2023 USPHS Scientific and Training Symposium
Agenda

Sunday, May 7

Pre-Conference **Basic Life Support (BLS) Training - Sunday AM Session**
5/7/2023 08:00
5/7/2023 12:00

This course is for initial certification designed for healthcare providers to learn how to save a life. In this course, you will learn how to: Recognize the signals of heart attack and take appropriate actions, perform one and two rescuer CPR, gain early access to Emergency Medical Services (EMS), recognize, and respond to sudden unexpected death, assist a choking adult, child, or infant victim, and perform adult, child, and infant CPR. Students must pass written and skills competency testing to obtain certification. An AHA BLS ecard will be emailed from ecards@heart.org upon successful completion of this course.
Disclaimer Use of American Heart Association materials in an educational course does not represent course sponsorship by the American Heart Association. Any fees charged for such a course, except for a portion of fees needed for AHA course materials, do not represent income to the Association.
Includes Breakfast

Pre-Conference **Advanced Cardiac Life Support (ACLS)**
5/7/2023 08:00
5/8/2023 12:00

Session runs from 8 am to 5 pm Sunday and 8 am to 12 pm on Monday.

This course is for American Heart Association (AHA) ACLS initial certification for pre-hospital emergency and hospital employees such as Paramedics, RN's, MD, RTs, or other healthcare providers requiring AHA ACLS certification. This course emphasizes assessment and management of adult cardiac patients and includes BLS proficiency and ACLS written and skills testing. Please see mobile app for full details and Mandatory pre-course preperatory information.
DisclaimerUse of American Heart Association materials in an educational course does not represent course sponsorship by the American Heart Association. Any fees charged for such a course, except for a portion of fees needed for AHA course materials, do not represent income to the Association.
Includes breakfast and lunch on Sunday and breakfast on Monday.

Pre-Conference **Opioid Overdose Response and Naloxone Training - Sunday PM Session**
5/7/2023 13:00
5/7/2023 14:30

This training is a 90-minute session which includes didactic skills training followed by an online skills demonstration for participants focused on the recognition and response to respiratory

arrest related to an opioid overdose, and the intervention using naloxone. Naloxone is a prescription medication that reverses an opioid overdose by restoring breathing and has minimal side effects. Take advantage of this opportunity to learn how to administer naloxone and learn what to do until help arrives. This training includes presentations followed by a demonstration of the administration of naloxone, both intramuscular and intranasal administration.
*For those who work with or may be exposed to opioids in the workplace, please contact your local Safety Office for any additional training that may be required of you.
Includes Lunch prior to the session at 12:00 PM.

Pre-Conference
5/7/2023 18:00
5/7/2023 19:30

Black Wall Street Guided Tour - Sun. 6 PM

BCOAG invites you to experience historical Black Wall Street! Guided tour arranged through Greenwood Rising.

Monday, May 8

Pre-Conference
5/8/2023 08:00
5/8/2023 09:30

Opioid Overdose Response and Naloxone Training - Monday AM Session

Includes Breakfast.This training is a 90-minute session which includes didactic skills training followed by an online skills demonstration for participants focused on the recognition and response to respiratory arrest related to an opioid overdose, and the intervention using naloxone. Naloxone is a prescription medication that reverses an opioid overdose by restoring breathing and has minimal side effects. Take advantage of this opportunity to learn how to administer naloxone and learn what to do until help arrives. This training includes presentations followed by a demonstration of the administration of naloxone, both intramuscular and intranasal administration.   *For those who work with or may be exposed to opioids in the workplace, please contact your local Safety Office for any additional training that may be required of you.

Pre-Conference
5/8/2023 08:00
5/8/2023 12:00

Promotion Preparation Workshop
CAPT Ulgen Fideli, PhD, Branch Chief for the PCMB at CCHQ, HHS; LCDR Michelle Barbosa, Deputy Chief of the Personnel, HHS; LT Lance Pittman, Team Lead for Promotions and COER, HHS; LT Kyle Knight

Hosted by the staff of the Personnel and Career Management Branch (PCMB) from Commissioned Corps Headquarters (CCHQ), the team will provide guidance on multiple topics. The session will benefit an assortment of audience members including:

- Officers up for promotion
- Officers yearning to learn about the promotion process
- Supervisors, agencies coordinators, and liaisons to deepen their knowledge and increase their ability to support their officers.

Information that will be covered includes:
- Curriculum Vitae (CV)
- Commissioned Officers' Effectiveness Report (COER)
- Reviewing Officials Statement (ROS)
- Officer's Statement (OS)
- Officer Promotion Package Verification System (OPPVS)
- PHS Awards Process and Narratives

At the end of this session, attendees will be able to:
1. Explain the differences between the various documents utilized for promotion
2. Craft concise impact statements for promotion documents and awards narratives
3. Provide guidance and support to other officers up for promotion

Includes Breakfast

Pre-Conference
5/8/2023 08:00
5/8/2023 17:00

Health Equity Seminar
CAPT Wanda Finch, MSW, M.Ed., LICSW, Special Expert, SAMHSA Office of Recovery; CAPT Anthony Johnson, NIH; CDR Sean Bennett, Behavioral Health Clinical Consultant, ICE Health Service Corps(IHSC) HQ; CDR Melissa Hagen, Medical Epidemiologist, CDC; LCDR Lorener Brayboy, DHSc, MSW, LICSW, HRSA; LCDR Jorge Muñiz Ortiz, PhD, DABT, Toxicologist, HRSA; LCDR Jonetta Mpofu, PhD, Scientist Officer, CDC; LCDR Sheila Houghton-Antonucci, MSW, LCSW, Chief for the Department of Consultation & Education for the Directorate for Behavioral Health, Walter Reed National Military Medical Center; LT Johanna Paillet-Growl, MA, LCSW, BCD, Repatriation Program Specialist, ACF

This session will incorporate: Facing the Rising Sun, Recognizing and Addressing Health Disparities and Inequities as USPHS Officers In Officio Salutis: Best Practices to Operationalize Service of Health Through Health Equity Advancing a diverse U.S. Public Health Service Commissioned Corps to promote cultural humility and health equity Please see mobile app for full session description. At the end of this session, attendees will be able to: 1. Describe the general health equity landscape in the United States and the historic and current contributors to health disparities. 2. Explain best practices to ensure equitable access to care in the medical setting and upon discharge. 3. Discuss how to build engagement and allyship through cultural humility.
Includes Breakfast and Lunch

2023 USPHS Scientific and Training Symposium
Agenda

Pre-Conference **CPH Exam Review Session**
5/8/2023 08:00 *Melissa Fann, Esq., Associate, Dinsmore & Shohl LLP; Ms. Allison Foster,*
5/8/2023 17:00 *MBA CAE, National Board of Public Health Examiners; Ms. Cerina Lee; Mary Williams*

Professional board certifications are essential to Commissioned Corps officer of the U.S. Public Health Service and may improve the conditions of service, ensure Basic Readiness, and result in Special Pay and/or promotion. The Certified in Public Health (CPH) is the certification for which all members of the U.S. Public Health service are eligible.
*** To date, more than 11,000 professionals have become Certified in Public Health and over 500 members of the U.S. Public Health Service have applied to become Certified in Public Health. Because of the increasing interest in the CPH, we are offering an all-day review session to prepare Commissioned Corps Officers to take the CPH exam. Presenters with real-world experience and familiarity with the CPH exam will present an overview of at least five of the domains of the exam. They will also provide study tips and general information about what to expect while taking the exam. At the end of this session, attendees will be able to: 1. Describe eligibility requirement for the CPH exam. 2. Identify three study resources for the CPH exam. 3. List the components of maintenance of certification (MOC) for CPH professionals.
Includes Breakfast and Lunch

Pre-Conference Session **Retirement Seminar**
5/8/2023 08:00 *Jacque Rychnovsky, Executive Director, COA; LCDR Adelaida Rosario,*
5/8/2023 17:00 *CCHQ; LCDR Andrew Okolo, CCHQ; Art Timmins, American Legion; Dan Precourt, Prudential Pathways; Heather Walrath, Navy Mutual; Nathan Sebert, FedPoint; RDML Randall Gardner, President, COF*

Includes Breakfast and Lunch

Pre-Conference **Black Wall Street Guided Tour - 9:00 AM**
5/8/2023 09:00
5/8/2023 10:30

BCOAG invites you to experience historical Black Wall Street! Guided tour arranged through Greenwood Rising.

Pre-Conference **Black Wall Street Guided Tour - 1:00 PM**
5/8/2023 13:00
5/8/2023 14:30

BCOAG invites you to experience historical Black Wall Street! Guided tour arranged through Greenwood Rising.

Pre-Conference **Implementing the Workplace Mental Health and Well-Being Framework**

5/8/2023 13:00
5/8/2023 17:00

CAPT Shary Jones, Pharm D., MPH, BCPS, Public Health Leader and Pharmacist, HHS; CDR Garrette Martin-Yeboah, Deputy Chief, DHS/ICE/IHSC; LCDR Jamillah Bynum, MSW, LCSW, BCD, Licensed Clinical Social Worker, HHS

prior to the session at 12:00 PM. Implementing the Workplace Mental Health and Well-Being Framework - Creating a Healthy Nation from Within Our places of employment have an immense impact on our lives. In 2022, the Surgeon General released the Framework for Workplace Mental Health and Well-Being. Using the Framework as a guide, participants will spend the day in an interactive session designed to explore the Framework's foundation that officers on the ground can build upon within their places of work. The session will cover how to create healthy workplaces by exploring actual implementation of the Framework used within SAMHSA's Center for Mental Health Services for critique. Whether in a supervisory or non-supervisory billet, this session has something for everyone. At the end of this session, attendees will be able to: 1. Discuss highlights from the Mind Share Partners' 2021 Mental Health at Work Report 2. Demonstrate the five essentials for workplace mental health and well being 3. Examine tools used to reimagine workplaces as engines of well-being
Includes Lunch

Pre-Conference
5/8/2023 13:00
5/8/2023 17:00

Military Customs, Courtesies, and Culture

CDR Allah-Fard Sharrieff, PhD, LCSW, MSCP, BCD, DHS/ICE/IHSC; CDR Neelam Ghiya, Senior Advisor, CDC & USPHS; LCDR Janelle Phillip, LICSW, National Program Manager KBHU, DHS/ICE/IHSC

This course will incorporate: The purpose of this session is to ensure that USPHS officers maintain and utilize a high level of knowledge on military customs, courtesies, and culture. This session will review the US armed forces and our service in addition to highlighting understanding military culture through an experiential lens. A panel of officers will share their real-life stories of successful and challenging experiences. Oral, written, and visual teachings will be provided to foster proficiency in demonstrating military customs and courtesies in all situations. Officers will leave with an increased level of confidence to interface with any service member. At the end of this session, attendees will be able to: 1. Apply the basic principles and concepts related to the Corps and Health and Human Services, Officership, and order and discipline. 2. Utilize military customs and courtesies correctly on deployments, in trainings, on military installations, and when engaging with fellow service members (including rankings). 3. Demonstrate proper uniformed appearance and grooming standards, muster, attention, parade rest, saluting, etc.
Includes Lunch prior to the session at 12:00 PM.

2023 USPHS Scientific and Training Symposium
Agenda

Pre-Conference **Basic Life Support (BLS) Training - Monday PM Session**
5/8/2023 13:00
5/8/2023 17:00

This course is for initial certification designed for healthcare providers to learn how to save a life. In this course, you will learn how to: Recognize the signals of heart attack and take appropriate actions, perform one and two rescuer CPR, gain early access to Emergency Medical Services (EMS), recognize, and respond to sudden unexpected death, assist a choking adult, child, or infant victim, and perform adult, child, and infant CPR. Students must pass written and skills competency testing to obtain certification. An AHA BLS ecard will be emailed from ecards@heart.org upon successful completion of this course.
Disclaimer Use of American Heart Association materials in an educational course does not represent course sponsorship by the American Heart Association. Any fees charged for such a course, except for a portion of fees needed for AHA course materials, do not represent income to the Association.
Includes Lunch prior to the session at 12:00 PM.

Pre-Conference Session **Black Wall Street Guided Tour - 3:00 PM**
5/8/2023 15:00
5/8/2023 16:30

BCOAG invites you to experience historical Black Wall Street! Guided tour arranged through Greenwood Rising.

Pre-Conference Session **Black Wall Street Guided Tour - 5:00 PM**
5/8/2023 17:00
5/8/2023 18:30

BCOAG invites you to experience historical Black Wall Street! Guided tour arranged through Greenwood Rising.

Anchor & Caduceus Dinner Featuring the **C. Everett Koop Lecture**
5/8/2023 19:00 *ADM Chuck Grim*
5/8/2023 21:00

2023 USPHS Scientific and Training Symposium
Agenda

Tuesday, May 9

Ancillary 5/9/2023 05:30 5/9/2023 09:00	**Surgeon General's 5K Run/Walk and APFT**
Exhibits 5/9/2023 09:00 5/9/2023 15:30	**Exhibit Hall Open**
Plenary 5/9/2023 10:00 5/9/2023 10:45	**Opening Ceremonies**
Plenary 5/9/2023 11:00 5/9/2023 12:00	**Luther Terry Lecture** *Katelyn Jetelina, PhD, MPH*
Plenary & Lunch 5/9/2023 12:00 5/9/2023 13:00	**COA General Membership Meeting and Awards Ceremony**
Exhibits 5/9/2023 13:00 5/9/2023 15:00	**Exclusive Exhibit Hall Time**
Plenary 5/9/2023 15:00 5/9/2023 17:00	**USPHS Leadership Keynote**
Reception 5/9/2023 17:15 5/9/2023 18:15	**Reception (Cash Bar and Hor D'Eurves)**

Ancillary
5/9/2023 18:30
5/9/2023 19:30

Surgeon General's Ensemble Concert

Plenary
5/9/2023 19:30
5/9/2023 20:30

World Premier, PBS Documentary "The Invisible Corps"

Wednesday, May 10
Category Day

View individual Category Agendas for further details.

Thursday, May 11

Ancillary Event
5/11/2023 07:00
5/11/2023 08:30

JOAG General Meeting

Plenary
5/11/2023 08:40
5/11/2023 09:45

Chief Professional Officer Update

Track 1
5/11/2023 10:00
5/11/2023 10:30

Implementation an Opioid Use Disorder Program in an ICE Health Service Corps (IHSC) Facility
CDR Brandon Johnson, PhD,MBA, ICE Health Service Corps; LCDR Sarah Hillestad, PharmD, Lead Pharmacist, ICE Health Service Corps

Background:
Opioid use remains a significant public health concern for America's communities. The epidemic further resulted in significant increases in justice-involved persons with a history of opioid use. The literature describes pharmacotherapies for opioid use in combination with counseling as the gold standard for treating Opioid Use Disorder (OUD). Elizabeth Detention Facility, a 300-bed facility, noted increases in requests to manage patients with active opioid use or history of opioid pharmacotherapy. The leadership team began to develop local OUD treatment

program using opioid pharmacotherapy and training to address staff confidence with managing the population.

Methods:
Our program began with a conversation in 2020. The Health Administrator and the Lead Pharmacist began by coordinating access to medication. We determined that IHSC's formulary included buprenorphine products. The pharmacist secured a supply of buprenorphine via our pharmaceutical supplier. The pharmacy and local leadership team developed procedures for securely storing, accounting, and dispensing the medication. This preparation proved prescient as correctional placement options for patients with OUD in the immediate vicinity diminished. As the political climate toward immigration shifted in the state, many local correctional facilities were no longer willing to house noncitizens.

