Tuesday, May 7

General Session
10:00 AM - Opening Ceremonies
11:00 AM

General Session
11:00 AM - Luther Terry Lecture: Blue Zones
12:00 PM ***Dan Buettner***

Dan Buettner is an explorer, National Geographic Fellow, award-winning journalist and producer, and New York Times bestselling author. He discovered the five places in the world - dubbed Blue Zones Hotspots - where people live the longest, healthiest lives.

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

1. Explain the Blue Zones research on the longest-lived and healthiest places in the world
2. Describe the common lifestyle and cultural traits of those locations
3. Identify how these traits have been implemented into communities throughout the United States.

General Session
12:00 PM - COA General Membership Meeting and Awards
1:30 PM

Track 1
1:30 PM - Essential Considerations for Cultural Humility for Public Health Responders: A Services Access 2:00 PM Team Perspective

***LCDR Iman Martin**, Ph. D M.Sc. MPH; **LCDR Fahad Alsayyid**, MLS (ASCP)*

Background: The breadth and depth of 'culture' conceptually is reflected in its numerous definitions including: "ideas, beliefs, expectations and behaviors that are shared by a particular group of people". Public Health Responders must acknowledge that we, and those we serve, draw upon our cultural perspectives during emergencies. National and international public health and emergency response missions have increased over the past 5 years. During 2013-2018, Officers deployed ~6,000 times, contributing ~116,000 deployment-days to over 110 unique missions. 2017 had the largest number of deployments; more than 2,250, primarily supporting national responses to diverse populations impacted by hurricanes Harvey, Irma Maria. Services Access Team (SAT) 5, for example, deployed 37 officers for ~868 days to that mission alone. SATs see firsthand that one's culture serves as the lens through which stressors are perceived and understood.

Description: The SAT mission includes: Shelter and Needs Assessments, Clinical Care Coordination, Psycho-Social Management, and Reintegration. SAT responders are partners in wellbeing and resilience during and after an emergency. Our presentation will provide current definitions of culture and present the conceptual principles of the cultural competency continuum. Didactic examples of cultural competence principles: engagement, respect, communication, and understanding, crucial to facilitating symbiotic culturally sensitive SAT responder-community member interactions, will be presented. Techniques for critical self-reflection during intercultural interactions will be demonstrated.

Lesson Learned and Recommendations: As Public Health responders, our excellence during response will depend in part, on our ability to provide culturally compassionate care. Resources for further cultural competence training will be provided.

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

1. Define culture and describe cultural competence principles, including engagement, respect, communication, and understanding necessary to facilitate a symbiotic culturally sensitive encounter.
2. Identify methods of responder introspection in applying culturally compassionate care during a Services Access Team response.
3. Demonstrate tactics to improve cultural humility through critical self-reflection and sharing where to seek further resources for a lifelong-commitment to culturally competent public health practice.

Track 2

1:30 PM - 2:00 PM

The Role of Partnerships in a Help-Seeking Defense Department Mental Health Campaign

***LT Evette Pinder**, Ph.D.; **Mr. Patrick Slay**, B.S.*

The United States Surgeon General views local, state and federal partnerships as avenues for prevention efforts. Partners support the National Prevention Strategy and contribute to individual and community well-being, which include prevention of mental disorders by increasing early help-seeking. The Real Warriors Campaign (RWC), has over one million website users, is a Defense Department stigma reduction and mental health (MH) help-seeking multimedia effort. RWC has leveraged relationships with Federal and non-profit programs for over nine years to help achieve campaign goals. Federal and 501(c3) community partnerships insights have helped to develop best practices in stigma reduction (Stuart, 2016). RWC partnerships are viewed as advocates for

increasing MH help-seeking for the military and their families.

RWC has primary partners that closely align with objectives and amplify messaging during special observances that bolster agency/program-wide help-seeking efforts, especially during shifts in content focus. RWC includes partners in communications plans to cross-promote MH educational resources and generate opportunities to engage stakeholders in all interactions to reach broad and niche audiences. Specific tactics also include hosting a quarterly partnership meeting to share resources, highlighting partner resources to support MH observance months, presenting at partnership events as well as collaborating on MH social media events.

For example, in the observance month April 2018, Month of the Military Child, the campaign co-hosted a twitter chat with Sesame Street for Military Families which provided RWC with a unique opportunity to reach Military families. This resulted in 381 tweets across five countries and reached more than 100k users.

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

1. Identify three strategies and tactics for successful partnerships coordination for MH prevention efforts
2. Describe three ways to apply partnership strategies and tactics in a MH communications plan
3. List one major partner of the RWC and describe how RWC MH messaging was impacted

Track 3
1:30 PM - 2:00 PM

Operation Corps Strong

***LCDR Joy Mobley**, Psy.D.; **CDR Indira Harris**, LCSW, BCD*

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

of the Commissioned Corps. OCS believes that resilience initiatives should be incorporated into all aspects of the Corps, beginning in the Officer Basic Course, regardless of professional discipline, location or agency assignment.

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

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

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

Track 4

1:30 PM - 2:00 PM

Understanding the Unaccompanied Alien Children's Program

***LCDR Allen Applegate**, DrPH, MPH, CPH; **LCDR Tala Hooban**, MPH, MCHES, CPH*

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

The majority of unaccompanied alien children are cared for through a network of state licensed ORR-funded care providers, most of which are

located close to areas where immigration officials apprehend large numbers of aliens. These care provider facilities are state licensed and must meet ORR requirements to ensure a high level of quality of care. They provide a continuum of care for children, including foster care, group homes, shelter, staff secure, secure, and residential treatment centers.

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

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

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

Track 5

1:30 PM - 2:00 PM

Partnering with Liberian Health Care Workers to Develop Liberian Health Leaders

LCDR Ben Bishop*, PharmD, MSc*

BACKGROUND: A deployment to assist with an Ebola vaccine clinical study additionally yielded partnership opportunities to help local health care workers develop their skills and improve public health. A rotation of deployed pharmacists served as facilitators to assist local staff build on their strengths and improve their ability to serve their patients.

DESCRIPTION: A journal club was formed to develop the clinical knowledge and research capabilities of Liberian pharmacists at two sites in Liberia. Over time, the collaboration grew in both scope and quality and was expanded to include nurses. This unique partnership between countries and categories provided for the mutual benefit of everyone involved.

