2015 USPHS Scientific and Training Symposium

Thursday, May 21

Track 1: Responding to the Call: Emergency Preparedness

Session 4: Unaccompanied Children
This session will look at the deployment of PHS officers to assist with the influx of unaccompanied minors at the border in late 2013 and early 2014 including lessons learned.

8:30 am -- 9:00 am

Unaccompanied Children along the Southwest Border – A Partnership Effort between Federal, State and Local Authorities
Speakers: LCDR Michelle Sandoval, MPH, CPH, USPHS, Chronic Disease Epidemiology Aidee, Centers for Disease Control and Prevention and LT Yvonne Santiago, BA, MA, USPHS, Health Services Officer/Consumer Safety Officer, Food and Drug Administration

This presentation will describe the roles of all partners in the mission to address the influx of unaccompanied minors and the public health implications and recommendations to local and state health departments. Unaccompanied children (UCs) are undocumented migrant children under the age of 18 who come to the United States without a parent or guardian. Between October 1, 2013 and August 31, 2014, approximately 66,127 UCs were apprehended at the southwest border, the highest total number in recent years. The majority of them come to the United States (US) to reunite with family, escape poverty, gangs, violence, prostitution, smugglers, and traffickers who prey on these children. On June 2, 2014, the president declared the influx of UCs a humanitarian crisis and directed all federal agencies to work together in response.

At the end of this session, participants will be able to:

1. Describe the role of U.S. Public Health Service in addressing the influx of UCs.
2. Define collaborative efforts and the important of building relationships with other agencies (federal, state, etc) to respond to public health emergencies.
3. Evaluate the importance of having a culturally competent USPHS to address public health emergencies and its impact on public health.

9:00 am -- 9:30 am

The 2014 Unaccompanied Children Humanitarian Response: The ACF Mission and USPHS Support
Speaker: CDR Jonathan White, PhD, LCSW-C, USPHS, Deputy Director, Office of Human Services Emergency Preparedness and Response

This session will help USPHS Officers fully appreciate the significance of the deployment of Officers in Unaccompanied Children responses. The presentation outlines the legal and historical context for the 2014 Unaccompanied Children Humanitarian Response. The session describes the at-risk youth population of Unaccompanied Alien Children (UAC) in terms of demographics, needs, and requirements. The session summarizes the conditions that led to the Humanitarian Response, and provides an insider's account of the operational planning that led to USPHS involvement. The session describes the interagency coordination provided by the Unified Coordination Group, and the leadership provided at headquarters and in the field by the Administration for Children and Families. The mission sets assigned to USPHS deployed Officers are outlined, with attention both to Officers deployed by their own agencies as well as Officers deployed by the Corps' Division of Commissioned Corps Personnel and Readiness. Key measures of success for the PHS mission, and the role it played in the larger ACF and Federal response success, are described.

At the end of this session, participants will be able to:

1. Explain legal and operational requirements of the HHS Administration for Children and Families to provide care to Unaccompanied Children.
2. Identify key operational challenges and requirements that arose in the 2014 Unaccompanied Children Humanitarian Response.

9:30 am -- 10:00 am

The Unaccompanied Children Mission: Mental Health Perspectives and Cultural and Linguistic Challenges.

Speakers: CDR Carlos Castillo, ACSW, BCD, USPHS, Account Executive, Federal Occupational Health and LCDR Luz Rivera, PsyD, USPHS, Project Manager, Food and Drug Administration

This session will discuss the mental health aspects of unaccompanied children crossing the border in a crisis situation. Audience will be able to identify the psycho, social, environmental challenges these children faced and will be able to view it within the scope of psychological first aid as it relates to a crisis. Furthermore, audience will become familiar with the current needs of these children and will understand the recommendations made to the office of the Surgeon General as it relates to cultural and linguistic competent personnel needed to respond at any given moment in a very short notice. Presentation will give a real life flavor of Commissioned Corps experiences while supporting this mission and will avail an opportunity for further implications with regards to children needs. Open a general discussion on the specific challenges faced by the USPHS/CC personnel and share lessons learned.
At the end of this session, participants will be able to:

1. Describe the need for mental health assessments and support needed for the unaccompanied children.
2. Compare a recent study on the mental health situation of previous groups with current anecdotal experiences
3. Identify the current recommendations to the Surgeon General as it relates to the Hispanic population with regards to cultural and linguistical competencies.

10:00 am – 10:30 am

Break in Exhibit Hall

Session 5: Emergency Response
This session will examine emergency response capabilities.

10:30 am -- 11:00 am

How the Food and Drug Administration Responds to Emergencies
Speaker: CDR Sandra Magera, MS, RD, CDE, USPHS, Staff Manager, Food and Drug Administration, Office of Crisis Management/Office of Emergency Operations

This session will describe the challenge of maintaining the safety of America’s food supply and medical products. The Office of Crisis Management (OCM) provides interagency coordination and response to adverse events, foodborne illnesses, injuries, product tampering and products that may be affected by man-made and natural disasters. Complex global supply chains, international trade, the foreign sourcing and manufacture of regulated products, and the increase in volume and complexity of imported products, have forced FDA to reevaluate its approach to supply-chain safety. These challenges make critical the prevention, detection, intervention, and response to product safety issues. During FY 2014, OCM coordinated agency-wide responses to international health events of concern, in collaboration with the International Food Safety Authorities Network (INFOSAN) and other World Health Organization (WHO) organizations. OCM has a critical role of coordinating and responding to emergency and crisis situations involving FDA regulated products and in situations in which FDA regulated products need to be utilized or deployed. During FY 2014, OCM worked diligently to develop, maintain, and coordinate an effective emergency preparedness and response capability for incidents involving FDA regulated products by developing guidance detailing FDA’s operational approach for responding to emergencies, including revising FDA’s Emergency Operations Plan and Annexes, the FDA Joint Information Center Handbook, and the FDA Incident Management Handbook. These documents improve understanding and communication across the agency and with the public during emergency responses, furthering public perception of the Agency’s ability to respond in crisis situations.
At the end of this session, participants will be able to:

1. Identify roles and responsibilities of the Office of Crisis Management (OCM) and the Coordinated Outbreak Response & Evaluation (CORE) Program.
2. List some of the emergencies handled by a FDA Late Duty Officer.
3. Describe how an emergency response coordinator manages requests and responses to resolve an incident among the many FDA’s components and stakeholder.