Our onsite psychiatrists led training on recognizing withdrawal symptoms for alcohol, benzodiazepine, and opioids. The Clinical Director provided additional training on the use of the Clinical Opioid Withdrawal Scale (COWS). The pharmacist provided training on the proper administration of the sublingual films to the nursing staff. Our staff physician obtained a buprenorphine waiver as a back-up provider. We included training to support clinical staff competence with managing patients in active withdrawal from OUD. Finally, a physician evaluates patients prior to leaving ICE custody or transitioning to another facility to ensure they have access to adequate medication and continuity of care.

Results:
At the outset, our program goals included the introduction of a opioid detoxification program to our clinic. Moreover, the program ensured IHSC Elizabeth could meet local program needs given the shifting environment. The opioid detoxification program at IHSC Elizabeth resulted in a successful demonstration project at the facility. In conclusion, IHSC Elizabeth successfully provided opioid pharmacotherapy to 22 persons during the past year.

Conclusion:
The program ensured the provision of care that aligned with best practice recommendations for opioid detoxification treatment. As the opioid crisis continues to evolve and impact justice-involved persons, due consideration should be given to expanding capacity to manage this patient population in ICE detention health settings.

At the end of this session, participants will be able to:
1. Identify the opioid pharmacotherapies used in detoxification and maintenance treatment
2. Describe the impact of the Opioid Epidemic on the general public and correctional environments
3. Discuss immediate and long-term treatment strategies for patients impacted by opioid use disorder

Keywords: Access to Care, Opioid, Correctional Health

Track 2
5/11/2023 10:00
5/11/2023 10:30

Clinical and Public Health Coordination in Syphilis Response on Navajo Nation

LCDR Anathea "Annie" Edleman, MPH, RDN, CSP, BC-ADM, CDCES, Public Health Director, Tuba City Regional Health Care Corporation

Background:
Syphilis and Congenital syphilis cases are increasing rapidly across the country. In the Western Agency of the Navajo Nation we have seen a similar rise in cases. In the Tuba City Service Area between 2019 and 2021 there was a 500% increase in syphilis cases. Coordinating clinical and public health response to a syphilis epidemic has been a challenge for a small hospital-based public health department. We have assembled a multi-disciplinary team to review and follow these cases, identify risk factors, and develop interventions in close collaboration with the public health authorities-tribal, county, and state.

Methods:
Starting in early 2022, a team composed of multidisciplinary healthcare providers, public health technicians, public health nurses, and Navajo Nation, County and State public health representatives meets virtually once a week to review syphilis cases. Weekly reports are generated from the laboratory database with all positive syphilis tests in the past week. During calls, each result is reviewed in the context of accompanying information from the Electronic Health Record and the state reporting systems. Syphilis staging, treatment guidelines and coordination of treatment and follow-up are discussed and documented, and appropriate parties are assigned to locate and communicate with patients. This follow-through includes additional STI and pregnancy testing recommended, PrEP eligibility and linkage to care, and partner services. In addition to case management efforts and outcome data, epidemiological data has been collected on risk factors, treatment completion, and demographics to identify ways to tackle syphilis via both the healthcare system and public health messaging, with a focus on the prevention of congenital syphilis and its worst outcomes.

Results:
In 2022, 413 positive syphilis tests have been identified by our in-house laboratory. Of these, 158 were identified as new syphilis cases and were staged and referred for treatment and follow-up testing as needed. More than half of cases were late latent or latent, unknown duration, requiring three weekly penicillin. More than half of new cases were among women and girls, who were less likely to have a known risk factor, such as substance use, identified. Of these new cases, 15 were cases of syphilis in pregnancy, two of which resulted in stillbirth/neonatal death. Field treatment and increased same-day clinic outreach options have decreased the proportion of late latent or unknown duration cases treated via our Emergency Department or not treated at all. Systematic partner services at the earliest point possible (at the time of testing often) have increased the number of contacts identified, tested, and treated.

Conclusion:
Rising syphilis and congenital syphilis cases are a large and growing burden on small health care facilities and public health departments around the country. A multidisciplinary, systematic

approach to identify cases, determine appropriate treatment, and coordinate treatment and follow-up have helped to strategically manage the epidemic. Ongoing efforts are underway to inform the community about rising syphilis cases and the recommendation for annual testing, and to increase access to syphilis testing and treatment.

At the end of this session, participants will be able to:
1. Describe the epidemiology of the syphilis epidemic in Tuba City Service Area
2. Identify a systems approach to the problem of syphilis
3. Explain innovative team-based solutions to public health problems
Keywords: Infectious Disease, Women/s Health

Track 3 **ASPR Ready-Modernizing Disaster Data Managment**
5/11/2023 10:00 *CDR Sara Azimi-Bolourian, PhD, ASPR; Ms Lamia Spedden, MBA, Business*
5/11/2023 10:30 *Manager, ASPR*

Background:
In July 2020-at the onset of COVID-19 Pandemic- the Administration for Strategic Preparedness and Response (ASPR) awarded a project titled "ASPR Ready" to build a transformational and modernized disaster data management ecosystem. The goal of this project is to create a centralized platform that streamlines agency collaboration, information and data management, and provides the Common Operation Picture for ASPR's preparedness and response mission. ASPR Ready utilizes advanced cloud technology, an innovative team, and an intuitive user interface to provide users with long-term business value.

Methods:
ASPR Ready is a mobile-friendly ecosystem comprised of different modules: Request for Information (RFI), Request for Resources (RFR), Personnel Accountability, Asset Accountability, and Common Operating Picture.

ASPR has utilized the RFI module to manage and respond to information requests related to their response missions. The high-level dashboard tracks the life cycle of all requests. The Incident Management Team (IMT) in the field uses the RFR module to request medical personnel and assets. The Resource Coordination team then collaborates with HHS divisions and other state and federal government entities to provide the requested resources.

The ASPR Ready program follows a modernized agile development methodology. This approach provides continuous delivery and frequent releases to evolve the system. It also allows the team to receive frequent user feedback from various stakeholders across HHS divisions to ensure the system provides the greatest value to all users.

Results:
ASPR Ready has modernized the way ASPR responds to public health and medical services missions by seamlessly connecting the response teams in the field with the resources and

support they need. ASPR Ready makes response management more efficient, so ASPR can focus on their mission of saving lives and strengthening the health security of the nation. During Hurricane Ian, the first major hurricane since the deployment of the system, ASPR Ready enhanced ASPR‚Äôs emergency response by automating workflows for personnel and equipment requests. This improved the processing time by 75%, while increasing the number of requests processed. User feedback after Hurricane Ian indicated that ASPR Ready reduced processing time from 60 minutes to 15 minutes.

Conclusion:
ASPR Ready demonstrated collaboration and agility in advancing and modernizing disaster data management by continuously developing additional features and quickly adapting to evolving user and/or new response requirements. Future capabilities include a Common Operating Picture that will allow ASPR leadership to view a geospatial map with details of their response missions.

ASPR Ready has enhanced users' capabilities by automating the process of managing requests. The system has a single user interface to access dashboards for different user groups including senior leadership, Incidence Response Team, and Incident Management Team. The goal is to improve efficiency and make the processes more streamlined.

At the end of this session, participants will be able to:
1. Identify the purpose of the ASPR Ready program
2. Describe the overall function of the ASPR Ready system and underlying capabilities
3. Describe the value of ASPR Ready and the impact on disaster data management

Keywords: Preparedness and Deployment, Disaster Preparedness, Disaster Data Management and Modernization

Track 4
5/11/2023 10:00
5/11/2023 10:30

Three-Year Impacts of the Maryland Total Cost of Care Model on Service Use, Quality of Care, and Spending for Medicare Fee-For-Service Beneficiaries Throughout the State

LCDR Julia Zucco, PhD, Centers for Medicare & Medicaid Services

Background:
The Maryland Total Cost of Care Model (MDTCOC) is one of the first payment and delivery reforms that holds a state accountable for reducing the total cost of medical care while improving quality of care. MDTCOC builds on its predecessor, the Maryland All-Payer Model, which created all-payer global budgets for Maryland hospitals. MDTCOC continues hospital global budgets and extends transformation beyond just hospitals by expanding statewide accountability for cost and quality, and broadening the incentives and supports to providers. This study estimates the impact of MDTCOC on spending, utilization, quality, and population health in the Model's first three years (2019-2021).

Methods:
We matched Medicare Fee-For-Service (FFS) beneficiaries in Maryland (~800,000/year) to FFS beneficiaries in comparison regions drawn from the rest of the country (~8M/year) and used a regression adjusted difference-in-differences strategy. Because global budgets, started in 2014, form the foundation of MDTCOC, we used a 2011-2013 baseline. We estimated impacts of a single, evolving Maryland Model each year from 2014-2021 relative to outcomes that would have occurred without any changes that were made starting in 2014. We also contrasted the average effects during the MDTCOC period (2019-2021) with the end of the MDAPM period (2017-2018).

Results:
On average from 2019-2021, the Model significantly reduced all-cause hospital admissions (16.1%), potentially preventable admissions (16.1%), and the likelihood of an unplanned readmission (9.5%). The Model also decreased total Medicare spending by 2.5%, with large decreases in hospital spending (6.6%) that were partially offset by increases in non-hospital spending (2.7%). For most outcomes, impacts during the MDTCOC period were more favorable than they were at the end of the MDAPM period (2017-2018), including hospital admissions (6.1 percentage points [pp] lower) and total spending (1.5pp lower). While the average effects on total spending in 2019-2021 were favorable, the Model increased non-hospital spending substantially in 2021 (by 5.5%), diminishing total savings that year ($p<0.01$ for all impacts reported).

Conclusion:
On average, MDTCOC had significant, mostly favorable effects on utilization, spending, and quality-of-care outcomes from 2019-2021. In most cases, these effects were larger than they were at the end of the MDAPM period (2017-2018), suggesting continued improvement. Such improvement could be the result of growing effects of hospital global budgets, new model elements added in 2019, or synergies between the two. Recent increases in non-hospital spending, if they continue to grow, could present a risk to MDTCOC's goal of reducing the total cost of care.

At the end of this session, participants will be able to:
1. Describe the Maryland Total Cost of Care Model (MDTCOC) and its unique features of statewide accountability for health care cost and quality of care of its beneficiary population.
2. Estimate the impact of MDTCOC on spending, utilization, quality, and population health in the Model's first three years.
3. Identify how other states may leverage MDTCOC findings to develop innovative ways to improve value in their healthcare systems.
Keywords: Aging Health, Community Health, Medicare, Healthcare, Maryland

Track 5
5/11/2023 10:00
5/11/2023 10:30

Addressing Health Worker Burnout at a Rural Clinic

LT Rosecelie Benigno, BSN, IHS

Background:
Healthcare professionals (HCP) employed at underserved and rural health care facilitates are especially prone to burnout and stress due to staff shortages, lack of resources and frequent turnover. HCP burnout is generally described as prolonged stress that impairs one's ability to perform their duties in demanding situations. Precursors to HCP burnout may include compassion fatigue, work-family-life balance, professional workload and loss of confidence. To mitigate HCP burnout, USPHS officers at a rural Indian Health Service (IHS) clinic located within the Portland Area initiated a local committee for employee wellness and implemented methods to reduce employee burnout by providing employee praise.

Methods:
A mixed-methods survey assessed HCP burnout and employee satisfaction with a 12-question instrument; responses were recorded using a 5-point Likert scale or free text. The survey was distributed to clinic staff assessing three domains: workforce success, supervisory feedback and organizational climate. Information from this survey informed the tools Commissioned Corps officers used to combat HCP burnout. The wellness program created included a committee charter approved at the executive level and a "Wow" card program to recognize peer performance. The committee charter included representatives from Tribal and Federal components of the clinic and their main responsibilities include serving in an official capacity to influence a positive culture with patrons, patients and employees of the IHS clinic. Committee members have hosted morale events such as Wa'Paas making classes. Wa'Paas baskets are traditional Native American baskets made of colorful yarn. The "Wow" card program is a one-page form designed so employees could quickly recognize the good work witnessed by their peers and provide positive feedback. "Wow" card narratives are presented at a general staff meeting and certificates are presented to recipients. A second round of the mixed-methods survey will be completed in February 2023 to assess the impact of the program.

Results:
There were 42 survey responses yielding a 33% response rate. Survey results indicated that more than 40% of respondents indicated they did not receive recognition or praise nor did they feel that the clinic takes good care of its employees. There have been over 14 "Wow" cards received per month since implemented. Lessons learned include peer to peer support are strong foundations for coping and preventing with HCP burnout. Presenting the "Wow" card narratives at a general meeting with all staff present show employees they are valued.

Conclusion:
HCP burnout is a US Surgeon General priority area. Burnout harms all staff and must be addressed otherwise access to care will suffer, the cost of care will rise, health disparities will worsen and our ability to handle the next public health emergency will be hindered. At the field

level, Commissioned Corps officers can take action to prevent HCP burnout. The officers at the rural IHS clinic within the Portland Area showcase a successful vignette of playing a role in providing our workforce with support to heal and to thrive.

At the end of this session, participants will be able to:
1. Recognize when a healthcare professional is experiencing burnout
2. Describe how healthcare professional burnout affects patient care
3. Review how to prevent healthcare professional burnout
Keywords: Health Promotion, Morale, Health Worker Burnout

Track 6 **Achieving Healthy Generations In Indian Country**
5/11/2023 10:00 *RDML (ret.) Michael Toedt, MD, FAAFP, CEO, Toedt Health Solutions, LLC*
5/11/2023 10:30

Background:
American Indian and Alaska Native people experience higher rates of diabetes, obesity, and substance abuse, and suffer from higher rates of mortality from liver disease, unintentional injuries, and suicide. Yet many Tribal nations are not just surviving, but thriving, and beginning to turn the tide through expressions of Tribal sovereignty in their health systems.

Methods:
The presentation will include case presentations and a review of the literature.

Results:
Tribes and native nations are turning the tide on health inequities through self-governance and building upon their cultural strengths, community resilience, and Tribal values.

Conclusion:
The audience will will hear case presentations and evidence in the literature of how Tribal self governance can empower Native communities to improve the health of their populations, and how members of the Commissioned Corps can best support Tribal self-governance.

At the end of this session, participants will be able to:
1. Describe health inequities for American Indian and Alaska Native population.
2. Identify how self-governance can impact health and health outcomes.
3. Describe how members of the Commissioned Corps can support Tribal soverignty
Keywords: Health Inequalities, DEIA (Diversity, Equity, Inclusion Access), Indian Health

Track 1 **Safe Opioid Prescribing**
5/11/2023 10:45
5/11/2023 11:15

LT Ifeyinwa Maduka, DNP, MSN, PMHNP-BC, Department of Defense

Background:
Healthcare providers in primary care settings have a persistent challenge of prescribing and monitoring opioids. Providers who write opioid prescriptions often have limited training and access to supportive resources making effective evaluation, treatment, and patient monitoring difficult. Due to insufficient training on managing chronic pain, providers commonly advocate for continued education and clear guidelines on safe opioid prescribing to ensure positive patient outcomes.

Methods:
An 8-week evidence-based project was implemented in a primary care practice. Six providers attended six educational sessions, each lasting 1 hour over a 4-week period intended to increase their knowledge of chronic pain management and adherence to opioid prescribing practices based on the Centers for Disease Control and Prevention (CDC) guidelines. A KnowPain-12 survey tool and a chart audit of 30 patients was utilized pre- and post-intervention to measure provider knowledge and adherence to opioid prescribing practices. Based on existing literature, the measure of success was defined as a 10% increase in the mean score when comparing pre/post KnowPain-12 survey results and a 21% increase in adherence to opioid prescribing practices based on the pre/post chart review.

Results:
Overall, the survey and chart review results demonstrated an 24% mean improvement in providers' knowledge and a 29% mean improvement in opioid prescribing practices post educational intervention sessions.