LESSONS LEARNED: 1) Certain computer skills had to be taught before the journal club and other collaborations could be successful. 2) Topics selected by local health care workers were likely to be better studied, while topics selected by facilitators were likely to be more rigorous.

RECOMMENDATIONS: We should take advantage of appropriate partnership opportunities whenever and wherever they arise. Creative

ideas for collaboration serve well to attract talented people and help them to develop even greater skills as clinicians and leaders.

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

1. Describe the innovative program created by American and Liberian health care workers.
2. Identify factors contributing to the success of a partnership intended to help develop health care leaders.
3. Apply the lessons learned and recommendations of this presentation to help create future collaborations.

Track 6
1:30 PM - 2:00 PM Programs

Leveraging Resource Sharing and Capacity Building in Public Naloxone Training

***CDR Daniel Goldstein**, MPAS, PA-C; **CAPT Ulgen Fideli**, MSPH, MHS, PA-C*

Background: The U.S. Surgeon General, Vice Admiral Jerome M. Adams' number one priority for the health of our nation is to overcome the opioid epidemic. According to CDC WONDER, more than 49,000 Americans died from opioid overdoses in 2017. From 2002-2017 there was a 4.1-fold increase in the number of deaths involving opioids.

Description: The National Institutes of Health (NIH), under the leadership of RADM Kilmarx and in collaboration with Dr. Romanosky, Medical Director and State Emergency Preparedness Coordinator, Maryland Department of Health (MDH), rolled out the first Opioid Crisis and Response training program within HHS. From July to October 2018, the program certified 78 instructors and a total of 440 civilians and USPHS officers on the administration of naloxone during an opioid overdose. The program is expanding to several other HHSOPDIVS (FDA, HRSA, CDC). The 2019 goal is to train 10% of the staff at the NIH, about 3,800 employees.

Lessons Learned: The program leveraged resource sharing by establishing a strong partnership with MDH and capacity building using the "Train the Trainer" system. The training curriculum included explaining the opioid crisis in Maryland, identifying an opioid, and hands-on training on how to respond to an opioid overdose with administration of naloxone.

Recommendations: The success of this program can be modeled in other localities and states to rapidly train the U.S. population in the administration of naloxone.

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

1. State the incidence, prevalence, and mortality rates of the opioid overdose epidemic in the United States.
2. Describe opioid overdose signs and symptoms and how to respond using naloxone
3. Summarize the value of resource sharing and capacity building in the context of rolling out a public health training program such as the Maryland Department of Health and Hygiene-USPHS NIH responder certification training program initiative

Track 1
2:00 PM - 2:30 PM

A High Consequence Infectious Disease Toolbox for Frontline Health Care Facilities

***CAPT Rajal Mody**, MD, MPH; **Ms. Mary Ellen Bennett**, MPH, RN, CIC*

Background:
We live in a world where people travel the globe and pathogens evolve - forces that make all health care facilities vulnerable to the risks of High Consequence Infectious Diseases (HCID) that are easily transmissible, highly fatal, and thus far, not preventable through vaccination. A patient with a HCID could present at any facility that provides acute care, including emergency departments, critical access hospitals, urgent care clinics, and primary care settings.

Methods:
To prevent disease spread, these facilities must be prepared to identify and isolate persons with a potential HCID and inform others to ensure a coordinated response. These critical functions are challenging because patients with HCIDs typically present with signs and symptoms that are indistinguishable from more common illnesses. Furthermore, given the rarity of HCIDs, it is difficult to prioritize HCID preparedness over other infection control needs. Given these challenges, the Minnesota HCID collaborative developed a toolbox to help facilities prepare for HCIDs in a manner that is integrated into their routine infection control practices and trainings.

Results:
The core of the toolbox is a HCID screening algorithm that can be integrated into routine clinical workflows. This algorithm is combined with simple planning, training, and exercise tools. In addition, an HCID Readiness Binder has been created which contains point-of-care tools and guidance to aid responses to any suspect HCID situation.

Conclusion:
In this presentation we will describe the components of this freely

available toolbox that facilities can use and modify to ensure preparedness components are in place.

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

1. Describe what types of infections are high consequence infectious diseases (HCIDs).
2. Describe why preparedness for HCIDs should be incorporated into routine infection control practices.
3. Apply publicly available tools to help healthcare facilities prepare for HCIDs.

Track 2

2:00 PM - 2:30 PM

Collaboration of Care in the Correctional Mental Health Setting

***CDR Anna Santoro**, PharmD, MA, BCPP, NCPS; **LCDR Samantha Hoke**, PMHNP-BC*

The US currently leads the world in incarceration with approximately 2.2 million pre-trial and 1.6 million post-trial inmates in county, state, and federal prisons. Furthermore, rates of incarceration continue to increase. While the rate of incarceration continues to rise, the rate of those with mental illness in the correctional population is rising at an even greater rate. Approximately 15-20% of US inmates have been diagnosed with a severe psychiatric disorder such as schizophrenia, bipolar, or major depression. Correctional environments face limitations to providing mental health treatment. There are many situations, such as security concerns, and staffing availability that can impact and even prevent these patients from receiving care.

Multi-disciplinary teams have helped to bridge this gap in the Bureau of Prisons. The collaboration of a psychiatric pharmacist, nurse practitioner, physician's assistant and RN into the psychiatric team at FMC Devens have yielded positive outcomes in safety, patient satisfaction scores and more appropriate use of care. Data about inmate's at FMC Devens was analyzed and it was found that there was a decrease in assaults, and decreased requirement for solitary housing since the initiation of the multi-disciplinary teams in 2015. Patient assessment scores were tracked upon initiation and showed significant improvement for reduction, and even remission, of symptoms. Further, there were a significant reduction of non-formulary requests, approvals and continuation of the medication being used. The partnership created in this multidisciplinary team has increased patient access to care, improved patient safety, and improved safety of both staff and inmates.

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

1. Describe problems with access to mental health care among the correctional population.
2. Identify different disciplines that can be used to create a partnership to improve access to care.
3. Explain the beneficial outcomes to patients as a result of a multidisciplinary approach to mental health care.

