

## Thursday, May 9

### Track 1

9:15 AM - Hurricane Maria Response and Recovery in Puerto Rico: Developing Comprehensive Disaster Assessment and Readiness Tools for preparedness activities and use during disaster response and recovery

***LCDR Elizabeth Irvin-Barnwell, PhD***

As part of the Hurricane Maria Response in Puerto Rico, the Comprehensive Disaster Assessment and Readiness Tools (CDART) Team developed and piloted app-based environmental assessment tools used to determine operational status at local health care facilities. Building upon the initial work, the CDART Team, in collaboration with Puerto Rico Department of Health (PRDOH), Department of the Family (PRDF), and Planning Board (PRJP), is developing a suite of tools for preparedness, response, and recovery activities.

After determining the significant amount of time required for data entry, the CDART team developed app-based surveys resulting in a savings of one hour per assessment. As part of the continuing recovery activities, the CDART Team collaborated with PRDOH, PRDF, and PRJP to develop a suite of tools to determine preparedness status and conduct post-disaster assessments for specific facility types, including health care, elder care, and senior living facilities.

In addition to the data entry time savings and reduced data entry errors, the expanded CDART portfolio provides territory partners with enhanced capabilities to routinely collect facility preparedness information and quickly determine operational readiness for rapid response during and post-disaster. The CDART platform provides real-time information allowing for increased situational awareness.

The app's GIS capabilities were deemed extremely important allowing multiple partners to have visibility on daily activities. The CDART portfolio will decrease duplication of effort and respondent fatigue and increase efficiency and data quality while allowing for real-time presentation of key information to response leadership for preparedness activities and during the disaster response and recovery phases.

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

1. Explain an innovative approach to data collection during emergency response and recovery.
2. Describe a federal government and territory partner collaboration that built capacity within Puerto Rico.
3. Identify enhanced capabilities for emergency preparedness, response, and recovery activities.

### Track 2

9:15 AM - Partnerships to Enhance Congenital Syphilis Prevention

9:45 AM ***LCDR Virginia Bowen, PhD, MHS, BS***

**Background:** Congenital syphilis (CS) - the transmission of mother-to-child syphilis - increased by 175% in the U.S. during 2012, 2017, reaching 918 reported cases. In 2017,

the Centers for Disease Control and Prevention awarded \$4 million to nine high-morbidity areas to strengthen CS prevention efforts.

**Description:** Key activities included enhancing partnerships with Vital Statistics, Maternal & Child Health (MCH), and others to accomplish the following: 1) strengthen CS surveillance, ensuring all cases are ascertained in a timely fashion; 2) identify and strengthen systems of care contributing to CS; and 3) enhance traditional syphilis disease intervention to include pregnancy ascertainment, linkage-to-prenatal care, and case management.

**Lessons Learned:** Matching Vital Statistics and STD data is valuable for identifying missed cases of CS; this partnership and methodology identified an additional 5-10% more cases. Establishing data use agreements for timely birth data can prove challenging. Ten multidisciplinary CS Boards reviewed 63 cases in twelve months; partners from MCH, HIV, Medicaid, Title X, and correctional health aided in identifying missed CS prevention opportunities. Areas reported 35-55% of CS case-mothers did not receive timely prenatal care; other missed opportunities pertained to laboratory, treatment, and care-referral challenges. Seventy percent of female syphilis cases had pregnancy status documented, and most jurisdictions developed a sustainable model of referral to MCH case management.

**Recommendations:** Partnerships within and outside the health department are critical for reaching high-risk women and preventing CS. STD Programs may benefit from engaging non-traditional partners, identifying sub-populations of common interest, and leveraging resources and strengths to save lives.

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

1. Identify 3-5 partners that can work in conjunction with STD Programs to strengthen female and congenital syphilis prevention.
2. Describe components of the CS Prevention Pathway and identify common missed opportunities occurring at each point on the pathway.
3. Compare and contrast lessons learned, and challenges associated with distinct methods of Case Review, Vital Statistics Matching, and Perinatal Case Management.

### 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 4

9:15 AM -  
9:45 AM

Tuberculosis surveillance and control in Puerto Rico, 1898-2015: Lessons Learned and Progress 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 5

9:15 AM -  
9:45 AM

Lessons Learned from Primary Care Behavioral Health Integration

***LT Sherry Daker, PharmD; CAPT Ted Hall, PharmD, BCPP, RPh***

Primary care settings have become a gateway for many individuals with behavioral health and primary care needs. To address these needs, the Indian Health Service Behavioral Health Integration Initiative (BH2I) aims to plan, develop, implement, and evaluate behavioral health integration with primary care. The purpose of the BH2I is to improve the physical and mental health status of people with behavioral health issues by developing an integrative, coordinated system of care between behavioral health and primary care providers. Red Lake Hospital located in Minnesota and Ho-Chunk Nation Health Department located in Wisconsin are both BH2I grant award recipients that have created their own innovative interdisciplinary behavioral health care programs. In addition, these two reservations have formed a unique collaboration to share practice models, discuss opportunities for monitoring program effectiveness, and to develop a pathway for successful integration.

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

1. Explain how behavioral health integration differs from traditional mental health care.
2. Describe the multi-level change that accompanies primary and behavioral health integration.
3. Discuss the successes and challenges experienced by Indian Health Service sites while adopting integrated behavioral health care.

#### Track 6

9:15 AM -

An Opioid Sparing Approach to Anesthesia at Gallup Indian Medical Center

9:45 AM

**CDR David Good, BSN, MSN, CRNA**

**Background-** Gallup Indian Medical Center has one of the busiest surgical services in the Indian Health Service, with over 2,500 cases annually. Traditionally, GIMC's anesthetic plans included opioids for pre-operative, intra-operative, and post-operative analgesia. Recent statistics have cited negative impacts of opioids in Native American communities. In South Dakota, 28% of patients treated for opioid addiction were Native American and 17.8% of those who died from opioid use were Native American.

**Description-** The Anesthesia Department at Gallup Indian Medical Center (GIMC) has developed an opioid sparing initiative. Because the initiative is so broad, it involves partnerships with nursing, surgery, internal medicine, physical therapy, etc. With these partnerships, anesthesia has developed a plan that is multimodal in its approach and spares opioids whenever possible. It includes administering non-opioid analgesics to reduce the transduction and perception of pain and/or to increase normal pain modulation through the central nervous system's descending pain pathway. There is also a strong focus on preventing the transmission of pain with regional anesthesia.

**Lessons Learned-** Many facilities nation-wide have converted to an opioid sparing technique with good results. Studies have shown that reducing perioperative opioid use not only helps prevent opioid dependence, but it can improve patient satisfaction and reduce anesthesia recovery time by decreasing respiratory depression, nausea and vomiting, and prolonged sedation. GIMC is currently examining patient satisfaction surveys and comparing satisfaction scores pre and post opioid sparing techniques.

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

1. Summarize current impact of opioid use in the Native American Population.
2. Identify opioid sparing methods in the perioperative environment.
3. Describe benefit of an opioid sparing anesthetic/analgesic plan.