11:00 am -- 11:30 am

**Challenges at the Interface between Public Health Surveillance and Biothreat Response**

*Speakers: LCDR Mark Scheckelhoff, MS, PhD, USPHS Director, Laboratory Operations, Department of Homeland Security*

This session will look at how public health surveillance can be effectively utilized to address biothreat response. Public Health surveillance has been a valuable tool in providing early indications and epidemiological information related to disease outbreaks. The primary challenge of surveillance is to provide actionable information as quickly as possible. The biothreat community also seeks to utilize surveillance to identify potential threats to the health of the community. However, in most biological attack scenarios, the ability to minimize the number of associated casualties requires that critical information is available prior to the onset of wide-spread clinical symptoms and traditional diagnosis. This requires more active surveillance activities that are traditionally included, but also presents several challenges with regards to traditional treatment algorithms, since many people will likely be treated without evidence of disease. In addition, the fragmentation of responsibility for active monitoring (water: EPA, food: FDA, aerosol: DHS, DoD), and the impact of law enforcement and criminal investigation on access to sites and material further complicate communication, incident command, and planning. As a member of the DHS biothreat aerosol monitoring Program, we have developed specific laboratory algorithms as well as associated guidance to allow stakeholders to understand the limitations of laboratory results and make informed response decisions.

At the end of this session, participants will be able to:

1. Demonstrate the impact of differing priorities for biothreat and public health surveillance activities.
2. Evaluate law enforcement and clinical treatment considerations and challenges following detection of a biological attack, but prior to clinical symptomology.
3. Analyze the fragmented responsibilities and their impact on surveillance and preparedness.

**Track 2: Promoting a Healthy World**
Session 4: High Risk Populations
This session will examine programs to promote health and reduce fatalities among at-risk populations.

8:30 am -- 9:00 am

Operation ‘Get Healthy’: Medical Reserve Corps Support to Low Income and Homeless Residents of Macon, GA.
Speakers: LCDR Skip Payne, MSPH, ABD, USPHS, Program Officer, Medical Reserve Corps; Ms. Denys Fluitt, MPA, Healthcare Liaison/Volunteer Coordinator, North Central Health District; and Ms Tracey Smith, MSc MPH, Public Health Advisor, Division of the Civilian Volunteer Medical Reserve Corps

This session will give an overview of how the Medical Reserve Corps (MRC), now in its thirteenth year, contributes to public health and disaster resilience. Activities from across the MRC network will be discussed with a focus on reaching vulnerable groups at risk of chronic diseases. In particular, the session will highlight the work of one MRC unit which has undertaken a community outreach initiative addressing heart disease and diabetes in low or no income populations, with significant numbers of homeless residents and veterans. With funding from NACCHO, volunteers of the Central Georgia MRC working in partnership with an established food distribution program are providing regular health screenings to at-risk residents. Heart disease and diabetes indicators are monitored and to date 170 residents have been tested with over half attending more than one screening session. Based on test results and participants' perceived willingness and ability to engage in lifestyle modifications, brief and focused health education is provided. Health education topics are determined by participants' voiced needs and include maximizing the health benefits of available food choices, understanding preventive and disease-specific nutrition, adapting food storage and preparation to current situations, eligibility for medication assistance programs, when and how to access available health services, and applying for veterans or other benefits. Challenges and successes in reaching these groups and conducting the initiative will be discussed along with findings of the first annual assessment. In addition, attendees can identify ways to partner with the MRC that mutually increase the benefits to the community.

At the end of this session, participants will be able to:

1. Summarize how the MRC Program operates and its overall program goals.
2. Describe innovative approaches to reaching vulnerable community members.
3. Identify ways organizations with similar missions and the MRC can partner to provide coordinated services.
9:00 am -- 9:30 am

**Foodapalooza: Addressing Healthy Behaviors in the Rural South (U.S.)**

*Speakers: Linelle Blais, PhD, Executive Director, Emory Centers for Training & Technical Assistance and Madeleine Solomon, PhD, Director, Emory Centers for Training and Technical Assistance*

This session will provide evidence that an investment in training and technical assistance can result in strong local health initiatives in rural, high risk populations. The program required community-based organizations to commit to a series of 4 on-site trainings, a webinar series and regularly scheduled technical assistance calls. Each group reached out to new, diverse partners to adopt best practices for environmental changes that are known to improve nutrition and physical activity and address problems of tobacco and alcohol use. The result is 10 new collaborative groups that have created a blueprint and commitment to create healthier communities throughout central Louisiana.

At the end of this session, participants will be able to:

1. Apply Healthy Impact Pyramid to determine how best to change social norms in rural communities
2. Demonstrate how assets mapping tools can identify health needs and challenges in small communities and regional health programs
3. Use mission-driven recruitment tools to engage new strategic partners

9:30 am -- 10:00 am

**Fatal Work-Related Injuries — Southeastern United States, 2008–2011**

*Speakers: LT Kimberly Brinker, RN, MSN, MPH, USPHS, Nurse Epidemiologist, National Institute for Occupational Safety and Health; Ms. Teri Jacobs, MS, GIS Analyst, National Institute for Occupational Safety and Health; and Ms. Juanita Chalmers, MPH, Epidemiologist, Florida Department of Health*