Track 3

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

***CDR Indira Harris**, LCSW, BCD*

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

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

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

Track 4

2:00 PM - 2:30 PM Coerced and forced sexual initiation and its association with violence and risk-taking behaviors among females and males ages 13-24: results from the Nigeria, Uganda, and Zambia Violence against Children Surveys

***CDR Kimberly Nguyen**, MS, MPH, DrPH*

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

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

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

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

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

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

Track 5

2:00 PM - 2:30 PM

Pharmacists or Regulatory Officers? Multiple roles we play to protect the public health from unsafe compounded drug products

***LCDR Dien Nguyen**, PharmD; **LT Tramara Dam**, PharmD*

The presentation will provide a brief overview of how pharmacists protect the American public from poor quality, unsafe and ineffective compounded drugs and will include the following: overview of the compounding incidents team and pharmacists' roles in investigating adverse events and complaints associated with compounded drug products; pharmacists' role in working collaboratively with stakeholders to protect the public through proactive compliance strategies and risk-based enforcement actions; partnerships with states and other government entities aimed to improve regulatory compliance among compounding pharmacies; and strategies to improve these partnerships.

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

1. Differentiate between 503A and 503B compounding pharmacies and identify methods on how to report a compounding incident.
2. Differentiate between different types of enforcement actions in OUDLC.
3. Summarize the importance of collaboration and partnerships and the roles that pharmacists play in this.

Track 6

2:00 PM - 2:30 PM Partnering with the Drug Enforcement Administration to Break the Cycle of Opioid Abuse

***CDR Erica Radden**, M.D., FAAFP; **LCDR Shondelle Wilson-Frederick**, Ph.D.*

Background: The USPHS Prevention through Active Community Engagement (PACE) group is establishing strike teams under the direction of the Office of the Surgeon General (OSG) tasked with implementing OSG priority initiatives. The initial pilot for these US Surgeon General Education Teams (SGETs) was launched in Baltimore City, Maryland to increase education and community outreach to combat opioid misuse and addiction. The Baltimore SGET is accomplishing this mission by collaborating with local organizations, including the Drug Enforcement Agency (DEA). Description: In 2018, in partnership with the Baltimore City DEA field office, the Baltimore SGET began collaborating with state and local entities to curb the City's opioid epidemic through the DEA 360 Strategy. DEA 360 is a national comprehensive response to the heroin and prescription opioid crisis. Launched in 2015, the 360 Strategy engages federal and non-government partners at the local, state and national level to develop sustainable initiatives in selected U.S. cities impacted by the opioid epidemic. Lessons Learned: This presentation will describe how PACE's Baltimore SGET is partnering with local organizations to: (1) equip and empower communities to fight the opioid epidemic through community outreach and partnership with federal and local organizations and (2) support diversion control efforts to increase

awareness of the opioid epidemic and encourage responsible prescribing practices, and use of opioid painkillers throughout the medical community. Recommendations: Identifying and collaborating with key community stakeholders is vital to gain insight on appropriate initiatives to pursue to limit redundancy; customize efforts based on community needs; and maximize impact.

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

1. Describe how the USPHS PACE SGETs are collaborating with community organizations to effect impactful and sustainable outcomes to build drug-free communities
2. Describe the mission and importance of the DEA 360 Strategy
3. Explain how key stakeholders are partnering with the medical community and others to raise awareness of the dangers of prescription opioid misuse and the link to heroin

Track 1
2:30 PM - 3:00 PM International, Outbreaks on the High Seas: Solving Acute Gastroenteritis Outbreaks through Industry, and Public Health Partnerships

***LT Erin Kincaid**, MPH, REHS; **LCDR Keisha Houston**, DrPH*

Background: From July 1 until August 2, 2017, six passenger cruise ships from the same cruise line experienced multiple acute gastroenteritis (AGE) outbreaks. All vessels sailed from Vancouver, Canada to various Alaskan ports. The U.S. Centers for Disease Control and Prevention's (CDC) Vessel Sanitation Program (VSP) partnered with the U.S. Food and Drug Administration (FDA), Public Health Agency of Canada, and the cruise line to conduct environmental health assessment and epidemiologic investigations, test clinical and environmental samples, and provide sanitation and food safety guidance.

Description: One of the six vessels experienced AGE outbreaks on three consecutive voyages. On August 4, an interdisciplinary inspection team of Scientist and Environmental Health (EH) Officers boarded the ship to conduct a retrospective cohort study and EH assessment. The team identified a recall of norovirus contaminated frozen raspberries in Canada that the ship had provisioned in Vancouver prior to the outbreaks. CDC's Calicivirus laboratory confirmed norovirus in clinical specimens and FDA confirmed the same strain of norovirus in frozen raspberries collected from the ship.

Lessons Learned: Partnerships between U.S. and international agencies and industry is critical to timely identification of outbreak exposures to stop the spread of illness. Open lines of communication across agency

and geographic boundaries is key to identifying outbreak sources to prevent and control the spread of illness.

Recommendations: Enhanced communications and information sharing about food recalls around the globe can help prevent and control outbreaks in an increasingly mobile global community.

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

1. Identify key community, industry, and international partners that work together to solve acute gastroenteritis outbreaks on cruise ships.
2. Name three ways epidemiologic and environmental health information can help to determine the source of the cruise ship outbreaks.
3. Describe the complex, fast paced, multi-faceted investigation strategy used to identify the cause of the AGE outbreaks described in this case study.

Track 2
2:30 PM - 3:00 PM

Partnerships to Improve Access to Mental Health Care and Ensure a Smooth Transition

***CDR Michelle Tsai**, RPh, PsyD; **MAJ Aimee Ruscio**, PhD*

The inTransition program is a Department of Defense (DoD) program that provides support to transitioning Service members (SMs) who are in need of mental health (MH) care. In August 2014, Presidential Executive Action directed that inTransition enrollment be mandatory for all transitioning SMs receiving MH treatment. The recent Presidential Executive Order (January 2018) mandated that all veterans have seamless access to high-quality MH care and suicide prevention resources while transitioning from active duty to civilian life. In support of the Presidential directives, the Psychological Health Center of Excellence (PHCoE), overseeing the inTransition program, collaborates with a network of partnerships to ensure the SMs have access to MH care and support needed during transitions.

The PHCoE partners with the Department of Veterans Affairs (VA) to identify gaps and develop action plans to ensure SMs have smooth transitions from the DoD to VA. For example, all SMs who screen positive for MH problems during Separation Health Assessment screening, conducted during their primary care appointments prior to military separation, are directly referred to inTransition. In collaboration with the Yellow Ribbon Reintegration Program, inTransition program connects the National Guard and Reserve members to MH providers and provides

resources for SMs and their families. Additionally, PHCoE works with external stakeholders, such as U.S. Marine Corps and Sexual Assault Prevention and Response Office, to conduct a warm handoff of SMs who are considered high risk and those who inquire about services or resources related to sexual trauma.

