Sunday, June 23, 2024

Training Session
Advanced Cardiac Life Support (ACLS) ***
08:00 *CAPT Robin Hunter-Buskey*
17:00

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 bring your hard copy or eBook of the ACLS Provider Manual- available to purchase from AHE -ACLS Provider Manual 20-1106 for $50 or online-ShopCPR or WorldPoint--digital versions ACLS eBook 20-3100 are available. Books are not returnable, and fees are not refundable. The American Heart Association strongly promotes knowledge and proficiency in all AHA courses and has developed instructional materials for this purpose. Use of these materials in an educational course does not represent course sponsorship by the AHA. Any fees charged for such a course, except for a portion of fees needed for AHA course materials, do not represent income to the AHA. An American Heart Association (AHA) ACLS eCard will be emailed from eCards@heart.org upon successful completion of this course.

Mandatory pre-course preparation includes:
1. Complete the pre-course checklist that came with your ACLS Provider Manual. Bring the checklist with you to the course.
2. Review the course agenda.
3. Review and understand the information in your ACLS Provider Manual. Pay particular attention to the 10 core cases in Part 4.
4. Review and understand the information in the BLS for Healthcare Providers manual. The resuscitation scenarios require that your BLS skills and knowledge are current. You will be tested on adult 1-rescuer CPR and AED skills at the beginning of the ACLS Provider Course. You will not be taught how to do CPR or how to use an AED. You must know this in advance.
5. Review, understand, and complete the ECG and Pharmacology pre-course assessment tests online-follow the instructions in your book. You will not be taught how to read or interpret ECGs in the course, nor will you be taught details about ACLS pharmacology.
6. Print your scores for the pre-course assessment tests and bring them with you to class. You will not be able to attend the course without the pre-course assessment tests. What This Course Does Not Cover: The ACLS Provider Course does not teach algorithms, ECG, or pharmacology information. If you do not learn and understand the ECG and pharmacology information in the pre-course assessment tests, it is unlikely that you can successfully complete the ACLS Provider Course.
AHA Books are available to purchase from Channing-Bete.

Sunday, June 23, 2024

Advanced Cardiac Life Support (ACLS)

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Training Session
Basic Life Support (BLS) for Healthcare Providers Skills Testing ***
08:00 *CAPT Jane Kreis*
17:00

Basic Life Support for Healthcare Providers (BLS) uses a scenario-based approach to develop the critical thinking and problem solving skills that drive better patient outcomes. It is consistent with AHA Guidelines for CPR/ECC, and covers breathing and cardiac emergencies - including CPR, AED, and obstructed airway - for adult, child, and infant patients.

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Training Session
Naloxone Training
13:00 *CAPT Robin Hunter-Buskey; CAPT Jane Kreis*
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.

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Training Session
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*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.

Training Session
Inclusive Leadership: Fostering Innovation
08:00 *Dr. Matt Ohlson*
12:00

This interactive workshop will delve into the core principles of inclusive leadership and its pivotal role in driving innovation. Participants will explore strategies to foster an inclusive environment that embraces diversity and encourages innovative thinking. The workshop will include group discussions, role-playing, and guided activities that reinforce key skills in a collaborative and interactive environment.

The workshop will be led by experienced facilitators with expertise in leadership, offering both theoretical knowledge and practical insights.

This workshop is tailored to provide a comprehensive learning experience that aligns with the symposium's theme of "Inclusivity and Innovation". It offers a blend of theory and practical application, ensuring that participants leave with actionable insights and skills to apply in their roles within public health.

Materials Provided:
Handbook for the workshop.
An inclusive leadership resource guide.
A template for creating a personal leadership action plan.

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After attending this session, participants will be able to:

1. Explain the Role of Inclusivity in Leadership, and how inclusive leadership practices can lead to more effective and innovative problem-solving.
2. Strategize a plan for innovation, by identifying 3 techniques to implement that encourage creative thinking and innovation within diverse teams.
3. Describe how to lead and engage effectively with a diverse workforce through better communication.

Training Session

Inclusivity and Allyship: Advancing the Health and Safety of LGBTQ+ Populations

08:00 *LCDR Rebecca Bak; LCDR Madalene Mandap;*

12:00 *LT Brian McAleney*

Moderator: LT Brian McAleney

In 2023, lesbian, gay, bisexual, transgender, and queer (LGBTQ+) people in the United States saw a significant surge in anti-LGBTQ+ state legislation (>500 bills) introduced throughout the country (American Civil Liberties Union, 2023). While this is unsettling, it is unfortunately not a new experience as LGBTQ+ people face many barriers in everyday life, including subtle and overt discrimination in many public spaces, as well as experiences of hostility, vilification, and fear. Within the USPHS Commissioned Corps, LGBTQ+ officers have also reported instances of discrimination and microaggressions in professional settings while interacting with colleagues and supervisors. Given the current cultural climate, it is not surprising that LGBTQ+ people experience significant health disparities, have a higher rate of negative health outcomes, and experience higher rates of mental health and substance use disorders than non-LGBTQ+ people. Those disparities are further exacerbated during times of crisis, including national emergencies and disasters. As a service, Commissioned Corps Officers who interact with patients during routine care at their duty station or deployment emergency response—in both clinical and non-clinical roles—are often ill-equipped to interact with people who identify as LGBTQ+ and would benefit from specialized training to work with this population, to include culturally informed and gender affirming care.