This session will examine data on work-related fatalities and innovative strategies to reduce them. Each year, over 4,000 workers die from work-related injuries in the United States. A report of work-related injury deaths for the year 2008 indicated the rate was 3.7 per 100,000 workers in the U.S. overall, but was higher in 12 southeastern states: 5.2 per 100,000 workers. The Southeastern States Occupational Health Network (SouthON) consists of occupational safety and health partners in Alabama, Arkansas, Florida, Georgia, Kentucky, Louisiana, Mississippi, North Carolina, South Carolina, Tennessee, Virginia, and West Virginia. The National Institute for Occupational Safety and Health (NIOSH) and state partners examined work-related fatalities in SouthON states, compared with the U.S., for the period 2008 to 2011 to describe work-related fatalities resulting from unintentional and intentional injuries, data were analyzed form the Census of Fatal Occupational Injuries (CFOI), which uses
multiple sources including death certificates, workers’ compensation reports, medical examiner records, news stories, Mining Safety and Health Administration fatality reports, and Occupational Safety and Health Administration fatality reports to provide a census of work-related fatal injuries. Median work-related fatality counts and rates were evaluated for each of the 12 SouthON states, the Southeast region as a whole, and the entire U.S. Finally, the percentage of work-related fatalities by cause is reported: transportation incidents, contact with objects and equipment, assaults and violent acts, falls, exposure to harmful substances or environments, as well as fires and explosions.

Because work-related deaths are preventable, SouthON is focused on developing common priorities for collaborative surveillance and for informing policies to enhance research and practice activities in the Southeastern region of the U.S. For example, North Carolina recently included an occupational health-related objective in their state’s version of Healthy People 2020, called Healthy NC 2020, to make work-related motor vehicle crashes a focus area and emphasize the importance of seatbelt use. Additionally, Kentucky’s Injury Prevention and Research Center has published several epidemiological studies that identify risk factors associated with transportation incidents to facilitate the implementation of prevention measures. SouthOn provides a mechanism for diverse partners in the southeastern region of the U.S. to work together to make progress on this important occupational safety and health issue.

At the end of this session, participants will be able to:

1. Compare work-related fatality rates in the U.S. with the Southeastern U.S. region.
2. Summarize percentages of work-related fatalities by cause in the Southeastern U.S. region.
3. Describe how SouthON is developing innovative interventions to address work-related fatalities.

Session 5: Emergency Response and Preparedness
This session will examine issues related to emergency response and preparedness.

10:30 am -- 11:00 am

Balancing Health Equity and Disasters: The Role of Federal Advisory Committees
Speakers: CAPT Charlotte Spires, DVM, MPH, DACVPM, USPHS, Executive Director, National Advisory Committees, Office of the Assistant Secretary for Preparedness and Response and Mr. Justin Willard, MPH, Management Analyst, National Advisory Committees, Office of the Assistant Secretary for Preparedness and Response

This session will discuss how federal advisory committees (FAC) have been important players in assisting federal agencies in identifying and addressing issues related to health disparities in vulnerable populations before, during and after disasters. Identifying
and addressing health equity and preparedness issues within communities are especially critical for effective disaster response. While communities have mechanisms to address the needs of vulnerable populations at the state, local and territorial levels; FACs provide subject matter expertise to federal agencies on health related disaster preparedness and response issues specific to vulnerable populations. These issues include those related to childhood vaccines, veteran’s rural health, and migrant and minority health. The health needs of these and other vulnerable populations may be critically impacted in a disaster and addressing their needs at the federal level has been impacted by the work of many federal advisory committees. Improving the health needs of all members of the community is evolving, and substantial work has and will be done by federal advisory committees to help federal agencies to identify gaps in the preparedness and response needs of diverse members of the US population. This session will provide a comprehensive overview of these federal advisory committees, their recommendations to federal agencies and how these federal agencies have implemented those recommendations. Ways that the public can engage with agencies and their federal advisory committees will also be addressed.

At the end of this session, participants will be able to:

1. Evaluate how federal advisory committees have impacted agency policy on the health needs of vulnerable populations.
2. Identify the recommendations made by federal advisory committees and how agencies have implemented them.
3. Summarize how many of the over 1000 federal advisory committees have missions related to the health needs of a vulnerable population.

11:00 am -- 11:30 am

Making Worldwide Change: The Beginnings of the Global Health Security Agenda

Speakers: CAPT Michael Schmoyer, PhD, USPHS, Director, Department of Health and Human Services, Office of Global Affairs/Office of Pandemics and Emerging Threats and CDR Guillermo Aviles-Mendoza, J.D., LL.M. (Global Health Law), USPHS, International Health Emergency Management Coordinator, Office of the Assistant Secretary of Preparedness and Response and Preparedness

This session will examine how, in January 2014, the President announced a whole-of-government Global Health Security Agenda (GHSA) that requires HHS, DoD, Department of State, USAID, Department of Agriculture, and other partners to collaborate on strengthening their work together to protect the nation from global health security threats. GHSA describes the importance of aligning strategies inter-departmentally and across borders and 'silos' to secure international commitments to effect a change for enhanced global health security.

The presenters will describe how a truly novel concept emerged during a snowy shut-down USG meeting and, nine months later, resulted in commitments from more than 30
nations to work with the United States (and other partners) to enhance every nation’s ability to prevent, detect, and respond to global health security threats such as Ebola, MERS, SARS, pandemic influenza, and other deadly pathogens.

At the end of this session, participants will be able to:

1. Contrast the difference between GHSA and other, previous, global health initiatives.
2. Explain why global health security requires engagements across both the public health and security sectors.
3. List at least three ‘action packages’ where the USG is collaborating with other nations to improve global health security.

**Track 3: Advancing the Health of our Communities Clinical Services**

**Session 4: Best Practices**

This session will examine best practices for dealing with significant clinical issues addressed in community healthcare environments.

8:30 am -- 9:00 am

**Chronic Kidney Disease**

*Speakers: LT Julie Taylor, PA-C, USPHS, Physician Assistant, Federal Bureau of Prisons*

This session will teach providers of health care (physicians, nurses, PAs) to recognize indications of early kidney disease. It will also give details on interventions that the provider can initiate with the patient to stop or slow down the kidney failure.

At the end of this session, participants will be able to:

1. Identify patients at risk of chronic kidney disease.
2. Use tools that can be used to slow/stop kidney disease.
3. Summarize the impact that chronic kidney disease has on public health.