#### Track 1

9:45 AM -  
10:15 AM

Returning Home: How one RDF/State Partnership Creatively Managed Discharge Planning During Hurricane Florence

***CDR Keren Hilger, MD; CDR Sharyl Trail, PsyD***

This presentation will offer methods to use flexible RDF assets and state/local collaborators to initiate discharge planning at time of admission. This greatly enhances timely and successful patient discharges, regardless of whether discharge planning occurs with RDF members and/or SAT officers.

RDF 3 responded to Hurricane Florence in North Carolina (NC) in September 2018. The mission was a blended state/federal response providing care in a NC state-run Medical Shelter. Service Access Teams were not deployed; therefore, RDF 3 team members collaborated with state/local assets to ensure displaced individuals were discharged from the shelter in a timely manner with adequate resources.

The RDF 3 Mental/Behavioral Health Team was identified to serve as discharge planners, with a Licensed Clinical Social Worker leading the team. The team functioned as liaisons with state/local assets to confirm which facilities could accept patients, collect patient information, assist with insurance verification and placement options. Additional RDF team members were recruited mid-way to assist with patient data collection and other discharge planning duties. The Chief Medical Officer, Mental/Behavioral Health Supervisor and NC state collaborators, organized and facilitated twice daily discharge meetings to discuss each patient and placement challenges.

There are critical elements for successful and timely discharges: 1) collaborating with state/local assets and 2) initiating the discharge process as soon as possible by collecting data from patients/families/caregivers. RDF teams should identify team members from any discipline with experience in discharge planning. Lastly, establishing a clinical lead during this mission can help to facilitate the needs assessment dialogue.

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

1. Identify roles for both Rapid Deployment Force (RDF) and state assets necessary to successfully discharge patients back to the community.
2. Develop a Discharge Plan model that starts at admission and can be applied to deployments with and without Service Access Team (SAT) assets.
3. Apply detailed discharge workflows, especially when working with vulnerable populations in need of supported or skilled nursing placement, at future FMS missions.

#### Track 2

9:45 AM -  
10:15 AM

Emergency Prescription Assistance Program (EPAP): Recovery Program Success through Federal, State, and Private Sector Partnerships

***LCDR Garrette Martin-Yeboah, PharmD, MPH, BCGP, PMP***

**Background:** The Emergency Prescription Assistance Program (EPAP) is a contractual program designed to leverage private sector resources for effective distribution of prescription products post-disaster. EPAP facilitates communication between government and private industry about pharmaceutical and medical supply needs. The first EPAP activation occurred in 2008.

**Methods:** The EPAP program is activated either by a Federal Stafford Act declaration or under the Public Health Service Act. Federal Regional Emergency Coordinators work with States or U.S Territories to create a FEMA request for support. FEMA (Department of Homeland Security) issues a mission assignment to ASPR (Health and Human Services) and this provides funding and identifies eligible geographic areas. ASPR initiates contract activation and the private sector Pharmacy Benefit Manager notifies network pharmacies to fill prescriptions for uninsured patients.

**Results:** EPAP has been activated 8 times and provides needed prescriptions, durable medical equipment, vaccinations and medical supplies. The program has been activated CONUS and OCONUS, from 1 month to 10 months in duration, based on location needs. Thousands of patients have received prescription assistance, and this decreased the burden on acute care treatment facilities and emergency response personnel post-disaster.

**Conclusion:** The program has evolved to cover additional types of supplies; prescription needs since first activation. As more program education is provided to State and U.S. Territories, there has been increased program utilization. This educational session is meant to expand program awareness among PHS officers and other healthcare professionals so they can act as ambassadors of information about program availability.

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

1. Explain the background and purpose of the EPAP program.
2. Identify the various partnerships that make the program work.
3. Detail how the program is activated post disaster and list some past activations.

Track 3

9:45 AM -  
10:15 AM

Bridging the USPHS and Community to Partner and Collaborate for a Maternal Child Health Fair  
*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 4

9:45 AM -  
10:15 AM

Who Calls the Shots? Engaging Community "Leaders" to Transform the Adult Immunization System

***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. Describe 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 5

9:45 AM -  
10:15 AM

#### Promoting Resiliency in USPHS Deployers

***LCDR Gabriela Ramirez-Leon, Psy.D., MPH, M.Ed.; CDR Robert Garcia, MSW, MPH***

In 2017, the United States Public Health Service (USPHS) deployed over 1400 officers to support the mission in the hurricane-affected areas across Texas, Florida, Puerto Rico, and US Virgin Islands. Many of these deployed officers had previous deployment experience, but numerous officers had never deployed. Readiness and response are core to the USPHS mission and officers are being called upon more frequently and at greater numbers to deploy. An important part of readiness is psychological health and overall wellness of responders. Nevertheless, historically emergency personnel in the United States have lacked support and resources for understanding mental health risks and maintaining resiliency during a response. This presentation attempts to address this gap by identifying the most commonly encountered psychological health risks by responders in the field, such as exposure to potentially disturbing sensory stimuli, stressful work conditions, and ambiguous success. Subsequently, the presenter describes risk-specific solutions, such as the Centers for Disease Control and Prevention Responder Resilience Program, created to support and protect the emotional health of responders deployed to emergencies, and leverages resources available from the Substance Abuse and Mental Health Services Administration. The goal of this presentation is to arm USPHS officers with useful information to better prepare them to face deployment risks and remain resilient in an effort to improve the deployment experience and ensure the success of the overall mission.

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

1. Identify the most commonly encountered psychological health risks by responders in the field.
2. Describe three elements that enhance resiliency.
3. List three resources available to responders that support them in their quest to remain resilient in the field and beyond.

#### Track 6

9:45 AM -  
10:15 am

#### Fighting the Opioid Epidemic with Prevention vs. Treatment- Introduction to Genetic Assessment Risk Score

***Justin Jones, MBA, CHFP; Mike lee, FACHE, MBA, NHA***

The opioid epidemic has become a national crisis. The cost to treat addiction, the economic impact it has in the workplace, and cost of dealing with overdoses and deaths, puts a financial burden on the US in the hundreds of billions of dollars. Instead of dealing with this problem after it has already presented, it's time we take a new approach and stop this problem before it starts.

If we can better understand a person's predisposition to opioid addiction, healthcare providers can be better informed on how to more appropriately prescribe opioid-based medications and other narcotics. For the first time ever, there is now a genetic risk assessment tool that can identify a person's predisposition to opioid addiction. With this new tool known as gars (genetic addiction risk score) test, healthcare providers will have the information they need to create a treatment plan for opioid use that can be effective and safe. If we can stop the opioid addiction problem before it starts, we can establish a safer, healthier, and more economically conducive solution to this current crisis.

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

1. Describe the current trends, crisis, and limitations healthcare providers deal within the healthcare system.
2. Illustrate how new genetic innovation can provide a solution.
3. Demonstrate how healthcare providers can use gars and develop more personalized strategies for opioid treatment.