One means to reduce health disparities and build engagement with LGBTQ+ people is through allyship. Allyship is defined as active support for the rights of a minority or marginalized group without being a member of it (Oxford University Press, 2023). While many officers provide care to LGBTQ+ patients or have a colleague who identifies as LGBTQ+, many do not have foundational knowledge of the LGBTQ+ community, know how to appropriately engage in dialogue about LGBTQ+ topics, or know how to provide support for LGBTQ+ people. Furthermore, many Commissioned Corps Officers also do not know where to access additional information on these topics to provide informed care and support. Additionally, multiple Commissioned Corps officers have sought assistance in becoming an ally as they have family

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members or friends that identify as LGBTQ+ and do not have appropriate resources to serve in that role.

This session seeks to provide Commissioned Corps Officers a foundation for interacting with LGBTQ+ people, during routine care at their duty station or deployment emergency response. It also seeks to create better informed officers—both clinical and non-clinical—to ensure LGBTQ+ patients who interact with officers experience culturally appropriate care that results in positive health outcomes. Lastly, this session seeks to create a forum to aid officers in serving as allies to LGBTQ+ patients, colleagues, friends and family by building engagement.

After attending this session, participants will be able to:

1. Describe multiple medical and mental health disparities experienced by LGBTQ+ people.
2. Identify components of culturally informed and gender affirming care; state how to access additional resources in the community on this topic.
3. List three specific ways to increase allyship with LGBTQ+ people.

Training Session
Overcoming and Preventing Distress from Known and Underestimated Sources
08:00 *CDR LaMar Henderson; LCDR Natalie Li; LCDR Kyrsten Smith*
12:00

This session combines two smaller courses: Overcoming Diabetes Distress and Truly Building and Flying the Plane Simultaneously: Developing a Suicide Prevention Program.
In the realm of diabetes care, the often-underestimated impact of diabetes distress on overall health outcomes presents a compelling challenge. This presentation has a specific focus on reducing health disparities related to diabetes. The primary goal is to shed light on the pervasive nature of diabetes distress, a facet often overlooked in conventional diabetes care and a critical determinant of health outcomes.

Additionally, the session will focus on lessons learned from the U.S. Coast Guard's successful suicide prevention program One life lost is one too many. Through an aggressive application of the theory "diffusion of innovation," the Coast Guard has been able to bring forth a 64 percent reduction in deaths by suicide in just a 12-month period.

After attending this session, participants will be able to:

1. Define diabetes distress and the impact on health outcomes
2. Describe evidence-based approaches to reduce diabetes distress
3. Apply person-centered methods to overcome diabetes distress

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Training Session

Promotion Preparation Workshop

08:00 *CDR Michelle Barbosa; LCDR Kyle Knight; LCDR Lance Pittman*

12:00 *Moderator: LCDR Lance Pittman*

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. This proposal is to host two half day, interactive sessions. Session one will be geared toward officers up for promotion. Session two will be geared towards supervisors, advisors, and other stakeholders looking to learn more about the promotion process in order to better serve their officers.

The sessions 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

After attending this session, participants will be able to:

1. Explain the differences between the various documents utilized for promotion.
2. Craft a concise impact statement for promotion documents and awards narratives.
3. Recall two resources and tips to provide guidance and support to other officers up for promotion.

Training Session

Writing an Abstract and Developing a Successful Presentation for Public Health Conferences

08:00 *CAPT Michelle Tsai; CDR Shamika Brooks; CDR Courtney Gustin;*

12:00 *LCDR Evette Pinder*

Moderator: LCDR Evette Pinder

The Commissioned Corps of the United States Public Health Service (USPHS) officers work in various federal health agencies performing public health activities that have a significant impact on military and civilian population world-wide. The Commissioned Corps provides unique

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subject matter expertise and public health interventions to underserved populations as well as contributing to and providing unique solutions to challenging public health concerns across populations (e.g., health disparities). Dissemination of these significant efforts is important to advancing public health and creating awareness to reduce the epidemic or pandemic potential.

An impactful way to disseminate these significant results is through scientific conferences where unique and innovative solutions are presented to program managers, policymakers, and academia. The first step to present at these scientific conferences, is to submit an abstract that is accepted by the reviewing committee. After acceptance of the abstract, a good presentation is key to ensuring clear dissemination of public health information. The purpose of this training is to demonstrate how to develop a well-written abstract for an effective presentation for a public health conference that best promulgates the cutting-edge work performed by the USPHS Commissioned Corps officers. This training aims to increase the success of abstract acceptance and better presentation of content. This results in a broader base of presenters at future scientific and training conferences as well as successful presentation of key public health content.

This training will focus on the innovative development of an abstract, key steps in the acceptance process and best practices for a meaningful presentation. In review of over 100 abstracts submitted to various public health conferences, the authors of this training noted several key components leading to abstracts not being accepted. The authors also identified best abstract development practices.

