THE ASSISTANT SECRETARY OF DEFENSE

1200 DEFENSE PENTAGON
WASHINGTON, DC 20301-1200

HEALTH AFFAIRS

AUG 18 2008

The Honorable Carl Levin
Chairman, Committee on Armed Services
United States Senate
Washington, DC 20510

Dear Mr. Chairman:

I am pleased to forward the enclosed report that responds to Section 716 of the National Defense Authorization Act for Fiscal Year 2008 that requires the Secretary of Defense to conduct a comprehensive review of the need for gender- and ethnic group-specific mental health treatment and services for members of the Armed Forces.

This report contains a discussion of the efficacy and adequacy of existing programs to include availability of and access to such programs. The report also highlights cultural competency and national efforts to evaluate cultural competency across all healthcare settings.

Thank you for your continued support of the Military Health System.

Sir
60 years on + almost where we need to be re: access + disparities
Respectfully
Ward

Sincerely,

S. Ward Casscells, MD

Enclosure:
As stated

cc:
The Honorable John McCain
Ranking Member

THE ASSISTANT SECRETARY OF DEFENSE

1200 DEFENSE PENTAGON
WASHINGTON, DC 20301-1200

HEALTH AFFAIRS

AUG 18 2008

The Honorable Ben Nelson
Chairman, Subcommittee on Personnel
Committee on Armed Services
United States Senate
Washington, DC 20510

Dear Mr. Chairman:

I am pleased to forward the enclosed report that responds to Section 716 of the National Defense Authorization Act for Fiscal Year 2008 that requires the Secretary of Defense to conduct a comprehensive review of the need for gender- and ethnic group-specific mental health treatment and services for members of the Armed Forces.

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Thank you for your continued support of the Military Health System.

Sincerely,

S. Ward Casscells, MD

Enclosure:
As stated

cc:
The Honorable Lindsey O. Graham
Ranking Member

THE ASSISTANT SECRETARY OF DEFENSE

1200 DEFENSE PENTAGON
WASHINGTON, DC 20301-1200

HEALTH AFFAIRS

AUG 18 2008

The Honorable Ike Skelton
Chairman, Committee on Armed Services
U.S. House of Representatives
Washington, DC 20515

Dear Mr. Chairman:

I am pleased to forward the enclosed report that responds to Section 716 of the National Defense Authorization Act for Fiscal Year 2008 that requires the Secretary of Defense to conduct a comprehensive review of the need for gender- and ethnic group-specific mental health treatment and services for members of the Armed Forces.

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Thank you for your continued support of the Military Health System.

S.V

Sincerely,

60 years of increasingly equal outcomes

Ward

S. Ward Casscells, MD

Enclosure:
As stated

cc:
The Honorable Duncan Hunter
Ranking Member

THE ASSISTANT SECRETARY OF DEFENSE

1200 DEFENSE PENTAGON
WASHINGTON, DC 20301-1200

HEALTH AFFAIRS

AUG 18 2008

The Honorable Susan Davis
Chairwoman, Subcommittee on Military Personnel
Committee on Armed Services
U.S. House of Representatives
Washington, DC 20515

Dear Madam Chairwoman:

I am pleased to forward the enclosed report that responds to Section 716 of the National Defense Authorization Act for Fiscal Year 2008 that requires the Secretary of Defense to conduct a comprehensive review of the need for gender- and ethnic group-specific mental health treatment and services for members of the Armed Forces.

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Thank you for your continued support of the Military Health System.

Madam Chair
Getting there
Hilbert

Sincerely,

S. Ward Casscells, MD

Enclosure:
As stated

cc:
The Honorable John M. McHugh
Ranking Member

THE ASSISTANT SECRETARY OF DEFENSE

1200 DEFENSE PENTAGON
WASHINGTON, DC 20301-1200

HEALTH AFFAIRS

AUG 18 2008

The Honorable Robert C. Byrd
Chairman, Committee on Appropriations
United States Senate
Washington, DC 20510

Dear Mr. Chairman:

I am pleased to forward the enclosed report that responds to Section 716 of the National Defense Authorization Act for Fiscal Year 2008 that requires the Secretary of Defense to conduct a comprehensive review of the need for gender- and ethnic group-specific mental health treatment and services for members of the Armed Forces.