#### Track 1

10:15 AM - Hurricane Florence: Building Partnerships and Utilizing Multiple Media Platforms to Provide a Voice to USPHS Deployments

***LCDR Clara Stevens, PT, DPT, MPH, OCS***

Rapid Deployment Force (RDF) 3 deployed to North Carolina in response to Hurricane Florence in September 2018. The team supported the state of NC in providing medical care and services to the affected population and their caregivers in a medical shelter housed in a mega-church in Clayton, NC. The deployment presented unique challenges as well as opportunities to build partnerships with local non-governmental organizations, other federal/state personnel, and faith-based organizations. Under guidance from the Public Affairs Officer of the Assistant Secretary of Preparedness and Response (ASPR) and the Commissioned Corps, the Public Information Officer (PIO) communicated the activities of the deployment in several ways. She facilitated interviews with local television news stations, an online healthcare news journal, generated frequent reports (including pictures) for the Assistant Secretary for Health and Human Services to bolster positive media images of the Corps in action and created social media postings. The PIO also reinforced a social media policy within the shelter to respect the privacy of the patients and caregivers. This presentation will focus on highlighting the unique partnerships formed during this deployment. In addition, it will discuss the role of social media and partnerships with the media to bring better visibility to the commissioned corps and the deployments in which we serve.

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

1. Describe the roles and duties of the Public Information Officer during USPHS deployments.

2. Explain the importance of having a social media policy for USPHS deployments.
3. Apply knowledge learned to create successful future partnerships during USPHS deployments.

## Track 2

10:15 AM - Partnering to adapt technology for global public health needs: What works?

10:45 AM **CDR Idongesit Essiet-Gibson, PhD, MPH, PMP; CAPT Margaret Riggs, PhD, MPH, MS**

**Background:** Strengthening health systems for monitoring progress toward HIV epidemic control in resource-constrained settings, such as Zambia, remains a challenge. The adoption of an electronic health record (EHR) system in the early 2000s signaled early momentum gains in the use of technology to address a wide range of barriers to service delivery for Zambia's diverse population.

**Description:** The CDC Zambia office provided technical leadership in health informatics within the President's Emergency Plan for AIDS Relief (PEPFAR) program in Zambia, to lead technology adoption efforts, including for the EHR. Early recognition that the adaptation of certain technologies could improve quality of care for people living with HIV, prompted the engagement of key stakeholders from various segments of the health sector. CDC Zambia created and led a variety of fora for stakeholder engagement, ensured documentation of stakeholder interactions and identified opportunities for cross-organizational collaboration. This resulted in the formal adoption of several key innovations across the health sector.

**Lessons Learned:** A critical component of success was early and strategic engagement of key stakeholders. In particular, building relationships with the relevant groups within the clinical and technical arms of the Ministry of Health, was an important factor and paid dividends in future engagements.

**Recommendations:** Given the critical roles that key stakeholders can play in successful adoption of technological solutions, it is important to identify these stakeholders and initiate engagement early and often, to clarify expectations and ensure support as challenges emerge, while ensuring delivery of products that address global public health needs.

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

1. Identify common obstacles to successfully adapting technology in resource-constrained settings.
2. Summarize steps to identify potential partners for technology initiatives, within US government and foreign government structures (at national and sub-national levels), in global health programs.
3. Propose a framework for successfully engaging key stakeholders on technology projects that advance global public health goals.

## Track 3

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

10:45 AM **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 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 5

10:15 AM - Social Media: The User Strikes Back

10:45 AM **CAPT Michael Schmoyer, PhD, MEd, BS, CHES; Ms. Lindsey Mask, BA**

Do what your friends post online make you feel all a Twitter? Have folks' stuck things online that make your Face look like a bad Book? Do strangers come out of dark places to Link you into their bizarre world? Social media accounts are popping up daily across the United States and the globe, and U.S. Public Health Service (USPHS) Commissioned Corps officers are just as involved as other sectors. Let's hear about how to write your own social media narrative that protects you, your family, and your career.

"Social Media: The User Strikes Back" follows the recent "Social Media Hygiene" presentations delivered specifically for USPHS PACs by the HHS/Office of Security and Strategic Information (OSSI). "Social Media: The User Strikes Back" helps officers learn the tips, tricks, and tactics to protect their lives, family, and career from adverse social media. Attendees will learn valuable lessons for protecting their online persona as well as recommendations for using social media in a manner that optimizes virtual protection. Attendees will also learn about various ways to identify and mitigate potential online derogatory information. Finally, this presentation will reinforce the critical connection between social media and an officer's background investigation process.

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

1. Identify potential risks associated with social media platforms and how to protect oneself from adverse events.
2. Apply knowledge and understanding of unsafe social media practices to reduce, refine, avoid, or abstain from intentional or unintentional risky behaviors online.
3. Identify at least three mechanisms to search what the Internet has relating to personally identifiable information that is easily obtained from social media platforms.

Track 6

10:15 AM - New Perspectives on Preventing Death from Alcohol Use Disorder

10:45 AM **CDR John Umhau, MD MPH CPE**

**Description:** Among the global population aged 15-49 years, alcohol use is the leading risk factor for death. Alcohol Use Disorder, (AUD), is a chronic, relapsing disease that afflicts one in ten Americans. When susceptible individuals are exposed to alcohol, brain adaptations occur which promote increased drinking. These adaptations involve neurochemical and neuro-inflammatory changes induced by alcohol consumption and exacerbated by dietary factors.

**Lessons Learned:** Traditional treatment has emphasized creating social and psychological support for abstinence, but such programs have limited effectiveness and often do not incorporate the latest advances in medication use or nutritional neuroscience. Medications have been shown to diminish alcohol craving, reduce excessive consumption, and promote abstinence, and thereby reduce the harm caused by AUD. Tragically, less than 10% of those who could benefit from these medications are offered therapy.

**Recommendations:** When instance on abstinence as an initial goal of therapy is a barrier to those who need treatment, MAT can provide lifesaving harm reduction. For

example, The Sinclair Method (TSM) is a technique of using naltrexone in a targeted manner one hour prior to drinking. This method of medication use is intended to block the reinforcing, euphoric effect of brain endorphin stimulated by alcohol to both reduce consumption, and over time, produce pharmacological extinction of drinking behavior. Effective treatment for AUD is facilitated by a complete understanding of the disease and a proper consideration of medical as well as social, dietary, and psychological aspects of recovery.

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

1. Identify several medication strategies to reduce the harm caused by Alcohol Use Disorder.
2. Apply dietary prevention advice to reduce liver inflammation in alcohol use disorder.
3. Describe the targeted use of Naltrexone in alcohol use disorder.