The authors of this training will share key practices of effective presentations to include providing tips for proper font and formatting, reviewing dos and don’ts of both abstracts and presentations, and making the content relatable for the audience in addition to the Centers for Disease Control and Prevention (CDC) criteria below:

1. What is the problem and why?
2. What has been done about it?
3. What is the presenter doing (or having done) about it?
4. What additional value does the presenter's approach provide?
5. Where do we go from here?

Expanding on the abstract guidance resources provided for multiple Public Health conferences, e.g., COA, AMSUS, APHA, this presentation will provide concrete examples of abstract and presentation development. The CDC criteria will serve as the basis for practical exercises where participants engage with their colleagues in review of varied scenarios, determining whether the presentations meet the key criteria of abstract development. The group will then use these examples to perform the steps to develop an abstract that meets the identified criteria, resulting in the development of a process for abstract success. They will also review sample

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presentations and apply best practices to determine how to better improve the presentation of content.

After attending this session, participants will be able to:

1. List 6 key steps in developing an abstract for conferences.
2. Identify 5 key best practices for developing a presentation.
3. Describe general conference review processes for abstracts and presenters.

Training Session
Advanced Cardiac Life Support (ACLS) Testing
08:00 *CAPT Robin Hunter-Buskey*
12:00

Testing for ACLS Certification.

***You must attend the full day Sunday to participate in the testing on Monday.**

Training Session
Retirement Seminar
08:00 *Jacque Rychnovsky, Executive Director, COA; LCDR Adelaida Rosario, CCHQ;*
17:00 *LCDR Andrew Okolo, CCHQ; Art Timmins, American Legion; Dan Precourt, Prudential Pathways; Heather Walrath, Navy Mutual; Nathan Sebert, FedPoint; CAPT Gene Migliaccio, President, COF; CAPT Margo Riggs*

For USPHS officers nearing retirement or recently retired, this seminar will feature a speaker from the Separations Team Lead, Office of the Surgeon General, and briefs on retired pay, terminal leave, separation forms, Veterans Administration disability claims, dental, vision and long-term care insurance, TRICARE, financial planning, the Survivor Benefit Program, and the Thrift Savings Plan (TSP). Learn about the process of retiring from the Commissioned Corps of the USPHS and other experts.

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Training Session
Basic Life Support (BLS) for Healthcare Providers Skills Testing
09:30 *CAPT Jane Kreis*
17:00

Basic Life Support for Healthcare Providers (BLS) uses a scenario-based approach to develop the critical thinking and problem solving skills that drive better patient outcomes. It is consistent with AHA Guidelines for CPR/ECC, and covers breathing and cardiac emergencies - including CPR, AED, and obstructed airway - for adult, child, and infant patients.

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Training Session
Emotional Resilience: Rediscovering Balance
13:00 *CDR Teisha Robertson; LCDR Shantel Barnes; LCDR Daniel Johnson;*
17:00 *LCDR Malcolm Nasirah; LT Maria Doran*
Moderator: LT Stephanie Rimroth

This workshop combines two courses: Emotional Resilience: Nourishing Mind and Body Through Nutrition, Fitness, and Self-Care and Rediscovering Balance in an Overstimulating World: Practical Techniques for Improved Emotional, Physical, and Social Well-Being. This course is designed to guide participants in nurturing emotional well-being through the pillars of nutrition, fitness, and self-care. Through a holistic approach, attendees will gain insights, tools and practical steps to cultivate a healthier and more balanced lifestyle.

The workshop will also define and address the cumulative effect of allostatic overload, sympathetic upregulation, and poor sleep habits on an individual's well-being. The workshop will provide participants with practical techniques, strategies, and tools to navigate the modern-day challenges of maintaining parasympathetic and sympathetic nervous system balance and provide attendees with methods to maximize positive mental and physical wellness.

After attending this session, participants will be able to:

1. Describe 3 negative effects of allostatic overload, sympathetic upregulation, and/or poor sleep habits on physical and mental well-being.

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2. List 2 sleep hygiene principles that can be incorporated into their daily routines for enhanced sleep quality.
3. Identify 3 stress management strategies/techniques described in the lecture that relate to mindfulness, gratitude practices, and cognitive reappraisal.

Training Session

Growing the Next Generation of USPHS Commissioned Corps Officers, Leadership Lessons and Practical Applications

13:00 *RDML Michael Johnson; RDML Jennifer Moon; RDML Paul Reed;*
17:00 *RDML Kis Robertson Hale*
Moderator: RDML Sean Boyd

Join this half-day session with Assistant Surgeons General (ASGs) and Chief Professional Officers (CPOs) designed to provide officers with personal experiences and practical takeaways that you'll be able to apply over the course of your career. Participants will hear from senior leaders on a variety of topics and have the opportunity to engage directly on principles of officership and leadership.

The program will open with a welcome from the Deputy Surgeon General, who will share perspectives on navigating a successful career in the USPHS Commissioned Corps. Three sessions will follow on topics that include:

1) Strategic Thinking and Planning, emphasizing the importance of having a broad perspective on the impact of your work, professional contributions to the Corps, and its importance to National and Global Public Health

2) Servant Leadership, focusing on how to achieve goals by empowering others to succeed and lift the organization

3) Relationship Building and Partnerships, exploring the value of a professional network, individual relationships and strategic partnerships to expand your influence and achieve shared goals

The program will conclude with a panel of ASGs and CPOs who will share personal experiences that are intended to shape future leaders in our Corps though lessons learned and practical application.