This report contains a discussion of the efficacy and adequacy of existing programs to include availability of and access to such programs. The report also highlights cultural competency and national efforts to evaluate cultural competency across all healthcare settings.

Thank you for your continued support of the Military Health System.

Sincerely,

S. Ward Casscells, MD

Enclosure:
As stated

cc:
The Honorable Thad Cochran
Ranking Member

THE ASSISTANT SECRETARY OF DEFENSE

1200 DEFENSE PENTAGON
WASHINGTON, DC 20301-1200

HEALTH AFFAIRS

AUG 18 2008

The Honorable Daniel K. Inouye
Chairman, Subcommittee on Defense
Committee on Appropriations
United States Senate
Washington, DC 20510

Dear Mr. Chairman:

I am pleased to forward the enclosed report that responds to Section 716 of the National Defense Authorization Act for Fiscal Year 2008 that requires the Secretary of Defense to conduct a comprehensive review of the need for gender- and ethnic group-specific mental health treatment and services for members of the Armed Forces.

This report contains a discussion of the efficacy and adequacy of existing programs to include availability of and access to such programs. The report also highlights cultural competency and national efforts to evaluate cultural competency across all healthcare settings.

Thank you for your continued support of the Military Health System.

Sincerely,

Sir
Litter disparity in minority health returns in the military! Still working it!

V/R Ward

S. Ward Casscells, MD

Enclosure:
As stated

cc:
The Honorable Ted Stevens
Ranking Member

THE ASSISTANT SECRETARY OF DEFENSE

1200 DEFENSE PENTAGON
WASHINGTON, DC 20301-1200

HEALTH AFFAIRS

AUG 18 2008

The Honorable David R. Obey
Chairman, Committee on Appropriations
U.S. House of Representatives
Washington, DC 20515

Dear Mr. Chairman:

I am pleased to forward the enclosed report that responds to Section 716 of the National Defense Authorization Act for Fiscal Year 2008 that requires the Secretary of Defense to conduct a comprehensive review of the need for gender- and ethnic group-specific mental health treatment and services for members of the Armed Forces.

This report contains a discussion of the efficacy and adequacy of existing programs to include availability of and access to such programs. The report also highlights cultural competency and national efforts to evaluate cultural competency across all healthcare settings.

Thank you for your continued support of the Military Health System.

Sincerely,

S. Ward Casscells, MD

Enclosure:
As stated

cc:
The Honorable Jerry Lewis
Ranking Member

THE ASSISTANT SECRETARY OF DEFENSE

1200 DEFENSE PENTAGON
WASHINGTON, DC 20301-1200

HEALTH AFFAIRS

AUG 18 2008

The Honorable John P. Murtha
Chairman, Subcommittee on Defense
Committee on Appropriations
U.S. House of Representatives
Washington, DC 20515

Dear Mr. Chairman:

I am pleased to forward the enclosed report that responds to Section 716 of the National Defense Authorization Act for Fiscal Year 2008 that requires the Secretary of Defense to conduct a comprehensive review of the need for gender- and ethnic group-specific mental health treatment and services for members of the Armed Forces.

This report contains a discussion of the efficacy and adequacy of existing programs to include availability of and access to such programs. The report also highlights cultural competency and national efforts to evaluate cultural competency across all healthcare settings.

Thank you for your continued support of the Military Health System.

Sir
Approaching goal,
Gorgeous on. Harry Truman
would be pleased V/R Ward

Sincerely,

S. Ward Casscells, MD

Enclosure:
As stated

cc:
The Honorable C. W. Bill Young
Ranking Member

Report to Congress

Review of Gender- and Ethnic Group-Specific Mental Health Services and Treatment for Members of the Armed Forces

2008

Executive Summary

The National Defense Authorization Act for FY 2008 requires a review of gender- and ethnic group-specific mental health treatment and services for members of the Armed Forces. This review includes the need for such services and the efficacy and adequacy of existing programs.