#### Track 1

10:45 AM - 11:15 AM After the Storms: Applying the 10 Essential Public Health Services Framework for Strategic Community Recovery and Population Health Risk Reduction

***CAPT Hugh Mainzer, M.S., D.V.M., Dipl. ACVPM***

Following a naturally occurring or technological disaster, locally-led recovery efforts to address public health priorities in disaster-impacted jurisdictions requires interagency coordination. In recent years, the excess mortality associated with landfall of major hurricanes suggests that being an adult of 65 years of age or older, having a low socioeconomic resident, and chronic health conditions makes persons more vulnerable. These at-risk populations are often impacted by function-based and access-based needs, and during and after a disaster, have additional direct health systems assistance requirements. Recovery efforts are traditionally concerned with actions that involve rebuilding destroyed property, re-employment, and repair of the infrastructure with the goal to return the community to normal or near-normal conditions. When high winds result in a loss of electrical power, assistive devices and communication services, as well as access to and delivery of basic needs services such as water, food, and shelter supplies are impacted. Excess mortality and morbidity can be either a proximal or indirect result of the storm. Using the emergency management cycle as a construct and reviewing experiences during joint Health and social services recovery activities following the impact of Hurricane Maria in Puerto Rico, we will discuss how to cultivate community resilience, and strengthen the public health systems infrastructure post-disaster. The 10 Essential Public Health Services framework will be discussed in the context of community action, the National Recovery Framework and core public health functions to ensure that both National Public Health Performance Standards and sustainable public health emergency preparedness expectations are achieved.

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

1. Identify key public health opportunities to strengthen partnership within and outside the public health disaster recovery sector to address community wellness priorities.
2. Identify opportunities to network and collaborate in efforts to take steps to improve the public's health after an environmental threat or natural disaster.
3. Engage in discussion regarding ways to leverage existing programs to assist in responding to a large-scale and complicated public health emergency.

## Track 2

10:45 AM - Building the Case for Coordinated Data Activities for Sickle Cell Disease among Federal Agencies  
11:15 AM *LCDR Shondelle Wilson-Frederick, PhD*

Current HHS leadership, ADM Brett P. Giroir and RADM Jerome M. Adams, have championed monitoring improvements in the quality of care for people living with sickle cell disease (SCD), a genetic blood disorder that affects over 100,000 Americans. SCD causes the body to produce abnormal blood cells shaped like crescents or sickles rather than discs. These abnormal blood cells are unable to properly deliver oxygen to body tissues and leads to extraordinarily painful and severe attacks known as a crisis. People living with SCD often experience long-term health challenges such as stroke, acute chest syndrome and organ damage.

For several years the HHS SCD Data Subgroup (SCDDS) has worked to identify national data sources to track and monitor the quality of care for people with SCD. This subgroup includes federal representation from the Centers for Disease Control and Prevention (CDC), Centers for Medicare & Medicaid Services (CMS), Health Resources and Services Administration (HRSA), and the National Institutes of Health (NIH). In order to increase the quality of life and life expectancy for people living with sickle cell disease, it is critical to enhance partnerships across HHS and among patients, researchers, advocates, and legislators. A coordinated national data source would enable key stakeholders to monitor and address the health and health care needs of people with SCD. This presentation will highlight activities within HHS to improve the coordination of data collection and reporting on health information for people living with SCD.

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

1. Explain the public health impact of SCD.
2. Describe how key stakeholders are partnering to advance equity in care for people living with SCD.
3. Highlight collaborative efforts among federal agencies to improve data for people with SCD.

## 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 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 5

10:45 AM - Arts, Health & Well-being across the Military Continuum and Beyond

11:15 AM *CAPT Moira McGuire, BSN, RN-BC, CSC*

**Background** - Since 2001, the military health system has been dedicated and relentless in its pursuit of the best methods to address key health issues impacting our service members and their families such as combat-related injuries, PTSD, and TBI to name a few. More recently this pursuit has included an emphasis on non-pharmacological interventions.

**Description** - In 2011, Walter Reed National Military Medical Center hosted the National Summit: Arts in Healing for Warriors. This ground-breaking summit marked the first time various branches of the military collaborated with civilian agencies to discuss how engaging with the arts provide opportunities to meet the key health issues our military faces -- from pre-deployment to deployment to homecoming. Building upon the success of the Summit the National Initiative for Arts & Health in the military, a multi-year project, was developed and it's national action plan is currently being used to launch a new clinical elective at Uniformed Services University for medical students to raise visibility, understanding, and support of Arts in Health in the military, in their clinical practice, and in themselves.

**Lessons Learned** - During the past 6 years of convenings, consistent themes include:

- Importance of including children/families into arts programming
- Need to develop female-specific events for female service-members/veterans
- Importance of incorporating Arts in Health education/training across all sectors
- Need to develop champions at the clinical level

**Recommendations** - start incorporating Arts in Health education into graduate medical education and all clinical training programs to create informed and aware providers/clinicians.

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

1. Identify one personal activity that supports creativity/expression in their lives
2. Describe the difference between arts and creative arts therapies
3. Identify one way in which the integration of Arts in Health could help with the non-pharmacologic management of pain

#### Track 6

10:45 AM - Opioid epidemic assessment and treatment strategies

11:15 AM

**CAPT Joseph Strunce, PT, DSc**

**Background:** Opioid crisis has been declared a national public health emergency. Recent research has proven opioids ineffective and harmful. Many providers and patients who historically used opioids to treat pain are currently searching for safer and more effective treatment options.

**Description:** Opioids cause hyperalgesia for patients presenting with musculoskeletal pain and leading to chronic pain conditions. Chronic pain results in physical, emotional, and social changes in patients and these changes need to be fully understood by the entire healthcare team. Individualized treatments to address chronic pain must be specific to the areas of dysfunction and tailored to each patient's presentation.

**Lessons learned:** Our current biomedical model is exacerbating the problem. Stop, do no harm, and then follow the evidence towards best care and patient management. Recommendations: correctly identify patients who present with chronic pain because of central sensitization and fear avoidance behaviors. The entire healthcare team needs to provide clear and consistent communication about the problem and their options for reversing the changes that have been made. Remember that pain is normal and healthy, but chronic pain took time to develop and will take time to resolve.

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

1. Identify how opioids lead to hyperalgesia and worsens the pain experience leading to chronic pain.
2. List tools available to identify and explain central sensitization changes in people with chronic pain.
3. Classify treatments that have proven effectiveness for different conditions in people with chronic pain.

Exhibit Theater

11:30 AM - Exhibit Theater: Pacira Pharmaceuticals -  
12:00 PM

Poster Session

12:00 PM - Poster Session  
1:00 PM

Exhibit Theater

12:30 PM - Exhibit Theater: Janssen Pharmaceutical Companies of Johnson & Johnson -  
1:00 PM

General Session

1:15 PM - C. Everett Koop Plenary: Better Health Through Better Partnerships  
2:00 PM **Courtney Jordan Baechler; Gretchen Musicant**

Gretchen Musicant, Commissioner, City of Minneapolis Health Department, and Courtney Jordan Baechler, Assistant Commissioner, Health Improvement, Minnesota Department of Health, will discuss partnerships which lead to improved community health and prosperity.