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After attending this session, participants will be able to:

1. Describe how one can develop a broad perspective on the impact of your work, professional contributions to the Corps, and its importance to National and Global Public Health.
2. Define servant leadership and explain how one can achieve goals by empowering others to succeed and lift the organization
3. Summarize approaches that one can use to build relationships and form partnerships to expand your influence and achieve shared goals.

Training Session

Inclusive integrated healthcare for people with intellectual disability, autism and complex needs

13:00 *Dr. Sailaja Musunuri; Vida LeMaire*

17:00 *Moderator: Tine Hansen-Turton*

This training session will focus on four key areas: 1) Service population: The scope of need for healthcare tailored for people with intellectual disability, autism (ID/A) and complex needs and characteristics will be discussed. This portion will include a review of national demographics and medical conditions, which are often co-occurring, of people with how many people with ID/A, the significant health disparities this population experiences, and the barriers to care that contribute to these disparities. A snapshot of the population that Woods System of Care serves will be provided. 2) Woods' Integrated Care Model: Presenters will outline the Integrated Care Model, including the key components of the model, the service array, and how it all works together. The service array includes outpatient primary and behavioral healthcare, telehealth and in-home services. Services are able to be flexibly provided to recipients of residential treatment programs, and those living in the community, through the three modes – outpatient, telehealth and in-home support. Key components include whole-person evaluation, assessment, individualized treatment plans, multi-disciplinary team-based care, and systems for managing communication, medication management, and transitions of care. Presenters will also describe the partnerships that support the scaling of the model, such as hospital and academic health system partnerships and insurers. Incorporated into the model is how Woods plays an integral role in training existing providers to build skills and training the next generation of providers through academic partnerships. A case study will be reviewed which exemplifies complex needs and how they are addressed through the integrated care model. 3) Focus on autism: Presenters will define core features of Autism Spectrum Disorder (ASD), describe the DSM V criteria and assessments used to screen and diagnose ASD, discuss the interdisciplinary treatment team approach and treatment interventions with specific case examples, and explore innovative modes of treatment delivery to improve quality of care. In addition, presenters will discuss the etiology, pathophysiology, and changes in the brain that may correlate with ASD. Genetic syndromes that can present with ID/A will be highlighted, as well as common medical

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comorbidities such as seizure disorder and GI issues. Details will also be shared on Functional Behavior Assessments and development of individual treatment plans, behavior strategies to prevent negative and harmful behaviors, techniques for de-escalating behavior to avoid a crisis and for reducing anxiety, and the deployment of sensory-friendly approaches. 4) Systems change, trends, and policy implications: Presenters will provide an overview of current systems and policies which govern services for people with ID/A and complex needs, and discuss the ways that new and innovative approaches and models are being developed.

After attending this session, participants will be able to:

1. State the current demographics, health disparities and barriers to access care for the individuals with intellectual disabilities and Autism.
2. Describe the diagnosis, interventions and interdisciplinary treatment approach for managing individuals with intellectual disabilities and Autism.
3. Describe the integrated care model approach that Woods system of care utilizes to improve quality of care for individuals with Intellectual disabilities and Autism.

Training Session

Infusing Innovative Diversity, Equity, Inclusion, and Accessibility (DEIA) Practices Across Agencies and Applying Best Practices that Advance Equitable Health Outcomes and Breaking Down Barriers to Health Equity and Environmental Justice through Allyship

13:00 – 17:00 *CAPT Juliette Taylor; CDR Kemi Asante; CDR Trang Tran; CDR Gayle Tuckett; LCDR Lisa Huang; LCDR Jorge Muniz-Ortiz*
Moderator: CAPT Melissa Hagen

This half-day session will cover establishing a DEIA culture and how it takes steady, intentional steps at every level of the organization. Throughout this portion, participants will engage in tangible activities and conversations that they can adapt to their workplace.

The session will also cover improving the health of marginalized populations that experience health inequities as a critical part of the USPHS mission. It is imperative that officers continually explore how to better support each other, serve the underserved, and address the most pressing equity challenges of our time.

After attending this session, participants will be able to:

1. Identify three initiatives that encourage DEIA in the workplace
2. Describe the relationship between a diverse workforce, organizational impacts, and patient health outcomes
3. List two best practices that can be adapted to their workplace

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Training Session
Military Customs, Courtesies, and Culture
13:00 *CAPT Neelam Ghiya; CDR Allah-Fard Sharrieff; LCDR Janelle Phillip*
17:00 *Moderator: CAPT Neelam Ghiya*

The purpose of this session is to ensure that USPHS officers maintain a high level of knowledge on military customs, courtesies, and culture and always display this protocol knowledge. PHS officers often work, are deployed with, and interface with all branches of the Armed Forces and veterans. Many USPHS officers are new to being on active duty and have no prior military service. Upon commissioning, officers receive a brief overview of drill and ceremony over a two-week time frame whereas other services have about 10 weeks of training and those officers will live on military installations. Due to PHS officers living independently, many will never learn additional military customs and courtesies or practice drills to keep or increase their knowledge base. There will be a review of the US armed forces and refresher of our service. Additionally, this session will highlight understanding military culture through an experiential lens. A small panel of officers will share, discuss, and take questions on their real-life stories of successful and challenging experiences. Each attendee will receive oral, written, and visual teachings to become proficient in demonstrating military customs and courtesies in all situations. Officers will leave with an increased level of confidence to interface with any service member.

