

2019 USPHS Symposium Track 3 Agenda

Tuesday, May 7

Track 3

1:30 PM - Operation Corps Strong

2:00 PM ***LCDR Joy Mobley Joy Mobley, Psy.D.; CDR Indira Harris, LCSW, BCD***

Operation Corps Strong (OCS) is an initiative within the Health Services PAC (HSPAC) which strives to promote a resilient and ready Corps by developing comprehensive, resilience-focused, and innovative practices and initiatives. The target audience are Corps Officers and their Families. OCS was developed by a small team of multidisciplinary Officers who recognized key gaps in providing behavioral health support and resources to all Commissioned Corps Officers. Some of these gaps became exposed during the 2014 Ebola mission and were temporarily addressed through the formation of a Family Support Network. Key initiatives include development of a suicide prevention campaign, bereavement training and resources, exceptional family member resources as well as support resources throughout the deployment cycle. OCS aims to create an array of resources and supports that speak to the unique needs and challenges of the Commissioned Corps. OCS believes that resilience initiatives should be incorporated into all aspects of the Corps, beginning in the Officer Basic Course, regardless of professional discipline, location or agency assignment.

OCS launched their Suicide Prevention Campaign, H.O.P.E., which stands for "Hear the Officers Call for Help, Offer a Helping Hand, Provide Resources, Encourage Follow-up/Escort if Possible." A full launch of the suicide prevention campaign, including an Officer-to-Officer Support Guide, began in September 2018. Additional trainings and resources including Leader Support Guide, Family Support Guide and distribution of pocket cards will take place throughout 2018 and 2019. This initiative has been made possible through the HSPAC in partnership with N-PAC and Commissioned Corps Deployment Teams.

At the conclusion of this session participants will be able to:

1. Describe OCS's resiliency based programs that meet the unique cultural needs of the Corps.
2. Explain the new OCS suicide prevention campaign, bereavement initiative and exceptional family member resources.
3. List OCS trainings and resources accessible to Officers and Their Families.

Track 3

2:00 PM - Emotional Well Being and Whole Body Wellness: How to Create a Meditation Program During 2:30 PM Deployments and in the Workplace

CDR Indira Harris, LCSW, BCD

In this presentation, we will provide a brief background of the science behind mindfulness and meditation benefits and review basic techniques of meditation that are hallmark practices of the Resilience Through Meditation Program. A qualitative and quantitative analysis of lessons learned after 2 years of program implementation, the impact of the RTM program's meditation techniques on overall work performance and daily functioning of participants, and scientific meditative methods one can employ during deployments and in the work place. Meditation is especially important in creating a sense of well being in highly stressful environments with extended work hours and heightened responsibilities. Promising evidence based practices such as meditation and mindfulness can help clinicians, managers, and executives in the behavioral health field significantly transform and positively influence the landscape where they serve - now and in the future. A transformed work environment will most certainly have a profound impact on individuals and groups in these environments.

At the conclusion of this session participants will be able to:

1. Demonstrate meditation practices and concepts to enhance overall wellness and emotional wellbeing
2. Identify at least 5 ways meditation can improve overall performance at work, deployment, and in everyday life
3. Describe several tools to create a Resilience Through Meditation program in your own workplace

Track 3

2:30 PM - Addressing Self-Directed Violence in Native American Communities through Partnerships

3:00 PM

CAPT Elizabeth Helm, PharmD, BCPS; LT Andrea Tsatoke, MPH, REHS

Background:

According to CDC, self-directed violence (SDV) is the second leading cause of death among Arizona AI/AN for ages 10-34. In September 2017, a Quality Improvement (QI) team was developed to address SDV. The purpose of the team is to provide an understanding of the causative factors, including how agencies and departments may improve care for SDV patients. This unique partnership consists of the Chief Pharmacist and an Environmental Health Officer as co-chairs, while the team is composed of Police, Behavioral Health, Nursing, Clinical Application

Coordinator, Physicians, Social Services, and community partners.