Conclusion:
The project demonstrated that increasing provider education in the areas of managing chronic pain and adherence to safe opioid prescribing practices is feasible and effective.

At the end of this session, participants will be able to:
1. Apply processes regarding opioid use disorder, initiation of opioids, collaborative patient-provider relationship, and pain treatment with non-opioids using evidence-based practice (EBP) initiatives.
2. Describe processes involved in initial patient assessment, treatment initiation, patient education, and opioid monitoring.
3. Identify a health promotion program that changes primary care practice and improves health outcomes while reducing opioid-related health care costs and deaths.

Keywords: Opioids, Epidemics, CDC guidelines, adherence, safe prescribing, provider knowledge, chronic pain, primary care

Track 2
5/11/2023 10:45
5/11/2023 11:15

Acceptability of a Minimally Invasive Blood Collection Device for Use in a Mpox Seroprevalence Survey Among People Experiencing Homelessness - San Francisco, CA, October - November 2022

LCDR Grace Marx, MD, MPH, Medical Epidemiologist, Centers for Disease Control and Prevention

Background:
Improving health equity for people experiencing homelessness requires their inclusion in public health disease surveillance, including seroprevalence surveys. However, seroprevalence surveys often require a blood sample from participants. Needle aversion, presence of skin or venous scarring, or the physical context of homelessness can create barriers to traditional venipuncture.

Methods:
During October - November 2022, we recruited 284 people accessing homeless services or staying in encampments within San Francisco, California for a monkeypox seroprevalence survey. When participants did not consent to venipuncture or when phlebotomy attempts were unsuccessful, we offered an alternate option for blood collection with a microneedle device that passively collected 200-300 µL of capillary blood from the upper arm. We compared the percentage of successful collections to venipuncture, calculated the number of additional successful blood draws attributable to the device, and assessed device acceptability after its use.

Results:
Of 269 blood collections attempted, 208 were successful (77%). Collection success rate was 76% (71/94) for the device compared to 77% (140/181) for venipuncture. Of the 71 successful blood collections using the device, 65 people answered an acceptability survey. All 65 respondents felt the device was an acceptable way to take a blood sample, noting it was less painful and invasive, and easy to use. Sixty-three (97%) preferred the device to venipuncture. Among the 36 people for whom venipuncture was unsuccessful who attempted using the device, 21 (58%) had a sample obtained.

Conclusion:
Minimally invasive blood collection devices provide an acceptable alternative to venipuncture during seroprevalence surveys and can increase participation from persons who might otherwise be excluded. Clinical, research, and public health practitioners seeking may consider utilizing minimally invasive blood collection devices in survey design as a means to increase representation of people experiencing homelessness in seroprevalence surveys for public health surveillance and research.

At the end of this session, participants will be able to:
1. Apply information about alternative blood collection devices for use in field serosurveys
2. Describe mpox epidemiology, transmission risks, and vaccine acceptability
3. Identify ways to ensure field studies are culturally appropriate, trauma-informed, and community-inclusive

Keywords: Outbreak Response, DEIA (Diversity, Equity, Inclusion Access), mpox, homeless

Track 3
5/11/2023 10:45
5/11/2023 11:15

Behavioral Health Deployment To The Mississippi Band of Choctaw Indians: Prevention and Intervention Strategies to Address Increased Suicide Among Native American Youth

LCDR Tigisty Zerislassie, MSSW, LICSW, BCD, Senior Advisor, Health Resources and Services Administration; LCDR Marie Cetoute, MSW, LCSW, BCD, Program Specialist (UC Monitor), Administration for Children & Families

Background:
The co-presenters completed a twenty-one-day COVID-19 deployment to the Mississippi Band of Choctaw Indians to provide behavioral health support following an increase in suicide among the Native American Choctaw youth population, primarily among school-age children, youth, and young adults. The community has about 11,000 tribal members. From September to December 2022, eight children died by suicide.

Methods:
The co-presenters completed a comprehensive needs assessment that resulted in the dissemination of psycho-educational resources as well as group, individual, and crisis intervention services for students from fifth to twelfth grade.

Results:
There was a total of 1,179 contacts made with students across five schools. Specifically, the psycho-education occurred via school-wide Zoom meetings and 21 group sessions. Additionally, there were 19 individual crisis sessions with students who identified as experiencing suicidal ideations, a history of engaging in self-injurious behaviors or attempting suicide, and who reported having loved ones who recently died by suicide.

Conclusion:
The officers developed a comprehensive needs assessment report and provided it to leadership, noting observations and recommendations that would address long-term prevention and intervention efforts. One of the noted recommendations included having masters-level mental health professionals at each school versus one individual for the entire district, which consists of eight tribal schools.

At the end of this session, participants will be able to:
1. List at least three facts about the Mississippi Band of Choctaw Indians COVID-19 experience and community behavioral health challenges.
2. Explain cultural considerations and best practices when providing suicide prevention and intervention services to Native American Youth.
3. Describe the type of services a behavioral health provider may offer during deployment and at least four pivotal mindsets for success.

Keywords: Deployment, Behavioral Health, Suicide, Suicide Prevention, Grief

Track 4
5/11/2023 10:45
5/11/2023 11:15

Krome Behavioral Health Unit (KBHU): An Innovative Approach to Managing Serious Mental Illness in Immigration Detention

CDR Allah-Fard Sharrieff, PhD, LCSW, MSCP, BCD, DHS/ICE/IHSC; LCDR Janelle Phillip, LICSW, National Program Manager KBHU, DHS/ICE/IHSC

Background:
The unit provides subacute patient care utilizing a Modified Therapeutic Community (MTC) model for detainees who exhibit debilitating symptoms of psychological distress/disorders that may interfere with their ability to actively participate in immigration proceedings.

Methods:
U.S. Immigration and Customs Enforcement (ICE) Health Service Corps' (IHSC) Krome Behavioral Health Unit (KBHU) is a male, 18 and over, 30-bed behavioral health housing unit within the Krome Service Processing Center (SPC) in Miami, Florida. The KBHU implements an MTC model, led by the KBHU Program Manager (PM). MTC is an adaption of the Therapeutic Community (TC) model. TCs are intensive and comprehensive treatment models developed for use with adults on a 24-hour, 7-days-per-week plan. The core goal is to promote a more holistic approach and identify areas for change across the social, psychological, and emotional spectrum. Like traditional TCs, MTCs follow the concept of "community as a method." However, MTCs have three key alterations for individuals with serious mental illness: it is more flexible, less intense, and more individualized. Success relies on developing and fostering a community in which active participation in group living and activities drive change. Key elements of the MTC program include group therapy, individual therapy, monitoring of mental health, and medication management.

Results:
Expected Outcome #1: Decreased frequency of in-patient hospitalization and overall length of stay in detention, thus promoting improved cost efficiencies.
Expected Outcome #2: Improved mental health well-being
Expected Outcome #3: Effective and active participation in the detainees' legal process and immigration court proceedings.

Conclusion:
Overall, the KBHU program has had national impact providing effective management of SMI population within Immigration Customs and Enforcement's (ICE's) custody and system of care.

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

1. Identify the needs of the seriously mentally ill population and the most effective evidence-based treatments utilized within ICE correctional setting.
2. Describe how to implement a new, a clinical program into a correctional environment or other USPHS settings.
3. Identify how to conduct a needs assessment, track and manage patient variables and patient outcomes.

Keywords: Special Populations (Youth, Immigrants, etc), Innovation

Track 5 **The Effectiveness of an Inpatient Falls Prevention Program in Preventing**
5/11/2023 10:45 **Falls in Incarcerated Males**
5/11/2023 11:15 *LCDR Joshua Caulder, PT, DPT, OCS, Federal Bureau of Prisons*

Background:
The inpatient Nursing Care Center (NCC) at the Federal Medical Center (FMC) Lexington houses the most medically complex patients (mean age of 62.5) within the Federal Bureau of Prisons, many of whom possess significant functional mobility impairments. From 2021-2022, falls occurring on the NCC at FMC Lexington increased by 177%. The Rehabilitation and Orthopedic Department at FMC Lexington obtained reports on 52 confirmed falls and estimated as many as 75 total falls occurred on the NCC during a one-year period. The estimated potential falls costs liability on the NCC totaled over $2,572,000 during the aforementioned one-year period.

Methods:
In response to the increase in falls among the inpatient population at FMC Lexington within a one-year period, LCDR Caulder performed a data analysis on 52 falls that occurred on the NCC. The data analysis revealed that the most common falls mechanisms included the following: transfers (43.3%), toileting activities (21.1%), failure to lock wheelchair brakes (15.6%), slipping (11.6%) and knees buckling (11.6%). Data analysis revealed that 96.2% of the falls were unwitnessed. Furthermore, an inmate companion was present in only 3.8% of falls.

LCDR Caulder developed an innovative falls prevention program that included a 10-page falls prevention guide with seven cost effective recommendations to reduce falls. The recommendations included the following: 1) Installation of a call light system; 2) Implementation of hourly rounding for high falls risk patients; 3) Utilization of bed and chair alarms for high falls risk patients; 4) Relocation of the highest falls risk patients to the rooms closest to the nurses' station; 5) Increasing the number of inmate companions on the NCC; 6) Including physical therapy in the post-falls follow-up procedures; 7) Including physical therapy in the falls risk screening procedures for all new NCC admissions. The call light system was not able to be implemented.

Results:
Since its implementation, the Rehabilitation and Orthopedic Department's falls prevention program has reduced the number of falls on the Nursing Care Center by 71.1%. Furthermore, in one quarter, the falls prevention program reduced FMC Lexington's potential falls costs liability

by $411,528. The falls prevention program also reduced FMC Lexington's estimated annual falls costs liability by $1,408,845. The total cost to implement the falls prevention program was $1,085, which included the purchasing of the bed alarms and chair alarms.

Conclusion:
This case-series presents evidence that the implementation of a falls prevention program is effective at reducing falls in medically complex federal inmates. This case-series highlights the significant improvement in overall quality of patient care as well as the health-related cost savings that can be achieved through the implementation of a successful falls prevention program. This type of falls prevention program can be successfully implemented in other federal health environments that provide medical care to high falls risk patients with functional mobility impairments.

At the end of this session, participants will be able to:
1. Identify the average cost of a falls-related injury.
2. Describe how to calculate an organization's annual falls risk liability.
3. Describe five falls prevention measures that were implemented on the Nursing Care Center at FMC Lexington.

Keywords: Prevention, Innovation, Aging

Track 6	**Community Impacts and Public Health Disparities of Commercial**
5/11/2023 10:45	**Aviation Noise**
5/11/2023 11:15	*CDR Kenneth Phillips, PhD, Medical Device Lead Reviewer*

Background:
Implementation of the NextGen Air Transportation System in airports around the country increased capacity but also concentrated flight paths and lowered altitudes in nearby communities, resulting in increased complaints, lawsuits, and visible particulate pollution as far as 16 miles from the runway. A recent study of the Baltimore Washington International Airport (BWI) estimated the increased public health cost for daytime impact on heart disease due to NextGen flight noise at $800 million per year, not including effects of sleep interruption or air pollution. This calls into question whether current criteria used to estimate commercial aviation noise impact are valid.

Methods:
Current aviation noise measurements are based on an outdated 65DNL criteria that may underestimate public health effects. They are also based on an A-weighted noise spectrum, which does not include low frequencies found in the C-weighted noise spectrum, which a 2007 Department of Transportation study found to be the best single-metric predictor of annoyance for aircraft noise. In this work, we measured C-weighted aircraft noise from BWI departures on the TERPZ NextGen flight path (10 miles from the runway) over 24 hours, and developed a dimensionless approach to quantitatively compare aircraft noise with another real-world noise source, the US-29 highway, a major thoroughfare with an average of 90,000 vehicles per day.

Results:
We found that the total noise from aircraft was about three times the noise from the US-29 highway over 24 hours. Road noise was mostly continuous low-level white noise, whereas aircraft produced frequent disruptive spikes of oscillatory noise that dominated the overall environment, especially during peak operation hours, late at night and early in the morning when the background environmental noise was low. In addition, review of noise levels and county school performance found that the schools most impacted by the TERPZ flight path had a larger number of minority students, and that academic performance has decreased, when compared with schools that are not impacted by aircraft noise, in the years since NextGen was implemented.

Conclusion:
While the TERPZ flight path was found to have "no significant impact" by 65DNL simulation criteria, this real-world comparison showing three times the noise of a major highway suggests that current criteria may need re-evaluation to ensure that it accurately reflects public health impact and risk/benefit considerations. Construction of a similar highway would require decades of environmental studies, mitigation, public notice and input. Oversight of public health impact for NextGen changes is not commensurate with substantial harm that aircraft noise and pollution may cause, and the evaluation criteria should be revised to protect public health and prevent health disparities.

At the end of this session, participants will be able to:
1. Identify the impacts of commercial aviation on public health.
2. Describe problems with the current evaluation criteria for aircraft noise.
3. Apply solutions to better estimate and address public health impacts and disparities caused by commercial aviation.
Keywords: Health Inequalities, Community Health, noise; pollution; environmental justice

Track 1 5/11/2023 11:30 5/11/2023 12:00	**Advancing Pharmacist Roles in Substance Use Disorder Treatment and Recovery Teams** *CDR Anna Santoro, PharmD, MA, BCPP, BCGP, NCPS, Deputy Chief Pharmacist, Federal Bureau of Prisons; LCDR Nicholas Cushman, PharmD, MS, BCACP, Area Senior Clinical Program Coordinator, Northwest Portland Area Indian Health Board*

Background:
It is estimated that substance use disorders (SUDs) affect more than 40 million people in the United States, according to the Substance Abuse and Mental Health Services Administration (SAMHSA), with the numbers disproportionately impacting our underserved populations and rapidly continuing to rise. Several operating divisions within the U.S. Department of Health & Human Services are relying on the pharmacy profession to meet this national priority. In

response, a group of pharmacy officers from the Indian Health Service and the Bureau of Prisons developed and launched a national virtual training program in April of 2020.

Methods:
This program utilized the ECHO or "Extension for Community Healthcare Outcomes" model, a model that offers an interactive virtual learning environment where clinicians and staff serving vulnerable populations may connect with peers, engage in didactic presentations, collaborate on case consultations, receive mentorship from clinical experts across the country, and receive CE. Participants learn from one another, as knowledge is tested and refined through a local lens. This continuous loop of learning, mentoring, and peer support is what makes ECHO unique, with a long-lasting impact far beyond that of a webinar, e-learning course, or telemedicine care. ECHO aims to increase participant knowledge, skills, and comfort to effectively manage and treat patients within their own communities and facilities, ultimately reducing barriers and costs while improving outcomes. This program sought to: (1) increase pharmacist clinical competency (i.e., knowledge) regarding SUDs and best practices; (2) increase the number of persons with SUDs receiving treatment and support; (3) reduce provider implicit bias and stigma towards persons with SUDs; and (4) cultivate a learning community that will continue to guide best practice and policy pertaining to pharmacy-driven SUD treatment.

Results:
Program impact was measured through a comprehensive evaluation after each session with the cumulative results as follows:
- 98% were satisfied or very satisfied with the ECHO program
- 92% reported that their knowledge related to this topic improved a little or a lot
- 92% were likely or very likely to make a change in practice
- 91% were likely or very likely to suggest a change to a staff member
- 100% were likely or very likely to recommend the ECHO program to a colleague
- 99% feel that they have a greater social support as a result of the ECHO program

Furthermore, implicit bias and stigma towards persons with SUDs significantly decreased from the beginning to now among attendees based on the response to 3 standard questions.

