed, the next step will be to conduct a usability test to analyze the app's effectiveness and to determine participant satisfaction.



(Navy Medicine, 2019)

# Key Takeaways



- Currently, comprehensive women's healthcare is inconsistently available and delivered to active duty women, which creates risk to female force readiness and Naval superiority.
- Investing in the health of female warfighters is a critical step to enhancing the lethality of the total force.
- Executing a formalized Female Force Readiness Strategy is necessary to ensure our personnel are able to provide the medical capabilities necessary to support the female warfighter and to effectively prepare and protect the female members of the Navy and Marine Corps to provide maritime dominance for our nation.
- The mission of the Female Force Readiness Strategy is to maximize female force fitness, lethality, and resiliency by optimizing the delivery and requirements of operational female force healthcare.

# References



Addario, L. (2019). *On today's battlefields, more women than ever are in the fight*. National Geographic.

<https://www.nationalgeographic.com/culture/2019/10/women-are-in-the-fight-on-todays-battlefields-feature/>

Armed Forces Health Surveillance Branch (AFHSB) Staff. (2019). Medical evacuations out of the U.S. Central Command, active and reserve components, U.S. Armed Forces, 2018. *Health.mil*.

<https://www.health.mil/News/Articles/2019/05/01/Medical-evacuations>

Armed Forces Health Surveillance Center (AFHSC). (2013). Depression and Suicidality During the Postpartum Period After First Time Deliveries, Active Component Service Women. *Medical Surveillance Monthly Report*, (20)9, 2-7.

Bureau of Medicine and Surgery (BUMED) Office of Women's Health. (2018). *Patient Experience Initiative*.

Bureau of Medicine and Surgery (BUMED) Office of Women's Health. (2017) *Provider Experience Initiative*.

Bureau of Medicine and Surgery (BUMED) Safety and Quality Uniform Analytics Dashboard. Limited Duty (LIMDU) Sailor and Marine Readiness Tracker System (SMART) System. [report].

# References



Manning, L. (2019). *Women in the Military: Where They Stand*(10). Service Women’s Action Network.

<https://www.servicewomen.org/wp-content/uploads/2019/04/SWAN-Where-we-stand-2019-0416revised.pdf>

Modi, M., Heitmann, R., Armstrong, A. (2014). Unintended pregnancy and the role of long-acting reversible contraception. *Expert*

*Review of Obstetrics & Gynecology* 8(6), 549-558. <https://doi.org/10.1586/17474108.2013.848596>

Navy Medicine. (2019). Deployment Readiness Education for Service Handbook.

<https://www.med.navy.mil/sites/nmcphc/Documents/health-promotion-wellness/general-tools-and-programs/hptoolbox/DRES-Handbook-FNL.pdf>

Nielson P., Murphy, C.S., Schulz, J., et al. (2009). Female soldiers’ gynecologic healthcare in operation Iraqi freedom: a survey of camps with echelon three facilities. *Military Medicine* 174(11), 1172–1176. <https://doi.org/10.7205/MILMED-D-04-2608>

Office of Disease Prevention and Health Promotion. (2020). *Family Planning, Healthy People 2020 Topics and Objectives*.

healthypeople.gov. <https://www.healthypeople.gov/2020/topics-objectives/topic/family-planning>

Powell-Dunford, N., Deuster, P., Claybaugh, J., Chapin, M. (2003). Attitudes and Knowledge about Continuous Oral Contraceptive

Pill Use in Military Women. *Military medicine*, 168(11), 922-928. <https://doi.org/10.1193/milmed/16811.922>

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# References



- RAND National Defense Research Institute. (2018). *Department of Defense Health Related Behaviors Survey*. Results for the Active component [report]. [https://www.rand.org/pubs/research\\_reports/RR1695.html](https://www.rand.org/pubs/research_reports/RR1695.html)
- U.S. Congress. (2017). *Military Personnel Plans & Policies (OPNAV N13)*. DACOWITS. [Cong. Doc. from USN RFI#2 sess.].
- U.S Department of Homeland Security (DHS), (2019). Defense Manpower Data Center. Active Duty Female LIMDU Data. [data set]. Coast Guard, United States.
- U.S. Department of Homeland Security (DHS), (2019). Defense Manpower Data Center. [data set]. Coast Guard, United States.
- U.S. Marine Corps. Fourth Recruit Training Battalion. *Marine Corps Recruit Depot Parris Island, Eastern Recruiting Region*.
- U.S. Navy. Naval Service Training Command. *Recruit Training Command. Naval Station Great Lakes*.
- U.S. Navy. Secretary of Navy (USN). (2018) *Personal & Professional Choices Survey*. [report].
- United States Navy Personnel Command (NPC). OPNAVINST 6000.1 Series References: Pregnancy and Parenthood Policies and Instructions. [https://www.public.navy.mil/bupersnpc/support/21st\\_Century\\_Sailor/ParenthoodPregnancy/Pages/PoliciesInstructions.aspx](https://www.public.navy.mil/bupersnpc/support/21st_Century_Sailor/ParenthoodPregnancy/Pages/PoliciesInstructions.aspx)

# Questions?

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