

2019 USPHS Symposium Track 4 Agenda

Tuesday, May 7

Track 4

1:30 PM - Understanding the Unaccompanied Alien Children's Program

2:00 PM *LCDR Allen Applegate, DrPH, MPH, CPH; LCDR Tala Hooban, MPH, MCHES, CPH*

The Unaccompanied Alien Children (UAC) Program is managed by the Office of Refugee Resettlement (ORR) within the Administration for Children and Families, an operational division of the U.S. Department of Health and Human Services (HHS). UACs are apprehended by the Department of Homeland Security (DHS) immigration officials and are transferred to the care and custody of ORR. The age of these individuals, their separation from parents and relatives, and the hazardous journey they take make UACs especially vulnerable to human trafficking, exploitation and abuse. UACs have multiple, inter-related reasons for undertaking the difficult journey of traveling to the United States, which may include rejoining family already in the United States, escaping violent communities or abusive family relationships in their home country, or finding work to support their families in the home country.

The majority of unaccompanied alien children are cared for through a network of state licensed ORR-funded care providers, most of which are located close to areas where immigration officials apprehend large numbers of aliens. These care provider facilities are state licensed and must meet ORR requirements to ensure a high level of quality of care. They provide a continuum of care for children, including foster care, group homes, shelter, staff secure, secure, and residential treatment centers.

This presentation will provide an overview of the UAC program. Officers will learn how USPHS has played a critical role in supporting the program in overcoming many challenges.

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

1. Explain the reasons for UACs fleeing their home countries for the United States
2. Describe the legal authorities for the Unaccompanied Alien Children's Program
3. Discuss how USPHS Officers have supported the UAC program over the past several years

Track 4

2:00 PM - Coerced and forced sexual initiation and its association with violence and risk-taking behaviors

2:30 PM among females and males ages 13-24: results from the Nigeria, Uganda, and Zambia Violence against Children Surveys

CDR Kimberly Nguyen, MS, MPH, DrPH

Introduction: Understanding factors associated with coerced and forced sexual initiation (FSI) is important for developing appropriate strategies for prevention.

Methods: The Violence Against Children Surveys (VACS) were conducted by the CDC and Ministries of Health in Nigeria, Uganda, and Zambia, and other global partners, to understand the contextual factors associated with childhood violence and strategies for its prevention. We examined consequences (risk-taking behaviors, violence experience, health outcomes and awareness of HIV testing) associated with FSI among females and males ages 13-24 years.

Results: Approximately one in four females and one in 20 males aged 13-24 years who have ever had sex experienced FSI. Recent experiences of violence are associated with increased odds of FSI among females (one type of violence: OR=2.1, 95% CI: 1.3-3.4; two or more types of violence: OR=3.3, 95% CI: 1.8-5.8) and males (one type of violence: OR=3.6, 95% CI: 1.3-9.7; two or more recent types of violence: OR=3.3, 95% CI: 1.1-11.0) compared to those who did not experience violence. In addition, infrequent condom use among males is significantly associated with increased odds of FSI (OR=2.5, 95% CI: 1.1-5.8).

Conclusion: FSI is associated with recent experiences of violence among females and males and infrequent condom use among males, which may increase risk for HIV and other negative health outcomes. Through public and private partnerships at national, regional, and global levels, the CDC and host countries use VACS data to develop evidence-based strategies for the prevention of violence against children and youth worldwide.

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

1. Identify global partnerships involved in the implementation, analysis, and dissemination of the Violence Against Children Surveys.
2. Describe the health consequences of coerced and forced sexual initiation among females and males in Nigeria, Uganda, and Zambia.
3. Describe how global partnerships help to inform development and implementation of effective prevention strategies and improve health service provision for victims of violence.

Track 4

2:30 PM - Birth Outcomes and Defects in a Prospective Cohort Study of Zika During Pregnancy in an

3:00 PM Underserved Community, Coatepeque, Guatemala, 2017-2018

LCDR Terrence Lo, DrPH, MPH; Dr. Andres Espinosa, MD, MPH

Background

Zika virus (ZIKV) was declared an international public health emergency and is linked to severe neurological and other birth defects. Our study sought to examine its effects on pregnancy and birth outcomes among an underserved and vulnerable community.