9:00 am -- 9:30 am

**Closing the Gap: An Expanded Global Approach to Substantially Improve Treatment Coverage for Children Living with HIV**

*Speakers: LCDR Eric Dziuban, MD, USPHS, Medical Officer, Centers for Disease Control and Prevention and LCDR Surbhi Modi, MD, MPH, USPHS, Medical Officer, Centers for Disease Control and Prevention*

This session will examine efforts to improve treatment coverage for children with HIV. The Children’s Investment Fund Foundation, launched the Accelerating Children’s HIV/AIDS Treatment (ACT) Initiative in August 2014 as a two-year effort to double the
number of children receiving ART in 10 sub-Saharan African countries. U.S. Government staff partnered with host country staff to develop and implement a strategic planning process for ACT, including a rapid assessment of current pediatric HIV efforts in each country. Seven programmatic pillars representing areas in need of strengthening have been translated into national-level strategy frameworks with measurable outcomes, with an anticipated additional 300,000 children on ART by the end of 2016. Innovative approaches that leverage novel technologies and public-private partnerships are being utilized to improve access and quality of services, from time of HIV diagnosis to transition into adolescence and adulthood. This ambitious effort will align with other collaborative global endeavors in achieving an AIDS-free generation.

At the end of this session, participants will be able to:

1. Explain the current epidemiologic context of the global HIV pandemic for children
2. Describe the progress being made towards international goals for an AIDS-free generation
3. Summarize the U.S. Government's new commitments to HIV treatment for children through the Accelerating Children’s HIV/AIDS Treatment Initiative

9:30 am -- 10:00 am

The Collaborative Improvement and Innovation Network (CoIIN) to Reduce Infant Mortality: Region IV/VI

Speakers: CDR Morissa Rice, MHA, REHS, RS, USPHS, Program Management Officer, Health Resources and Service Administration, Maternal and Child Health and LCDR Makeva Rhoden, MPH, CHES, USPHS, Program Management Officer, Health Resources and Services Administration

This session will discuss an innovative program to reduce infant mortality. The infant mortality rate (IMR) is a widely used indicator of the nation’s health. In 2009, the U.S. ranked 27th in infant mortality among industrialized nations, with an overall IMR of 6.39. However, racial and ethnic disparities persist and in the same year, the IMR for infants born to non-Hispanic black mothers was 12.40 -- more than double the non-Hispanic white IMR of 5.33. The importance of this indicator is underscored by its inclusion as a Leading Health Indicator for Healthy People 2020, the Nation’s roadmap for improving the health of all Americans which seeks to reduce the IMR by 10% by 2020. In response to the 13 southern States’ (HHS Regions IV and VI) desire to share best practices and lessons learned around common priorities driving infant mortality, the Health Resources and Services Administration’s (HRSA) Maternal and Child Health Bureau (MCHB), in partnership with the Association of Maternal and Child Health Programs, the Association of State and Territorial Health Officials, Abt Associates, CityMatCH, the March of Dimes, and Federal partners such as the Centers for Disease Control and Prevention, and the Centers for Medicare & Medicaid Services, launched the Collaborative Improvement & Innovative Network (CoIIN) which utilizes the science of quality improvement (QI) and collaborative learning to reduce infant mortality and
improve poor birth outcomes in an 18-24 month timeframe. The Infant Mortality CoIIN has since expanded its partners and is now engaging states in all HHS regions.

At the end of this session, participants will be able to:

1. Describe the development and concept around CoIIN and ways in which collaborative learning and quality improvement can be used to improve health outcomes highlighting maternal and child health.
2. Identify successes, challenges, and lessons learned from CoIIN.
3. Summarize collaboration opportunities for future CoIIN initiatives related other maternal and child health programs such as home visiting and the Healthy Start program.

Session 5: Infectious Disease Prevention and Treatment Strategies
This session will explore prevention and treatment strategies for two common infectious diseases.

10:30 am -- 11:00 am

Global Epidemiology of Hepatitis B Virus: Prevention Strategies in the United States
Speaker: LCDR Aaron Harris, MD, MPH, USPHS, Medical Officer, Centers for Disease Control and Prevention

This session will look at prevention strategies for Hepatitis B. Infection with hepatitis B virus (HBV) is a major risk factor for liver failure, cirrhosis, and hepatocellular carcinoma, and worldwide, leads to an estimated 786,000 deaths per year. Approximately 4.5 million new infections occur annually and the global prevalence of chronic HBV infection is estimated to be 240 million persons. Countries in Asia, Africa, and the Pacific islands endure the highest prevalence of HBV infection. Because up to 70% of persons with chronic infection acquired HBV at birth or in early childhood, newborn and infant hepatitis B vaccination is the cornerstone of prevention. Strategies for improving vaccination coverage include training for birth attendants, and integration of hepatitis B vaccination into infant immunization series. Despite gains in prevention through hepatitis B vaccination, HBV-related liver cancer mortality is increasing. To reduce the burden of chronic HBV infection, the United States recommends testing persons at risk for hepatitis B surface antigen (HBsAg), and linking HBsAg-positive persons to appropriate care. Anti-viral medications with activity against HBV can reduce the risk of liver disease and other complications. The global burden of HBV infection can be substantially reduced with strategies that promote universal birth vaccination, HBV testing for populations at risk, and linking HBV-infected persons to care and treatment. The Centers for Disease Control and Prevention has funded a multi-site cooperative agreement to improve the early identification of persons with chronic HBV infection, and link patients that test positive to high-quality care.
At the end of this session, participants will be able to:

1. Identify appropriate populations to screen for hepatitis B virus infection.
2. Describe global epidemiology of hepatitis B virus infections.
3. Summarize strategies to prevent hepatitis B infections.