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

1. Describe the requirements of the Presidential mandates for inTransition
2. Identify the challenges associated with transitioning from the Defense Department to the Department of Veterans Affairs
3. Describe three key partnerships to promote positive outcomes for Service members and veterans

Track 3

2:30 PM - 3:00 PM

Addressing Self-Directed Violence in Native American Communities through Partnerships

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

Background:

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

Methods:

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

Results:

SDV coding is now 100% mapped correctly to the ICD-10 codes. An ER process map was developed and has led to a 75% increase in social service notifications. Post mortem sampling through collaboration with the AZ state laboratory is available. A new autopsy policy was finalized to assist with improving data collection to identify causative factors and a

"no consent" resolution is being proposed to Tribal Council. A corrective action plan is being implemented to improve medication reconciliation rates.

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

At the conclusion of this session participants will be able to:
1. Define self-directed violence and causative factors
2. Identify four workgroups focus areas that were part of the Self-Directed Violence Quality Improvement team
3. Summarize Self-Directed Violence Quality Improvement approaches

Track 4
2:30 PM - 3:00 PM Birth Outcomes and Defects in a Prospective Cohort Study of Zika During Pregnancy in an Underserved Community, Coatepeque, Guatemala, 2017-2018

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

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

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

Results
Maternal serologic testing in 436 women yielded 57 (13%) probable ZIKV cases, but no ZIKV infection was confirmed by rRT-PCR. Among 436 assessed newborns and with available preliminary data, we found 44 (12%) low birth weight (<2500g), 30 (8%) premature (<37 weeks), 7 (2%)

microcephaly (head circumference <2 s.d.), 23 (6%) auditory abnormalities, 4 (7%) ophthalmologic abnormalities, 2 (0.5%) limited joint movement, and 2 (0.5%) clubfoot. Analyses are on-going.

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

At the conclusion of this session participants will be able to:
1. Name the 3 most common symptoms of Zika infection.
2. Assess the birth and neuro-developmental outcomes from possible Zika virus infections in women and newborns enrolled in this pregnancy cohort study.
3. Identify the needed country and regional capacities and expertise to address this epidemic in a low resource environment.

Track 5
2:30 PM - 3:00 PM

A Federal Grant-Making Agency's Role in Emergency Preparedness, Response, and Recovery

***CAPT Todd Lennon**, DHSc, LCSW*

The Health Resources and Services Administration (HRSA) does not have funding or authority specifically dedicated to emergency preparedness, response, or recovery. However, HRSA's steady state programs support health care providers in underserved communities and are integral to those communities' health resilience. As a member of the HHS family of agencies, HRSA provides subject matter expertise on its programs and the populations they serve during preparedness activities like policy development and working groups. During response, HRSA provides federal responders with data on how the event impacted the segments of the health care infrastructure supported by HRSA's programs. HRSA also provides grantees and recipients with programmatic technical assistance to help them respond to the event's impact on their service delivery. This work continues into the recovery phase as HRSA provides expertise in health care systems, administers supplemental funding, and partners with HHS recovery staff to provide information on how HRSA's programs can be leveraged to improve community health resilience moving forward.

This educational session will:
- Provide a "HRSA 101" overview of steady state programs to raise

attendees' awareness of HRSA's role in community health resilience.
- Describe HRSA's role in federal ESF #8 and Health and Social Services Recovery Support Function activities and provide examples from recent events.
- Highlight the many internal and external partnerships HRSA maintains to support its role in the communities it serves and in the federal interagency.

At the conclusion of this session participants will be able to:
1. Explain how HRSA's programs contribute to community health resilience.
2. Describe HRSA's role in federal ESF #8 and Health and Social Services RSF activities.
3. Describe the critical partnerships HRSA maintains to support the agency's role in federal emergency preparedness, response, and recovery activities.

Track 6

2:30 PM - 3:00 PM

Opioid rescue, and Prevention Coordinator for Hennepin County, MN: Partnering to prevent, treat opioid use disorder using multi-sectorial collaboration

***Ms. Julie Bauch**, MS, RN, PHN*

Background

In Hennepin County, opioid overdoses have killed roughly 700 people since 2012. The opioid epidemic is a complex public health, human services and public safety crisis that requires a cross-sector collaborative approach.

Methods

Hennepin County's Opioid Prevention Strategic Framework, with nine strategies and 32 action items, was created and approved by the Board of Commissioners in December 2017. With 42 original authors representing 18 departments, this Strategic Framework required health improvements implemented through cross-sector collaboration.

Results

An Opioid Prevention Coordinator was hired in May 2018 to lead implementation. The coordinator created a Steering Committee comprising the departments of authorship and enlisted a Project Manager and Strategist for continued tracking of progress toward strategic action items.

As of late 2018, all nine strategies in the Strategic Framework were in various phases of implementation. Public Health, Human Services, and Public Safety share data to inform strategy and decisions regarding their

shared intersections with the opioid crisis. Community engagement is critical to the success of the implementation. Relationships with governmental, non-governmental, non-profit, and community partners have greatly influenced the prioritization of strategies.

Conclusion
Sound data, strong community relationships, the inter-departmental Opioid Steering Committee, and Administrative support have been key to the successful implementation to date. Underlying this is the support of the County Board of Commissioners. Implementation by the Opioid Coordinator and collaborative teams have been instrumental in making these changes toward community health improvement to create innovative and lasting solutions to the opioid epidemic.

At the conclusion of this session participants will be able to:
1. Identify ways that Hennepin County uses inter-disciplinary teams to develop and deliver opioid specific interventions.
2. Describe how the Opioid Prevention Strategic Framework was written with multi-sectorial, political, and governmental support.
3. Explain how collaborations made by the local health department with community, city, and state stakeholders are important for responding to the opioid crisis.