After attending this session, participants will be able to:

1. Explain military culture and the correct way to carry out military customs and courtesies.
2. Recite examples of when and how to utilize military customs and courtesies correctly on deployments, in trainings, on military installations, and when engaging with fellow service members (including rankings).
3. Memorize drills to include muster, attention, parade rest, saluting, etc. and provide active scenarios to utilize learned/refreshed skills.

Training Session
Y.O.U. (Year Of Upward) Mobility
13:00 *CAPT Zanethia Eubanks*
17:00

As America's Health Responders, officers are so busy protecting, advancing, and promoting the health and safety of our Nation that they often find it challenging to prepare documents needed for their promotion packages. In recent years, promotion rates have decreased while officers' anxiety to promote significantly increased. Promotion board(s) are challenged to select the officers competent enough to transition into the next rank, however this endeavor poses to be vexing for many officers. Consequently, this is due to the amount of time they have to spend on

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each promotion package, often struggling with what to include in order to make them stand out amongst their peers. In addition, the last quarter of every calendar year can be a hectic time for officers due to major holidays and family obligations.

This training session will present an opportunity for officers to take more control over their career mobility. This entails applying a career management plan that uses basic project management skills to submit a competent and competitive promotion package. Y.O.U. (Year Of Upward) Mobility takes a look at how officers can gradually document their year of upward advancement by collecting information/data monthly to serve as a project management tool that will highlight their milestones and achievements. Teaching officers to train their mind to think like a project manager will help to minimize several mistakes that are often inevitable when submitting their promotion package.

After attending this session, participants will be able to:

1. Apply tools that will help officers create a career management plan based on project management skills to identify milestone/accomplishments throughout the year
2. Set 2 SMART (Specific, Measurable, Achievable, Relevant and Timely) goals that help officers determine the difference between job responsibilities and impacts.
3. Locate readily accessible resources catered to officers to provide aid in the completion of their promotion packages.

General Session
Anchor and Caduceus Welcome Reception
18:00
19:00

Cash Bar

General Session
Anchor and Caduceus Gala
19:00 *Vijay Gupta*
22:00

Join us for the annual Anchor and Caduceus Gala featuring keynote speaker Vijay Gupta, violinist, humanitarian, and Ted Talk speaker. The evening will conclude with music and dancing.

Tuesday, June 25, 2024

Ancillary Event
The Surgeon General's 5K Run/Walk and APFT
06:00
08:00

Take part in the yearly 5K. Participants can also complete their APFT at the same time. Prizes will be awarded to top finishers overall and by age category.

Category Career Mentoring
06:30
08:30

Career Mentoring is offered by the following:

- Allied Health Promotion Group
- Applied Public Health Promotion Group
- Health Services Officer Category
- Nurse Category
- Pharmacy Category
- Physician Category
- Therapist Category

General Session
COA General Meeting and Awards Breakfast
08:30
09:30

Catch up on the activities of the Commissioned Officers Association over the past year and plans for the future. Breakfast will be available to attendees.

General Session
2024 USPHS Symposium Opening Ceremonies
10:00
11:00

Jacksonville Mayor Donna Deegan will provide remarks as the Symposium officially kicks off.

Tuesday, June 25, 2024

General Session

Luther Terry Lecture: Fireside chat with VADM Raquel (Rocky) Bono, MD, USN (Retired), the 2nd Defense Health Agency (DHA) Director

11:00 *Moderator: LCDR Eric Jamoom, PhD*

12:00

VADM(ret) Raquel Bono shares diverse experiences from her pioneering career as a trauma surgeon and decorated Vice Admiral in commanding public health innovation across the military and private industry.

After attending this session, participants will be able to:

1. Outline at least two approaches to developing and implementing data-driven public health policy for state government and industry during an emerging pandemic.
2. Identify two ways misinformation affects private industry and government, and discuss strategies used to counteract misinformation.
3. List two requisite communication skills necessary to lead government and private sector public health programs in providing critical services to military and underrepresented populations.

Exclusive Exhibit Hall Time

12:00

14:00

Please join us in the Exhibit Hall to meet with our event Sponsors and Exhibitors. Box lunches will be provided.

Scientific Program Track Sessions

Track 1: Clinical Care

Standing Up New Programs: Operationalization and Enforcement of the No Surprises Act to Improve Healthcare Accessibility and Affordability

14:00 *CAPT Samuel Schaffzin; LTJG Samuel James*

14:30

Background: On Average, 18% of Emergency Department visits in the U.S. resulted in at least one surprise bill in 2018, and two-thirds of surveyed adults said they were “worried about being able to afford unexpected medical bills.” The No Surprises Act (NSA), effective January 1, 2022, aims to protect consumers by restricting excessive out-of-pocket costs and mandating emergency service coverage without prior authorization, irrespective of provider or facility network status. The Centers for Medicare and Medicare Services (CMS), which is responsible for

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NSA enforcement, has led efforts to promulgate regulations and operationalize enforcement, driving improvements in healthcare accessibility and affordability.