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

1. Explain the Statewide Health Improvement Partnership and share data regarding its impacts.
2. Describe how investments in community health lead to economic prosperity
3. Provide examples of how partnerships led to better health

#### Track 1

2:15 PM -  
2:45 PM

#### Collaborations between NDMS and PHS Commissioned Corps

***LCDR Roberto Garza, MPH, MPA; CDR Elizabeth Degrange, MFS, MSEM***

With increasing requests for health and medical support, the National Disaster Medical System (NDMS), which is, by statute, a collaboration between the HHS, DoD, DHS, and VA, leverages partnerships to execute its missions. The U.S. Public Health Service Commissioned Corps (Corps) and the intermittent disaster responders from NDMS are two of the most important resource providers for HHS leadership of federal Emergency Support Function 8 (ESF-8) Public Health & Medical support of states/territories. During response operations to natural disasters and public health emergencies, teams that include Rapid Deployment Forces (RDFs), Disaster Medical Assistance Teams (DMATs), and Service Access Teams (SATs) are often the tip of the spear, initiating direct clinical care through emergency department decompression, care in shelters, safe patient movement, and responder force health protection. In recent disaster responses, Corps officers and NDMS staff have worked collaboratively, sometimes as separate teams working together, sometimes in blended teams, to execute medical missions. This session will review recent missions where Corps and intermittent DMAT responders collaborated and provide recommendations on potential ways in which these two entities can continue to work together more efficiently. This session will also provide Corps officers with critical knowledge on how ESF-8 missions are staffed, thus improving their ability, and the ability of their Corps teams, to participate in future ESF-8 missions. As HHS continues to lead ESF-8 responses, it is important to strengthen collaboration/synergy between partners to ensure the federal government has the best possible public health and medical capabilities to support communities in need.

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

1. Describe the history and statutory authority of HHS' two major public health and medical resource providers.
2. Describe ways in which the Corps and intermittent responders can improve collaboration to increase HHS's capabilities to meet ESF-8 mission objectives.
3. Improve the ability of individual officers to increase participation in future ESF-8 missions.

#### Track 2

2:15 PM -  
2:45 PM

#### Practicing at the Pinnacle, Pharmacy Innovation through Collaboration

***CAPT Rowdy Atkinson, PharmD, BCACP, CDE; Lcdr Megan Dill, PharmD, PhC, CDE***

Whiteriver's Chronic Disease Therapy Management Clinic (CDTM) is an NCPS approved comprehensive clinic with many innovative features. Created initially to help relieve a provider shortage, the CDTM clinic serves to optimize medication therapy in order to help the patient to reach personal and therapeutic goals. The CDTM clinic's expansion into the community has created opportunities for pharmacists to have a significant impact on Public Health through outreach services.

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

1. Explain how to transition silo'd clinics into a comprehensive disease management clinic.
2. Describe Whiteriver's CDTM Clinic and its involvement in both public health and chronic disease management.
3. Identify opportunities for pharmacist expansion of public health and chronic care outside the clinic and into the community.

### 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 4

2:15 PM -

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

2:45 PM

***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 5

2:15 PM -

2:45 PM

The Exciting Future of the Corps: Embracing a National Health Security Career Path

***CAPT Michael Schmoyer, PhD, MEd, BS, CHES; CAPT Scott Helgeson, MS, BS***

In December 2017, a revised National Security Strategy (NSS) was announced. Shortly after the release of the NSS, a revised National Health Security Strategy (NHSS), which supports the health aspects of the NSS, was also released by the U.S. Department of Health & Human Services. The National Health Security Strategy is a strategic plan for 2018 developed to help minimize the consequences associated with significant health incidents. The plan provides coordination between separate organizations in order to reduce the social and economic cost in the case of a significant health incident. The strategy covers coordination of preparation and contingency planning, incident identification and recovery strategies relevant to each stakeholder in the event of a national health incident.

This presentation, a strategic partnership between OASH and OSSI, addresses the

exciting role that USPHS officers have within the NSS and, especially, the NHSS. An innovative concept, called the National Health Security designation, will be discussed. This innovative career designation identifies those positions within the Commissioned Corps which have a primary and substantive role in supporting or advancing national and/or global health security missions, goals and objectives. These positions play a pivotal role in the anticipation of, response to, and recovery from health threats.

Specific areas that will be highlighted include:

1. Positions that perform work in support of the Global Health Security Agenda
2. Positions that perform work that align to the national health security strategic objectives
3. Positions that perform work in support of the HHS Health Security Agency Priority Goal

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

1. Describe the NSS and the NHSS as it relates to U.S. Public Health Service Commissioned Corps (USPHS CC) officers.
2. Identify USPHS CC positions that support the National Health Security designation.
3. Explain the future of USPHS CC officers in their unique ability to support National Health Security.

Track 6

2:15 PM -

2:45 PM

The Importance of Partnerships When Piloting Opioid Overdose Fatality Reviews

*Jon Roesler, MS*

**Background:**

In response to the opioid epidemic, the City of Minneapolis Police Department and the Minneapolis Health Department along with the Minnesota Department of Health made a commitment to pursue fatality reviews and planned a pilot of six Opioid Overdose Fatality Reviews. The goals of the pilot were to promote interagency collaboration, improve system response, mitigate risk, and prevent overdose deaths. Technical assistance for these reviews was provided by the Quattrone Center, University of Pennsylvania Law School, and the Institute for Health and Equity, Medical College of Wisconsin. A future goal of the pilot is to develop a process by which local communities can facilitate their own overdose fatality reviews.

**Description:**

The City of Minneapolis Fatality Review Team cases were opioid overdose deaths concurrent with homelessness, law enforcement involvement, and recent jail release. The pilot cases included various ages, genders, and racial demographics. Additional partner agencies with interactions or services to the decedent were invited to attend, along with subject matter experts such as the: culturally appropriate treatment providers, the local mobile crisis unit, and the county Medical Examiner.

**Lessons Learned**

Multidisciplinary perspectives that include local public health, treatment and clinical providers, community advocates, educators, criminal justice agencies, and child protection services are valuable for opioid overdose fatality review teams.

Opioid deaths are a painful subject and respectful language should be used when discussing these cases.

## Recommendations

Implement generated proposals from the opioid overdose fatality review to inform future program improvements, system processes, and policy responses to the opioid epidemic.

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

1. Develop plans for implementing opioid overdose fatality reviews that meet their community needs.
2. Identify potential partners for forming their own opioid overdose fatality review teams.
3. Describe and define potential outcomes and future goals of opioid overdose fatality reviews.

### Track 1

2:45 PM -

3:15 PM

Taking Care of Our Own: Promoting Resiliency in Emergency Response and Beyond at the CDC  
***CDR Jennifer Bornemann, LCSW-C***

The definition of resiliency used at the CDC and developed by the former Chairman of the Joint Chiefs of Staff ADM Michael Mullen, is "the ability to withstand, recover, and grow in the face of stressors and changing demands." CDC staff are regularly tasked with tackling public health emergencies and diseases throughout the world, often subjecting them to austere conditions and potential traumatic exposures. Recognizing the need to develop staff resiliency, a program was stood up during the 2014-2015 Ebola crisis. The program is now expanding to proactively support resiliency efforts in order to build a stronger organization through targeted assessments, interactive programming and a robust communication plan in order to expand our reach. In addition, all training and programming conducted through this program use a trauma-informed approach in acknowledgment of trauma and to avoid instances of re-traumatization. An added component is the development of an evaluation plan that would provide regular feedback to the program as well as examine the overall health and resiliency of the agency.