Methods

We conducted a prospective cohort study of pregnant women (≤ 20 weeks of gestation) and their newborns in Coatepeque, Guatemala from 5/2017-2018. Due to the wide-ranging impacts of ZIKV, local, national, international providers and experts were engaged for infectious diseases, maternal/neonatal, and child development expertise. At scheduled visits and upon symptoms, maternal blood specimens were tested by rRT-PCR and ELISA. Neonatal assessments up to 3 months regardless of maternal infection status included anthropometric, New Ballard, physical, auditory, ophthalmologic, and transcranial ultrasound evaluations. Upon detection of abnormalities, patients were referred for specialty care.

Results

Maternal serologic testing in 436 women yielded 57 (13%) probable ZIKV cases, but no ZIKV infection was confirmed by rRT-PCR. Among 436 assessed newborns and with available preliminary data, we found 44 (12%) low birth weight ($< 2500\text{g}$), 30 (8%) premature (< 37 weeks), 7 (2%) microcephaly (head circumference < 2 s.d.), 23 (6%) auditory abnormalities, 4 (7%) ophthalmologic abnormalities, 2 (0.5%) limited joint movement, and 2 (0.5%) clubfoot. Analyses are on-going.

Conclusions

The prevalence of birth defects and poor birth outcomes provide a baseline for an underserved community. Partner engagements are essential for the development and adoption of practices in Guatemala to enhance timely prevention, detection and management of ZIKV infections and infant development.

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

1. Name the 3 most common symptoms of Zika infection.

2. Assess the birth and neuro-developmental outcomes from possible Zika virus infections in women and newborns enrolled in this pregnancy cohort study.
3. Identify the needed country and regional capacities and expertise to address this epidemic in a low resource environment.

Track 4

3:00 PM -

Moving past data to action: engaging the Hmong community in Minnesota

3:30 PM

Ms. Marcia McCoy, MPH, IBCLC

While many Minnesotans have high rates of breastfeeding initiation and duration, some cultural groups are not faring as well. Recent enhancements to the Minnesota WIC Information System, data allowed MN WIC to identify the cultural groups with the greatest disparities in breastfeeding rates: immigrant and second-generation Hmong. Identifying a disparity is the first step in addressing the factors which underlie it. Minnesota WIC has committed to addressing this disparity by forming an initiative in collaboration with community partners.

State WIC staff reached out to the Minnesota Breastfeeding Coalition and the University of Minnesota School of Public Health (SPH). A work group recruited additional partners, including States of Solution (SOS), the Hmong Health Care Professionals Coalition, and local WIC agency Breastfeeding Peer Counselor programs. Staff and volunteers from these partners formed the MBC Hmong Breastfeeding Initiative.

The MBC initiative has developed data on Hmong perinatal health and written materials for outreach, including a website. The core workgroup identified community stakeholders and conducted listening sessions to identify the strengths and challenges around breastfeeding in the Hmong community. These include lack of support for working mothers, from employers and from the grandparents who are typically the infants' main caregivers. The initiative has worked to build community connections to expand our reach and to uncover champions within the Hmong community. We continue to seek out resources for education and outreach activities, to improve maternity care practices, to educate mothers' support systems, and to build capacity within the Hmong community for skilled lactation support.

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

1. Describe a process for improving measurement of health disparities by cultural identity
2. Describe ways to identify and connect with community partners
3. List strategies for assessing the needs and strengths of a cultural community