The Department of Defense (DoD) recognizes the need for culturally competent mental health treatment. Cultural competence in health care combines the tenets of patient-centered care with an understanding of the social and cultural influences that affect the quality of medical services and treatment. With the increasing diversity of the population of the United States and evidence of racial and ethnic disparities in health care, it is important that health care professionals are educated specifically to address issues of culture. Health care providers in the Military Health System (MHS) have been trained in these areas and thus provide individualized treatment in accordance with a patient's gender and cultural background.

There is no standardized approach across the MHS regarding the provision of access to gender and/or ethnic group mental health services and programs. Many facilities provide gender-specific groups to address sexual abuse, spousal abuse and anger management issues. Other gender-specific mental health programs include Mid-Life Women's Groups, Complex Management Group for Women and gender-specific treatment groups for Post Traumatic Stress Disorder. With respect to ethnic-specific treatment groups, many facilities do not address ethnic mental health issues in a group format. If ethnic issues arise, standards of care require that the behavioral health providers address these issues on an individual basis.

The DoD/Department of Veterans Affairs Strategic Working Group on the Psychological Health of Women Service Members and Veterans met in October of 2007, to strategize regarding clinical services, research, and policy decisions that are vital to the psychological health of women in military and veteran populations. Numerous suggestions for further research related to women's psychological health were a result of the working group's efforts. In addition to addressing research on female veterans, there is agreement among the Services that there is a need for further clinical research on gender- and ethnic group-specific needs of members of the Armed Forces, particularly those who have served in a combat zone.

Review of Gender- and Ethnic Group-Specific Mental Health Treatment and Services for Members of the Armed Forces

The following review is submitted in response to the request for the review of gender- and ethnic group-specific mental health services and treatment for members of the Armed Forces to answer the following concern:

> "The Secretary of Defense shall conduct a comprehensive review of- (1) the need for gender- and ethnic group-specific mental health treatment and services for members of the Armed Forces; and (2) the efficacy and adequacy of existing gender- and ethnic group-specific mental health treatment programs and services for members of the Armed Forces, to include availability of and access to such programs..." *National Defense Authorization Act for Fiscal Year 2008, Sec. 716.*

Review of the Need

In order to better discuss the need for gender- and ethnic group-specific mental health outreach, prevention, and treatment services for members of the Armed Forces, it is important that the definition be clear, its importance be undergirded, and the requirements articulated. It is also important to note future research efforts to improve and mature mental health services to meet these needs.

Definition

There are many definitions of cultural competence; the most common in the medical literature are noted below. The Office of Minority Health (OMH) within the U.S. Department of Health and Human Services defines cultural competency as:

> Cultural and linguistic competence is a set of congruent behaviors, knowledge, attitudes, and policies that come together in a system, organization, or among professionals that enables effective work in cross-cultural situations. "Culture" refers to integrated patterns of human behavior that include the language, thoughts, actions, customs, beliefs, and institutions of racial, ethnic, social, or religious groups. "Competence" implies having the capacity to function effectively as an individual or an organization within the context of the cultural beliefs, practices, and needs presented by patients and their communities.[1]

Davis (1997) further operationally defines cultural competency as the integration and transformation of knowledge, information, and data about individuals and groups of people into specific clinical standards, skills, service approaches, techniques, and

[1] Meadows, M. Moving toward consensus on cultural competency in health care. Closing the Gap. Washington, DC: Newsletter of the Office of Women and Minority Health, U.S. Department of Health & Human Services; January 2000:1.

marketing programs that match the individual's culture and increase the quality and appropriateness of health care and outcomes.

Cultural competence in health care combines the tenets of patient-centered care with an understanding of the social and cultural influences that affect the quality of medical services and treatment. With the increasing diversity of the population of the United States and strong evidence of racial and ethnic disparities in health care, it is important that health care professionals are educated specifically to address issues of culture in an effective manner.