Track 1
3:00 PM - 3:30 PM Development of an Emergency Preparedness and Response Plan for ICE Health Service Corps Pharmacy: A Partnership with the IHSC Public Health, Safety, and Preparedness Unit

***CDR Stephanie Daniels-Costa**, PharmD, MPH, BCACP*

The ICE Health Service Corps (IHSC) Pharmacy Department lacked an emergency preparedness and response framework to enable continuity of operations during adverse operating conditions. IHSC provides pharmaceutical care services to over 250,000 immigration detainees annually at 16 facilities nationwide. The secure environment and remote locations pose unique challenges that require consideration during emergency planning, especially for events that can impact the ability to provide medical care beyond an initial mass-casualty response.

IHSC pharmacy leadership cooperated with the Public Health, Safety, and Preparedness (PHSP) unit to develop an emergency preparedness and response plan based on literature review, interviews with pharmacist emergency responders, and survey data from the IHSC's field pharmacists to assess individual facility vulnerabilities to potential hazards, technology and equipment needs, and pre-established preparedness

efforts. The survey results indicated that IHSC pharmacists were less than fully prepared to maintain operations during adverse conditions. 11 of 16 facilities (68.8%) reported 1 equipment need, and only 8 pharmacists (47%) reported being involved with preparedness planning at a local level.

PHSP leadership identified the four primary response scenarios that required contingency planning: interruption of critical resources (power +/- network connectivity), evacuation, shelter-in-place, and critically low staffing levels, which may occur sequentially and/or concurrently. IHSC pharmacy leadership worked with the PHSP Unit to develop appropriate plans to mitigate, prepare for, respond to, and recover from the most likely major hazards, including equipment procurement, development of training, and inclusion of the continuity of operations framework in the 2018 revisions to IHSC pharmacy policy.

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

1. Identify the major elements of both the preparedness cycle and the emergency management cycle
2. Describe the response plan scenarios that can affect capability to provide medical care
3. Summarize the major plan elements that can enable pharmacy staff to provide pharmaceutical care with minimal interruptions during challenging circumstances

Track 2

3:00 PM - 3:30 PM

Using Mental Health Mobile Apps at Home and Abroad to Improve Access

***CDR Julie Chodacki**, MPH, PsyD, ABPP; **CDR Michelle Tsai**, RPh, PsyD*

Access to mental health services is impacted by a number of factors. Within the U.S. and abroad, many communities suffer from a lack of provider availability. Rand (2015) identified tele-mental health (including tele-psychology, tele-psychiatry, and tele-behavioral health) as a promising strategy to improve access to care for military personnel and their families in rural areas. In 2017 the Psychological Health Center of Excellence (PHCoE) conducted and evaluated a pilot program to identify the barriers and facilitators to utilizing mental health mobile apps in military and veteran clinical care systems. In 2018 PHCoE was invited to join the US Army Regional Health Command-Pacific Global Health Engagement Team to participate in a partnership, also known as Global Behavioral Health Engagement, with the military of Nepal which included a session regarding how mobile apps can be used as a support to ongoing mental health care.

This presentation will discuss the evidence supporting the use of mental health mobile apps in clinic settings, review International Initiative for Mental Health Leadership findings regarding the use of tele-health across the globe, and elaborate on the successful Nepal exchange. Attendees will be encouraged to consider how they might engage in partnerships to utilize mental health mobile apps with patients to improve health service access and delivery. Particular attention will be paid to the implementation science lessons learned regarding facilitators and barriers to successful implementation.

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

1. Describe how mobile apps improve mental health access
2. Identify partnerships to improve the use of mental health mobile apps
3. Describe facilitators and barriers to implementation

Track 3

3:00 PM - 3:30 PM

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

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

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

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

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

Recommendations: Know the demographics of your audience, set up a translator ahead of time if you need one. Find out if there are any concerns or barriers to a uniformed presence in the community. Look for

leaders in the community that already have a trusted presence, and knowledge of the communities' needs.

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

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

Track 4

3:00 PM - 3:30 PM

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

Ms. Marcia McCoy*, MPH, IBCLC*

While many Minnesotans have high rates of breastfeeding initiation and duration, some cultural groups are not faring as well. Recent enhancements to the Minnesota WIC Information System's data allowed MN WIC to identify the cultural groups with the greatest disparities in breastfeeding rates: immigrant and second-generation Hmong. Identifying a disparity is the first step in addressing the factors which underlie it. Minnesota WIC has committed to addressing this disparity by forming an initiative in collaboration with community partners.
State WIC staff reached out to the Minnesota Breastfeeding Coalition and the University of Minnesota School of Public Health (SPH). A work group recruited additional partners, including States of Solution (SOS), the Hmong Health Care Professionals Coalition, and local WIC agency Breastfeeding Peer Counselor programs. Staff and volunteers from these partners formed the MBC Hmong Breastfeeding Initiative.

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

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

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

Track 5
3:00 PM - 3:30 PM

National Partnerships to Promote Post-Market Drug Safety Surveillance System

***LCDR Sara Azimi-Bolourian**, PhD, MBA; **CDR Michael Nguyen**, MD*

In 2007, Congress passed the Food and Drug Administration Amendments Act (FDAAA), which mandated the creation of a post-market safety surveillance system for drugs, vaccines, and other biologics. To meet that requirement, the FDA established the Sentinel Initiative which requires the agency to work with public, academic, and private entities to develop a system to obtain information from existing electronic healthcare data from multiple sources to assess the safety of approved medical products. The Sentinel System allows the FDA to proactively assess the safety of products and, as a result, it is better able to understand their risks. Currently, the Sentinel System has information on over 223 million members combined from 18 different data partnerships. The data are derived from national health insurers and managed care organizations. The Sentinel System also contains information about diagnoses, procedures, and drugs dispensed in these health care systems. Sentinel is increasingly recognized as a vital resource able to support the needs of diverse stakeholders, including other public health agencies, health systems, regulated industry, the clinical research enterprise, and patients. It also complements the FDA's existing monitoring capabilities by providing administrative and claims data that can be queried to monitor the use of FDA-regulated medical products and potential outcomes of treatment. The FDA is now actively engaged in promoting synergies and identifying opportunities for broader use of the data infrastructure used by Sentinel for other purposes within the public health arena.

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

1. Describe the Sentinel System and how it's used to assess the safety of approved medical products.
2. Explain how the Sentinel System supports the needs of diverse stakeholders, including other public health agencies, health systems, and regulated industry.
3. Summarize FDA's efforts to broaden the use of the data infrastructure used by Sentinel for different purposes within the public health arena.