Methods: The Center for Consumer Information and Insurance Oversight (CCIIO), on behalf of CMS, enforces the provider and issuer provisions of the No Surprises Act (NSA). Within CCIIO, the Oversight (OG) and Consumer Support Groups (CSG) lead these enforcement efforts, as well as efforts to provide direct educational and technical assistance to consumers, providers, and facilities. Operationalizing the NSA has included collaboration with other Departments, the establishment of new Divisions within CCIIO, and the obligation of dedicated funds to address the aims of the NSA. Two interim final rules, and subsequent sub-regulatory guidance, have laid out requirements for provider and facility compliance, as well as CMS reporting. Policy and enforcement-focused divisions have worked together to determine NSA applicability and develop communications and educational materials for improved provider and facility compliance, as well as improved provider, facility, and consumer understanding of consumers' rights. In the two years since NSA implementation, CCIIO continues to work with states as their enforcement capabilities evolve, collaborate with provider organizations and associations to improve awareness of and compliance with the NSA, and develop NSA educational content for consumers.

Results: As of November 2023, CMS has received more than 11,000 complaints, most of which have been related to alleged violations of the NSA. Through the CMS investigation process, CMS has directed plans, issuers, providers, health care facilities, or providers of air ambulance services to take remedial and corrective actions to address instances of non-compliance, which has resulted in approximately $3,018,432 in monetary relief paid to consumers or providers. The top NSA categories (i.e., provisions) for complaints were surprise billing for non-emergency services at an in-network facility, surprise billing for emergency services, and good-faith estimate. 58.9% of submitted complaints are from the top 3 categories. Though CMS is currently exercising its enforcement discretion for certain provisions, the proportion of complaints in these categories indicate a greater need for concentrated NSA outreach and education for entities involved in the provision of services in these categories. Of the 11,000+ complaints, more than 3,000 were closed with no NSA violation found. While emphasis has been and will be placed on complaint resolution and financial remediation, the number of complaints resulting in no violation found indicate a need for increased consumer education about the nature and extent of NSA protections.

Conclusions: To continue driving improvements in healthcare accessibility and affordability, the results indicate a need for internal operations and system changes in response to the evolving NSA complaint landscape. As complaint volume increases, top complaint categories change, and state jurisdiction evolves, internal processes must adapt to meet the demands of these developments. Similar programmatic adjustments will be needed to accommodate the likely increase in external stakeholder engagement and associated outreach and education efforts.

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Keywords: Public Health, Outreach, Education and Communication

After attending this session, participants will be able to:

1. Describe the impact of the No Surprises Act (NSA) on healthcare accessibility and affordability, as well as the role of intra and interagency collaboration in standing up a public health-focused program such as the NSA
2. Describe the difference in public health communication strategies for health care providers versus consumers
3. Examine the role of data collection in enforcing the NSA and ensuring provider compliance, as well as its importance in assessing and improving a new public health program

Track 2: Access to Care

New law addresses damaging health effects from environmental exposures in Military Veterans

14:00 *LT Cashmere Miller*
14:30

Background: One in three Veterans report exposure to environmental hazards and one in four report persistent major health concerns due to exposures encountered during military service. For years millions of veterans did not receive the proper healthcare or benefits related to conditions that resulted from their military environmental exposures. Since the passage of the Sergeant First Class Heath Robinson Honoring our Promise to Address Comprehensive Toxics (PACT) Act of 2022, many veterans are now eligible for healthcare benefits and financial incentives if they have been exposed to toxins during their service and have manifested certain conditions after their service.

Methods: One of the Veterans Health Administration's top priorities is to serve Veterans with military environmental exposures. The PACT Act of 2022 is a once-in-a-generation policy that went into effect on 10, August 2022 to expand benefits and VA healthcare for Veterans exposed to burn pits, Agent Orange, and other toxic substances. The PACT Act adds to the list of health conditions that are presumed to be caused by exposure to these substances. This law helps provide generations of Veterans and their survivors with the care and benefits they've earned and deserve. Since the law was passed, the VA has implemented the authorities included in the Act to ensure the treatment of veterans with military environmental exposures, conducting research on military environmental exposures, and hiring and retaining staff to treat affected veterans. The long-term vision of the PACT Act is to ensure that veterans can receive high-quality healthcare screenings and services related to potential toxic exposure. This vision will be achieved by the timely treatment of veterans' whole health with exposure-informed

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care, conducting research to better understand the impact of toxic exposures, and ensuring that clinicians caring for veterans have the appropriate education and training.

Results: The PACT Act has empowered the VA to help millions of toxic-exposed veterans and their survivors. The following are national milestones reached since the PACT Act: •As of late October, the VA has assessed over 4,760,619 veterans for toxic exposures during military service. •2,041,489 (42.88%) Veterans reported they had at least 1 potential exposure. •Expanding benefits since the PACT Act passage: 667,399 cumulative total PACT-related claims completed with a 76.9% approval rate for the claims. •There are 3,950,976 current enrollees in the PACT Act planning population since President Biden signed it into law on Aug. 10, 2022. •To date, the VA has awarded more than $1.85 billion in earned benefits to Veterans and survivors who filed PACT Act-related claims. •The VA hosted thousands of outreach events across all 50 states, the District of Columbia, and Puerto Rico since the PACT Act passed. •The VA has partnered with the American College of Preventive Medicine (ACPM) to provide Level I and Level II certification training programs in Military Environmental Exposures for all providers (civilian and VA) and will equip each participant with the skills and knowledge needed to effectively identify, treat, and manage the effects of environmental exposures for this significant population.