Track 4

3:30 PM -
Outreach

4:00 PM

Bridging Gaps in Health Disparities through Medical Missions and Health

CAPT NINA MEZU-NWABA, PharmD, MPH, MSc

Gaps in health disparities are a burden on a society, and are influenced by many factors including differential access to care, the impact of stress on the body, and one's environment. Potentially, these gaps can be reduced by short term medical missions supplemented by longer term, sustainable health outreach. Medical Missions and Health Outreach could be structured to serve multiple purposes. They can be used to provide care for the underserved and can also be used as a training tool to empower the community. Sustainable models can be developed and replicated through collaboration with non-governmental organizations, the Federal and State Government, Public Health Institutions, etc. Many short term medical missions and health outreach projects have proven to be effective in improving access to care. Examples of such successful programs include, vision care outreach, opioid epidemic training in partnership with community organizations, first aid training programs and general health care evaluation during medical missions. The efforts to provide sustained outreach include incorporating training into the medical missions; the inclusion of efforts to train members of will provide avenues for sustainable forms of aid by helping to discover ways to provide the help that community members can utilize and apply themselves.

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

1. Define Medical Missions
2. Identify ways to Use Medical Missions and Health Outreach as Training Models
3. List the key components required to sustain outreach projects

Track 4

4:00 PM -
4:30 PM

Addressing challenges for immigrants in food businesses

Mr. Justo Garcia, B.S., REHS; Ms. Leslie Foreman, B.S.

Small business owners often have trouble learning the many facets of food safety. This is especially true for immigrants who must also overcome language and cultural barriers.

In 2014, the Minneapolis Health Department contracted services with local organizations to conduct focus groups regarding food safety practices and foodborne illness in two of our larger immigrant groups residing in Minneapolis: Somali and Latino/Hispanic.

Focus group results guided the development of new strategies and programs to support immigrant business owners to successfully implement food safety in their businesses.

Food safety educational materials were developed in multiple languages and utilized a variety of formats including video, print, and interactive online training.

The focus groups identified that while state requirements meant all food businesses were required to have a Certified Food Manager, but there were no classes offered anywhere in the U.S. in Somali. The Minneapolis Health Department partnered with a bilingual Somali food safety consultant to create a culturally specific food safety class for the Somali community. Students who pass the class exam qualify for a Minnesota Certified Food Manager (CFM) certificate.

Businesses performing poorly on routine health inspections are offered free food safety training onsite in their kitchen. The training is conducted with a bilingual food safety consultant or an interpreter which allows staff to learn in their native language.

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

1. Describe the importance of culturally specific food safety training.
2. Analyze tools to reach local cultural communities.
3. Explain how culturally specific food safety training impacts the risk of foodborne illness outbreaks.

Thursday, May 9

Track 4

9:15 AM - Tuberculosis surveillance and control in Puerto Rico, 1898-2015: Lessons Learned and Progress 9:45 AM toward Elimination

CAPT Dana Thomas, MD, MPH

The World Health Organization (WHO) recognizes Puerto Rico as a low incidence area where TB elimination is possible by 2035. This discussion will review the history of TB surveillance and control in Puerto Rico is reviewed to better understand current low incidence of reported cases, provide key lessons learned, and discuss areas that may affect progress. A systematic literature review was conducted and supplemented by additional references, epidemiologic data and firsthand experience while working in the Puerto Rico Department of Health's Tuberculosis Control Program. Three time-periods were reviewed: 1) Public Health Efforts before the Advent of TB Chemotherapies (1898-1946); 2) Control and Surveillance following the Introduction of TB Chemotherapies (1947-1992); and 3) Expanded TB Control and Surveillance (1993-2015). While sustained surveillance, continued care, and use of newly-developed

strategies occurred concomitant to decreases of reported TB incidence and mortality rates in Puerto Rico, areas that may affect progress, yet remain poorly understood, include: potential delayed diagnosis and underreporting; the impact of government debt and Hurricane Maria; and poverty.

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

1. Identify differences between the burden of TB in the US and PR during the early 20th century.
2. Compare the effectiveness of chemoprophylaxis with isoniazid or rifampin vs vaccination with Bacille Calmette -Guerrin (BCG).
3. Describe the impact of government debt and Hurricane Maria on TB surveillance.