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

1. Describe how this example may inform a potential need within your agency for fostering a community of resiliency.
2. Identify key stakeholders who could influence the development of such a program.
3. Apply lessons learned from this presentation and discussion to further explore and develop a program at your agency.

### Track 2

2:45 PM -

3:15 PM

It Takes a County: Carlton County Jail's Reducing Admissions by Prevention Program  
***Dr. Tim Stratton, PhD, BCPS, FAPhA; Ms. Holly Compo, PN, PHN***

**BACKGROUND:** Approximately 20% of jail inmates in rural Carlton County (MN) are repeatedly incarcerated. Many of these inmates have alcohol/substance abuse disorders, or mental health issues. They tend to lack the supports that could help them from re-offending. In response, Carlton County launched a multi-agency initiative in 2017, the RAP program, to help connect at-risk inmates with community resources that might help them from re-offending.

**DESCRIPTION:** The RAP program is a voluntary release advance planning initiative created by Carlton County Jail and community partners for at-risk inmates who are about to be released back into the community. Carlton County Jail's RAP Team includes representatives from the jail, Carlton County Probation Department, Carlton County Public Health & Human Services, Fond du Lac Band of Lake Superior Chippewa Human Services, the Human Development Center, and the University of Minnesota College of Pharmacy, Duluth. The roles played by each group on the RAP Team will be described, as will inmate needs addressed by the team and examples of community/tribal resources to which inmates are referred.

**LESSONS LEARNED:** While data from the first 20 months of the RAP program will be presented, the program's first year has resulted in a nearly 75% reduction in recidivism among RAP participants, saving the county nearly \$133,000.

**RECOMMENDATIONS:** A sustained community-wide effort is necessary to help at-risk repeat offenders to obtain the support necessary to keep from re-offending.

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

1. Describe the infrastructure necessary to establish a community-wide release advance planning (RAP) program.
2. Outline the types of post-release needs addressed for a RAP client, and the community or tribal resources that might help meet those needs.
3. Summarize the impact of a RAP program in a rural county on recidivism, on jail bed days and on tax dollar expenditures for jail operations.

Track 3

2:45 PM -  
3:15 PM

Extending Beyond Traditional Partnerships to Protect Private Well Users' Health

***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 4

2:45 PM -  
3:15 PM

Cultural Awareness Training: A Strategy for Increasing Cultural Competency and Reducing 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 (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 5

2:45 PM -  
3:15 PM

Be the Change: Partnering to Address the Need for Officer Leadership Training

**CDR Glendolynn Johnson, PharmD, RPh; LT Traci Murray, PhD, RN**

**Background:** Funding for comprehensive and large-scale leadership training for PHS officers is often limited; but is vital for the personal development needed to cultivate our Corps values and achieve our mission. **Description:** This session will explore how PHS officers can address this challenge by collaborating between various agencies, categories and ranks to employ our collective, acquired expertise to develop meaningful

and inclusive leadership training opportunities. We will discuss the successful implementation of the "Seasons of Leadership" workshop held by the Career and Professional Development Committee of the Black Commissioned Officers Advisory Group in 2018. This workshop incorporated both didactic presentations and practical exercises to increase self-awareness, improve interpersonal skills and create a personal leadership develop plan. We will describe essential core competencies for PHS leaders and available resources for developing leadership training with limited funding.

**Lessons Learned:** Over 300 officers and civilians across various agencies participated in the "Seasons of Leadership" workshop via online and in-person at the Food and Drug Administration campus. This type of PHS leadership training is necessary; feasible to develop with limited funding; and can be made broadly accessible to PHS officers across the country. Recommendations: This adaptable approach of offering training workshops accessible to various agencies will increase the opportunity for officers to participate in leadership training. Participants will be challenged to reflect on the leadership training needs of fellow officers and identify and develop opportunities to address those needs.

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

1. Identify and describe fundamental leadership competencies for officers in their commitment to the core values of the USPHS Commissioned Corps.
2. Describe a framework and toolset for officer leadership training development and collaboration that leverages the diversity, breadth and depth of the Commissioned Corps within and across professional categories and addresses a foundational challenge in PHS officer development.
3. Apply this framework and toolset to identify and develop training opportunities to enhance the impact on public health and leadership as a Commissioned Corps officer.

Track 6

2:45 PM -

3:15 PM

Opioids and Death Investigation: A "Perfect Storm"

***Dr. Andrew Baker, MD***

Forensic pathologists are one of the most important, and simultaneously silent or unrecognized, partners in a functioning public health system.

Medical examiners/coroners (ME/C) are responsible for investigation and certification of unnatural deaths, including drug intoxications. Death investigation includes assessing the scene, reviewing records, coordinating with police and first responders, autopsy, collecting specimens, interpreting laboratory results, and death certification. This labor-intensive process requires forensic pathologists (FPs).

The addition of the opioid epidemic to the numerous challenges already facing the ME/C system has resulted in a "perfect storm." Workforce issues-particularly the shortage of FPs in the US-have stretched many ME/C offices to a breaking point. Approximately 500 FPs practice in the US, a number far below the estimated 1000-1100 needed to ensure FP coverage to all jurisdictions in US.

National standards recommend that all drug-related fatalities undergo full autopsy, but ME/C systems are having difficulty meeting this standard. The cost of toxicological

testing has added further strains to the budgets of most ME/C offices. The legal system expects autopsy reports and reliable toxicological findings.

The opioid epidemic is taxing many US institutions-law enforcement, courts, healthcare, laboratories, first responders, and ME/C systems. The latter is particularly strained by this epidemic, given the shortage of forensic pathologists. No ready solution to this "perfect storm" in exists. Failing ME/C systems will leave more deaths with profound public health implications-ranging from new infectious diseases to suicides and other preventable injuries-unrecognized and/or improperly investigated and certified.

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

1. Describe the strains that the unprecedented number of opioid-related fatalities, superimposed on an already understaffed medicolegal death investigation system, has produced.
2. List the typical and less common autopsy findings encountered in opioid-related fatalities.
3. List the factors that coroners and medical examiners must consider when approaching, investigating, and certifying a potential opioid-related fatality.

Track 1

3:15 PM -  
3:45 PM

Super Bowl LII. A multiagency approach to food safety and food defense for America's big game.