Conclusions: VA publishes data about the PACT Act on a bi-monthly basis to measure the implementation of this legislation and showcase its impact on Veterans and survivors. Milestones reached to date are major accomplishments to ensure Veterans receive high-quality healthcare screenings, benefits, and services related to potential toxic exposure. The VA will continue to strive to put Veterans first by improving healthcare received, policies, programs, and ongoing research.

Keywords: Access to Care, Health Policy, Military environmental exposures, toxic exposures, veterans, PACT Act

After attending this session, participants will be able to:

1. Describe the problem of unaddressed toxic exposures in the military environment
2. Identify at least one benefit of the PACT ACT
3. Describe the significance of this public health issue and the need to better treat toxic-exposed veterans

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Track 3: Maui Wildfires

Maui Wildfires: Embedding Local Cultural Resource Advisors and Electricians in the EPA Response

14:00 *LCDR Steven Merritt*
14:30

Background: Wildfires developed on the island of Maui on August 8, 2023, fueled by high winds. These fires devastated the historic community of Lāhainā, killing over 100 people and destroying more than 3,200 structures and vehicles. The President signed a disaster declaration via the Stafford Act on August, 10, 2023. EPA was tasked by FEMA under Emergency Support Functions 3 and 10 and an IMT deployed Maui to work with federal, state, and local partners on recovery efforts, focusing on water infrastructure restoration and removal of hazardous materials and Li-ion batteries from fire-impacted properties, electric vehicles, and solar power storage units.

Methods: Recognizing significant cultural resource concerns associated with the destruction of Lāhainā, EPA rapidly enlisted the help of native Hawaiians to work alongside field teams help preserve sacred artifacts and honor native traditions for those souls lost in the fire. EPA also worked closely with Hawaiian historians and cultural resource advisors to train all response personnel upon arrival, to ensure they had a respect for native traditions and the legacy of colonialism before entering the impacted area to remove hazardous substances from burned debris. The Maui Wildfire ESF-10 recovery mission also was a proving ground for EPA to develop innovative on-site treatment methods to enable safe disposal of damaged lithium-ion battery packs from burned EVs and solar power storage units. Hundreds of Li-ion cells within each battery pack had to be de-energized, as verified by a team of electricians, chemically neutralized, and crushed to enable shipment to a mainland disposal facility by vessel for recycling and reuse. This novel treatment approach required expert knowledge of waste disposal regulations and trust-building with shipping companies and the USCG before approval. Similarly, the ESF-3 mission focused on restoring drinking water and sanitation infrastructure throughout Lāhainā's large and heavily damaged systems using local operator expertise.

Results: By law, Federal response actions must be mindful of local and native traditions, history, and culture. Enlisting the expertise of local and native historians, cultural experts, and community leaders can pay dividends in efficiently building trust and achieving objectives without causing further harm. Respecting the native culture and local community perspectives, incorporating them into response tactics and organizational culture, and fostering an inclusive dialogue with a focus on empathy, listening, and understanding can promote healing and more rapid recovery following a disaster. Similarly, hiring local subject-matter experts, like electricians, can provide unique perspectives that help solve novel challenges in an environmentally-friendly and culturally-respectful way.

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Conclusions: Immediately build relationships, educate Federal responders, and embed local experts within the response organization to foster trust, develop collaborative solutions, improve efficiency, and ensure mission objectives mesh with the will of the local population.

Keywords: Disasters, Diversity, Equity, Inclusion Access (DEIA), Environmental Justice, Emergency Response, HAZMAT, Hazardous Waste

After attending this session, participants will be able to:

1. Identify the typical roles of the EPA in wildfire recovery efforts under ESF-3 and ESF-10 mission assignments.
2. Examine best practices and benefits of enlisting local cultural resource advisors and experts to inform Federal response actions.
3. Recognize the 5 primary challenges to developing a novel on-site treatment method for Li-ion batteries to enable transportation and recycling at facilities on the mainland.

Track 4: Emergency Response

East Palestine, OH Train Derailment: Responding to complex threats by expanding capacity of state and local agencies to protect environmental health

14:00 *CDR Jona Johnson; LCDR Kai Elgethun*
14:30

Background: On February 3, 2023, a train derailed in East Palestine, Ohio (OH) near the Pennsylvania (PA) border. Some cars spilled hazardous materials, some burned, and health concerns quickly emerged. Thousands were evacuated. Images of smoke billowing over the small town spread across the nation. The Agency for Toxic Substances and Disease Registry (ATSDR) provided technical support within 24 hours to on-scene coordinators. On 2/16/23, the OH Department of Health requested assistance followed by the PA Department of Health on 2/20/23. Centers for Disease Control and Prevention (CDC) and ATSDR were ready to expand their response, but there were complex challenges to address.