Track 4

9:45 AM - Who Calls the Shots? Engaging Community "Leaders" to Transform the Adult Immunization System
10:15 AM

CAPT Shary Jones, PharmD, MPH, BCPS; **CAPT Alisha Acker**, RN, PHN, BSN, MPH

The National Adult Immunization Plan (NAIP) calls for the coordinated action of governmental and nongovernmental partners to transform the public health system by addressing adult immunization rates. The NAIP promotes participation and engagement of diverse stakeholders as a necessity for the successful implementation of the NAIP. Goal 3 promotes the increase of community demand for adult immunization utilizing outreach and communication strategies to educate and engage underserved communities. According to the NAIP, "communication activities concerning vaccination should be strategic, evidence-based, and culturally-appropriate and should reflect the health literacy, language proficiency, and functional and access needs of specific target populations." Thus, increasing community demand utilizing culturally appropriate communication strategies and multi-sectoral collaborations to address the lack of adult immunization among underserved and minority communities is critical to improving health outcomes for all people.

The Community Health Representative Adult Vaccination Project demonstrates the power of cross-sector outreach and mobilization of tribal communities to mobilize collective action and strengthen community-led, place-based approaches. The proposed presentation will review the evaluation results of a tri-regional (15 states), Federal-Tribal partnership which included 47 federally-recognized tribes across the Mid-Western United States, developed to increase community demand for

adult immunization within tribal communities. This presentation will highlight key findings and recommendations on the perceptions and influence of communication/ outreach strategies. Additionally, the following lessons learned will provide guidance for future public health efforts: developing cross-sector outreach strategies, enhancing multi-regional/ interdepartmental partnerships, and establishing a shared agenda through a Federal-Tribal partnership.

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

1. Identify the goals of the National Adult Immunization Plan, and assess the public health challenges related to building healthy communities by increasing community demand for adult immunizations
2. Discuss the evaluation design, methodology, and results of the Community Health Representative Adult Vaccination Project Evaluation to highlight collaborative efforts in promoting adult immunization among American Indians/ Alaskan Natives
3. Describe how partnerships, highlighting the utilization of community health representatives (CHRs) and their significant role in uniting community members, are crucial to promoting positive social connectivity, as well as, a construct of building healthy and resilient communities, as a public health strategy to increase community demand for adult immunizations

Track 4

10:15 AM - A FDA - Howard University Partnership to Address Disparities in Minority Vaccination Rates

10:45 AM

CDR Oluchi Elekwachi, PharmD, MPH, CGH; CDR Christine Merenda, MPH, RN

Vaccination rates for ethnic/racial minorities (i.e, Asian, Latino, Black) fall well below Healthy People 2020 targets for adult vaccination. Among the vaccines recommended for elderly adults, the herpes zoster vaccine has one of the lowest adult immunization rates; only 11% of Blacks have received the herpes zoster vaccine compared to 30% of Whites. The cause of low rates of vaccination among minorities is often thought to be an issue of access, however it can be multifactorial. This research project investigated the cultural competence and health literacy levels of the advertising and promotional messaging for vaccines, as well as any impact they have on disparities in vaccination rates and awareness among minority populations. In collaboration with Howard University, focus groups were conducted with minority seniors to determine perceptions and understanding of vaccines. In addition, the sponsor's labeling and promotional advertising were tested for cultural competency and literacy level. The seniors in our focus groups associated

vaccinations with children, not adults. Of those who were offered the herpes zoster vaccine, cost was a barrier for those not covered by Medicare Part D. Sponsor's materials were tested using CDC's methodology and found to be culturally competent and their literacy level were appropriate. Our research uncovered a lack of knowledge of the need for vaccinations among minority seniors in Washington, DC.

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

1. Describe differences between the original Culturally and Linguistically Appropriate Services (CLAS) standards and the revised CLAS standards
2. Identify barriers to vaccine-seeking behavior
3. Present strategies for vaccine-uptake among minority populations

Track 4

10:45 AM - Community Health Care - "Extra-Clinical Care": An Innovative and Systematized Approach to 11:15 AM Healthcare Risk Assessments for the Homeless and the Underserved Populations.