Methods:

Four workgroups were formed to focus on data, medication reconciliation, social services notification, and coding. Data was gathered to identify the extent of SDV, medication reconciliation rates are assessed quarterly, coding was reviewed for accuracy, and two process maps were developed to address improving notification rates and providing autopsies or toxicology screenings for SDV.

Results:

SDV coding is now 100% mapped correctly to the ICD-10 codes. An ER process map was developed and has led to a 75% increase in social service notifications. Post mortem sampling through collaboration with the AZ state laboratory is available. A new autopsy policy was finalized to assist with improving data collection to identify causative factors and a "no consent" resolution is being proposed to Tribal Council. A corrective action plan is being implemented to improve medication reconciliation rates.

Conclusions:

Given this significant public health issue in AI/AN populations, the findings indicate that there have been improvements through these enhanced partnerships.

At the conclusion of this session participants will be able to:

1. Define self-directed violence and causative factors
2. Identify four workgroup focus areas that were part of the Self-Directed Violence Quality Improvement team
3. Summarize Self-Directed Violence Quality Improvement approaches

Track 3

3:00 PM -

Building Partnerships within the Community to Enhance the Health of the Nation

3:30 PM

LCDR Michelle Barbosa, PharmD, BCPS; LCDR Tincy Maroor, PharmD

Background: In 2017 the Surgeon General announced that fighting the opioid epidemic would be one of his top initiatives and challenged all Commissioned Corps officers to be well trained on responding to an opioid overdose. Patient education is a key prevention initiative to address the opioid epidemic. The Phoenix Community Health Advancement through Teaching (CHAT) team was formed in 2018 in response to the service unit's need for ongoing opioid safety promotion and community awareness.

Description: Through presentations developed by the CHAT team and the

NPS-PACE program toolkit, officers regardless of discipline are able to educate on healthy living, the opioid crisis, tobacco cessation, and increasing awareness of the health effects and dangers of Electronic Nicotine Delivery Systems (ENDS). Through partnerships with local community organizations, the team is able to provide an organized means for officers to combine their clinical expertise with the skills and knowledge of leaders within community organizations.

Lessons Learned: Persistence is key when starting partnerships. Develop a strong list of contacts and set up a meeting with stakeholders to ensure you don't get lost to follow up. Combine clinical expertise with community outreach personnel to provide population specific education.

Recommendations: Know the demographics of your audience, set up a translator ahead of time if you need one. Find out if there are any concerns or barriers to a uniformed presence in the community. Look for leaders in the community that already have a trusted presence, and knowledge of the communities' needs.

At the conclusion of this session participants will be able to:

1. Discuss areas of expertise that can be strengthened when USPHS officers teach with community outreach groups
2. Design program goals that can create a sustainable relationship with community outreach groups
3. Identify national USPHS groups that develop training material for USPHS officers to educate at a local level

Track 3

3:30 PM -
with

4:00 PM

Occupational Safety in a Stigmatized Work Place: Partnership and Engagement

Entertainers in Strip Clubs

Mr. Daniel Huff, REHS; Dr. Lauren Martin, PhD

Strip clubs are a legal but stigmatized industry and thus not well served by traditional attempts to promote occupational safety. In 2016, the Minneapolis Health Department and the University of Minnesota's Urban Research Outreach/Engagement Center partnered to better understand workplace conditions within licensed adult entertainment establishments in Minneapolis. Occupational health and safety for entertainers within strip clubs has often been neglected by health departments and policy makers. It is an industry that receives little attention due to stigma and a lack of worker voice. This study sought to empower entertainers to share their experiences in a confidential and anonymous way, with the intention of surfacing policy solutions that entertainers had for their workplace. Due to complaints of conditions in adult entertainment establishments, the Minneapolis Health Department (MHD) developed a

protocol for inspecting these facilities, locating stains, and testing for the presence of semen. UROC's work found that entertainers experience a wide range of occupational safety issues including sexual harassment and assault, unsafe working conditions, cleaning, injury and more. MHD's work found that semen was present in 11 out of 17 adult entertainment industries, and in the majority of establishments with private or semi-private "VIP" spaces. Taken separately, both studies created an incomplete picture. Together, the studies created compelling information to policymakers that this industry needs further regulation, and that entertainers want a place at the decision-making table. Through meaningful and strategic partnerships we present a case study that illuminates often hidden occupational safety needs in a legal work place.