***Ms. Cindy Weckwerth, REHS; Mr. Bob Becker, REHS***

Super Bowl LII was held in Minneapolis in February 2018. The Minneapolis Health Department (MHD) led a team of six cities, three counties and two state agencies in collaboration with the FDA, FBI and FSIS to create a new model for how local agencies approach food safety and food defense for large, national events in their jurisdiction. MHD and partners utilized the FDA's risk-based food flow model for food safety monitoring. Utilizing commonly developed inspection documents and protocols, MHD and partners created a seamless food safety program that ensured food served at official events were safe regardless of where they were prepared or served. The Super Bowl is a SEAR I event, the nation's highest security level under local, non-federal control. With support from the FDA, FBI and the Food Protection and Defense Institute, and in partnership with local law enforcement, MHD developed new protocols for food defense. A system of unified command was implemented during the 10-day operational period. Operation partners was represented at the Multi-Agency Command Center (MACC) allowing instant access to law enforcement, Fire, EMS, DOT and other agencies. Partners reported in with a daily phone call and daily reports uploaded to a secure shared site established for the operation and hosted on the Homeland Security Information Network (HSIN). Several food defense and food safety issues were identified and mitigated by the partners during the event. No food borne diseases or injuries were reported.

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

1. Explain the use of a risk-based food flow inspection approach to large events.
2. Explain the importance of coordination among multiple governmental agencies during a high-profile SEAR I event.
3. Describe food defense risks and methods for addressing these risks at large events.

Track 2

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Interdisciplinary Management Approach to Patient Care: Improving Patient Outcomes Through Coordinated Team Approach

**LT Chelsea Makowicz, PA-C**

**Background:** Healthcare has evolved to become segmented between different specialties, with the majority of healthcare graduates choosing to go into a specialty over primary care. With this system, patients can be lost to follow up, and management of chronic conditions becomes confusing for patients.

**Description:** Federal Medical Center (FMC) Devens has developed the Diabetes Interdisciplinary Management Team, which is comprised of a doctor, provider and dietitians with input from endocrinology, physical therapy, nursing and pharmacy. All primary care doctors and providers are required to attend the team meetings. The team's purpose is to review difficult to control diabetic patients, discuss treatment as a team and develop recommendations for improved patient care. During these meetings, all aspects of patient care is considered, including diet, mental status and medication compliance concerns. Members of the team also teach a class to patients quarterly on the pathophysiology and different treatment aspects of diabetes. As a result of this interdisciplinary approach, over half of the patients who previously had a HgbA1C over 9% had an improvement in their HgbA1C. In addition, patients have shown improved medication compliance, diabetes education and diet choices.

**Lessons Learned:** Use of an interdisciplinary management approach to treatment of a specific condition can lead to multiple positive outcomes, including improved disease management, improved patient compliance, increased involvement of primary care team in treatment and reduced healthcare costs.

**Recommendations:** Interdisciplinary management teams should be used to review and make recommendations with the primary care providers to manage chronic conditions.

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

1. Identify disease states that could be improved through an interdisciplinary approach of treatment.
2. Describe how different members of the healthcare team can contribute to an interdisciplinary team.
3. Apply the concept of an interdisciplinary team approach to their own clinical practice.

Track 3

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CDC National Center for Environmental Health Foodborne Outbreak Surveillance

**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 4

3:15 PM -

3:45 PM

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

***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 mother's 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 5

3:15 PM -

3:45 PM

Interprofessional Practice and Education: Wisdom of Teams and Power of Partnerships

***Dr. Barbara F. Brandt, PhD, FNAP; Ms. Kasey Farrell, MS***

**Background:** Today, U.S. healthcare and public health transformation is driving national imperatives for interprofessional education (IPE) in pre-professional student programs, residencies and practitioner continuing education. These imperatives include: national core competencies for interprofessional collaborative practice, new IPE consensus guidance by 23 accreditation agencies, new residency accreditation standards, joint accreditation for interprofessional continuing education, among others. Over 130 centers in universities and colleges are seeking collaborations with clinical practices and community agencies to train pre-professional students while engaging current health professionals. These efforts represent opportunities for public-private partnerships for health across organizations.

**Description:** Session participants will learn about the state of IPE, national imperatives, and an innovative approach, the "Nexus," to redesign community-campus partnerships to simultaneously transform health professions education and practice to be better integrated and more interprofessional. The National Center for Interprofessional Practice and Education is implementing this partnership approach in over 25 diverse settings serving rural and vulnerable populations such as FQHCs, addiction treatment centers, skilled nursing facilities and low-income housing, supporting students and practitioners to learn team-based skills together while documenting health/patient and organizational outcomes.

**Lessons Learned:** External evaluators are identifying common themes and critical success factors such as the role of leaders in creating innovative partnerships. Data collected across sites is demonstrating improved patient/health outcomes and informing the development of a seven-component Nexus Learning System. This system is accelerating results-oriented community-campus partnerships for health and leading to a national, standardized IPE core dataset and the National Center Information Exchange for shareable, comparable data and outcomes.

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

1. State the imperatives driving interprofessional education and collaborative practice nationally and internationally.
2. Describe an innovative community-campus approach in diverse settings with documented improved health outcomes of underserved and vulnerable populations where students and practitioners are learning interprofessional skills together.
3. Identify opportunities to continue to learn about IPE and strategies to support innovative, results-oriented community-campus partnerships.

Track 6

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The Division of Northeast Imports multifaceted partnership approach to combating the opioid Crisis

***CDR Nazmul Hassan, MSBME, MSHS; CAPT Jedeon Virata, RN***

**Background:**

The Food & Drug Administration's (FDA) Division of Northeast Imports (DNEI) has implemented a multifaceted approach that emphasizes and is dependent on partnership with local, federal as well as global stakeholders. Use of this framework may help to potentially reduce the number of opioid overdoses on a local and national level.

**Description:**

The method involves a two-prong attack that combines regulatory enforcement action among federal agencies and global law enforcement with community engagement via educational outreach. The efforts undertaken illustrate how effective partnership aids in protecting the health of the nation and can build trust between public health workers and communities.

**Lessons Learned:**

The DNEI is responsible for 2 International Mail Facilities; which receives over 1 million parcels per day from over 180 countries. 86% of the packages reviewed were found to contain dangerous drugs FDA is the final barrier in preventing dangerous drugs from reaching the public. DNEI utilizes destruction authority under Section 708 of the Food and Drug Administration Safety and Innovation Act to address these matters.

The second element involves DNEI Commissioned Corps (CC) officers participating in community outreach events focusing on opioid overdoses. DNEI CC officers coordinated approximately 45 hours of outreach, presenting to roughly 791 individuals during 2018.

**Recommendation:**

The enforcement component of the strategy needs to focus on strengthening the DNEI's partnership among FDA units, Interpol, as well as the Customs & Border Protection's Laboratories and field offices. The community engagement aspect should concentrate on creation of a post follow up assessment.

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

1. Identify key stakeholders for successful interprofessional partnerships regarding the interception of illegal drugs through the International mail facility.
2. Explain how community engagement helps strengthen partnerships with public health workers.
3. Assess the potential benefits of utilizing a multifaceted that relies on enforcement action and community outreach.