LCDR KELLY FATH, BSN, MSN, FNP-BC

The United Nations performed a global survey in 2005, which estimated that over one billion people worldwide are homeless, lacked adequate housing or on the verge of homelessness. Since then due to natural disaster, conflict, or socioeconomic status the projected population of homeless individuals has increased. According to reports by the U.S. Department of Housing and Urban Development and the U.S. National Coalition for the Homeless, it was assessed that in 2013 between 1.6 million to 3.5 million people are homeless in the United States and of that number over 2,483,539 were children. Furthermore, drug and alcohol abuse, mental illness, physical trauma, malnutrition and societal stigmatization are commonplace in this vulnerable population, and are often exacerbated by a cascade of health issues secondary to a lack of accessible healthcare.

In this session you will be introduced to an assessment system known as "Extra-Clinical Care" adapted for the homeless population and currently taught at the University of Arizona. This approach begins with an understanding of the sociological issues involved in the care of the homeless and is coupled with the use of systematic reviews, validated tools, and field-tested techniques. You will discuss how the barriers to care affect treatment and outcomes, and learn how U.S. Public Health Commissioned Corps (USPHS) officers can be on the forefront by addressing healthcare disparities through community collaboration and improving outcomes by utilizing a set of validated skills to impact healthcare in underserved environments or on deployment missions.

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

1. Describe the primary barriers to health care for the homeless population and demonstrate knowledge of the societal consequences of health and illness in a contemporary society.
2. Identify an overview of evidence-based healthcare risk assessment techniques and how these strategies can improve outcomes in vulnerable populations.
3. Identify ways the USPHS can foster relationships through community collaboration and optimize health outcomes in underserved populations.

Track 4

2:15 PM - Partnering for Equity: The Formation & Journey of the Sexual Orientation and Gender Diversity
2:45 PM Advisory Group (SOAGDAG) The First Three Years

CDR Sharyl Trail, PsyD

On June 30, 2015 the then Surgeon General, VADM Murthy, signed into being the Charter for the Sexual Orientation and Gender Diversity Advisory Group (SOAGDAG). Since its inception, SOAGDAG has been committed to its three fold mission: SOAGDAG provides advice and consultation to and on behalf of the USPHS Surgeon General on: (1) Issues of interest to and concern of lesbian, gay, bisexual and transgender (LGBT) officers, other sexual and gender minorities and their allies in the USPHS; (2) issues relating to Commissioned Corps personnel policies and practices relevant to LGBT officers; and (3) provision of LGBT-competent health care by Commissioned Corps healthcare providers.

In this presentation you will meet leaders, voting members, and non-voting members that have helped SOAGDAG meet its mission. The only way to meet SOAGDAG's far reaching and aspirational goals was to partner with other SG Advisory Groups, PACs, and Deployment Teams. Participants will come away from this presentation with detailed examples of SOAGDAG partnerships and how these partnerships have supported LGBT PHS Officers as well as LGBT patients and community members that PHS Officers provide care for in their agencies and while deployed. Time will be allotted at the end of the presentation to identify any new partnerships and ways in which other Advisory Groups and PACs can come together to meet a common mission.

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

1. Identify the mission, vision, membership make-up, and organizational structure of SOAGDAG, the Surgeon General's Advisory Group for LGBT Officers and the larger LGBT community population.

2. Describe the achievements of SOAGDAG including internal PHS partnerships on projects with other Surgeon General Advisory Groups and well as PAGS and Deployment Teams. External partnerships with outside HHS agencies and Institutes of Higher Education will also be described.
3. Identify ways in which SOAGDAG could be a future partner with USPHS, HHS, and other Federal Agencies that you are a part of. SOAGDAG is committed to providing support and subject matter expertise on LGBT issues as it relates to LGBT Officers and LGBT vulnerable populations.