Conclusion:
The aforementioned interventions have expanded access to integrated, SUD services and a stronger network of advanced practice pharmacists, reaching an immeasurable number of critically underserved individuals across the United States. This program is still well attended and has a tentative 2023 didactic calendar scheduled based on participant topic requests.

At the end of this session, participants will be able to:
1. Define the national priority related to substance use disorders.
2. Describe the existing national virtual training program and program outcomes.
3. Examine the integral role of a clinical pharmacist within the multi-disciplinary healthcare team.

Keywords: Substance Use Disorder, Technology/Digital Health, Pharmacy; Opioid

Track 2
5/11/2023 11:30
5/11/2023 12:00

The Essentiality Concept: Reducing PFAS exposure for healthier communities

CAPT Mark Miller, PhD, MS, MBA, NIH/NIEHS

Background:
Human health is a function of genetic predisposition and environmental exposures. Despite decades of research on per- and polyfluoroalkyl substances (PFAS), fundamental obstacles remain to addressing worldwide contamination by these highly persistent chemicals and associated human health impacts. Exposure data indicate each American has PFAS in their body at birth and body burdens continue to increase. The Essential-Use Concept is a tool that can guide phase-out of PFAS and potentially other substances of concern. This concept is a novel approach to chemicals management that determines whether using substances of concern, such as PFAS, is truly essential for a given functionality.

Methods:
To assess the essentiality of a particular use case, three considerations need to be addressed: (1) the function (chemical, end use and service) that the chemical provides in the use case, (2) whether the function is necessary for health and safety and critical for the functioning of society and (3) if the function is necessary, whether there are viable alternatives for the chemical for this particular use. A few illustrative examples of the three-step process are provided for use cases of PFAS. The essential-use concept takes chemicals management away from a substance-by-substance approach to a group approach.

Results:
The concept of essential use has been widely applied in global treaties and international regulations and it has also been recently used by product manufacturers and retailers to phase out substances of concern from supply chains. Currently, regulatory approaches for PFAS are being developed by several federal, state and international agencies using the Essentiality Concept.

Conclusion:
In addition to the Essentiality Concept for reducing community-wide PFAS exposures, there a additional recommendations for reducing personal exposure, including removal of PFAS from drinking water at the point of use, reductions in commercial products containing PFAS, and reduced PFAS use in outdoor gear.

At the end of this session, participants will be able to:
1. Describe the Essentiality Concept for chemicals management
2. Identify the health hazards associated to PFAS exposures
3. Reduce their personal exposures to PFAS

Keywords: Global/International Health, Science Research, PFAS; Prevention; Chemical Management

Track 3
5/11/2023 11:30
5/11/2023 12:00

Prevalence of High Astigmatism in Native American Children in an Urban Setting

CDR Ryan Manning, OD, MPH, IHS

Background:
The underserved community of American Native Americans seem to have a unusually high amount of astigmatism which creates a visual disability. Several Tribes have been studied individually but there is very little studies on Native Americans from a large region.

Methods:
Cycloplegic retinoscopy was used to measure astigmatism in 320 Native American children ages 3-5 year old. This is the standard for measuring astigmatism in this population.

Results:
24% of eyes tested showed astigmatism that was in the range to require glasses. 6.4% presented with over 4 diopters of astigmatism, which can be considered severe. This is by far the highest prevalence of astigmatism of any race that has been published to date.

Conclusion:
Because one out of every four Native American children should be wearing glasses to treat their astigmatism. A increased effort should be made to identify and treat astigmatism in Native American children at young age. This will allow them to achieve their potential in school.

At the end of this session, participants will be able to:
1. Describe the problem of astigmatism in the pediatric Native American population
2. Identify the severity of astigmatism in the pediatric Native American population
3. Realize the need of a increase public health effort to identify and treat this condition
Keywords: Special Populations (Youth, Immigrants, etc), Public Health Education , Vision disability, Astigmatism, Native American, Children

Track 4
5/11/2023 11:30
5/11/2023 12:00

Session Cancelled

Track 5
5/11/2023 11:30
5/11/2023 12:00

Pharmacy's perspective to overcome challenges in the effort in eliminating HIV in rural areas and indigenous populations

LT Esther Lee, PharmD, BCPS, Gallup Indian Medical Center; LT Ngoc Le, PharmD, BCPS, Clinical Pharmacist, Gallup Indian Medical Center

Background: In our service unit, HIV/HCV patients encounter unique obstacles that impact ART adherence such as living on the reservation, homelessness, substance abuse, low health literacy, incarceration, cultural beliefs, polypharmacy, comorbidities, and lack of support. Research has shown that a patient-centered approach helps to improve the patient's overall status. At our service unit, the HIV/HCV team started in 2000 by 2 pharmacists and an ID provider plays a pivotal role to identify these barriers, provide solutions to overcome challenges, and improve clinical outcomes. The barriers were especially emphasized during the COVID-19 pandemic and became more pronounced.

Methods: The pharmacists work in several different clinic settings to help prevent the disease in terms of HCV infection and reinfection and HIV mortality from non-adherence and spread. Through improved screening efforts, the collaboration from the healthcare team can identify high risk individuals and engage them into care. A pharmacy-led PrEP clinic helps to prevent HIV spread and preventative care (i.e immunizations, counseling, safety practices, and medication adherence is emphasized in the PrEP clinic to educate the patients. In the collaborative clinic, specialized attention is given to the individuals from different team members to make sure gaps in care are covered. Outreach efforts have also improved surveillance by offering screening offsite and locating lost to care patients. During the COVID-19 pandemic, services became sparse and difficult to maintain as individuals from the HIV/HCV team were reallocated to provide services elsewhere.

Results: There are many barriers to providing patient care to our Native population in our service unit. The collaborative team effort is the key to identifying and acknowledging those barriers and combating poor health outcomes in this population. Relationships built amongst the community expands our services and deepens the trust to improve HIV/HCV outcomes. However, during the COVID-19 pandemic, burnout was pronounced due to the high demand and staff shortage which our patients suffered from the impact. Creative and different ideas on how certain aspects of the clinic were run were changed and pharmacists expanded their role to help lessen the impact made by the pandemic.

Conclusions: The COVID-19 pandemic has impacted our HIV patient population in terms of mortality rates, patient visits, and in person pick up rates for medications. However within the past few years during the pandemic, there has been an overall improvement seen through the increased and improved utilization of mail out ordering for patients during the pandemic and expanded services of the pharmacists’ roles. However, the best positive impact can be seen when the inclusion of the whole team-based approach exists, adding to the improvement of patients' overall status in quality of life and life expectancy.

At the end of this session, participants will be able to:
1. Identify patient challenges in their continuum of care that we as providers can intervene and find ways in your own practice to apply such interventions.

2. Describe various methods of HIV/HCV prevention and the role Pont of Care (POC) rapid testing plays in helping curb the spread of HIV/HCV
3. Describe how collaborative practice can improve adherence to HIV/HCV treatment

Keywords: Infectious Disease, HIV/AIDS: Ending the Epidemic, Pharmacy

Track 6
5/11/2023 11:30
5/11/2023 12:00

The USPHS Commissioned Corps Legislative Liaison Program: Engagement on Capitol Hill

LCDR Briana Rider, PharmD, USPHS; CDR Yvonne Santiago, BA, MA, Commissioned Corps Legislative Liaison, USPHS

Background:
Congressional actions affect the budget, mission, structure, and strategic direction of the United States Public Health Service (USPHS) Commissioned Corps and the agencies where officers work. All USPHS Commissioned Corps authorities and entitlements are governed by statute. The USPHS Commissioned Corps has recognized the need to evolve the service's mission assignments and functions in step with the public health needs of the Nation and have begun modernization efforts. To ensure the USPHS Commissioned Corps can effectuate legislative changes to continuing modernizing, the service identified the need for a robust USPHS Commissioned Corps Legislative Liaison (CCLL) program.

Methods:
Creation of the CCLL program arose from a need to accomplish three objectives:
1. Develop a cohort of Public Health Service (PHS) officers who understand the importance of strategic relationships between the service, Congress, and health policy.
2. Expose Congressional members and staff to the USPHS Commissioned Corps organization.
3. Develop future USPHS Commissioned Corps policy leaders.

Research on other services that have legislative liaison programs was conducted and helped inform the structure of the CCLL program. This resulted in the establishment of a public-private partnership between the USPHS Commissioned Corps and Georgetown University's Government Affairs Institute (GAI) via a memorandum of agreement in 2020. To accomplish its objectives, the program was structured to consist of three key components:
1. Didactic instruction - GAI provides didactic instruction as well as methods and support in securing an assignment with Congress.
2. Congressional assignment - CCLLs gain hands-on experience on Capitol Hill by serving in a full-time assignment on the staff of a member, committee, or support agency of Congress in Washington, D.C.
3. Post-congressional assignment - CCLLs owe a service obligation to be completed either at the Office of the Surgeon General (OSG)/Commissioned Corps Headquarters (CCHQ) or at the sponsoring agency.

Results:

The CCLL program was found to be mutually beneficial to Congress, PHS officers, the USPHS Commissioned Corps, and sponsoring agencies.
- Members of Congress benefited from the public health expertise of CCLLs who helped execute members' health policy agendas.
- CCLLs gained unprecedented first-hand, senior-level experience with the workings of Congress to prepare them to assume executive leadership positions.
- The USPHS Commissioned Corps and sponsoring agencies gained strategic relationships with Congress and a robust understanding of how congressional actions affect the executive branch of the government.

As a result of implementing the CCLL program:
- A cohort of three policy leaders who understand the importance of strategic relationships between the USPHS Commissioned Corps and Congress, and health policy has been developed.
- Three Senators, two Senate committees and their staff were directly exposed to the USPHS organization, which has helped with branding of the service.
- Strategic relationships were built between the USPHS Commissioned Corps and Congress, including members and staff of committees with legislative authority over the USPHS Commissioned Corps.

A main lesson learned is that, within Congress, improved awareness of the USPHS Commissioned Corps is critical to advance legislative changes needed to continuing modernizing the service.

Conclusion:
To advance legislative changes needed to continue modernizing the USPHS Commissioned Corps, improved awareness of the USPHS Commissioned Corps within Congress is needed. The results achieved to date evidence that expansion of the CCLL program is the most effective way to continue building strategic relationships between the USPHS Commissioned Corps and Congress to garner the support needed to effectuate change. Key recommendations for expansion of the CCLL program include:
- Congressional assignments with U.S. Representatives and relevant committees.
- Continuous funding for program sustainability.

The CCLL program is shaping the future of the USPHS Commissioned Corps.

At the end of this session, participants will be able to:
1. Describe the U.S. Public Health Service Commissioned Corps Legislative Liaison Program
2. Identify key statutes that govern the U.S. Public Health Service Commissioned Corps
3. Explain the importance of the U.S. Public Health Service Commissioned Corps building strategic relationships with Congress

Keywords: Policy, Partnerships, modernization, program development

Ancillary Event **MOLC Honor Awards Luncheon**
5/11/2023 12:00

5/11/2023 13:30

Track 1	**Pharmacist Led Harm Reduction within Crow Service Unit**
5/11/2023 13:30	*LCDR Daniel "Nathan" Hamil, PharmD, MPH, BCACP, CPH, Acting Deputy*
5/11/2023 14:00	*Director - Outpatient Pharmacy Services, Crow Service Unit*

Background:
The Crow Service Unit, a designated isolated hardship, is comprised of the Critical Access Crow/Northern Cheyenne Hospital and its two field clinics, located within the Crow Reservation in Montana. Available data indicates, when compared to the general population, that Native American/Alaska Natives (AI/AN) suffer negative health outcomes disproportionately related to morbidity and mortality associated with SUD, hepatitis C, and sexually transmitted infections (STI). To help reverse these trends and statistics, the Crow Service Unit Pharmacy Department has led efforts to develop and implement policies and procedures to expand access to care and treatment services.

Methods:
Multi-level policy interventions related to SUD, Hepatitis C, and STI were developed and implemented to empower pharmacists to intervene and expand access to timely treatment and care for patients in a designated isolated hardship area. Each intervention sought to redress disparities in access to care and treatment for SUD, Hepatitis C, and STI. Utilization of the IHS iCare population management software tool to search across predefined key reveled a panel comprised of nearly 13% of the service population.

Targeted development of policies and procedures to address these health inequities was undertaken utilizing extensive review and analysis of the biomedical literature. To address limitations to buprenorphine services, tele-health medication-assisted treatment (MAT) was established with corresponding policies and procedures -- patient enrollment phase. Standing orders for pharmacists to prescribe/order injectable naltrexone was put in place to expand access to alcohol and opioid use disorder across the Service Unit -- data collection phase. To combat an ongoing Syphilis outbreak, the STI standing order was developed, which allows for rapid testing and expedited treatment for both patient and partner. The prospective nature of this intervention is driven by testing and findings from public health nursing in the field -- data collection phase.

Results:
While results and data collection are ongoing, preliminary findings indicate that pharmacists can have a meaningful impact on addressing health disparities related to harm reduction efforts. Within AI/AN communities, SUD, Hepatitis C, STI, represent public health burdens with disproportionate impact. Having identified an evident need within the community we serve, it is clear that pharmacist led initiatives through sound healthcare policy and procedures, have served an important role in expanding access to timely treatment and care, thereby, reducing health disparities.

Specific outcome metrics and results continue to be collected, and will be available for review during presentation.

Conclusion:
Pharmacist leadership in harm reduction services has a positive impact on addressing health disparities, which have far reaching negative economic, social, and personal health implications. The implementation of sound healthcare policy represent important steps towards expanding access to care and treatment.

Next Steps include the following:
1) recruiting patients for the Tele-MAT Clinic, and incorporating SUD/MAT within primary care;
2) Expanding access to long-acting, injectable naltrexone to eligible incarcerate individuals upon release;
3) Establish a syringe exchange program; and</p>
<p>4) Expanding STI standing order to include PrEP protocols to allow for pharmacist prescribing to prevent HIV infection.

At the end of this session, participants will be able to:
1. Discuss the principles of Harm Reduction
2. Summarize current Harm Reduction practices within Crow Service Unit
3. Plan future areas of Harm Reduction development
Keywords: Harm Reduction, Substance Abuse Disorder, Rural Health Care

Track 2	**Public Health Nursing in Response to COVID-19**
5/11/2023 13:30	*LCDR Paula Thompson, RN, BSN, MSN, Phoenix Indian Medical Center;*
5/11/2023 14:00	*CDR Julianna Upshaw, RN, BSN, Chief Nurse Officer, Phoenix Area Office*

Background:
A PHN's scope of practice and duties include addressing health needs at the individual, family, community, and population using a health promotion approach; conducting population health assessments, addressing needs related to disease and injury prevention, health protection, emergency preparedness and response; and taking part in health surveillance.

The COVID-19 epidemic has highlighted the ongoing underfunding of the public health system. Due to funding cuts in the past, PHNs have historically had a degraded workforce, despite their importance in the delivery of services during a public health crisis. The PHN personnel has become overburdened and overworked in the present COVID-19 environment.

Methods:
This goal of this presentation is to (a) outline the roles of public health nurses during the COVID-19 pandemic, (b) Describe the contextual variables that affect the implementation of the public health nursing role, (c) Describe the challenges encountered in public health data collection at the beginning of the COVID-19 pandemic.

Method: Individual semi-structured interviews with PHNs and detailed staff.

Results:
Examination of the quickly changing PHN tasks and responsibilities throughout the COVID-19 pandemic, as well as their effects on people, families, and communities, will be provided by the findings. Additionally, the findings will offer a new perspective on the contextual obstacles to the PHN role during public emergencies and will provide guidance on data collection at the beginning of this unique time period.