11:00 am -- 11:30 am

**TB in a Prison Population**

*Speakers: LCDR Tara Ross, BSN, USPHS, Infectious Disease Coordinator, Federal Bureau of Prisons*

This session will help health care staff better understand tuberculosis (TB) and teach others about TB. Working as the infection control officer at a Federal Detention Center in the Bureau of Prisons I have found that correctional staff and other health care staff do not understand TB very well. It is my objective to explain a little about the history of TB, epidemiology, how it is transmitted and the infectiousness of TB. I also included pathogenesis, and the difference between latent TB infection and active TB disease. Treating TB in a correctional facility can be challenging so I wanted to give the participants a short overview of what should be include in a good infectious disease program. Many institutions are understaffed and the infection control falls on a provider as a collateral duty. At the conclusion of this presentation I expect the participants to have gained a working knowledge of tuberculosis and how to manage it. I also expect they will have the ability to teach other staff at their institution what tuberculosis is and how to manage it in a correctional setting.

At the end of this session, participants will be able to:

1. Describe how Tuberculosis is transmitted and how to determine infectiousness.
2. Differentiate between latent TB infection and TB disease
3. Integrate control measures for an effective infection control program.

**Track 4: Preparing Officers for an Ever-Changing Environment**

**Session 4: Deployment and Readiness Issues Related to Ebola Response**

This session will look at issues related to deployment and readiness around the Ebola response.

8:30 am -- 9:00 am

*Readiness and Deployment Operations Group: Meeting the Needs of the Mission-Monrovia Medical Unit*

*Speaker: LCDR Elizabeth DeGrange, MFS, MSM, USPHS, Training Officer, Office of the Surgeon General*
This presentation will examine how the U.S Public Health Service (USPHS) Readiness and Deployment Operations Group (REDOG) was tasked to spearhead the U.S. Government response to provide direct patient care in Liberia and also provided additional Officers to staff the CDC Quarantine missions, the HHS Emergency Management Group, and the Service Access Teams which were used to actively monitor our returning Officers which enabled the State and Local health departments to have additional throughput for monitoring. REDOG completed this tasking by assembling a hand selected Command structure that identified the requirements, met those requirements with realistic solutions, and staffed the teams that would employ those solutions. REDOG deployed each Officer for a 60-day period, provided frequent updates to family members to ease relationships, and supported each deployed team by providing appropriate advocacy and interagency coordination across the government. This presentation will help outside (of RedDOG) USPHS officers to understand the selection process and constraints that RedDOG faced in staffing the Monrovia Medical Unit (MMU).

At the end of this session, participants will be able to:

1. Describe the vetting process for officers serving at the Monrovia Medical Unit (MMU).
2. Compare the mission needs and individual officer skills needed at the MMU.
3. Identify ways in which individual skill sets previously unidentified could be noted in the future for deployment evaluation.

Force Protection and Force Health Protection During an Ebola Virus Disease Outbreak

Speaker: CDR Timothy Jiggens, MSPH, CIH, RS, USPHS Senior Program Manager =, Officer, Federal Occupational Health

This session will share experience that attendees can use to actively manage their own risk when deployed to an international disaster response. The mission of Federal Occupational Health (FOH) is to improve the health, safety, and productivity of federal employees. This non-appropriated agency works in partnership with federal agencies nationally and internationally to design and deliver comprehensive occupational health solutions for federal employees. FOH has a long-standing interagency agreement with the US Agency for International Development Office of Foreign Disaster Assistance (OFDA) to provide training, equipment, and technical assistance regarding Chemical/Biological/Radiological/Nuclear/Explosive threats. OFDA is the federal agency responsible for leading the US Government’s response to disasters overseas. USPHS Commissioned Officers assigned to FOH have served in several roles on numerous OFDA Disaster Assistance Response Teams (DARTs). In AUG 2014 OFDA activated a DART to coordinate planning, operations, logistics, administrative issues, and other critical areas of the interagency response to the Ebola crisis. CDR Jiggens served as a
Safety & Health Officer, working with a Safety & Security Officer to manage risks to DART members in Liberia, Guinea, and Sierra Leone. Safety & Health Officer duties included training and equipping the DART to protect them from bloodborne pathogen exposures (Ebola virus disease), assessing and managing exposures to food- water- and vectorborne illnesses, health risk communication within the embassy, medical and other contingency planning, assisting with security, personal safety, and operational risk management. This session will describe the steps taken to manage DART members’ risk, including what worked well and what went wrong. Officers can use these lessons learned to better manage their own health, safety and security risk while deployed overseas.

At the end of this session, participants will be able to:

1. Identify health, safety, and security risks unique to overseas deployments.
2. Contrast risk management strategies applicable domestically with those appropriate for overseas work.
3. Apply lessons learned to actively manage their personal risk.

9:30 am -- 10:00 am

Preparation of Deployers for Work in an Ebola Treatment Unit
Speakers: CAPT Holly Williams, PhD, MN, RN, USPHS, Nurse Epidemiologist/Anthropologist, Centers for Disease Control and Prevention and CAPT Margaret Riggs, PhD, MPH, MS. USPHS, Supervisory Epidemiologist, Centers for Disease Control and Prevention

This session describes the importance of adequate preparation to work in an Ebola Treatment Unit (ETU). Providing health care services in an ETU requires working in a physically and emotionally taxing environment that carries a high risk of acquiring a potentially fatal disease if the health care worker is not well trained in the use of personal protective equipment (PPE). The 2014 multi-country Ebola outbreak in West Africa created a tremendous need for intensive training in order to prepare deployers to safely work in ETUS. CDC developed a three-day course that provides an overview of Ebola disease, case management and experimental therapies, use of PPE, community outreach and contact tracing, health considerations/resiliency for deployers. Principles taught in the course are applied through daily exercises in a mock ETU (including activities such as drawing blood) and tabletop exercises. Students must don and doff PPE and adhere to strict safety rules while participating in ETU exercises, which serve to simulate actual working conditions in West African ETUs. For most students, these simulations are their first exposure to the use of PPE recommended for providing medical and supportive care to Ebola patients. This course provides timely information about the current West African Ebola outbreak and provides critical practical experience so that students can better understand and experience the grueling conditions under which they will be providing essential health care in an ETU.
At the end of this session, participants will be able to:

1. Explain the need for pre-deployment intensive training for work in an Ebola Treatment Unit.
2. Describe the principles taught in pre-deployment training.
3. Demonstrate the necessary skills used for personal protection while working in an Ebola treatment unit.