Track 4
2:45 PM -
Reducing
3:15 PM

Cultural Awareness Training: A Strategy for Increasing Cultural Competency and Health Disparities at Home and Abroad

CAPT Matt Weinburke, *DrPH (Candidate), MPH, CHES, REHS, MLT (ASCPcm)*

Think Cultural Health (TCH) is a website sponsored by the U.S. Department of Health and Human Services Office of Minority Health (OMH) that offers health providers, administrators, and other health professionals information and resources on cultural and linguistic competency, including OMH's National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care (2013) and a suite of free, accredited e-learning programs. The TCH e-learning program, Cultural Competency Curriculum for Disaster Preparedness and Crisis Response, is of particular interest for USPHS commissioned officers who are deployed to respond to disasters and crises at home and abroad. This curriculum has been presented in its 4-hour entirety, at conference sessions, trainings, and webinars. In Fall 2017, a two-hour Cultural Awareness session was incorporated into the Commissioned Officer Training Academy's (COTA) Officer Basic Course (OBC) for recently commissioned officers. In addition, a cultural awareness session was presented at the National Disaster Medical System Summit in July 2018 and will be delivered as a three-hour pre-conference training at the 2019 COF Symposium. The purpose of this session is to demonstrate how the implementation of cultural awareness training can equip USPHS Commissioned Corps officers with the skills and knowledge necessary to better serve individuals from diverse backgrounds during deployments and at their agencies, which can be a crucial strategy to reduce health disparities at home and abroad.

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

1. Identify the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care.
2. Describe cultural awareness as it relates to disaster and crisis response.
3. Apply best practices and lessons learned from the implementation of a cultural awareness training program as a strategy to reduce health disparities.

Track 4

3:15 PM -
research

3:45 PM

Focus on Fathers: Partnerships to support families using community-centered

Ms Mageen Caines, MPH, CPH

Background: Perinatal home visiting programs in the US primarily serve mothers who are low-income and unmarried. Interest and efforts to include fathers in home visiting has increased over the last seven years. Despite recognition that more needs to be done to enhance father engagement during pregnancy and early infancy, little is known about successful father engagement in home visiting programs. Fathers of color are particularly impacted due to institutional racism.

Methods: This mixed methods study used a Randomized Control Trial (n=66 pairs) to test a father advocate in a home visiting program. Changes in basic needs, social support, and mental health risk were tracked using psychosocial risk assessments. The study also included a qualitative policy analysis based on interviews with unmarried parents (n=80) and stakeholders from legal and direct services professions (n=38).

Results: Participants randomized to the intervention group were far more likely to receive the services they requested. There was a statistically significant predictive relationship between fathers getting the help they wanted and improvement in basic needs and social support risk: the more often fathers got the help they asked for, the more both their and mothers' basic needs and social support scores improved, indicated reduced risk in those areas. There was no statistically significant relationship around mental health risk. Stakeholders called on policymakers to shift the ways we serve fathers.

Conclusions: Research in this area must take into account the vulnerability of the target population. Centering similar interventions on fathers' requested needs may lead to more successful outcomes.

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

1. Compare risk outcomes between fathers and mothers in the intervention and control groups.

2. Describe several concrete recommendations made by parents and stakeholders for policy considerations that would support unmarried fathers.
3. Analyze father involvement efforts using lessons learned by this pilot program.

Track 4

3:45 PM -

4:15 PM

Partnerships to Address Mental Health of Active Duty Women and Veterans
CDR Julie Chodacki, MPH, PsyD, ABPP; CDR Angela Williams, PsyD

In 2018, for the first time, the Department of Defense and the Department of Veterans Affairs partnered to present a three-day Women's Mental Health Mini Residency. Focused on improving the delivery of gender sensitive care to active duty service women and veterans, the training conference featured a balance of keynote presentations, interactive breakout sessions, and an action planning module designed to facilitate the implantation of grass roots changes to support gender appropriate mental health care.

As the US Surgeon General remarked at the HHS Office of Women's Health Summit, stereotypically male veterans are easy to identify; they wear labels on their hats, their jackets, their shirts, often tattoos advertising their service. Female veterans are often more difficult to recognize making it especially difficult to offer them specialized services. This presentation will describe the unique mental health issues of military women and veterans, identify how the mini-residency partnership was structured to address those needs, and focus on the action planning process as a unique opportunity to improve health disparities. Attendees will also learn about services available for active duty women and veterans and about professional development opportunities for the providers who care for them.

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

1. List three mental health issues unique to women
2. Identify three resources for active duty women and veterans
3. Describe how to build an action plan