Conclusion:
Findings from the PHN perspectives can aid decision-makers at the system and/or organizational levels of public health in making decisions about allocation of resources, supportive work processes and integration of data collecting and data analysis immediately upon a public emergency.

At the end of this session, participants will be able to:
1. Identify barriers in response to Public Health Emergencies.
2. Apply lessons learned from the past in Public Health Nursing
3. Apply lessons learned for data collection at the beginning of a Public Health Emergency
Keywords: COVID-19, Community Health

Track 3	**Understanding Disaster Impacts on Human Services Providers and the Community**
5/11/2023 13:30	
5/11/2023 14:00	*CDR Damon Smith, MPH, MHS, ACF; LT Johanna Paillet-Growl, MA, LCSW, BCD, Repatriation Program Specialist, ACF*

Background:
Preimpact conditions, including socio-economic determinants like economic stability, educational access and quality, neighborhood and built environment, and social and community context, act together with disaster-specific conditions to produce a disaster's physical and social impacts. Disasters generate increased demands on all social services because of impacts on vulnerable populations, the creation of newly vulnerable populations, interrupted service delivery, and displacement of both providers and clients. The Administration for Children and Families, Office of Human Services Emergency Preparedness and Response coordinates with partners to assess damage and identify disruptions to human services infrastructure and to assess a community's access to services.

Methods:
ACF OHSEPR conducted targeted and time-limited human services damage assessments of key ACF-funded human services providers (e.g., Head Start centers) following several recent disasters to identify disaster-caused physical infrastructure damage and operational impacts affecting access to services. Mission planning and coordination included background data

analysis, facility assessment training, the develop of a GIS mapping and Survey123 tool, site notification, and field coordination.

Results:
The importance of fostering relationships with local partners to increase trust, build resiliency, and bridge the gap from local to federal levels

The importance of coordinating with ACF program offices and engaging human services providers prior to a mission, during a mission, and post mission

The importance of data clarity, context, and direct community connections is key

Understanding the possible cumulative impacts of previous disasters on human services providers and the community

Understanding the role of non-profits in disaster relieve and how to account for the role in our assessments

Conclusion:
Conducting human services damage assessments helps to identify challenges and to better understand the capacity of human services agencies to provide services following a major disaster. The information collected is used to provide technical assistance to ACF programs and coordinate policy flexibilities for ACF programs impact by disasters.

At the end of this session, participants will be able to:
1. Explain the impacts of human services following a disaster.
2. Describe the impacts to human services providers following a disaster.
3. Describe the role of ACF/OHSEPR in conducting human services damage assessments
Keywords: Emergency Response, Community Resillience, Human Services

Track 4
5/11/2023 13:30
5/11/2023 14:00

Leprosy in the United States: Recognition and Treatment in 2023

CDR Ericka Murray, MPH, Director of BioWatch Exercise Operations, Department of Homeland Security, Countering Weapons of Mass Destruction Office; LCDR Scott McGrew, DPT, CWS, Public Health Outreach Coordinator, National Hansen's Disease Program

Background:
Leprosy, known as Hansen's disease (HD) in the US, is a poorly recognized and little-known disease that affects roughly 200 patients per year. Often, diagnosis is delayed because medical professionals cannot identify the signs and symptoms of the disease. Prolonged infection can cause severe complications including loss of sensory and motor function in the hands and feet, lagophthalmos, corneal blindness, damage to the nasal tract, and lesions on the skin. Additionally, delayed diagnosis prolongs the infectious period a patient with HD can transmit

the disease. With prompt recognition of symptoms, complications and disease transmission can be reduced.

Methods:
This presentation outlines the best practices developed at the National Hansen's Disease Program (NHDP) for the diagnosis and treatment of leprosy in the US, and epidemiology of leprosy in the US and abroad. Participants will learn about the causative agent, Mycobacterium leprae, and how to recognize signs and symptoms of HD. A case study will underscore the importance of ongoing care to prevent amputation in patients with insensate feet. The program will review the history of leprosy in the US, and the legacy of the USPHS in developing a cure for the disease. Finally, the program will review support systems offered by the NHDP and how to access them

Results:
Early diagnosis and treatment of leprosy-affected patients will reduce morbidity in leprosy-affected patients and improve functional independence. Early diagnosis and treatment reduce transmission of the disease. Deliberate and intentional care for leprosy-affected patients can prevent amputations in those with neuropathic limbs. Patient and family education in populations susceptible to HD are the key to resolving the issues of stigma that prevent leprosy-affected people from coming and forward and aiding in early diagnosis and treatment.

Conclusion:
All medical providers should be educated about leprosy in the United States. Leprosy can be eradicated worldwide in the next 25 years if the profile of leprosy is properly elevated. We have the technology to do it. Medical provider education is a key part of making it happen.
https://www.hrsa.gov/hansens-disease
https://zeroleprosy.org/

At the end of this session, participants will be able to:
1. List the cause of leprosy
2. Describe the unique characteristics of Mycobacterium leprae
3. Describe the 6 major signs and symptoms of leprosy

Keywords: Infectious Disease, Public Health Training, Hansen's Disease, Mycobacterium leprae, Neuropathic Foot

Track 5
5/11/2023 13:30
5/11/2023 14:00

Advancing Worker Safety, Health, and Well-being: An Overview of NIOSH Total Worker Health® Program

CDR Heidi Hudson, MPH, CDC/NIOSH/DSI

Background:
Work has taken on new meaning for workers and employers. Remote work arrangements, job insecurity, burnout, substance use disorders, health disparities as well as an increased awareness of the importance of protecting and promoting workers' mental health and

well-being are some of the consequences of the pandemic. This complex, ever-changing environment demands new approaches that holistically safeguard and promote the health and well-being of workers. Therefore, critical new insights are needed into serving the safety and health needs of an increasingly diverse workforce, and the myriad of safety and health issues that are impacted by population differences, disparities, and inequalities.

Methods:
The mission of the National Institute for Occupational Safety and Health (NIOSH) is rooted in its dedication to preserving and enhancing the total health of workers. Established in 2011, the NIOSH Total Worker Health® (TWH) program offers a holistic model for improving workforce safety, health, and well-being. Defined as policies, programs, and practices that integrate protection from work-related safety and health hazards with promotion of injury and illness prevention efforts to advance worker well-being, the TWH approach fosters safer and healthier workplaces by addressing work organization, employment and supervisory practices, and workplace culture. Integration considers the synergistic opportunities between and among the health of workers at and away from work and a broader look at the interplay of work and non-work factors and influences on the well-being of workers.

By investing in research and transferring this research into practice, the long-term vision of the NIOSH TWH Program is to protect the safety and health of workers and to advance their well-being by creating safer and healthier work environments and addressing employment-related issues. This vision will be achieved through knowledge generation, translation of that knowledge into practice, development of policy guidance, and building workforce capacity, altogether through collaboration and partnerships.

Results:
Studies have shown that integrating occupational safety and health protection activities with health-enhancing ones-rather than delivering either of these activities alone-more effectively addresses the wide-ranging and increasingly complex concerns of workers. Indeed, using an integrated and comprehensive approach to address work-related hazards and other exposures tackles the multifaceted risks that exist and leads to improved worker and organizational outcomes. NIOSH-funded science has played a critical role in readying employers and workers to take on the challenges of a rapidly evolving economy.

Over the past two decades, several academic, federal, state, labor, and private sector initiatives have emerged and evolved that support integrated approaches and advance worker well-being. Such initiatives include expanding the number of NIOSH-funded Centers of Excellence for TWH, congressional funding to deliver a national awareness and education campaign to safeguard and improve the mental health and well-being of health workers, the U.S. Surgeon General's Framework for Workplace Mental Health & Well-being, the launch of a TWH professional society, academic and professional training, and numerous NIOSH programs that have evolved in response to the changes in the nature of work, workplace, and workforce.

Conclusion:

The future of work is shaped by both anticipated and unanticipated national and global issues with potential and long-lasting implications. Perennial challenges of the work environment, such as safety hazards, work stress, mental health, substance misuse, and chronic disease, are prime targets for integrated, holistic approaches rather than the more limited, siloed ones of the past. As the scientific evidence base continues to grow over the next decade, NIOSH will strive for TWH policies, programs, and practices to be more widely adopted across the nation.

At the end of this session, participants will be able to:
1. Describe recent work-related trends as they relate to the well-being of workers
2. Describe at least one program (or intervention) that aligns with Total Worker Health principles
3. List at least 2 resources for more information on the topics discussed

Keywords: Prevention, Emerging Threats, Total Worker Health, Worker Well-being

Track 6 **Evaluating if Eczema is Caused by Air Pollution**
5/11/2023 13:30 *CDR Ian Myles, MD/MPH, NIH*
5/11/2023 14:00

Background:
Atopic dermatitis (AD) is a chronic inflammatory skin condition increasing in industrial nations at a pace that suggests environmental drivers. However, research has predominantly focused on possible genetic factors or innate inflammation.

Methods:
We hypothesize that the dysbiosis associated with AD may signal microbial adaptations to modern pollutants. We used available EPA databases and contrasted the pollutants per US zip code with rates of clinical visits for AD to evaluate candidate pollutants. We then tested those pollutants against isolates of skin bacteria to test if these exposures could induce a disease-like phenotype in the bacteria.

Results:
Screening EPA databases against the clinical visit rates identified diisocyanates as the strongest predictor of AD. Diisocyantes were also temporally associated with AD and are components of several known risk factors previously linked with AD. Diisocyanates disrupted the production of beneficial lipids and therapeutic modeling for isolates of R. mucosa as well as commensal Staphylococcus. Finally, while topical R. mucosa failed to meet commercial endpoints in a placebo-controlled trial, the subgroup who completed the full protocol demonstrated sustained, clinically modest, but statistically significant clinical improvements which differed by study site diisocyanate levels.

Conclusion:

Therefore, our work indicates diisocyanates show temporospatial and epidemiological association with AD while also inducing eczematous dysbiosis. Next steps will include the first environmental mitigation strategies for AD. These may include avoidance or risk factors, air filtration, and/or use of tooical probiotics to counter the harmful effects of these toxins. We further show that diisocyanates activate a receptor in human skin that drives itch and rash.

At the end of this session, participants will be able to:
1. Identify the pollutants with the strongest association with atopic dermatitis
2. Identify the mechanistic evidence suggesting isocyantes may cause eczema
3. Outline specific ways the PHS can use the new environment-of-eczema data to improve public health

Keywords: Science/Research, Public Health, Environmental exposures, allergic disease

Track 1 5/11/2023 14:15 5/11/2023 14:45	**Good Jobs, Mental Health, and Inequity: Towards a Greater Consideration of Work as a Social Determinant of Health** *CDR Alice Shumate, PhD, MPH, Epidemiologist, Centers for Disease Control and Prevention/NIOSH; CDR Elizabeth Garza, MPH, CPH, Coordinator, NIOSH Construction Program, CDC/NIOSH*

Background:
The concept of social determinants of health (SDOH), or how the structuring of society impacts the health and well-being of individuals and populations, can be useful toward understanding the relationship between work and health. Work is central to the SDOH because an individual's job has a significant impact on their ability to secure basic needs that are foundational for their health and well-being and that of their family. However, traditional occupational health typically focused on isolated workplace exposures and associated health consequences, without considering the broader social context that allows for a more complete consideration of work as an SDOH.

Methods:
Efforts to better understand work as a social determinant of health inequity have led to development of a more complete biosocial model for occupational health, including greater consideration of how an individual's job affects many other aspects of their life. Mental health is central to this model, as emphasized by the U.S. Surgeon General's Framework for Workplace Mental Health and Well-Being. We present case studies from our work in occupational health demonstrating that how jobs are structured impacts the mental health of workers. These include a survey of U.S. mariners during COVID-19, examining the impact of workplace structure and changes on stress, anxiety, and depression; analyses of suicide rates among different worker populations; and the example of construction industry programs to build recovery-friendly workplaces that intentionally support workers recovering from substance use disorder.

Results:

These case studies demonstrate how work acts as a social determinant of mental health and a fundamental cause of health inequities. However, work can also serve as an intervention, in which the workplace is used to improve health (including mental health), through proactive programs at the individual, organizational, and public policy levels. Incorporating the concept of work as a fundamental part of the SDOH allows for the potential use of work as a conceptual bridge, bringing public health into economic and social initiatives focused on sustainable workforce development and corporate responsibility.

Conclusion:
The workplace is fundamental to the mental health and well-being of individuals as well as that of their family members. How jobs are structured can have lasting impacts, both positive and negative, on the mental health of workers. We are currently experiencing a time of rapid change in the structure of work, and in workforce development. Public health should contribute to these conversations, emphasizing the potential for work to play a role in reducing health inequities.

At the end of this session, participants will be able to:
1. Explain how work is an important component of the social determinants of health
2. Describe the importance of work in influencing an individual's mental health
3. Describe how work can serve as a fundamental cause of health inequities but also as an intervention or bridge to help right those inequities
Keywords: Mental Health/Behavioral Health, Surgeon General's Initiative, Social Determinants of Health

Track 2	**Global Public Health Communications in Social Media During the**
5/11/2023 14:15	**COVID-19 Pandemic**
5/11/2023 14:45	*LCDR Jay Wong, PharmD, MPH, US Food & Drug Administration*

Background:
During the COVID-19 pandemic, there was a growing need for reliable, factually correct, scientific information at the global public health level. However, there was also misinformation that grew unchecked and spread by other social media platforms outside the government.

Methods:
The PharmPAC Social Media Work Group augmented our platforms' public health messages during the pandemic to encompass the most up-to-date COVID-19 information while combating misinformation (i.e. spammers).

Results:
With over 60 pharmacy officers, we updated the annual calendar of posting topics to reflect the Surgeon General's new initiatives and various public health emergency topics which grew out of the COVID-19 pandemic, such as youth mental health, worker burnout, and health misinformation. We instituted peer-reviewed standard operating procedures that incorporate

policies, officership requirements, and succession planning. With the hazards and security issues surrounding the web, we developed and regularly updated social media hygiene training to increase awareness and knowledge of bad internet actors and what outcomes could result when compromised.

Conclusion:
With increased postings and COVID-19 deployments by our officers during the public health emergency, we added more pharmacy officers for some of our platforms to help support growing public health information needs. We implemented training on how to better use design tools to improve the quality of our social media posts.

At the end of this session, participants will be able to:
1. Illustrate how social media platforms can be used to globally share pharmacy related public health information in general and as enhanced during the pandemic
2. Analyze the different types of public health topics utilized in social media posts across Facebook, Instagram, Twitter, and LinkedIn
3. Describe how operating procedures, posting policies, and security play an instrumental role for our platforms and officers
Keywords: COVID-19, Global Health, Social Media; Combating Misinformation; Public Health Emergency

Track 3
5/11/2023 14:15
5/11/2023 14:45

Redefining Force Health Protection: Understanding Deployment Health in the Commissioned Corps

CDR Witzard Seide, MD, Medical Consultant, Commissioned Corps Headquarters; LCDR Heather Light, LCSW, BCD, Corps Care Program Manager, Commissioned Corps Headquarters

Background:
The COVID-19 Pandemic brought about a significant increase in the deployment tempo of the United States Public Health Service (USPHS) Commissioned Corps. Officers were activated and expected to be ready both physically and psychologically and deploy multiple times a year for deployment lengths exceeding the prior average of two weeks. The surge of deployments, and the accompanying social issues raised by a pandemic, highlighted the necessary expansion for force health protection within operations at the Commissioned Corps Headquarters (CCHQ). It also provided an opportunity to strengthen collaboration efforts between Medical Affairs and Corps Care.