Session 5: Key Information for PHS Officers
This session will examine key issues affecting PHS Officers

10:30 am -- 11:00 am

Transformation of the PHS: Where are We Now?
Speakers: CAPT Arlene Lester, DDS, MPH, FACP, USPHS, Regional Minority Health Consultant, US Department of Health and Human Services; RADM Clara Cobb, MSN, USPHS, Regional Health Administrator, Office of the Assistant Secretary for Health; and LCDR Zanethia Eubanks, MPH, USPHS, Office of the Assistant Secretary for Health

This session will examine the role of the PHS Officer in the nation’s health infrastructure: past, present and future. The mission of the U.S. Public Health Service Commissioned Corps (PHS) is leadership and duty to protect, promote and advance the nation’s health. PHS Officers work in diverse positions across the U.S. Department of Health Human Services (HHS), as well as with several non-HHS Federal agencies and programs. In 2006 the PHS established the Commissioned Corps Transformation Implementation Plan. Expansion of the PHS was among transformation recommendations that were overviewed during the 2009 COA Symposium. This includes: engagement of Officers with Academia; Faith/community-based partners; 501c3 non-profit organizations; and Philanthropic entities sharing mutual interest. Nearly half a decade later, where are we now? This presentation revisits transformation recommendations for expansion, to assess if our current presence in America’s health infrastructure is an accurate reflection of the PHS mission and leadership.

At the end of this session, participants will be able to:

2. Describe PHS Officer presence in the nation’s health infrastructure.
3. Explain transformation implementation and future needs for humanitarian responses.

11:00 am -- 11:30 am
What Officers Need to Know About the New Annual Physical Fitness Test (APFT)

Speaker: LT Katrina Piercy, PhD, RD, USPHS, Physical Activity and Nutrition Advisor, Department of Health and Human Services, Office of Disease Prevention and Health Promotion

This session will provide background on the development of the new APFT and walk through the details of the new exercises, the standards, and proper scoring and documentation. Ideally, we would like this to be a panel presentation with several members of the APFT Working Group presenting, but the final authors would depend on who is able to attend in addition to LT Piercy. The APFT Working Group is led by LT Katrina Piercy and includes RADM Sarah Linde, CAPT Richard Troiano, CAPT Scott Gaustad, CAPT Bart Drinkard, CDR Juliette Toure, CDR Dan Brum, and LCDR Elizabeth DeGrange.

At the end of this session, participants will be able to:

1. Explain the development process for the new APFT.
2. Identify the new exercises, standards, and scoring for the new APFT.
3. Identify resources to utilize in training for the new APFT.

Track 5: Resources for an Ever-Changing Landscape

Session 4: Partnerships
This session will look at partnerships aimed at addressing key public health concerns.

8:30 am -- 9:00 am

The Commissioned Corps and the Peace Corps Health System

Speaker: CAPT Paul Jung, MD, MBA, MPH, USPHS, Associate Director, Office of Health Services, Peace Corps

This session will describe the shared history of the Peace Corps and the Commissioned Corps of the U.S. Public Health Service by providing an overview of the relationship between the two Corps, their history and current health-related activities. President Kennedy established the Peace Corps in 1961 as a federal agency that provides Volunteers, U.S. citizens age 18 and older, who typically serve for 27 months providing development and technical assistance to communities in their host countries. Living and working in developing countries enables Volunteers to make a difference in the lives of the people they encounter; however, it also may increase their risk of illness, injury, and even death. Volunteers receive all necessary health care during service and for certain service-related conditions after completion of service; this care is provided by a Peace Corps medical officer in each country as well as a medical support unit in the U.S. Peace Corps Volunteers are a unique population in which to provide and measure the full range of primary care, including preventive care and tropical disease not typically found in the U.S. Commissioned Corps officers have contributed to the Peace Corps Health System since its inception. This presentation will identify ways that the
Commissioned Corps has assisted the Peace Corps in maintaining the health and safety of its Volunteers and may provide insight into how the Corps can improve health outcomes through partnerships with outside agencies.

At the end of this session, participants will be able to:

1. Describe the Peace Corps Health System and opportunities to improve health through it.
2. Identify how HHS initiatives such as Healthy People 2020 and the National Prevention Strategy can improve health through the Peace Corps.
3. Summarize the shared history of the Commissioned Corps and the Peace Corps.

9:00 am -- 9:30 am

**Georgia Coordinated Chronic Disease Council: Engaging Stakeholders in Chronic Disease Prevention**
*Speaker: Mr. John Thompson, MPH, Deputy Director, Georgia Department of Public Health*

This session will examine a unique Georgia effort to combat chronic disease. According to the United Health Foundation’s 2014 “America’s Health Rankings,” Georgia is ranked 38th among all states. Georgia has a high prevalence of chronic disease. In an effort to reduce Georgia’s chronic disease burden and further engage strategic partners, the Chronic Disease Prevention Section of the Georgia Department of Public Health seated the inaugural Coordinated Chronic Disease Prevention Council in November of 2014. The purpose of the council is to advise the Section on its chronic disease prevention strategy. The council will also be used as a tool for engagement around the community health assessment that the Department is undertaking as part gaining accreditation from the Public Health Accreditation Board. One main issue the Council is discussing is the need for increased state investment in chronic disease prevention activities and programs. Chronic disease costs Georgia $40 billion per year, which is double the budget for the State of Georgia. Accordingly, it will become increasingly important to be able to engage and mobilize a diverse set of partners to advise and, when appropriate, advocate for public health investment. The Georgia Chronic Disease Council is an example of high-level engagement from a diverse set of stakeholders who are interested in promoting chronic disease prevention as a way to improve overall health and well-being in Georgia. Understanding how to create a framework for engagement of such a group is a growing sub-discipline in the public health field and one that has implications for all public health professionals.