Track 6
3:00 PM - IHS Heroin, Opioids, and Pain Efforts (HOPE) Committee Panel: Integrated approaches to
3:30 PM addressing the Opioid Epidemic

***CDR Kailee Fretland**, PharmD, BCPS, NCPS; **CAPT Ted Hall**, PharmD*

The IHS National Committee on Heroin, Opioids, and Pain Efforts (HOPE) is comprised of healthcare practitioners dedicated to promoting appropriate and effective pain management, reducing overdose deaths from heroin and prescription opioid misuse and improving access to culturally appropriate treatment. The HOPE Committee has collaborated with other agencies, National Associations and Tribal partners to develop resources for patients, practitioners and communities surrounding pain management, access to harm reduction services, and integrative MAT models, including perinatal and correctional facility patient populations. Integrated approaches to OUD prevention, treatment and recovery is integral in providing a holistic, patient centered approach.

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

1. Identify promising MAT practice models in primary care, integrated models and correctional facilities.
2. Describe how healthcare providers can increase access to OUD prevention, treatment and recovery
3. Explain the importance of integrated and holistic approaches to OUD.

Track 1
3:30 PM - A behind the scenes look at a Corps deployment
4:00 PM

***CDR Robert Horsch**, PHD, MPH, CIH, REHS*

This presentation will review the inner workings of the deployment process allowing for a more thorough understanding by all officers. For many, a surface look at a deployment includes the notification through an email, travel ticket, many phone calls, deploying and returning from deployment. However, this presentation will cover the critical actions occurring prior to, during and post deployment along with agencies collaborating to ensure the officer and the mission are successful (RedDOG, ASPR, DCCPR, Corps Care, ASH, etc.). In order for one officer to deploy, execute and return successful, multiple agencies/offices are involved in mobilizing that officer. During deployment and upon return supportive services are implemented to provide further assistance to complete the demobilizing process.

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

1. Explain the deployment process for officers.
2. List resources available to officers prior to, during and after deployment.
3. Describe RedDOG's multifaceted role in the deployment process.

Track 2

3:30 PM - 4:00 PM

Sexually Transmitted Infection Opt-Out Testing in an Immigration Detention Setting: A Pilot Study

***LT Gina Tomkus**, MS, PA-C, CCHP, RD; **CDR Edith Lederman**, MD, MPH, FACP, FIDSA*

Background: Individuals in a correctional setting are considered high-risk for acquiring sexually transmitted infections (STIs) and may benefit from routine screening. As the immigrant detainee population is inherently different than other correctional populations, a pilot study was conducted to determine the feasibility and cost-effectiveness of implementing an opt-out STI testing program.

Description: A two-month pilot program was conducted at two Immigration and Customs Enforcement (ICE) Health Service Corps (IHSC) staffed detention facilities. Detainees were individually educated and offered opt-out STI testing for HIV, syphilis, hepatitis B, gonorrhea, and chlamydia. 1,042 adult detainees were approached for testing; 527 opted out and 515 did not opt out. Participants received pre- and post-test STI counseling and treatment as indicated. A staff survey was conducted to explore workload impact and perceived benefits.

Lessons Learned: 8.5% detainees screened were found to have any STI. 6.6% had chlamydia, 0.8% had syphilis, 0.8% had gonorrhea, 0.6% had chronic hepatitis B and 0.2% had HIV. The approximate cost to diagnose one patient with any STI ranged from $564 to $1,082, including staff time and laboratory costs. Overall, staff viewed the program positively but did express concerns over sustainability.

Recommendations: This small pilot program demonstrates that asymptomatic STIs are prevalent among immigrant detainees and screening can be carried out in a relatively cost-efficient manner. More detainees opted out of testing when compared to other correctional settings; therefore, exploration of potential barriers such as language and gender discordance are merited prior to larger pilots or implementation as standard policy.

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

1. Describe the basic demographics of this immigrant detainee cohort and any distinguishing features of those identified to have STIs.
2. Describe the process of designing and implementing an STI screening program including identification and involvement of key stakeholders.
3. Identify challenges to STI testing program implementation in an immigrant detainee population including cooperation across disciplines, facility logistics and interfacing with the electronic health record.

Track 3

3:30 PM - 4:00 PM with Occupational Safety in a Stigmatized Work Place: Partnership and Engagement with Entertainers in Strip Clubs

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

Strip clubs are a legal but stigmatized industry and thus not well served by traditional attempts to promote occupational safety. In 2016, the Minneapolis Health Department and the University of Minnesota's Urban Research Outreach/Engagement Center partnered to better understand workplace conditions within licensed adult entertainment establishments in Minneapolis. Occupational health and safety for entertainers within strip clubs has often been neglected by health departments and policy makers. It is an industry that receives little attention due to stigma and a lack of worker voice. This study sought to empower entertainers to share their experiences in a confidential and anonymous way, with the intention of surfacing policy solutions that entertainers had for their workplace. Due to complaints of conditions in adult entertainment establishments, the Minneapolis Health Department (MHD) developed a protocol for inspecting these facilities, locating stains, and testing for the presence of semen. UROC's work found that entertainers experience a wide range of occupational safety issues including sexual harassment and assault, unsafe working conditions, cleaning, injury and more. MHD's work found that semen was present in 11 out of 17 adult entertainment industries, and in the majority of establishments with private or semi-private "VIP" spaces. Taken separately, both studies created an incomplete picture. Together, the studies created compelling information to policymakers that this industry needs further regulation, and that entertainers want a place at the decision-making table. Through meaningful and strategic partnerships we present a case study that illuminates often hidden occupational safety needs in a legal work place.

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

1. List ways of approaching occupational safety for populations engaged in legal, yet highly stigmatized work environments

2. Explain the impact and importance of using a community engagement approach to promoting occupational safety in stigmatized workplaces.
3. Describe the combined use of different research and evaluation methodology and disciplines reinforce the findings of each

Track 4

3:30 PM - 4:00 PM Bridging Gaps in Health Disparities through Medical Missions and Health Outreach

CAPT NINA MEZU-NWABA*, PharmD, MPH, MSc*

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

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

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

Track 5

3:30 PM - 4:00 PM Engaging Stakeholders to Advance Capacity Development in Latin America: The Formation of a Training Cadre for the Produce Safety Rule

CDR Nicole Conklin*, RN, B.S.N.*

Latin America grows nearly 40% of the fresh fruits, vegetables, and herbs consumed in the United States. Not only are Latin American farmers important to the US consumer, but the US market is important to the Latin American agricultural industry.