At the conclusion of this session participants will be able to:

1. List ways of approaching occupational safety for populations engaged in legal, yet highly stigmatized work environments
2. Explain the impact and importance of using a community engagement approach to promoting occupational safety in stigmatized workplaces.
3. Describe the combined use of different research and evaluation methodology and disciplines reinforce the findings of each

Track 3

4:00 PM -
Local Level
4:30 PM

Partnerships for Improved Pandemic Influenza Vaccine Response at State and

CDR Samuel Graitcer, MD

Background: During an influenza pandemic, vaccination remains the most effective protection against pandemic virus infection. An effective vaccination campaign ensures that pandemic vaccination is readily accessible to the general public before disease has peaked. Also, if there is limited initial vaccine supply in a severe pandemic when basic functions of society may be affected, vaccination may need to be targeted to critical workforce.

Description: CDC provides guidance and assistance to state and local jurisdictions for public health preparedness. Response planning has traditionally focused on public health-managed mass dispensing of medical countermeasures for both the general public and critical workforce. Due to decreases in public health staff and the potential characteristics of a future pandemic, using this approach alone for vaccination is not feasible in a severe pandemic.

Lessons Learned: An approach that leverages and pairs the strengths of immunization programs' expertise in vaccine ordering, management, and distribution with preparedness program expertise in response is needed

for targeted critical workforce pandemic vaccination. Further, based on modeling and lessons learned from other vaccination responses, additional partnerships with the private sector, including pharmacies and large healthcare organizations, are essential to ensuring that the general public is rapidly vaccinated prior to the peak of disease in a severe pandemic.

Recommendations: CDC can provide additional guidance and technical assistance to its funded public health programs to focus on partnership between preparedness and immunization programs and outreach to private sector partners, including pharmacies, to fully leverage community resources in planning and responding to the next pandemic.

At the conclusion of this session participants will be able to:

1. Describe how a potential future influenza pandemic may differ from the 2009 H1N1 pandemic, highlighting the need for increased planning and partnership efforts.
2. Describe the difference between the recommended planning goals and partnership approaches to vaccination of the general public compared to vaccination of critical workforce.
3. Provide an overview of ways in which CDC can promote improved pandemic influenza partnership efforts among state and local public health programs and private sector partners.

Thursday, May 9

Track 3

9:15 AM - PACE/AHA -Improving Regional Health Through Better Partnerships

9:45 AM ***LCDR William Bird, MPH, CIH, CPH; CAPT Mehran Massoudi, PhD, MPH***

This presentation will provide an overview of a pilot Public-Private partnership between the Prevention through Active Community Engagement (PACE) program and the American Heart Association (AHA) in the U.S. Department of Health and Human Services (HHS) Region 6. This partnership has been developed to combine the strengths of each partner to benefit at-risk and minority populations in Dallas/Fort Worth (DFW), TX and surrounding areas. AHA has developed science-based education and training regarding resuscitation and basic lifesaving skills tailored to address the specific needs of healthcare providers, worksites, community organizations, schools, and individuals. This collaboration aims to expand the existing capacity of AHA's network of trainers to engage more at-risk and minority populations in acquiring CPR, AED, and basic lifesaving skills beginning with work in schools. Our approach leverages a state of Texas requirement for graduating seniors to be proficient in CPR prior to receiving their diploma.

AHA has provided training to USPHS CC officers representing the PACE program on CPR instructional methods and has provided training materials necessary to complete trainings within the DFW area. The combination of the strengths of each organization mutually benefits the citizens of DFW, Texas by providing education on valuable life saving techniques that will improve the general welfare of the population, including families of those students trained in CPR. CPR kits placed in the community are estimated to train 298 people per year on average, with variations depending on school systems and student population.