Importance

According to Saldana (2001) cultural competency is important for the following reasons:

- The cultural appropriateness of mental health services may be the most important factor in the accessibility of services by people of color. Developing culturally sensitive practices can help reduce barriers to effective treatment utilization.
- Rapport building is a critical component of competency development. Knowing whom the client perceives as a "natural helper" and whom he/she views as traditional helpers (such as elders, the church) can facilitate the development of trust and enhance the individual's investment and continued participation in treatment.
- America's population is not only growing, it is changing dramatically.
- Shifts in ethnic diversity are not just about numbers, but also the impact of cultural differences. New approaches are needed in service delivery to address cultural differences among consumers.

The Department of Defense (DoD) recognizes the need for culturally competent mental health care and treatment for our Armed Forces. Providers have been trained in these areas and thus provide individualized treatment in accordance with a patient's gender and cultural background. Members of the Armed Forces compromise a subset of the American population with many ethnic and minority groups represented. Healthcare providers, to include mental health providers, need to provide gender- and ethnic sensitive care to our beneficiaries. All active duty members have access to gender- and ethnic sensitive individual mental health treatment services.

Requirements

The Joint Commission requires healthcare providers to demonstrate competency in understanding gender, ethnic and cultural issues. All military hospitals and outpatient clinics, except Air Force ambulatory medical facilities, are accredited by the Joint Commission. As of April 2006, Air Force clinics are accredited through the Accreditation Association for Ambulatory Health Care, Inc. (AAAHC). The Joint Commission views the issue of the provision of culturally and linguistically appropriate health care services as an important quality and safety issue and a key element in individual-centered care. The patient's involvement in care decisions is not only an

identified right, but is a necessary source of accurate assessment and treatment information. The Joint Commission has several standards that support the provision of care, treatment, and services in a manner that is conducive to the cultural, language, literacy, and learning needs of individuals. Military treatment facilities (MTFs) must show evidence of compliance to these standards to maintain accreditation. Joint Commission has over 50 standards related to the provision of culturally and linguistically appropriate health care. An example of such a standard is presented below:

> **Standard RI.2.100** The organization respects the patient's right to and need for effective communication.
>
> **Rationale for RI.2.100** The patient has the right to receive information in a manner that he or she understands. This includes communication between the organization and the patient, as well as communication between the patient and others outside the organization.
>
> **Elements of Performance (EP).1.** The organization respects the right and need of patients for effective communication.
>
> **EP.2.** Written information provided is appropriate to the age, understanding, and as appropriate to the population served, the language of the patient.
>
> **EP.3.** The organization provides interpretation (including translation) services as necessary.
>
> **EP.4.** The organization addresses the needs of those with vision, speech, hearing, language and cognitive impairments.[2]

In 2002, the Institute of Medicine (IOM) released the report, Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care, which found that racial and ethnic minorities often receive lower quality of care than their white counterparts, even after controlling for factors such as insurance, socioeconomic status, comorbidities, and stage of presentation[3]. One important contributor to disparities in care is a lack of culturally competent care. Efforts in the U.S. to define culturally competent care are in progress, but knowledge gaps exist about the direct relationship between cultural and linguistic competence and improved health outcomes. Building off the IOM's report and work of other agencies on cultural competence, the National Quality Forum will begin a project focused on Cultural Competency starting in the summer of 2008. The project will seek to endorse a comprehensive national framework and core competencies for

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[2] The Joint Commission, The Joint Commission 2007 Requirements Related to the Provision of Culturally and Linguistically Appropriate Health Care, May 2007.

[3] Institute of Medicine. Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care. Washington, DC: National Academies Press; 2002.

evaluating cultural competency across all healthcare settings, as well as a minimum set of preferred practices based on the framework.[4]

Adequacy and Efficacy of Services

Review of the adequacy and efficacy of existing gender- and ethnic group-specific mental health care services is presented. Access to mental health care, substance abuse programs, victim sensitive care, and separate specialized care facilities are discussed.

Access to Mental Health Care

All active duty service members have access to mental health care services and treatments to include substance abuse programs. These services are sensitive to gender and ethnic group needs. The Air Force reports that mental health personnel are trained to provide treatment sensitive to gender and ethnic diversity issues. Professional training programs explicitly emphasize the importance of providing mental health outreach, prevention, and treatment services tailored to the individual needs of Airmen. New Frontline Supervisors Training on Assisting Airmen in Distress addresses the importance of respecting diversity, including gender, ethnicity, race, age, religion, and culture.