At the end of this session, participants will be able to:

1. Describe the importance of engaging traditional and non-traditional public health partners simultaneously for disease prevention.
2. Identify lessons learned and best practices from engagement of stakeholders.
3. Create an outline of the topics a new council or coalition should be exposed to early in its formation.

9:30 am -- 10:00 am

**Introduction to the National Culturally & Linguistically Appropriate Services in Health & Health Care (National CLAS Standards)**

*Speaker: Dr. J. Nadine Gracia, MD, Deputy Assistant Secretary for Minority Health/Director of the Office of Minority Health, Department of Health and Human Services*

This session will introduce the National CLAS Standards to the Officers in the Commissioned Corps as a Standard for their day to day healthcare practices. These Standards were introduced in 2013 by the HHS Office of Minority Health and provide the framework for organizations seeking to offer services responsive to individual cultural health beliefs and practices, preferred languages, health literacy levels and communication needs.

At the end of this session, participants will be able to:

1. Define the national CLAS standards.
2. Explain how the CLAS standards apply to the work of the USPHS.
3. Demonstrate how the CLAS standards will improve the quality of care provided.

**Session 5: Communication and Diplomacy**

This session will examine the roles of effective communication and diplomacy in addressing today’s public health challenges.

10:30 am -- 11:00 am

**Global Health Diplomacy: What is it and How can it Help Us?**

*Speaker: Ms. Meaghan Novi, MPH, Researcher, Emory University*

This session will address how we can advance the goals of global health diplomacy to bring critically needed scientific rigor and technical expertise to the intersection of global public health research and international relations. Health diplomacy efforts carried out by governments can often transcend diplomatic challenges and enable the governments to maintain strong and mutually beneficial ties to other countries. In cases where more traditional diplomatic relationships may be strained, health diplomacy activities can help continue relationships with governments at a non-political level, or foster dialogue and grow new partnerships with academic institutions, nongovernmental organizations, and civil society.
At the end of this session, participants will be able to:

1. Integrate strategies cohesive with global health diplomacy into their own international work.
2. Apply GHD tools of negotiation and diplomacy to situations.
3. Evaluate programs and interventions for their capacity to created diplomatic dialogue and foster meaningful global health relationships with local politicians.

11:00 am -- 11:30 am

Text Messaging for Anthrax Inhalation Incidents: A Pilot Study of a Novel Approach to Utilizing Text Messaging during a Public Health Emergency

Speakers: CDR Amy Valderrama, PhD, Nurse Epidemiologist, USPHS, Centers for Disease Control and Prevention; CAPT Dahna Batts, MD, USPHS, Deputy Chief, Healthcare Preparedness Activity, Centers for Disease Control and Prevention; Ms. Jennifer Graham, MPH, CHES, Public Health Preparedness Specialist, Oak Ridge Associated Universities; and Mrs. Kristin Mattson, MPH, CHES, Health Education Specialist Project Manager, Oak Ridge Institute for Science and Education, Oak Ridge Associated Universities

This session will provide an overview of a text messaging program called StopAnthrax™ that includes four text messaging protocols for MCMs to be used after an anthrax inhalation incident. StopAnthrax™ will send reminders to MCM recipients to take their medications and get their vaccine doses, ask about side effects, and instruct on seeking medical care for symptoms. This session will describe a pilot project that was undertaken to determine the functionality of StopAnthrax™ by implementing one text messaging protocol in a vendor’s system. The pilot aimed to gain feedback on the user experience and satisfaction, and determine necessary changes and further enhancements to the protocols for use in an operational system. From June-July 2014, 25 participants enrolled in and completed the pilot study. An online survey and group discussions were used to gain feedback related to overall impressions of the program, vendor system performance, text message content, and flow of the text messages. Responses from the survey and discussions yielded valuable insights into the functionality and content of StopAnthrax™. Based on the information gathered, several updates were made across all four text messaging protocols. Further work is needed to identify a vendor with advanced capabilities in order to fully operationalize StopAnthrax™.

At the end of this session, participants will be able to:

1. Describe strategies for using text messaging for health promotion, enhanced monitoring, and reporting, particularly during a public health emergencies.
2. Describe user preferences that should be considered when developing and implementing a text messaging program.
3. Identify basic system requirements that should be considered when choosing a vendor for a text messaging program.

**Track 6: Pharmacy**

**Session 4: Microbiology**
This session will look at issues related to antimicrobes and microbiology.

8:30 am -- 9:00 am

**Improving Antimicrobial Prescribing in an Outpatient Setting**
*Speakers: LT Nicholas Daniel, PharmD, USPHS, Pharmacy Resident, Indian Health Service and LCDR Joyanna Wendt, MD, MPH, USPHS, Medical Epidemiologist, Northern Navajo Medical Center*

This session will discuss the growing concern of antibiotic resistance, discuss the need for antibiotic stewardship tools, and present changes in antibiotic prescribing patterns after the implementation of a guidelines-based antibiotic selection menu.

At the end of this session, participants will be able to:

1. Describe current trends in antibiotic resistance.
2. Contrast antibiotic prescribing patterns pre- and post guidelines-based antibiotic selection menu implementation.
3. Use electronic health records to improve antibiotic appropriateness.