Track 1

3:45 PM -  
4:15 PM

Radiological Emergency Response Capacity Building: EPA's Radiation Source Program

***LT Steven Merritt, CIH; CAPT John Cardarelli, II, PhD, CHP, CIH, PE***

EPA has a variety of specialized chemical and radiation detection equipment aboard the Airborne Spectral Photometric Environmental Collection Technology (ASPECT) aircraft. To calibrate and maintain this unique measurement capability, EPA possesses a number of licensed high-activity radiation sources. Recognizing inadequate radiological response expertise and the need for high-quality radiation response training community, EPA

initiated the Radiation Source Program (RSP) to make sources accessible to response partners. The RSP provides these radiation sources along with qualified radiation safety personnel to DHS and DoD to build capacity nationwide. The EPA RSP has deployed health physicists with gamma and neutron sources to over 80 training events from Guam to Puerto Rico, providing unparalleled training to over 1,750 response personnel.

The program, staffed by technical personnel throughout EPA and arrayed to support regional deployments, has rapidly grown through effective partnerships and networking. It has also enhanced EPA's readiness. The authorized users are required to participate in an in-depth training program, to review and demonstrate knowledge of the radiation safety procedures outlined in the NRC license, and to complete a hazardous materials shipping course. These rigorous requirements have sharpened skills and improved the reach-back network within EPA. The authorized users have also gained practical expertise in instrument use, dosimetry, and applied radiation safety as they've taught others how to properly characterize, triage, survey, and mitigate radiation hazards.

The RSP is a model for sustainably building bridges between competing organizations, using available resources efficiently, and sharing technical expertise to enhance domestic preparedness for radiation emergencies.

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

1. Describe the mission and capabilities of the ASPECT and Radiation Source Programs.
2. Identify the unique advantages of training and exercising with multiple high-activity radiation sources.
3. Apply lessons learned from the development and implementation of the Radiation Source Program to similar emergency preparedness and capacity building efforts.

Track 2

3:45 PM -

4:15 PM

PrEP: Partnering for Prevention of HIV

***LCDR Jessica Fox, PharmD, AAHIVE, RAC; LCDR Madalene Mandap, PharmD, BCPS***

An estimated 1.1 million persons in the U.S. are currently living with HIV and an estimated 40,000 persons are infected each year. Although treatable, HIV infection is not curable and has significant health consequences. In the U.S., HIV infection disproportionately affects men who have sex with men, African-American populations, and Latino populations, and HIV incidence rates have increased in persons ages 25-29 years and in American Indian/Alaska Native and Asian populations.

In 2012, the U.S. Food and Drug Administration approved a once-daily oral prescription medication for HIV pre-exposure prophylaxis, commonly known as PrEP. However, not many persons at high risk of HIV infection are using PrEP - less than 7% of the 1.2 million Americans eligible used PrEP in 2016. While two-thirds of persons who could potentially benefit from PrEP are African-American or Latino, they account for the smallest percentage of prescriptions to date.

The National HIV/AIDS Strategy cites PrEP as an area of critical focus, specifically, "full access to comprehensive PrEP services for those whom it is appropriate and desired, with support for medication adherence for those using PrEP." Partnerships will be paramount to improving awareness, access, and adherence to PrEP, and as a result,

preventing new HIV infections and improving public health nationwide. These collaborations must range across federal, state, tribal, city, and community levels, in both the public and private sectors. Pharmacists have an important role in establishing and leading the collaborations and partnerships necessary to ensure broader adoption of PrEP in the most vulnerable populations.

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

1. Explain the importance of PrEP in the goal of preventing new HIV infections.
2. Discuss the partnerships needed in order to improve awareness, access, and adherence to PrEP.
3. Describe the role of pharmacists in increasing the uptake of PrEP.

### Track 3

3:45 PM -

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

4:15 PM

***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.

### Track 4

3:45 PM -

Partnerships to Address Mental Health of Active Duty Women and Veterans

4:15 PM

***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.

#### Track 5

3:45 PM -

4:15 PM

The Transportation Security Administration (TSA) Passenger Screening Canine (K-9) Training Program

***LT Tanesha Tutt, DHEd, MS, CHES; LCDR Erika Odom, PhD***

One of the SG's priorities is Health and National Security. Opportunities to partner with agencies to support national security efforts, not only allow officers to develop new skills and demonstrate officership, but also engage in activities that directly ensure public health and safety.

The TSA constantly evaluates screening procedures to stay ahead of evolving threats. One of the TSA's many layers of security is the Passenger Screening Canine (PSC-K9) Program, established in 2012. The PSC program uses trained K9s to screen travelers prior to them being cleared for travel. As the program evolved, the TSA introduced decoys into the training regimen. Decoys serve as unknown travelers and assist in testing the K9's and Explosive Detection Canine Handlers' (EDCH) capabilities in scenarios that will most resemble an everyday traveling environment. The use of decoys during training ensures K9s as well as the EDCHs are effectively detecting explosive odor and are always prepared for real time threats.

The ATL Decoy Training Program is conducted inside the Hartsfield Jackson Atlanta International Airport. On June 12, 2018, the Atlanta Commissioned Officer Association (ACOA) began partnering with the ATL-TSA K9 Team to support its decoy training program. From June 12, - Oct 24, 2018, 55 US Public Health Services Officers (PHS) have served as decoys. By leveraging the support of PHS officers, the ATL-TSA has enhanced its efforts, from training an average of nine K9s per week with two volunteers per week, to nine K9s per day with two volunteers per day.

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

1. Explain the purpose of the TSA K-9 Training Program.
2. Describe how USPHS Officers support the TSA program.
3. Discuss how leadership and individual participation in volunteer activities supports the visibility of the USPHS as a partner in our local community, career development and officership.

#### Track 6

3:45 PM -  
4:15 PM

## Leveraging Resources Across DHHS Agencies: The Case Example of the Drug-Involved Mortality Project

*LCDR James Trinidad, MPH, MS*

**Background:** The Food and Drug Administration (FDA) relies on various data sources, such as the National Vital Statistics System (NVSS), to provide or generate evidence for regulatory decision-making. FDA has used NVSS mortality data (NVSS-M) to describe the burgeoning opioid epidemic. However, NVSS-M data do not generally provide sufficient granularity to make regulatory decisions regarding the safety of specific pharmaceutical products.

**Methods:** The FDA collaborated with the National Center for Health Statistics (NCHS) of the Centers for Disease Control and Prevention to leverage personnel, physical, and data resources in the development of the Drug-Involved Mortality (DIM) data. For this data resource, coded and text data from death certificates were processed to identify deaths involving specific drugs in the U.S. The FDA subsequently collaborated with the Assistant Secretary for Planning and Evaluation (ASPE) to ensure access to the data resource for regulatory research.

**Results:** FDA and NCHS produced reproducible, rigorous methods and publicly available DIM data. In addition, FDA and NCHS scientists have co-authored multiple publications with these data. The FDA and ASPE collaboration have supported regulatory research on various drugs and drug classes, including opioids, stimulants, and gabapentinoids.

**Conclusions:** As evidenced by this case example, federal interagency collaborations can be innovative approaches to advance public health initiatives - including regulatory research - and promote rigorous science.

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

1. List reasons why identifying specific drugs is necessary for regulatory research.
2. Broadly describe the resources leveraged across three DHHS agencies for this case example.
3. Identify factors that could potentially affect the success of an interagency collaboration.