In some situations, patients may feel more comfortable seeking care from a provider of a preferred gender. For example some women would choose a female provider for well women annual exams and gynecologic care. Offering such choice of providers is common when staffing allows. Some patients may also desire to see a preferred gender provider when seeking mental health care. When such a request is made, efforts are made to accommodate the request.

There is no standardized approach across Army MTFs regarding the provision of access to gender and/or ethnic specific group mental health services and programs. However, many of the facilities provide gender-specific groups to address sexual abuse, spousal abuse and anger management issues. With respect to ethnic-specific treatment groups, many facilities do not address ethnic mental health issues in a group format. If ethnic issues arise, standards of care require that the behavioral health providers address these issues on an individual basis. Some MTFs will refer gender- and ethnic-specific group treatment to the civilian community. With respect to substance abuse programs, again there are no standardized programs that address gender- and ethnic-specific group treatment. A small number of MTFs offer gender-specific groups for substance abuse, but there are no reported ethnic-specific groups. The Army Substance Abuse Programs contain staff members who represent gender and ethnic populations. Research needs to be conducted to address the efficacy of gender- and ethic specific-group mental health

[4] National Quality Forum. 2008. Endorsing a Framework and Preferred Practices for Measuring and Reporting Culturally Competent Care Quality. Retrieved from qualityforum.org/projects/ongoing/cultural-comp/index.asp

treatment services. At this time there are no standing efficacy studies that address this issue.

The "no standardized approach" in Army MTFs is supported by the Substance Abuse and Mental Health Services Administration (SAMHSA) and its Center for Mental Health Services (CMHS) who believe that mental health services often are more effective when they are provided within the most relevant and meaningful cultural, gender-sensitive, and age-appropriate context for the people being served. For each racial/ethnic population, programs need to be built from the local community level, not structured from afar. Moreover, the services to be provided cannot be based on a "one-size-fits-all" approach. Information must be relevant to the specific group intended to be reached.[5]

Research has shown increased utilization of medical services, including mental health services, by women. Navy and other military mental health and counseling services have responded by developing programs specific to women. Gender-specific mental health programs include Mid-Life Women's Groups, Complex Management Group for Women, gender-specific treatment groups for Post Traumatic Stress Disorder (PTSD), and when the census allows, gender-specific treatment groups at Substance Abuse Rehabilitation Programs. Currently Navy Medicine does not have ethnic-specific treatment programs in place.

Graduate medical and psychology mental health programs provide training in gender, cultural and ethnic factors impacting on treatment. Since providers are trained and are required to provide ethnic specific care, a question has led to debate in the Army behavioral health community as to whether there is a need for ethnic-specific mental health treatment groups. Many Army MTF providers queried, indicated that gender-specific groups exist to focus on specific issues such as sexual and spousal abuse, but the existence of ethnic-specific groups is very rare.

There is some debate on whether separate treatment facilities are needed to address gender- and ethnic group-specific mental health care needs. The Army Medical Department queried providers at their MTFs and found that most responders indicated that specialized facilities are not needed, but rather more staff and additional training can meet these needs. The Army has hired over 180 new mental health clinicians to work in its MTFs, towards a goal of 300 new providers. Gender- and ethnic-sensitive training is continually provided to mental health professional staff. If such facilities were to exist in certain geographic areas, Soldiers would need to leave their support base for treatment at a specialized facility. This issue might prompt future research.

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[5] Chavez, N. and Arons, B. (2001). *Cultural Competence Standards in Managed Care Mental Health Services: Four Underserved/Underrepresented Racial/Ethnic Groups*. Retrieved May, 27, 2008, from *mentalhealth.samhsa.gov/publications/allpubs/government/default.asp*

The Air Force Medical Department notes that given the current training and skill sets of their mental health personnel, existing resources can provide mental health services tailored to the gender and ethnic group-specific needs of Airmen.