Methods:
Through the Pandemic the framework for providing force health protection evolved to support the rapidly expanding number of officers deployed. Corps Care, a program with the Readiness and Deployment Branch (RDB), initially provided services to officers virtually. Medical Affairs was consulted for injured and ill rostered officers requiring emergent medical waivers. Later RDB stood up the Command Cell and embedded a medical officer, and Corps Care expanded its

range of support by virtually deploying behavioral health and medical providers to augment the needs of the program and maintain a health readily deployable force. During this time the scope of service provision expanded to include medical screenings, policy recommendations, procedure changes, and implementing the use of tools to improve reporting of health issues. Medical Affairs created a permanent position, Deployment Medical Officer, to track trends, prevent illness and injury, and protect unhealthy officers from being deployed. Currently Corps Care and the Deployment Medical Officer consult on health protection processes and implement health assessment tools. The evolution of force health protection is innovative and nimble. At the end of two years the strong collaboration between these programs continues to promote ingenuity in health and wellbeing preservation.

Results:
Re-defining deployment health within the concept of force health protection for the Commissioned Corps is a priority. The collaboration between Medical Affairs and Corps Care has resulted in developing standard of practices regarding illness and injury when deployed, and development and operation of tools to improve assessing officers' health status throughout the deployment cycle.

Conclusion:
Prioritizing the health and wellbeing of deployed officers is integral to mission success. Additional resources have been invested to provide health support and consultation services to the officers and CCHQ leadership through the deployment continuum. Corps Care and Medical Affairs continue to interpret and evaluate information gathered through the application of these innovative processes and tools better understand deployment illness and injury trends and determine next steps in preventing them and making the USPHS Commissioned Corps a more resilient force.

At the end of this session, participants will be able to:
1. Explain the current structure of Force Health Protection and Deployment Health in the Commissioned Corps
2. Identify the role of Corps Care and Medical Affairs Branch within Deployment Health
3. Describe the various avenues of reporting illness and injury during deployment, and the role of deployment health assessments in force health

Keywords: Deployment, Officer Reslience, Force Health Protection

Track 4 **Spinal Cord Injury - Clinical Considerations and Best Practices**

5/11/2023 14:15 *LT Whitney Huryta, PT, DPT, NCS, Clinical Specialist, Bureau of Prisons*
5/11/2023 14:45

Background:
Spinal cord injuries (SCI) impact up to 500,000 people each year and lend to significant functional impairments, including motor, sensory and autonomic dysregulation due to a disruption in axonal pathways. Patients' who suffer from SCI have increased risk of complications, including fracture, pressure injuries, heterotopic ossification, autonomic dysreflexia, cardiovascular disease and respiratory dysfunction, all impacting their ability to engage in physical activity/ADLs. Despite these known risks and multisensory impairments, the prevalence of adverse events and increased mortality following SCI remains elevated. This presentation aims to improve outcomes for people with SCI by enhancing multidisciplinary clinical knowledge and care.

Methods:
A review of the literature was performed to include articles from 1980 to 2021 using multiple databases (PubMed, CINAHL and Google Scholar). Key words included: spinal cord injury, SCI, rehabilitation, physical therapy, heterotopic ossification, HO, fracture, pressure wound/injury, autonomic dysfunction, autonomic dysregulation, cardiovascular disease, exercise and treatment. All references were scanned for relevant citations and assessed. Articles were assessed for inclusion based on study design and relevance to aforementioned objectives.

Results:
1. People with SCI experience autonomic dysreflexia, which influence risk of developing cardiovascular disease. It is proposed for people with SCI to be more closely screened for cardiovascular disease risk factors and subsequent treatment in order to reduce complications and mortality
2. People with SCI have an increased risk of developing pressure injuries and undergoing subsequent hospitalization for treatment. Individualized off-loading strategies and preventative interventions are proposed in order to improve outcomes
3. SCI lends to significant bone loss and increased risk of complex fractures, which occur at younger ages than the general population with the risk of fracture increasing after only 3 years of the injury. The most effective window of intervention is within the acute phase of rehabilitation with combined mechanical loading therapies and pharmacologic treatment
4. HO occurs most frequently within the first 2-3 weeks after a SCI, with reported incidences up to 53%. Efficacious treatment strategies are proposed
5. Exercise and rehabilitation have been shown to positively impact functional mobility, cardiovascular disease, temperature regulation, bowel and bladder function and sexual function. People with SCI should engage in regular physical activity
6. Resources have been identified and provided to improve patient education and identification of risk factors

Conclusion:

Adjustments can be easily considered in our approach to treating patients with SCI to include a more holistic view of the condition and to address known risks for complications beginning at initial injury. Knowledge gained from this presentation in conjunction with the resources provided will serve to better equip medical providers treating people with SCI in various environments served by the United States Public Health Service, including but not limited to inmates in the Bureau of Prisons, those serving in deployment roles in response to national disasters, Indian Health Reservations as well as others across operational divisions in clinical roles.

At the end of this session, participants will be able to:
1. Identify and discuss key clinical considerations for patients with spinal cord injury including: autonomic dysreflexia, pressure injuries, fractures, heterotopic ossification (HO)
2. Discuss evidence-based recommendations for exercise and therapeutic intervention
3. Provide and utilize patient resources for effective patient education

Keywords: Patient-Centered, Public Health, Clinical, Spinal Cord Injury, Multidisciplinary Approach, Rehabilitation

Track 5 **NIOSH Worker Well-Being Questionnaire (WellBQ)**
5/11/2023 14:15 *Ms. Chia-Chia Chang, MPH, MBA, CDC NIOSH*
5/11/2023 14:45

Background:
While there is much interest in worker well-being, there has been no consistent definition of the concept of worker well-being nor a comprehensive measurement tool to assess it. To address this gap, the NIOSH and the RAND Corporation conducted research to develop a conceptual framework and operationalize indicators for worker well-being. This work produced the NIOSH Worker Well-being Questionnaire (WellBQ), a new tool designed to assess worker well-being.

Methods:
The research team conducted a multidisciplinary literature review of the peer-reviewed and grey literature to inform the framework development. Using the key conceptual issues found, a worker well-being framework was developed, consisting of five domains: (1) Workplace physical environment and safety climate; (2) Workplace policies and culture; (3) Work evaluation and experience; (4) Health status; (5) Home, community, and society.

Next, the team reviewed existing instruments to extract items relevant to the five domains. An expert panel contributed to the prioritization and selection of items, and a draft instrument was created. After cognitive testing and pretesting, it was field tested in a sample of 975 working adults. The testings were conducted by GfK's KnowledgePanel, a probability-based, online panel to be representative of the civilian, noninstitutionalized U.S. population.

The responses were analyzed through psychometric testing which included item- and scale-level descriptive analyses, exploratory factor analysis (EFA), confirmatory factor analysis (CFA), examination of item characteristic data via Item Response Theory (IRT) analyses, examination of correlations among items and scales, and computation of internal consistency reliability statistics for scales.

Using the results of the analysis, multi-question scales were created, less-informative items were eliminated, and minor edits were made to improve clarity.

Results:
The instrument demonstrated adequate reliability and concurrent validity. CFI and TLI values range from 0.93 to 1, and Cronbach alpha values exceed 0.8 in most cases, falling below 0.7 for only one scale. The meaningful correlations point to criterion, convergent, and discriminant validity of questionnaire measures. A forthcoming paper will describe development process & analysis of field-testing data. The final instrument is divided among 24 subdomains and 52 subdomain constructs. Based on the pilot test and the number of items which were eliminated, it is estimated that the NIOSH WellBQ can be completed in about 15 minutes.

The NIOSH WellBQ is designed to capture multiple facets of well-being to both broadly characterize the well-being of workers and inspect specific aspects of worker well-being. It can be used across the workforce as a whole or within various worker subpopulations. As data are accumulated through widespread use of the NIOSH WellBQ in a diversity of settings, we anticipate that researchers, practitioners, and policymakers will be able to establish benchmarks or for worker well-being across different working populations.

Conclusion:
The NIOSH WellBQ can be used to identify changes in worker well-being due to changes in public or organizational policies and investigate effects of deliberate interventions to influence worker well-being and associated outcomes. The NIOSH WellBQ is a reliable and valid instrument that comprehensively measures worker well-being.

To advance the development of knowledge, the Health Enhancement Research Organization (HERO) is creating a clearinghouse to collect anonymous data from the instrument, which will be available to the public for free. To support further work, NIOSH is convening a Scientific Expert Panel to Intellectual expertise and guidance related to worker well-being.

At the end of this session, participants will be able to:
1. Describe four ways that jobs can impact the well-being of workers
2. Identify the five domains of worker well-being
3. Discuss three benefits of measuring the well-being of a workforce

Keywords: Surveillance, Innovation , Data-Based Decisions, Workplace Well-being

Track 6
5/11/2023 14:15
5/11/2023 14:45

Validation of Sampling Processes for a National Biodefense Exercise Program Promoting Bio-incident Response Preparedness

CDR Ericka Murray, MPH, Director of BioWatch Exercise Operations, Department of Homeland Security, Countering Weapons of Mass Destruction Office

Background:
The BioWatch exercise program provides an assessment of readiness at the jurisdictional level through the evaluation of preparedness planning concepts outlined in the BioWatch policy documents and jurisdictional plans. Concepts exercised include information sharing, risk communications and incident management decision-making.

As a result of feedback from jurisdictional stakeholders, in 2022 the BioWatch exercise program significantly expanded its scope to better prepare jurisdictions for a biothreat incident. The tools used to accomplish this shift in operational posture are multifaceted and leverage the resources that a federal program headquarters can uniquely provide.

Methods:
Some examples of these tools include:
- Designing, developing, conducting, and evaluating multi-jurisdictional (regional) exercises to drive regional preparedness planning and communication;
- Developing more realistic scenario and inject materials to better validate jurisdictional response plans;
- Leveraging DHS-contracted subject matter experts to develop and deploy non-infectious inactivated BioWatch agent simulant; and
- Assessing the laboratory's ability to analyze and detect a simulated BioWatch agent on outdoor field samples.

Results:
CDR Murray and her team made history, successfully executing the validation project and proving the ability of the laboratory to detect the simulant from outdoor field samples. Further, this validates that sample collection and testing methods work; a task that has never been accomplished before. The sampling validation project fully executes tasks detailed in the National Biodefense Strategy and Implementation Plan stating that the United States will work to strengthen biosecurity to prevent both state and non-state actors from obtaining or using biological material, equipment, and expertise for nefarious purposes. Exercise enhancements such as the validation project has increased the confidence that outdoor sampling methods are working. The validation project received an overwhelming positive response locally, state-wide, and nationally, thereby ensuring BioWatch jurisdictional partners are better prepared to respond to biological incident.

Conclusion:
The BioWatch exercise program model has effectively evolved to accommodate shifting jurisdictional preparedness needs not only by providing increasingly complex exercise

enhancements, but also by creatively providing training opportunities and supporting jurisdictions in the development of their own unique and challenging exercises. The number of exercise activities supported by the BioWatch program has increased from an average of 5 exercises per year prior to 2014 to an average of 25 per year through the end of 2023 across 18 jurisdictions.

At the end of this session, participants will be able to:
1. Develop an understanding of BioWatch exercise operations to include exercise development, conduct, and evaluation
2. Identify the implementation of more realistic BioWatch scenarios including the development and deployment of bio-agent simulants
3. Recognize the laboratory's ability to analyze and detect a simulated Biohazard agent on outdoor samples

Keywords: Bioterrorism , Laboratory, Preparedness

Track 1
5/11/2023 15:00
5/11/2023 15:30

Treatment Strategies with the Rise of Fentanyl Overdose and Worsening Opioid Epidemic

CDR Amos Chen, MS, ARNP, MLS(ASCP)CM, FNP-BC, MAT Program Manager and Family Nurse Practitioner, Cowlitz Tribal Health; LCDR Simone Krieger, MSN, RN, Nurse Care Manager, Cowlitz Tribal Health

Background:
Many Americans have been affected by the opioid epidemic with the rise of overdose from prescribed and illicit opioids. The number of opioid overdose death has also risen in recent years due to the proliferation of highly potent fentanyl. Fentanyl is a synthetic opioid often used for analgesic and anesthetic purpose in medicine. The pharmacologic half-life of fentanyl is seven hours; however, when used illicitly over a period of time, it may take up to two weeks to clear. Due to its lipophilic property and prolonged renal clearance with chronic use, fentanyl dependence treatment has seemed to be more difficult.

Methods:
Buprenorphine is an FDA-approved medication for moderate-to-severe pain. Because of its partial activating property on the mu-opioid receptor, buprenorphine is also used to treat Opioid Use Disorder (OUD). However, when taken too soon after a recent use of a full opioid agonist, buprenorphine may induce precipitated opioid withdrawal.

Anecdotally, all of our active OUD patients reported the knowledge of fentanyl use in 2022. Patients also acknowledged the possibility of fentanyl exposure when using other form of illicit opioid. Compared to other opioid use, patients who are knowingly using fentanyl reported more difficulty in restarting buprenorphine. Due to its treatment difficulty, we learned from the experience of other MAT clinics about the buprenorphine microdosing induction method. For

patients with low social support and/or past microdosing failure, the macrodose buprenorphine induction is offered.

Sublocade is the only FDA-approved monthly injectable buprenorphine product in the United States. Once an OUD patient is stable on a sublingual or buccal buprenorphine product for a minimal of seven days, Sublocade can be injected subcutaneously once a month to form a depot as an extended-release medication. Buprenorphine has a higher opioid receptor affinity than fentanyl; and a subcutaneous depot buprenorphine could help to prevent fentanyl overdose death.

Results:
Our clinic adopted the buprenorphine microdosing method in September 2021. There have been several macrodosing attempts for patients starting or restarting buprenorphine. One patient reported little to no withdrawal symptom when transitioning from fentanyl to buprenorphine. Majority of patients did not follow the microdosing schedule as instructed; most patient did not return to clinic daily during the microdosing week.

Macrodosing buprenorphine has also been adopted as an induction method for new or reengaged patients since July 2022. One patient did not follow the macrodosing instruction and started buprenorphine too soon with severe precipitated withdrawal. One patient reported the success in macrodosing inducdtion at home but lost follow up with the clinic the following week.

First Sublocade subcutaneous injection started on a MAT patient in July 2021. At the time of writing, there has been six patients successfully transitioned from transmucosal buprenorphine to the long-acting subcutaneous depot. Most Sublocade patients reported suppression of opioid cravings. Two out six patients required additional sublingual buprenorphine due to high opioid tolerance. One patient relapsed on fentanyl use during travel in September 2021, with no sedation or withdrawal symptoms. The other patient continued to use illicit fentanyl despite monthly injection and additional daily sublingual buprenorphine.

Conclusion:
New buprenorphine administration with submucosal microdosing/macrodosing induction and subcutaneous long-acting maintenance seemed to help in preventing fentanyl overdose. Daily follow up with Directly Observed Therapy seemed to ensure success. Implementing contingency management may reward clinic follow up. Having a short supply of buprenorphine in the clinic may help to promote induction success.</p>
<p>In 2021, the Department of Health and Human Services released a new practice guideline, exempted all providers to treat up to 30 OUD patients with buprenorphine without a waiver requirement. The proposed Mainstreaming Addiction Treatment Act is seeking to eliminate the separate waiver requirement to prescribe buprenorphine.