At the conclusion of this session participants will be able to:

1. Describe a framework for establishing partnerships among the HHS Regional Health Administrator Office, Regional Office of Health Resources and Services Administration, USPHS CC organizations (local COA Chapters and PACE Program), and Non-Profit organizations
2. Detail the impact the PACE/AHA partnership has had in the HHS Region 6.
3. List the tools necessary to replicate this partnership in other HHS Regions.

Track 3

9:45 AM - Bridging the USPHS and Community to Partner and Collaborate for a Maternal Child Health Fair

10:15 AM

CDR Geri Hawks, RN, BSN; CDR Candice Cottle-Delisle, MS, BSN, RN, OCN

The infant mortality rate for DC was 7.6 per 1000 live births, compared to the US average of 6.0 per 1000 live births. The community targeted (Ward 7) has a higher rate of 9.6 deaths/1000. Causes of death among infants are; birth defects, preterm delivery, low birth weight, (SIDS), and complications during pregnancy. The DC COA committee initiated a maternal child health fair in 2016, and has continued annually with the 2018 event focused on increasing community efforts with local DC organization participation, so increased collaboration with local agencies to enhance education and health initiatives for the pregnant woman as well as early development for children was one of the critical areas of focus. This outreach event enhanced USPHS visibility along with local organizations within the community. The health fair was a baby shower theme that targeted pregnant women, new mothers and child development to age 5. The event sought to collaborate with various city agencies and nonprofit organizations, such as DC WIC, DC department of transportation, and other agencies were invited to help enroll women in different programs and would be ideal partners in that they could encourage their patients to attend the event. Topics such as child and infant CPR, lactation consultations, basic health and safety of the child,

and healthy eating were included. PHS officers provided these breakout sessions. Non-profit organizations were also contacted to provide educational materials and advertisement of their services. The estimated event time was around 4 hours and approximately 25 women attended.

At the conclusion of this session participants will be able to:

1. Describe infant mortality statistics for DC
2. Describe the need for the public health intervention and collaboration with community agencies
3. Describe the logistical planning, continual communication with agencies to enhance a public health intervention

Track 3

10:15 AM - The Impact of Partnerships on the Reestablishment of Public Health Laboratory Activities in 10:45 AM Puerto Rico after Hurricane Maria

LCDR Eduardo O'Neill La Luz, PhD, MS, MPH

Public Health Laboratories (PHLs) in Puerto Rico did not escape the devastation caused by Hurricane Maria in September 2017. We implemented a novel approach to systematically reestablish laboratory testing, using a quality management system, after evaluating the extent of structural and functional damage to PHL facilities, supplies and equipment. PHLs were rendered inoperable immediately after the storm and when power was partially restored most clinical and diagnostic testing remained disrupted. Our approach resulted in the reestablishment of 92% of the baseline laboratory testing capacity in an effort that began in October 2017 and ended in May 2018. We report the historic recovery of the largest United States' jurisdiction to lose its PHL capacity, share lessons learned, and describe tools that were made available so other jurisdictions could use them to enhance their own preparedness and Continuity of Operations Plans. In addition, the work that ensued after the response was over was just as carefully planned using quality management as the framework that holds public health laboratory processes together. The successful recovery hinged on key partnerships with federal, state, and local stakeholders which will be described in detail.

At the conclusion of this session participants will be able to:

1. Describe the initial laboratory response after hurricane Maria
2. Identify what are key quality system elements in public health laboratory processes
3. Summarize the different ways that partnerships can be used to make an emergency response successful

Track 3

10:45 AM - Strengthening Community Resilience in Emergencies through Community Organization

11:15 AM Partnerships

Dr. Amalia (Lia) Roberts, DNP, RN, PHN; Ms. Katrina DeVore, MPH

Background

Community Preparedness is the first and arguably most important capability of the 15 Public Health Preparedness Capabilities (CDC, 2018). Community preparedness and resilience is integral to a strong Emergency Preparedness (EP) program. In emergency events, individuals with access and functional needs (AFN) are more at-risk. In an effort to protect the health and wellbeing of vulnerable members of the community, the Dakota County Public Health EP team prioritized two groups for outreach: faith communities and in-home childcare providers.