In 2015, the Food and Drug Administration (FDA) published the Final Rule for Standards for the Growing, Harvesting, Packing, and Holding of Produce for Human Consumption. This Rule applies equally to farms located within the United States as it does to farms located abroad, and it contains a training mandate that one supervisor from every farm subject to the Rule must be trained on a curriculum of safe agricultural practices deemed adequate by the FDA. The training methodology selected to disseminate this curriculum uses a train-the-trainer structure and relies heavily on the prevalence and work of Lead Trainers for its success.

As of March 2018, there were only 14 Lead Trainers for this curriculum in Latin America located in a total of 5 countries in a region with estimated 100,000s of farmers. An intervention was needed to galvanize this workforce to accomplish Latin American compliance with the Rule to maintain market availability of safe, fresh food.

This presentation will explain the process used to assess the situation, engage with a diverse set of stakeholders, build a team of professionals within a politically charged environment, and achieve real results of developing a training cadre, and advancing the mission of the Agency, through capacity development in Latin America.

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

1. Explain how produce safety capacity development in Latin America impacts the U.S. consumer.
2. Discuss difficulties and barriers limiting the development of a Produce Safety Lead Trainer workforce in Latin America.
3. Identify strategies used to garner stakeholder engagement to conduct the Produce Safety workforce intervention.

Track 6

3:30 PM - 4:00 PM

PHCoE Strategies for Building Trainings, Measuring Outcomes, and Partnering Across Disciplines to Address Substance Misuse in the Military

***Ms. Chizoba Chukwura**, MPH, CPH; **CDR Julie Chodacki**, MPH, PsyD, ABPP*

As Defense Health Agency moves to integrate the operations of medical components of the armed forces (Army, Navy, Air Force) under one governing structure, the Agency's Psychological Health Center of Excellence (PHCoE) is uniquely poised to develop, deliver, and assess

clinical and health promotion trainings. Recent Congressional and Executive mandates required expansion of substance misuse training for military members, generally, and additional training for prescribers of controlled substances. This presentation will describe the multiple partnerships established to create the various trainings, to deliver and track training completion, and to evaluate training success. Barriers and facilitators to implementation will be discussed. Three trainings will be the focus: Common Military Training (CMT, training for the general population), Buprenorphine Waiver Training (BWT, training required for physicians to be able to prescribe buprenorphine), and Opioid Prescriber Safety Training (OPST, training for health care professionals who prescribe controlled substances). Lessons learned are applicable outside DoD with strong implications for establishing a comprehensive national strategic plan and strengthening of partnership engagements. For example, a national registry to identify providers who have received approved training would significantly improve compliance tracking and save resources; tailored trainings for specialty providers who write only short term prescriptions (dentists, for example) would likely improve training relevance; and identification of valid outcome measures would ensure appropriate metrics to track more than training implementation fidelity.

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

1. Describe three key partnerships required for building a successful substance misuse training.
2. List three ways to evaluate training success.
3. Describe challenges associated with tracking compliance.

Track 1
4:00 PM - Collaborative Countermeasures: How establishing intergovernmental relationships improved 4:30 PM emergency preparedness and response capacity for a metropolitan federal facility.

***LCDR Patrick Harper**, PharmD, MPH, CPH; **LT Jonathan Fenner**, PharmD, BCPS*

Background

Secure federal facilities represent a unique challenge during public health emergency response because individuals within such an institution cannot leave to access necessary countermeasures that are available to the public. Therefore, personnel at Metropolitan Correctional Center Chicago (CCC) collaborated with Chicago Department of Public Health (CDPH) and CDC officials to establish an agreement allowing the distribution of medical countermeasures in a manner that was compatible with the secure facility setting.

Description
CCC entered into agreement with CDPH to be recognized as a Federal Closed POD for receipt and internal distribution of Strategic National Stockpile (SNS) assets. CCC subsequently participated in a medical countermeasure (MCM) distribution and dispensing full scale exercise (FSE) with CDPH, testing the SNS asset deployment process utilizing "dummy crates" and the institution's internal distribution process utilizing annual influenza vaccinations as a surrogate for SNS MCMs.

Lessons Learned
CCC participated in an MCM distribution FSE in 2016 in collaboration with CDPH. It took 30 minutes for SNS assets to be delivered by CDPH and processed by CCC HSU. Six HSU then teams distributed assets to the entire institution in 5 hours. Distribution contacts were tracked via consent/refusal forms. 107 staff members were contacted. Staff contact rate not be calculated. 584 of 634 inmates were contacted representing a 92% contact rate.

Recommendations
Establishing a relationship with local stakeholders to become a Federal Closed POD represents a high value, low to moderate input opportunity to expand intergovernmental cooperation while simultaneously addressing important public health emergency response needs.

At the conclusion of this session participants will be able to:
1. Identify key community stakeholders and opportunities for collaboration in order to establish successful partnerships in emergency preparedness and response.
2. Identify and assess possible barriers to intergovernmental collaboration in emergency preparedness and response.
3. Explain the relationship between the CDC, the Strategic National Stockpile, local Departments of Public Health, and local federal entities during emergency response involving medical countermeasure distribution, including the difference between Open and Closed Points of Dispensing.

Track 2
4:00 PM - 4:30 PM Partnering for the Development of a Brief Evidence-Based Measure of Resilience
***CAPT Armen Thoumaian**, PhD*

Past research has revealed that DoD psychological health and Traumatic Brain Injury programs lack the capacity for systematically evaluating the effectiveness of their services (Weinick et al., 2011). Because

collaborations between the DoD and non-federal entities can leverage expertise and resources, partnerships are encouraged to enhance quality of care for Service members and their families (e.g., National Defense Authorization Act for Fiscal Year 2017, 2018, and 2019). This presentation describes a partnership between a team of evaluation subject matter experts and a NC-COSC research department to adapt a validated measure of resiliency toward enabling a psychological health program in determining how effectively its services build resilience among its participants.

To help this program empirically demonstrate the impact of its services, we designed an evaluation plan for measuring change in levels of resilience following participation in the program. We adapted the NC-COSC resilience instrument by retaining the two strongest indicators for each of the five factors, resulting in a shortened, 10-item measure. This enabled us to preserve accuracy in measurement while simultaneously reducing response burden.