At the end of this session, participants will be able to:
1. Describe the problem of opioid epidemic with the rise of fentanyl overdose

2. Identify the mechanism of action of buprenorphine as a partial mu-opioid receptor agonist and apply the knowledge in treating patients with complex opioid use disorder
3. Describe current and future treatment strategies in addressing the opioid epidemic both locally and nationwide

Keywords: Opioids, Surgeon General's Initiative, substance abuse disorder, fentanyl, microdosing buprenorphine, macrodosing, depot, Subutex, Suboxone, Zubsolv, Sublocade, Buvidal, naloxone, Narcan, Kloxxado, Native American, Medication Assisted Treatment, Office Based Opioid Treatment

Track 2	**In Officio Salutis: Best Practices to Operationalize Service of Health Through Health Equity**
5/11/2023 15:00	
5/11/2023 15:30	*LCDR Lorener Brayboy, DHSc, MSW, LICSW, HRSA; CAPT Wanda Finch, MSW, M.Ed., LICSW, Special Expert, SAMHSA Office of Recovery*

Background:
The world stopped when COVID-19 spread rapidly and the pandemic has claimed over 1M deaths in the United States. For the last two years, mental health and behavioral health services have been on the rise as individuals across the life span seek care and services to meet their unique needs. Untreated mental health and behavioral health conditions only worsen over time and complicates the health of those living with chronic health conditions. Working within interdisciplinary teams, social workers were tasked in addressing safety within the workplace, while also tackling the comprehensive medical, social, and psychological needs of patients and families.

Methods:
This program will provide an overview of clinical social work practice in support of a local military health system and identify best practices in working within inter-disciplinary teams and providing person-centered care. The session will also include program adjustments in the age of COVID-19 and supporting vulnerable populations and fellow team members.

Results:
Key points of interest include standard practices to gather information details to aid in the delivery of care; execution of a person-centered approach to ensure care is properly transitioned and implemented effectively; and integration of crisis response services in collaboration with multidisciplinary team.

Conclusion:
The COVID-19 pandemic highlighted the critical role of social workers, who as frontline workers, promoted public health education, provided emotional support through grief and loss work, addressed behavioral needs, and advocated for individuals and families' access to resources during uncertain times and within high-risk environments. The contributions of social work profession were integral during the COVID19 pandemic in which it encouraged creative ways to

address the psychosocial needs of patients, create strategies in building resilience among patients and fellow health care workers, and opportunities to promote health equity.

At the end of this session, participants will be able to:
1. Explain delivery of adjunct social work services in medical settings
2. Identify potential pitfalls when working with multidisciplinary medical team and how to mitigate them in advance
3. Articulate best practices to ensure equitable access to care in the medical setting and upon discharge

Keywords: Behavioral Health, COVID-19, Health Equity

Track 3	**Hurricane Ian: Getting Boots on the Ground**
5/11/2023 15:00 5/11/2023 15:30	*CDR Travis Mann, MPH, MEP, Regional Emergency Coordinator, Administration of Strategic Preparedness and Response; CDR Latoria Jordon, DHSc, MHSA, MEP, Region IV Regional Emergency Coordinator, Administration for Strategic Preparedness and Response*

Background:
The Administration for Strategic Preparedness and Response (ASPR) Regional Emergency Coordinators (RECs) act as ASPR's primary representatives throughout the country at the regional level. In preparation for the 2022 hurricane season, R-IV RECs conducted a joint public health and emergency management meeting to discuss plans for what was expected to be a very active season. On September 28, 2022, Hurricane Ian made landfall as a Category 4 storm south of Punta Gorda, FL. Ian moved across Central Florida and emerged over the western Atlantic, intensified into a Category 1 hurricane, then made landfall near Charleston, SC on September 30, 2022.

Methods:
In anticipation of Hurricane Ian making landfall in Florida, the ASPR R-IV RECs were activated to the FEMA Regional Response Coordination Center (RRCC), as the ESF8 leads, to support disaster operations. Staff was identified and immediately rostered to both the RRCC in Atlanta Ga, as well as, the State Emergency Operations Center in Tallahassee, FL. Knowing that pre-staging assets is key to rapid disaster response, ASPR pre-staged two Health and Medical Task Forces, an HHS Incident Management Team (IMT), two Disaster Medical Assistance Team (DMAT) caches, and alerted two DMAT teams. Once the storm passed over Florida and it was safe to mobilize assets, two field assessment teams (FAST) were deployed to the Ft Myers area to conduct healthcare facility assessments to prioritize and determine where best to utilize ASPR resources. The IMT deployed DMAT teams and caches to five healthcare facilities for ED decompression and surge, and two as "stand-alone" community medical care clinics to support three counties in the affected area. The National Emergency Medical Services (EMS) contract was also used to provide patient movement assets to the state.

Results:
There were 3,882 total patient encounters by all ESF-8 teams deployed during the response. The acuity levels of patients seen were 91 emergent, 693 Urgent, 2,612 non-urgent, and 357 ED triage only. When the last team demobilized, 475 patients were hospitalized and 2,867 had been discharged to their homes. Under the national ambulance contract, 175 ALS ambulances, 110 BLS ambulances, 15 bariatric ambulances, 597 paratransit seats and 8 rotary wing assets were utilized. Post storm, a need for healthcare facility field assessment teams was identified which did not previously exist. During future responses FAST teams will be pre-identified and deployed to ensure real time information on facility status and resource needs is available to IMT leadership. The response crossed over the 2022-2023 fiscal year which created additional issues during the resource allocation process. The system used to apply funding towards validated mission assignments and putting teams in the field updates during this time delaying the arrival of requested assets. Future planning is required to ensure federal support is timely even crossing fiscal years.

Conclusion:
The ASPR Region IV RECs continually collaborate with State and Federal public health and emergency preparedness partners to establish clear lines of communication. The prior relationship building between the Region IV ASPR RECs, the State of Florida and other Federal partners has been highlighted as a primary reason for the effective ESF-8 response during Hurricane Ian. This allowed for the highly effective communication and coordination in requesting and deploying federal assets to areas with the greatest need. Given the effectiveness of this method, it is recommended that Region IV staff continue these preparedness and improvement planning efforts.

At the end of this session, participants will be able to:
1. Describe the ESF-8 requests for federal assistance submitted by Florida
2. Explain how and why ESF-8 assets are pre-staged for a disaster response
3. Explain the coordination between State and Federal ESF-8 during disaster response

Keywords: Emergency Response, Preparedness and Deployment, Relationship Building

Track 4 — **Diabetes Care: Impact of Collaboration**
5/11/2023 15:00
5/11/2023 15:30

CDR Mary Thoennes, RPh, BCACP, CDCES, Clinical Pharmacist, Indian Health Service; LCDR Kathi Murray, MS, RDN, LD, CDCES, Indian Health Service

Background:
Diabetes is a serious disease that affects all ages, all ethnic backgrounds, and genders. The disease affects all parts of the body, especially if not successfully self-managed. American Indian/Alaska Native adults are almost three times more likely than non-Hispanic white adults to be diagnosed with diabetes. In 2018, American Indians/Alaska Natives were 2.3x more likely than non-Hispanic whites to die from diabetes. In South Dakota, 7.9% (54,000) of adults

(18yrs+) were diagnosed with diabetes. A significant racial disparity exists as the prevalence of diagnosed diabetes Native Americans is 16%, compared to 8% whites in South Dakota.

Methods:
W.W. Keeble Memorial Health Center implemented diabetes self management education program through collaborative efforts with Nutrition Services and Pharmacy Departments. The program offers Medical Nutrition Therapy, Medication Management, diabetes group classes, and continuous glucose monitoring.

Results:
The diabetes program has significantly impacted diabetes outcomes on the Sisseton Wahpeton Oyate Reservation. In 2020-2021, 87 participants completed the program with average 1.4 decrease in HgbA1C and 30 point decrease in average total cholesterol. October 2022 diabetes audit of 694 patients indicated 53% of patients with HgbA1C <8.0 (goal 7.0 or less), 46% of patients received education from registered dietitian.

We have learned that each department (nutrition & pharmacy) have our strengths interviewing (e.g. motivational interviewing), availability, different but synergistic specialty knowledge to increase trust between departments. Implementing continuous glucose monitoring has increased department collaboration.

Conclusion:
We recommend to have departments work together to provide interdisciplinary training to dietitians and pharmacy students, and expand services to field clinic nurses and nurse practitioners. Also work on facility Diabetes GPRA Goals (performance measures) by adding blood pressure classes and/or events.

At the end of this session, participants will be able to:
1. Identify diagnostic lab results for pre diabetes and diabetes.
2. Discuss diabetes medication updates and implications for use.
3. Develop interdisciplinary treatment plan to manage blood sugar for individuals with diabetes.
Keywords: Chronic Disease, Patient-Centered, Disciplinary Collaboration for Chronic Disease Management

Track 5	**Advancing Worker Well-Being in Government Agencies**
5/11/2023 15:00	*Ms. Chia-Chia Chang, MPH, MBA, CDC NIOSH*
5/11/2023 15:30	

Background:
Government workers face challenges unique to public service. Budget limitations, government shutdowns, bureaucracy, and public opinion are among the workplace policies that may be perceived as psychosocial hazards in the workplace. Designing healthy workplace programs and practices may also be particularly challenging, given the pre-determined, regulatory, and policy

parameters already in place within agencies. What can leadership and workplace health specialists do to implement Total Worker Health® practices in public sector workplaces?

Methods:
The session will describe the activities of the National Institute for Occupational Safety and Health (NIOSH) and provide time for discussion about activities of other agencies that are in NIOSH's Total Worker Health® program, including that of the National Oceanic and Atmospheric Administration (NOAA).

NIOSH initiated the HealthiestNIOSH program to put Total Worker Health principles in place at NIOSH for NIOSH's own workers. HealthiestNIOSH conducted an assessment to identify opportunities for improving existing programs and offerings and gaps regarding workplace well-being. NIOSH also created a supervisor training for front-line supervisors about strategies for being health-supportive managers. NIOSH created a peer coaching program, which enabled workers to share their skills with others and develop leadership experience.

NIOSH's Total Worker Health Office developed an Affiliate program which recognizes government and nonprofit organizations committed to Total Worker Health approaches. Government agency Affiliates include Federal, city, and county agencies. The session will provide an overview of a few of the activities of a few of the Affiliates to showcase the diversity of approaches to advancing worker well-being.

Results:
HealthiestNIOSH successfully evaluated its programs and use the information to make improvements to integrate worker safety and health programs that improve overall employee well-being outcomes. NIOSH also used feedback from the Employee Viewpoint Survey and developed employee development programs through various levels of federal careers. NIOSH has received positive feedback on the career development, HealthiestNIOSH, and worker well-being programs and used the critical feedback to continue to improve programs and offerings.

The session will share the lessons learned from NIOSH and discuss similarities and differences between the approaches at NIOSH and NOAA and other public agencies. While HealthiestNIOSH built on to the agency's existing infrastructure, NOAA's National Environmental Satellite, Data, and Information Service (NESDIS) created a new position of Director of Total Worker Health. Executive challenges of "operationalizing" Total Worker Health principles in the federal setting at NOAA would be analyzed and discussed. The session will also provide time for participants to share Promising practices for other public agencies, including opportunities for taking advantage of existing policies and programs and leveraging agency resources.

Conclusion:
While implementing Total Worker Health approaches can seem overwhelming, there are ways to break up the approaches into simple steps. Piloting in a small, specific team; starting with strategic visions, goals, and process statements; and conducting needs assessments are

examples of ways to get started on Total Worker Health policies, programs, and practices. The session will allow for audience participation, strategy sharing, and small-group discussions about challenges and opportunities in public agencies for advancing worker well-being.

At the end of this session, participants will be able to:
1. Identify three factors in public sector workplace that can be challenging for implementing Total Worker Health policies, programs, and practices
2. Discuss three examples of how public sector workplaces demonstrate commitment to worker well-being
3. Describe three ways to obtain leadership buy-in for improving existing worker safety, health, and well-being offerings

Keywords: Primary Prevention, Public Health Action, Public service workplaces, Worker well-being

Track 6	**Changes in and Patterns of Exclusive E-cCigarette and Dual Tobacco Use**
5/11/2023 15:00	**Among US Young Adults, 2014-2015 and 2018-2019**
5/11/2023 15:30	*CDR Kimberly Nguyen, DrPH, MS, MPH, Epidemiologist, FDA*

Background:
The ages 18-24 years is a critical period in which young adults may initiate and/or maintain patterns of ENDS use. Considering that the number and type of ENDS products have continued to increase, patterns of ENDS use among this population have not been well-characterized in the literature.

Methods:
Using the Tobacco Use Supplement to the Current Population Survey, we compared prevalence differences in ENDS use (current, exclusive, or dual) from 2014-2015 to 2018-2019 among young adults ages 18-20 and 21-24 years. In addition, using data from 2018-2019, we examined ENDS use patterns by different sociodemographic and ENDS use characteristics. We used T-tests to determine significant differences between exclusive and dual users, as well as differences between estimates for 2014-2015 and 2018-2019.

Results:
The analyses included 28,658 young adults ages 18-24 years in 2014-2015 and 33,516 in 2018-2019. Among U.S. young adults ages 18-24 years in 2018,Äì2019, 3.3% used ENDS exclusively and <1% used both ENDS and cigarettes. Additionally, among all current ENDS users, 13.9% used mint/menthol flavors, 48.2% used characterizing flavors, such as clove, spice, herb, fruit, alcohol, candy, sweets, or chocolate, and 28.5% used more than one flavor type. Among those who used ENDS exclusively and have smoked 100 cigarettes or more, 81.5% stated the reason for use of ENDS was to help quit smoking cigarettes, and 42.7% reported using ENDS where smoking is prohibited. Current ENDS use statistically significantly increased from 2014-2015 to 2018-2019 for those ages 18-20 years (2.5 percentage points) and 21-24 years

(1.4 percentage points). Exclusive ENDS use increased among former cigarette smokers for both age groups (18-20 years: 14.1% to 31.6% for an increase of 17.5 percentage points; 21-24 years: 9.9% to 21.7% for an increase of 11.8 percentage points). Flavored ENDS use also statistically significantly increased by 15.2 percentage points among young adults 21-24 years in the same time periods.

Conclusion:
Among young adults (ages 18-24 years), the prevalence of exclusive ENDS use increased from 2014/2015 to 2018/2019, overall and among former smokers. More young adult ENDS users reported exclusively using ENDS than dual use with cigarettes in 2018/2019. Understanding young adult ENDS use patterns is important for informing tailored tobacco use prevention strategies and interventions.

At the end of this session, participants will be able to:
1. Describe prevalence of exclusive and dual ENDS use among young adults
2. Compare differences in prevalence of and patterns of ENDS use among young adults from 2014/2015 to 2018/2019
3. Apply results to inform tailored tobacco use prevention strategies and interventions

Keywords: Tobacco Cessation , Vaping, young adults, exclusive use, dual use, patterns of use, changes in use

Track 1 | **Expanding Communication to Enhance Continuity of Care & Mitigate**
5/11/2023 15:45 | **Risks Related to Opioid Therapy**
5/11/2023 16:15 | *LCDR Carla Chase, SLP.D., CDC*

Background:
The opioid crisis is a health, criminal justice, and a human services crisis. Law enforcement officials have multiple, sometimes conflicting, roles to effectively address this crisis. "A significant challenge for addressing the opioid crisis is that there is not enough of a common understanding of the problem or the methods for solving it among the various partners to have an immediate, direct, and sustained positive impact." The Opioid Rapid Response Program (ORRP) addresses care continuity and risk reduction by alerting state health agencies about events that might disrupt patients' access to care and supporting capacity building to prepare for disruptions.

Methods:
The Opioid Rapid Response Program (ORRP) is an interagency, coordinated federal effort to help mitigate overdose risks among patients who lose access to a prescriber of opioids, medications for opioid use disorder, or other controlled substances, such as benzodiazepines. The program leverages relationships across federal and state agencies to facilitate timely communication, care coordination, risk reduction, and other overdose prevention activities. ORRP's role is to facilitate timely communication and coordination across state and federal health agencies and

to ensure that available public health, healthcare, and treatment services supported by the federal government are known to and leveraged by state health officials working to mitigate risks among patients.