Description

The EP team utilized two interventions. To reach 147 child care providers, they developed a Child Care Preparedness training to educate on strategies for various emergencies. They also offered emergency planning workshops.

Faith organizations were prioritized due to their role as a trusted place toward which many turn in times of need. EP partnered with Child and Teen Checkups to develop an outreach packet with information on Public Health programs and preparedness. They enrolled over 20 faith organizations in the Community Agency Alert Network (CAAN). The CAAN is a tool to reach organizations that provide services to AFN groups in emergencies.

Lessons Learned

- Face-to-face interaction is a strong outreach strategy; it offers an opportunity to learn from partners and to answer questions specific to their agency.
- Comprehensive Public Health outreach strengthens partnerships and serves the entire department.
- Partnerships with trusted community sites strengthen Public Health.

Recommendations

- Get creative in ways to reach vulnerable populations
- Collaboration with other programs and disciplines improves community resilience and outreach.

At the conclusion of this session participants will be able to:

1. Identify methods to engage child care providers and faith communities in emergency preparedness.
2. Explain the importance of engaging with access and functional needs groups and the agencies that serve them.
3. Identify creative approaches to community engagement and outreach.

Track 3

2:15 PM - Understanding Tickborne Disease Across Borders: A Partnership Between the Indian Health Service and Minnesota Department of Health
2:45 PM
LT Shelby Foerg, REHS/RS; Ms. Molly Peterson, MPH

In Minnesota, tickborne disease incidence and the geographic distribution of the blacklegged tick are increasing. In 2018, the Indian Health Service (IHS) and the Minnesota Department of Health (MDH) began a partnership to improve tick surveillance in order to form a more complete picture of tickborne disease risk across the state. Through consistent field sampling methods by both agencies, the partnership aims to document tick populations in new regions of the state, specifically on tribal lands. The goal is to learn more about the risk to tribal members and to identify and provide culturally appropriate education and prevention services.

Although this relationship is in its infancy there were valuable lessons learned in summer 2018. IHS was able to participate in a field day training with MDH at Itasca State Park. MDH demonstrated specimen collection methods. From this experience IHS was able to independently begin collecting tick samples on tribal lands. IHS collected ticks from one reservation in Northern Minnesota; the Leech Lake Band of Ojibwe. Moving forward IHS will expand tick collection and surveillance services to all eleven tribes residing in the state of Minnesota.

In the future IHS and MDH plan to strengthen their impact by increasing public health education, sharing data and planning. This partnership is mutually beneficial to the mission of each agency with a goal to protect and maintain the health of all Minnesotans.

At the conclusion of this session participants will be able to:

1. Describe the complexities of predicting tickborne disease risk and identify ecological, biological and behavioral factors that play a role in tickborne disease transmission
2. Describe how the growing incidence of tickborne diseases, such as Lyme disease, both in case number and geographic distribution, reflects the documented expansion of blacklegged tick distribution in Minnesota

3. Explain how agency partnerships are a valuable approach to addressing the rise in tickborne disease risk

Track 3

2:45 PM -

Extending beyond traditional partnerships to protect private well users' health

3:15 PM

Ms. Frieda von Qualen, MDP

Over 44 million people in the United States get their drinking water from private wells and are responsible for regularly testing their well water. However, a 2016 Minnesota Department of Health (MDH) survey found that fewer than 20 percent of private well users (PWU) regularly test their water. From a practitioner perspective, it is difficult to reach this large and disparate group of PWU with health messages. This presentation will highlight key and somewhat non-traditional but effective partnerships for reaching PWU.