Using an adapted CDC Framework (Centers for Disease Control and Prevention, 1999; 2011), we collected participant responses to the shortened measure to gauge their levels of resilience before and after program participation. This allowed us to compute change in participant resilience most likely due to participation in the program. Results indicated that the shortened NC-COSC measure can be used to help resilience-building programs ensure the services they deliver are effective.

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

1. Illustrate the importance of partnerships in the context of enhancing the assessment and evaluation of health services.
2. List resilience measures that aim to assess and ultimately provide programs with empirical evidence of their effectiveness in enhancing resilience among military members.
3. Describe an evaluation plan for measuring change in levels of resilience and the key components of the adapted CDC Framework (Centers for Disease Control and Prevention, 1999; 2011).

Track 3
4:00 PM - 4:30 PM
Local Level

Partnerships for Improved Pandemic Influenza Vaccine Response at State and

CDR Samuel Graitcer*, MD*

Background: During an influenza pandemic, vaccination remains the most effective protection against pandemic virus infection. An effective

vaccination campaign ensures that pandemic vaccination is readily accessible to the general public before disease has peaked. Also, if there is limited initial vaccine supply in a severe pandemic when basic functions of society may be affected, vaccination may need to be targeted to critical workforce.

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

Lessons Learned: An approach that leverages and pairs the strengths of immunization programs' expertise in vaccine ordering, management, and distribution with preparedness program expertise in response is needed for targeted critical workforce pandemic vaccination. Further, based on modeling and lessons learned from other vaccination responses, additional partnerships with the private sector, including pharmacies and large healthcare organizations, are essential to ensuring that the general public is rapidly vaccinated prior to the peak of disease in a severe pandemic.
Recommendations: CDC can provide additional guidance and technical assistance to its funded public health programs to focus on partnership between preparedness and immunization programs and outreach to private sector partners, including pharmacies, to fully leverage community resources in planning and responding to the next pandemic.

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

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

Track 4
4:00 PM - 4:30 PM Addressing challenges for immigrants in food businesses
***Mr. Justo Garcia**, B.S., REHS; **Ms. Leslie Foreman**, B.S.*

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

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

Focus group results guided the development of new strategies and programs to support immigrant business owners to successfully implement food safety in their businesses.
Food safety educational materials were developed in multiple languages and utilized a variety of formats including video, print, and interactive online training.
The focus groups identified that while state requirements meant all food businesses were required to have a Certified Food Manager, but there were no classes offered anywhere in the U.S. in Somali. The Minneapolis Health Department partnered with a bilingual Somali food safety consultant to create a culturally specific food safety class for the Somali community. Students who pass the class exam qualify for a Minnesota Certified Food Manager (CFM) certificate.
Businesses performing poorly on routine health inspections are offered free food safety training onsite in their kitchen. The training is conducted with a bilingual food safety consultant or an interpreter which allows staff to learn in their native language.

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

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

Track 5
4:00 PM - 4:30 PM

Implementing a DoD and VA Interoperable Electron Healthcare System

***LCDR Minh-Huong Doan**, Pharm.D.; **CDR Mellissa Walker**, MA, PMP*

The Department of Defense (DoD)/Department of Veterans Affairs (VA) (DoD/VA) Interagency Program Office (IPO) was established in 2007 when the National Defense Authorization Act for fiscal year 2008 directed the two largest departments, DoD and VA, to develop a fully interoperable electronic healthcare system. In 2013, the two Departments decided to pursue individual electronic health record modernization efforts, with DoD purchasing a commercial product to fulfill its needs. In 2018, VA

purchased the same commercial product and the IPO's current mission is to lead and coordinate the adoption of and contribution to national health data standards to ensure interoperability among the DoD, VA, and private sector partners. IPO's vision has always been aimed at advancing the continuity of care for service members (and their beneficiaries) from initiation through their transition to Veteran status. Addressing the unique needs of the two Departments is complex as each have their own set of care locations, population of eligible beneficiaries, workflow, etc. To best serve the two Departments, the IPO is comprised of contractors, DoD, VA, PHS officers, and SPAWAR assets providing clinical, functional, and technical expertise. The goal of this session is to share information on the history and evolution of the IPO, the IPO's operating model, and describe the technical documents that provide strategic guidance to stakeholders and enhance health data interoperability.

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

1. Describe the mission and its connection to developing a fully interoperable electronic healthcare system
2. Identify the unique IPO organizational structure
3. Explain the three core DoD/VA documents that guide the enhancement of health data interoperability

Track 6

4:00 PM - Improving Health through Harm Reduction Strategies and Tribal Community Partnerships in Red 4:30 PM Lake, MN

***LCDR Samantha Gustafson**, PharmD, NCPS*

People who inject drugs (PWID) are at risk of developing infections due to Hepatitis C Virus (HCV) and Human Immunodeficiency Virus (HIV). Transmission of these diseases is often accomplished via the sharing of needles and equipment used to prepare and administer drugs. Providing sterile syringes and other prevention materials serves as a harm reduction strategy to reduce the risk of transmission, and needle stick injuries among community members and law enforcement personnel. The Red Lake Community has recognized the need to mitigate harm through partnerships with the Indian Health Service aimed at decreasing the negative health impacts of the opioid epidemic. To date over 500 community members and first responders have been successfully trained on naloxone and are in the process of launching a comprehensive syringe exchange program. This will provide an integrative, evidence-based, and cost-effective approach to reducing transmission of infectious diseases while offering medical, social and mental health services.

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

1. Describe the benefits of harm reduction services, such as syringe exchange and naloxone deployment.
2. Define the components of comprehensive harm reduction services and develop strategies for implementation.
3. Identify potential community partnerships and strategies to effectively communicate with stakeholders throughout all stages of the program planning process.

General Session

4:45 PM - 5:45 PM — USPHS Commissioned Corps Leaders: The Nation's Health and Future Commissioned Corps

ADM Brett Giroir, VADM Jerome Adams

ADM Brett Giroir, Assistant Secretary for Health, and VADM Jerome Adams, U.S. Surgeon General, will share their visions for the nation's health and the world's only uniformed service dedicated to public health.

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

1. Describe updates on HHS modernization efforts for the USPHS Commissioned Corps
2. Discuss the status of the nation's health and the priorities of the Surgeon General
3. List ways members of the Commissioned Corps can assist with achieving HHS goals.