The ORRP has four strategic components to help strengthen care continuity and overdose risk mitigation. They notify State contacts of anticipated threats and support recommended responses. They prepare by collaborating with federal law enforcement agents before they take action that could result in a prescription supply disruption to build State capacity. They assist in training States in assessing risks to patient populations and determining appropriate mitigation measures. Finally, they monitor actions, responses, and outcomes by following up with and documenting State health and federal law enforcement results after these occurrences.

Results:
The ORRP can assist with State and Local preparedness by developing communication materials and templates for state and local health officials to use during clinic closures and overdose spikes, as well as, conducting practice scenarios with states in partnership with the Association of State and Territorial Health Officials (ASTHO). ASTHO facilitates scenario-based practice exercises with states, organizes and convenes learning community webinars, and develops resources to support states' preparedness. There are also training on opioids, treatment, and overdose prevention for clinicians and non-clinicians and for law enforcement officials.
CDC and ASTHO worked together to incorporate lessons learned from actual ORRP actions and state responses into the practice exercises and to ensure that appropriate state agencies.
Preparedness exercises help states develop and test their response plans. They can serve as a valuable opportunity to bring together various state and local agencies that may be involved in a disruption and begin identifying assets that can be leveraged to mitigate risks to patients.

Conclusion:
There are roles for law enforcement, public safety officials, and emergency response clinical and non-clinical providers in addressing the opioid crisis. Insights and ingenuity can reduce the challenges to improve all agencies' efforts on the front lines of addressing the opioid crisis. The various stakeholders combating the opioid crisis can learn from the lessons learned by others. The goal should be to ensure that each stakeholder can have a positive impact on the work of all partners involved in mitigating the opioid crisis.

At the end of this session, participants will be able to:
1. Name available trainings federal responders can access resources to increase knowledge of the current opioid crisis
2. Identify related resources that address responding to disruptions with Opioid Rapid Response Program partners
3. Describe the principles for communicating in an opioid crisis and and how to apply these principles to an opioid overdose event

Keywords: Access to Care, Opioid, Effective Communication

Track 2 5/11/2023 15:45 5/11/2023 16:15	**Implementing the Graduated Response Framework to Improve the Management and Resourcing of CDC's Emergency Response Operations** *CDR Samantha Morgan, MPH, Centers for Disease Control & Prevention; CDR Sara Vagi, PhD, Associate Director of Science, Division of Emergency Operations, Centers for Disease Control & Prevention*

Background:
This session will present the process to develop and implement the Graduated Response Framework (GRF) at CDC. The framework is a three-level structure for improved management of CDC's public health emergency responses through better coordination, organization, and use of agency resources. The framework allows staff to manage public health responses at the right level within the agency and to transition between response levels as operational needs and resource requirements change.

Methods:
Since 2002, CDC's response capabilities have matured across the organization due to investments in preparing for and responding to public health threats. CDC responds to public health threats every day at various levels within its organization, and those responses may be managed routinely within a program or through the implementation of an agency-wide Incident Management Structure. In 2019, the Center for Preparedness and Response (CPR) and its Division of Emergency Operations (DEO) began developing the Graduated Response Framework (GRF) to improve CDC’s response operations and better reflect the agency’s emergency management capabilities.

Framework development began by creating a structure for ongoing engagement between CPR and other Centers at CDC. This structure comprises the GRF Steering Committee (SC) and four working groups' Capacity Assessment, Joint Information Center Operations, Knowledge Management, and Resource Management and Operations. The SC and each of the working groups have representation from across the agency, along with two co-chairs-one from DEO and one from another Center. These two entities collaborated, and continue to engage, with DEO to develop the GRF and its Concept of Operations (CONOPS) to guide response leaders and staff in operationalizing and implementing the framework.

Results:
The CONOPS serves as a blueprint for the management of CDC's three-level GRF and works in conjunction with the CDC All-Hazards Plan. These documents are the foundation for how the agency responds to public health emergencies. The CONOPS consists of a base document and several annexes. The base document describes considerations for transitioning between the three response levels (program-led, center-led, and agency-wide) and was completed in April 2022. The annexes, which are released periodically as they are completed, include detailed guidance documents and resources that describe the functional, capability, and process considerations for implementing the framework.

Conclusion:
CDC is striving to strengthen the agency's management of emergency responses. Finalizing the CONOPS base document was the first critical step to improving the management and resourcing of response operations. Having an approach to guide emergency responses at each level will help the agency transition seamlessly between GRF levels by standardizing tools and processes, regardless of where the response is managed. The GRF process and project was and continues to be managed by a PHS officer. Other PHS officers can learn from this process and use it to help improve the management and resourcing of complex issues within their organizations.

At the end of this session, participants will be able to:
1. Identify at least 2 areas in which to improve public health and healthcare preparedness response capacity in your organization.
2. Summarize how CDC developed a systematic internal collaboration process to define and implement the Graduated Response Framework for effective and efficient emergency response operations.
3. Explain how CDC developed an across-agency, ongoing engagement structure for continued management of public health emergency responses.

Keywords: Emergency Response, Preparedness and Deployment, Framework, Response Levels, Resourcing

Track 3 — **Public Health Emergency Response Strike Team (PHERST)**
5/11/2023 15:45
5/11/2023 16:15

LT Christine Nappa, LCSW, MSW, BCD, OS/OASH/CCHQ; LT Tessa Fletcher, DNP, APRN, PMHNP, WCC, PHERST Advanced Practice Provider, OS/OASH/CCHQ

Background:
The Office of the Secretary, Office of the Assistant Secretary for Health, Office of the Surgeon General, Commissioned Corps Headquarters' (CCHQ) Public Health Emergency Response Strike Team (PHERST) is a multidisciplinary rapid deployment team comprised of a small, highly skilled, select cadre of active duty Public Health Service officers. Officers are trained and ready to respond within eight hours. They continually adapt and overcome mission-specific challenges. PHERST ensures that the U.S. Public Health Service (USPHS) Commissioned Corps has the resources needed to meet its mission for all emergency responses.

Methods:
As the U.S. continues to experience natural disasters, public health emergencies, and humanitarian crises, the USPHS Commissioned Corps must engage in new strategies to better serve and protect the nation. PHERST was established to meet this immediate need. PHERST provides reduced response time, minimizes stress on the system, and allows officers to get ahead of the disaster. If needed, PHERST officers are available to deploy for extended durations, thereby ensuring continuity of care and a smooth transition with minimal service disruption. As

a skilled and flexible asset and when not deployed, PHERST officers may practice clinical skills at U.S. Department of Health and Human Services (HHS) and non-HHS agencies, provide administrative support to Commissioned Corps Headquarters (CCHQ), and attend joint service and clinical trainings that hone their disaster response skills.

Results:
During its inaugural year, 1 July 2021 to 30 June 2022, PHERST onboarded 25 deployable assets, 10 of whom were new Call to Active Duty (CADs). PHERST officers deployed several times in support of critical emergency responses including COVID-19, Operation Allies Welcome, and Unaccompanied Children. PHERST also supported training missions such as the Department of Defense Innovative Readiness Training (IRT) Missions. PHERST officers were stationed across 17 states and territories, including 3 outside the continental U.S.

Conclusion:
PHERST has demonstrated significant leadership and independent initiatives that contributed to the success of the USPHS Commissioned Corps' endeavors in the field. As PHERST officers, the opportunity to apply the knowledge and skills necessary to maintain large-scale, functioning response operations as well as force health protection has proven remarkable.

At the end of this session, participants will be able to:
1. Provide an overview of the Public Health Emergency Response Strike Team (PHERST
2. Describe the increased need for Public Health Service (PHS) officers in response to regional, national, and global public health emergencies
3. Demonstrate the impact that PHERST has had as a new deployment team within its first operational year

Keywords: Emergency Response, Deployment

Track 4
5/11/2023 15:45
5/11/2023 16:15

Implementing a Culturally and Linguistically Appropriate Diabetes Prevention Program for Hispanic Adults

LT Monica Geiger, MSN, RN, Regional Women's Health Analyst, OASH

Background:
Hispanics are 70% more likely to be diagnosed with diabetes and twice as likely to experience complications related to this disease than non-Hispanic whites. 12.4% of Hispanics are currently diagnosed with diabetes as compared to 7.8% of Non-Hispanic Whites. Currently, there is consistent evidence supporting the fact that community-based educational initiatives called cultural and linguistically appropriate services (CLAS) have a significant impact on Body Mass Index (BMI) in Hispanic populations. The CLAS standards are intended to advance health equity, improve quality, and help eliminate health care disparities. Yet, CLAS has not been implemented widely in some areas of Dallas, Texas.

Methods:
A diabetes prevention education program, based on the Centers for Disease Control and Prevention's Diabetes Prevention Program and tailored to the Hispanic community, was implemented at a local community pharmacy in Dallas, Texas. A convenient sample of 35 Hispanic adult participants were recruited to attend a virtual 45-minute educational program. A bilingual nurse practitioner (DNP student) provided the education sessions. Diabetes knowledge, diet, and physical activity level were assessed using a pre/posttest study design. Participants completed a pre-session evaluation which consisted of a diabetes knowledge assessment, adapted from the Star Diabetes Knowledge Questionnaire as well as the online MyPlate Quiz and self-reported physical activity in minutes per week. Participants then completed this evaluation again two weeks after completing the education session. One week following the session, participants received a text message and follow up call to ask how they were doing and if they had any questions. Results of the pre- and post-tests were compared to determine if there was a significant change in knowledge, diet habits, or physical activity.

Results:
Pending. It is anticipated that the CLAS community education program will increase physical activity and result in healthier food choices as well as a greater knowledge of what diabetes type 2 is and the risk factors for contracting diabetes. Final report with results is anticipated for release prior to May 2023.

Conclusion:
Implementing a diabetes prevention program that is evidence-based as well as culturally and linguistically appropriate has the potential to improve diabetes knowledge as well as influence diet and physical activity changes based on federal guidelines.

At the end of this session, participants will be able to:
1. Explain the importance of developing culturally and linguistically appropriate educational materials and curricula
2. Identify the need for diabetes prevention measures in the Hispanic community and engagement strategies
3. Evaluate a pilot educational initiative for cultural and linguistic appropriateness

Keywords: Effective Communication, Public Health Education, CLAS, Prevention

Track 5 — **Public Health Roles and Responsibilities 2022-2030: A Job Task Analysis**
5/11/2023 15:45 — *Ms. Allison Foster, MBA CAE, National Board of Public Health Examiners*
5/11/2023 16:15

Background:
As the work of the public health workforce changes, so must the skills, abilities and knowledge needed to address current challenges facing our nation's health. How can we measure the changes that have taken place and anticipate what the workforce should look like to meet

future challenges? The National Board of Public Health Examiners conducts a Job Task Analysis at least once a decade. A Job Task Analysis is a highly-structured survey that determines the most common tasks being performed by members of a professional field. Sequential job llow for a profession to measure changes in workforce responsibilities over time.

Methods:
The NBPHE has conducted two recent job task analysis, one in 2016 and another in 2022.The NBPHE is proposing a session to provide an overview of the roles and responsibilities currently performed by public health professionals. The 2022 results will be compared to the 2016 study, allowing participants to discern changes over the past decade. A special emphasis will be made on the impact of COVID19 and how the pandemic impacted the work of the public health profession. The audience will be invited to provide input into whether these changes to the roles and responsibilities are temporary or if they have permanently changed the nature of public health as a profession.

Results:
The 2022 JTA survey yielded responses from over 5,000 public health professionals which included members of the US PHS. The session will examine how the roles and responsibilities of the public health workforce have changed since COVID19.

This presentation will include an analysis of the subset of US PHS responses.

Conclusion:
Changes to the exam process, based on the results of this study, will be described. Since 2008, over 10,000 public health professionals, including over 500 US PHS officers, have become Certified in Public Health (CPH). This session will also include information pertinent to COA Symposium attendees related to eligibility requirements, the recertification process and study preparation strategies.

At the end of this session, participants will be able to:
1. Explain what a job task analysis measures
2. Describe how the public health workforce has changed since COVID19
3. Follow the process of preparing for the certification exam

Keywords: Public Health Training, COVID-19

Track 6 5/11/2023 15:45 5/11/2023 16:15	**Healthy People 2020: Assessing National Health Disparities by Race and Ethnicity** *CDR David Huang, PhD, MPH, CPH, Branch Chief, Centers for Disease Control and Prevention*

Background:
Since 1979, Healthy People has provided science-based, 10-year targets for public health objectives for the U.S. population. As in the preceding two decades, Healthy People 2020 (HP2020) included an overarching goal related to health disparities. Expanding on the HP2020 Final Review, which used one measure of disparities, we examined changes in health disparities by race and ethnicity for HP2020 objectives using three measures of disparity, offering different approaches for the assessment of progress toward the elimination of health disparities among racial and ethnic population groups.

Methods:
Data were analyzed from 506 objectives from 68 data sources, spanning 2001 to 2018. Analyses were restricted to HP2020 objectives with data by race and ethnicity with at least a minimum set of groups (non-Hispanic White, non-Hispanic Black, and Hispanic or Latino) at the baseline and final timepoints (median tracking period: 8 years, interquartile range: 5-10 years). Health disparities by race and ethnicity were evaluated using three measures that were established for use in HP2020: the maximal rate difference, maximal rate ratio, and summary rate ratio. Changes in disparities over time were evaluated by comparing the baseline and final timepoint values for each of the respective measures. Based on the statistical significance or magnitude of the change, disparities calculated using each of the disparities measures were categorized as having: 1) narrowed, 2) shown little or no detectable change, or 3) widened. Analyses were conducted to compare findings and evaluate the overall agreement in the change categories across the three measures.

Results:
There was little or no detectable change in disparities for most of the objectives, irrespective of the measure used (76.9% for the maximal rate difference, 83.3% for the maximal rate ratio, and 96.8% for the summary rate ratio). For the maximal rate difference, 14.2% of objectives narrowed over time and 8.9% widened. For the maximal rate ratio, 11.1% of objectives narrowed and 5.6% widened. For the summary rate ratio, 1.8% of objectives narrowed and 1.4% widened. There was agreement among the type of changes over time across the three measures for 75% of objectives. At most, 1.6% of objectives showed a disagreement (whether disparities were categorized as having widened or narrowed) between any two of the three measures.

Conclusion:
The three measures of racial and ethnic health disparities examined generally agreed regarding changes over time for most HP2020 objectives. In addition, whereas most objectives showed little or no detectable change in disparities over time, more objectives were categorized as having narrowed rather than widened in disparities, regardless of which measure was selected.

The findings show that health disparities persist and that multiple measures may provide offer different approaches for assessing progress toward their elimination, which has implications for the measurement of health disparities for the new decade, Healthy People 2030.

At the end of this session, participants will be able to:
1. Define "disparity" as used in the Healthy People initiative
2. Describe analytic issues relevant to the measurement of health disparities
3. Summarize findings related to health disparities by race/ethnicity from Healthy People 2020

Keywords: Health Inequalities, Data-Based Decisions, population subgroups, health equity, disparities measurement methods, statistical methods

Post Conference **Black Wall Street Guided Tour - Thur., 5:00 PM**
5/11/2023 17:00
5/11/2023 18:30

BCOAG invites you to experience historical Black Wall Street! Guided tour arranged through Greenwood Rising.

Friday, May 12

Post Conference **Black Wall Street Guided Tour - Fri., 9:00 AM**
5/12/2023 09:00
5/12/2023 10:30

BCOAG invites you to experience historical Black Wall Street! Guided tour arranged through Greenwood Rising.