9:00 am -- 9:30 am

**Implementing Centers for Disease Control and Prevention’s Core Elements of Antimicrobial Stewardship in the Indian Health Service**
*Speakers: CDR Loria Pollack, MD, MPH, USPHS, Medical Officer, Centers for Disease Control and Prevention; LCDR Jeffrey Gildow, Pharm. D., M. S., USPHS, Infectious Diseases Pharmacist Provider, Indian Health Service; LCDR Joyanna Wendt, MD, MPH, USPHS, Medical Epidemiologist, Northern Navajo Medical Center; and LCDR Thaddus Wilkerson, PharmD, BCPS, USPHS Infectious Diseases Clinical Pharmacy Specialist, Indian Health Service*

This session will look at implementing an antimicrobial stewardship program. It is well established that 20 percent to 50 percent of all antibiotics prescribed in U.S. acute care hospitals are either unnecessary or inappropriately prescribed, placing patients at risk for adverse effects and contributing to a rise in antibiotic resistance. This public health issue is a top HHS priority and the focus of the Combating Antibiotic-Resistant Bacteria Executive Order signed by President Obama on September 18, 2014. Antibiotic stewardship is a strategic, multidisciplinary approach to improve antibiotic use and a key strategy to address resistance and ensure patient safety. Centers for Disease Control and Prevention (CDC) recommends that all acute care hospitals implement Antibiotic
Stewardship Programs and has summarized core elements of successful hospital Antibiotic Stewardship Programs as leadership; accountability; drug expertise; actions to improve use; monitoring and reporting of antibiotic prescribing and resistance patterns; and education. Despite the IHS challenges of facility infrastructure and size, Antibiotic Stewardship Programs are being implemented in a variety of ways and settings within IHS health care facilities. This session will review the CDC Core Elements of Hospital Antibiotic Stewardship Programs and provide examples from USPHS pharmacists and clinicians of activities being implemented to improve antibiotic use and impact in the Great Plains Area-Winnebago Service Unit; Alaska Native Medical Center; and Northern Navajo Medical Center.

At the end of this session, participants will be able to:

1. Summarize the rationale and goals of antimicrobial stewardship programs.
2. State the core elements of effective antimicrobial stewardship programs
3. Identify examples of antibiotic stewardship practices within IHS

9:30 am -- 10:00 am

9:30 am -- 10:00 am

**Microbiologists in the Front of Fighting Infectious Diseases**  
*Speaker: LCDR Eric Zhou, PhD, MBA, USPHS, Regulatory Affairs Specialist, National Institutes of Health*

This session will include the following information:

1. Drug and vaccine development process and its regulatory requirements;
2. Resource at the Division of Microbiology and Infectious Diseases (DMID) for conducting clinical trials;
3. Accomplishment of DMID in drug and vaccine development with focus on tuberculosis and enteric and hepatic diseases;
4. Microbiologists' role in the drug and vaccine development.

At the end of this session, participants will be able to:

1. Describe phases of clinical trials in drug and vaccine development and its regulatory requirement.
2. Identify resources for clinical trials at DMID.
3. Describe accomplishment of DMID in drug and vaccine development and role of microbiologists in the process.
Session 5: Chronic Disease
This session will examine issues associated with chronic disease from a pharmaceutical perspective.

10:30 am -- 11:00 am

Pinon Multidisciplinary Pain Management Team Shining a Light to Improved Pain Management
Speaker: LCDR Jeffrey Goldstein, PharmD, USPHS, Director of Pharmacy Services, Pinon Health Center

In this session, the multidisciplinary pain management committee of the Pinon Health Center will be analyzed. This team was formed at the end of 2013 at this isolated/hardship clinic in Navajo Area. This committee was designed to help providers manage pain safely and effectively, utilizing the knowledge and insight of the team to provide a patient-centered approach to pain management. The reviewing team may consist of primary care providers, physical therapists, pharmacists, the nursing supervisor, the patient advocate, mental health specialists, and Native Medicine practitioners. The team meets once monthly and performs patient reviews to objectively determine if patients are using their narcotics appropriately and whether or not continued narcotic medications are warranted. The team assesses and advises on patient narcotic therapy compliance and recommends alternative pain management strategies as warranted. The team collaboration helps providers confidently navigate a chronic pain management course of care. As a result of this committee, nearly 50 percent of the patients without a good indication for chronic narcotic therapy were successfully weaned off narcotics, and the remaining patients no longer receive their narcotics at our clinic.

At the end of this session, participants will be able to:

1. Compare previous narcotic prescribing practices to current thoughts on pain management.
2. Integrate a multidisciplinary approach to pain management.
3. Apply alternative approaches to pain management when appropriate.

11:00 am -- 11:30 am

Hepatitis A Hospitalizations in the United States, 2002 – 2011
Speakers: LCDR Melissa Collier, MD, MPH, USPHS, Medical Officer, Centers for Disease Control and Prevention

This session will discuss how hospitalization rates for hepatitis A illness have declined significantly from 2002–2011, but the characteristics of the hospitalized population also changed. Persons hospitalized for hepatitis A in recent years are older and more likely to have liver diseases and other comorbid medical conditions. The session will examine
how Hepatitis A disease and resulting hospitalizations could be prevented through adult vaccination.

At the end of this session, participants will be able to:

1. Describe trends in hepatitis A hospitalization rates over time from a nationally representative sample of all hospital discharge data.
2. Describe characteristics and conditions that are increasing among persons discharged from the hospital with a primary diagnosis of hepatitis A.
3. Define strategies to prevent hepatitis A illness among persons diagnosed with chronic liver disease including the role of vaccinations

11:45 am – 12:45 pm

Closing Keynote

Leveraging America’s Health Responders
Speaker: Karen B. DeSalvo, MD, MPH, MSc, National Coordinator for Health Information Technology, Acting Assistant Secretary for Health, U.S. Department of Health and Human Services

Dr. DeSalvo will discuss her perspective of the Public Health Service and how its officers can be leveraged as America’s Health Responders to mitigate health emergencies and protect the public health of Americans. As the Acting Assistant Secretary for Health, Dr. DeSalvo oversees the Office of the Surgeon General and the Commissioned Corps of the U.S. Public Health Service. In a short time, she has witnessed officers who deployed to the Mexico border in response to the influx of unaccompanied children and who deployed throughout the U.S. and overseas in response to the Ebola outbreak.

At the end of this session, participants will be able to:

1. Describe the role of the Assistant Secretary for Health.
2. Explain the breadth of expertise within Public Health Service response teams.
3. Describe the speaker’s perspective on the Public Health Service’s role in emergency response.