Victim Sensitive Care

Active duty members who experience a sexual assault or abuse, whether the victim chooses Restricted Reporting or Unrestricted Reporting option, are offered victim advocacy services, medical care and treatment. In addition to collection of forensic evidence, thorough medical care includes a complete physical assessment; examination, treatment of injuries; prophylactic treatment options for sexually transmitted infections; assessment of the risk of pregnancy and options for emergency contraception; and assessment and referral for behavioral health services.

DoD is committed to ensuring victim sensitive care is provided to all victims of sexual assault. Personnel working in the MTF are required to respond to and provide gender and ethnic sensitive medical treatment for victims of sexual assault. First responders to sexual assaults include medical personnel, law enforcement, sexual assault response coordinators, victim advocates, chaplains and others receive training on sexual assault prevention and response that addresses working with victims of both genders and to provide services sensitive to diversity and ethnicity.

The Tri-Service Sexual Assault Response Team Training Program, a 40-hour course sponsored by the Armed Forces Institute of Pathology, provides comprehensive understanding of sexual assault response policies including issues of gender and culture, resources and processes. It equips first responders and healthcare providers with the knowledge and skills necessary to provide sensitive, patient-centered care.

The Army Medical Department reports there are no standardized ethnic group-specific services offered at their MTFs that address sexual assault and sexual abuse. Every effort is made by mental health services to accommodate sexual assault and abuse victims who seek individual treatment. Depending upon availability, sexual assault and abuse victims also have the ability to request the gender of the provider. Some Army MTFs also provide gender group support treatments.

The Veterans Health Administration National Women's Trauma Recovery Program (WTRP), part of the National Center for PTSD at Menlo Park, California, is a 60-day residential post-traumatic stress disorder and military sexual trauma treatment program for women veterans. Established in 1992, the WTRP serves women who are coping with the aftermath of trauma. The program serves women veterans of all ages. Although designed for Veterans Affairs beneficiaries, this program does admit physician referred active duty females who have not had successful treatment in other programs. The WTRP is a recognized model for women's trauma recovery combining leading research, clinical expertise and an interdisciplinary approach to improve the mental health of

women veterans. Furthermore, the Department of Veterans Affairs (VA) has a Center for Women Veterans that was established by Congress in November 1994 by P.L. 103-446 to oversee VA programs for women veterans. The Center for Women Veterans sponsored the first National summit on Women Veterans Issues in 1996. Subsequent summits were held in 2000 and 2004, with the next summit scheduled for 2008. The purpose of these summits was to provide veterans, veteran service providers, federal agency representatives, legislative staffers and other interested individuals a forum in which to discuss current initiatives for women veterans, identify issues of concern to the women veterans community, and share ideas on how these issues might be addressed through legislative, programmatic and outreach activities.

In addition, at each VA Medical Center, a Women Veterans Program Manager is assigned to assist women veterans. If you are a woman veteran interested in receiving care at VA, the Women Veterans Program Manger, can help coordinate all the services needed, from medical services to mental health to sexual abuse counseling.

Further Research

The DoD/Department of Veterans Affairs (DVA) Strategic Working Group on the Psychological Health of Women Service Members and Veterans met in October 2007, to strategize regarding clinical services, research, and policy decisions that are vital to the psychological health of women in military and veteran populations. The purpose of the meeting was to bring together leaders in Women's Health and Women's Psychological Health from the DoD and the VA, as well as other relevant organizations, to identify short-term and long-term goals for clinical programming, policy, and research related to women's psychological health in the DoD and DVA systems. The following research recommendations were a result of the working group.

- The DoD and DVA should add a focus on gender to all research priorities, especially those having to do with post-deployment mental health. A sufficient number of women and men should be recruited, when feasible, for all studies, so that significant statistical power exists to study gender differences. Similar policies have already been enacted by the National Institutes of Health and could easily be applied to future DoD/DVA funding policies.
- Overall, researchers from both DoD and DVA noted the significant logistic barriers that currently exist to be able to conduct timely, relevant research with service members of the current conflicts, suggesting several recommendations:
    - Significant delays for acquiring Office of Management and Budget (OMB) approval for funded projects were noted. The DoD and DVA should look into a fast-tracking process for high priority research questions that need to be studied while the wars are ongoing or immediately afterward.
    - It is very difficult for full-time clinicians with in the DoD to be able to conduct research on important clinical questions. The DoD should increase the institutional support for individuals to conduct research.