The MDH survey responses also repeatedly highlighted that PWU are more likely to turn to their medical providers, water-testing laboratories, well contractors, neighbors, or local agencies for information about their private well and testing than to the state public health agency. As such, MDH is developing and strengthening partnerships with local entities-- medical providers, water-testing laboratories, licensed well contractors, and local environmental and public health services. These partnerships started with thoughtfully framed letters, emails, phone calls, presentations, newsletter articles, web postings, and conversations. Within six months, more than 137 local partners ordered over 22,000 well testing brochures to share with their clients and patients.

This session will provide an overview of how survey results informed whom to partner with, how MDH approached partners, the results, and recommendations for this type of approach in your community or jurisdiction. While this is a Minnesota-based initiative, the approach is applicable to protecting the health of PWU everywhere.

At the conclusion of this session participants will be able to:

1. Explain what would prompt private well users to test their well water.
2. Identify who could be key partners for protecting private well users' health in your community/jurisdiction.
3. Explain how to frame the request to each type of partner so that partners are interested in protecting private well users' health.

Track 3

3:15 PM -

CDC National Center for Environmental Health Foodborne Outbreak Surveillance

3:45 PM

LCDR Beth Wittry, MPH, RHES

Background: Foodborne illness is a significant problem, with an estimated 48 million cases of domestically acquired foodborne illness annually. Foodborne disease outbreaks (FBDO) provide a unique opportunity to understand the factors that lead to an outbreak occurring. These FBDO investigations involve collaboration between epidemiology, laboratory, and environmental health (EH).

Methods: The National Environmental Assessment Reporting System (NEARS) collects environmental assessment data from FBDO investigations conducted by state and local EH programs. Data are collected about the outbreak characteristics, outbreak establishment characteristics, and outbreak establishment policies and practices. We collect and analyze these environmental assessment data at the national level to understand and prevent illness and FBDOs.

Results: Fifteen state and local public health departments reported data to NEARS on 404 outbreaks and 415 outbreak establishments from 2014-2016. The majority of outbreaks were caused by viral agents (61.7%) and associated with food contamination by an ill worker (57.4%). Most outbreak establishments were independently owned (72.9%) and served food requiring complex preparation (87.2%). Most outbreak establishments had a glove use policy (89.9%), but only 32.4% were written. Most establishments had a policy preventing ill workers from working (87.0%); 54.8% of the policies were written.

Conclusions: NEARS data provides insight in the food safety system to understand and address the outbreak's environmental causes to determine how and why pathogens got into the environment and spread to make people sick. This information informs food safety policies and practices to recommend short and long-term interventions to stop and prevent outbreaks.

At the conclusion of this session participants will be able to:

1. Define the components of an environmental assessment during an outbreak investigation.
2. Describe how environmental health, laboratory, and epidemiology collaborate to conduct a foodborne outbreak investigation and response.
3. Identify the top three contributing factors to foodborne outbreaks in the United States.

Track 3

3:45 PM -

4:15 PM

Build Planetary Health One Dam at a Time Using Nature's Ecological Engineer

CDR Pattama Ulrich, RN, MPH

Planetary health is degrading at an alarming rate. The environmental costs and agricultural and infrastructure development tradeoffs have not been fully investigated and are beginning to reveal themselves. A handful of researchers are looking to nature for solutions. Humans have overlooked nature's water engineers and their ingenious landscape transforming architecture that bridges terrestrial and aquatic biomes. Ecological benefits include creating the carbon sink, improving water quality and increasing biodiversity. Researchers as well as government agencies in the United States, Canada, United Kingdom and Europe have conducted applied ecological research and restoration projects with an unlikely collaborator living in these two biomes. This local ecological partnership deployed on a large scale has proven to positively impact the health of our planet.

At the conclusion of this session participants will be able to:

1. Explain the benefits of a wetland ecological partnerships
2. Identify a new partnership in the wetland ecosystems
3. Define the importance of ecological approach in public health