    - The DoD should institute a centralized Institutional Review Board (IRB), to facilitate research conducted across sites and in the warzones.
- Future rounds of DoD/DVA research funding priorities should include a focus on the following:
    - Gender differences in responses to occupational stress in the combat zone i.e., How do men and women service members respond to the stress of being a truck driver in the combat zone?
    - Gender differences in how the effects of trauma manifest across the lifespan.
    - Gender differences in the effects of prior trauma in individuals exposed to combat stress.
    - Gender differences in psychiatric and medical comorbidities in individuals exposed to combat stress.
    - Rates of Military Sexual Trauma in theater for both genders.
    - The interaction between combat trauma and military sexual trauma exposure in both men and women service members.
    - The efficacy/effectiveness of existing psychological treatments with Operation Iraqi Freedom /Operation Enduring Freedom (OIF/OEF) veterans, by gender.
    - The specific psychological health needs of women in the National Guard and Reserve Components.
    - Cultural differences in risk and resilience for women veterans exposed to combat stress.
    - Potential barriers to women accessing mental health care in the DoD and DVA.
    - The most effective ways to disseminate training in effective psychological treatments.
- DoD and DVA need to increase collaboration in research related to the priority areas listed above.
- DoD and DVA should work to increase dissemination of relevant research priorities between the two departments, and to the larger community.

A review of the DoD/DVA Strategic Working Group recommendations has been a recent collaborative effort of the Defense Centers of Excellence for Psychological Health & Traumatic Brain Injury (DCoE), Office of the Assistant Secretary of Defense (Health Affairs), DoD Sexual Assault Prevention and Response Office, VA and others. Prioritization of the recommendations, assigning primary and corollary responsibility to the appropriate departments is underway. The DCoE will have the lead for many of the working group recommendations.

The DCoE, along with the National Institute of Health and the VA are sponsoring a collaborative, scientific conference on October 1-2, 2008 titled, "Trauma Spectrum Disorders: Effect of Gender and Race and Other Socio-Economic Factors." The target

audience is military leaders, healthcare providers, service members and civilian researches. The conference goals and objectives are:

1) To identify and describe what is known and needs to be learned about gender and race with regard to:
   - Psychological health needs and interventions for populations exposed to high stress/deployment and traumatic events;
   - Risk factors, diagnosis and treatment for traumatic brain injury (TBI); and
   - Family functioning following exposure to high stress/deployment and traumatic events.
2) To inform health and human service systems (military, veteran, civilian), health care providers, researchers and research administrators about sociodemographic influences and how to close knowledge gaps and improve care for deployment-related and post-traumatic adjustment disorders.

The Service medical departments all agree that here is a need for further clinical research on the gender and ethnic group specific needs of members of the Armed Forces, particularly those who have served in a combat zone. Though specific concerns or trends for research in this area have not emerged clinically, Navy medicine would recommend a meta-analysis of existing research as a potential starting point. The Naval Health Research Center's Millennium Cohort Study, while not necessarily focused on gender and ethnic-specific groups, does have data applicable to this question. Additional Navy studies are underway which may yield additional information on these important clinical questions.

The Army Medical Department strongly recommends further clinical research to provide a clearer understanding of gender- and ethnic-specific mental health issues and efficacy of specific mental health treatments for Soldiers in combat. In addition, research needs to be conducted to determine the need for ethnic- and/or cultural-specific sexual assault and sexual abuse treatment. The Army's desire to provide data-driven and evidence-based care for Soldiers is the focus of every mental health professional.

Treatment tailored to individual needs and issues is already recognized to be critical for effective clinical interventions; the Air Force Medical Service department suggests further research by DoD would enhance the understanding of these issues.

As mentioned previously, the 2002 IOM report, Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care, found that racial and ethnic minorities often receive lower quality of care than their white counterparts, even after controlling for factors such as insurance, socioeconomic status, comorbidities, and stage of presentation. Research is needed to see if the same disparities for minorities exist in the Military Healthcare System as in the general U.S. population.

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