Methods: The National Oil and Hazardous Substances Pollution Contingency Plan (NCP) ensures that federal resources and expertise are immediately available for actions beyond the capabilities of local and state responders. Both the Environmental Protection Agency (EPA) and CDC/ATSDR have clearly defined roles. Code of Federal Regulations (CFR) 40 Part 300.175 (NCP) states that “Within the Public Health Service, the primary response to a hazardous materials emergency comes from ATSDR and CDC. Both ATSDR and CDC have a 24-hour emergency response capability wherein scientific and technical personnel are available to provide technical assistance to the lead federal agency and state and local response agencies on human health threat assessment and analysis, and exposure prevention and mitigation.” Emergency response officials, environmental regulatory agencies, and health departments in both OH and PA

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recognized the need for expanded capability. EPA and CDC/ATSDR immediately deployed staff to East Palestine. In the following days, twenty-four staff across CDC/ATSDR deployed in the field and eight more worked remotely to support the public health response. CDC/ATSDR was elevated in the response's Unified Command and had a prominent leadership role in ACE (Assessment of Chemical Exposures) survey implementation, environmental data review and health-based comparison value development, and health communications support.

Results: ACE: 701 community surveys and 339 responder surveys were completed, and data were used to characterize community and responder exposures. Results indicated that a high percentage (93% for the community and 48% responders) reported symptoms, both physical and mental. In part due to the ACE survey findings, the town of East Palestine established a permanent health clinic to treat residents and responders. Environmental data: A team of toxicology experts worked remotely to find best-available science for a range of obscure chemicals, which had no health comparison values, released by the ruptured tanker cars. The ATSDR team synthesized that science into health-protective interim comparison values for four priority chemicals to guide hot zone delineation and cleanup and advise health education. In collaboration with state partners, exposure from intentional burn of chemical tanker cars was also addressed, as were questions about fate and transport of chemicals downstream. Health communications: ATSDR staffed an in-person outreach center, presented twice on television, and co-led meetings with responders and the community. Having a trusted CDC/ATSDR medical toxicologist, or clinical provider, in the field to clearly explain the potential exposures and resulting health effects was essential to building trust with the community and appropriately addressing their concerns.

Conclusions: NCP (40 CFR Part 300) allowed state and local agencies and officials to leverage the additional scientific and response capacity of CDC/ATSDR and the Public Health Service. Staff supported the highly visible East Palestine Train Derailment Response for three weeks in the field and eight months remotely. The team expanded and enhanced the state-led efforts to understand and characterize resident and responder exposures. ATSDR's derivation of interim air and drinking water health comparison values for chemicals that had none, and ATSDR's characterization of chemical fate and transport both allowed the community to move towards recovery and protect public health.

Keywords: Security, Environmental Quality, Response, Chemical

After attending this session, participants will be able to:

1. Describe the mandate of the National Oil and Hazardous Substances Pollution Contingency Plan (NCP) and role of CDC/ATSDR in expanding state and local capacity in a large hazardous derailment affecting several states

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2. Identify 2 challenges presented by human exposure to a large number of spilled chemicals, chemicals without health data, fate and transport, and unique hazards (transformation by fire and environmental interaction)
3. Describe the impact of evidence-based applied science and policy to resolve data gaps, provide health education and protect people from complex chemical threats

Track 5: Mental Health

Understanding the Mental Health of Unaccompanied Hispanic/Latinx Children: An Imperative for United States Public Health Service Officers

14:00 *CDR Adriana Restrepo; LT Elizabeth Johnson*
14:30

Background: The unprecedented surge in migration, particularly among Hispanic/Latinx children arriving unaccompanied at borders, highlights the urgency of addressing their mental health needs. This presentation emphasizes the critical need for United States Public Health Service (USPHS) officers to comprehend and respond to the unique mental health challenges faced by this vulnerable population. Unaccompanied Hispanic/Latinx children often endure traumatic experiences during migration, including separation from family, exposure to violence, and cultural dislocation. PHS officers play a pivotal role in recognizing, assessing, and mitigating the mental health impacts of migration on these children in their jobs and during deployments to border missions.

Methods: A literature review explored the importance of cultural competence and sensitivity in understanding the nuances of Hispanic/Latinx mental health, as well as the influence of acculturation stress and discrimination.

Results: Results of the review emphasizes the need for tailored intervention strategies that consider the cultural background and resilience factors specific to this demographic. Furthermore, the results highlight the potential long-term societal implications of untreated mental health issues in this population, emphasizing the economic and public health benefits of early intervention and preventive measures. Finally, it calls for the integration of mental health considerations into immigration policies and the allocation of resources for mental health services targeting unaccompanied Hispanic/Latinx children.

Conclusions: USPHS officers must enhance their understanding of the mental health challenges faced by unaccompanied Hispanic/Latinx children to effectively address the immediate and long-term consequences. By adopting a culturally informed, collaborative, and holistic approach, public health officers can contribute significantly to the well-being and resilience of this vulnerable population, ultimately fostering a more inclusive and healthier society.

Keywords: Special Populations (Youth, Immigrants, Hispanics/Latinos, African American, etc), Mental Health/Behavioral Health, Deployment Training

After attending this session, participants will be able to:

1. Recognize the experiences and effects of pre/during/post migration on Hispanic/Latinx unaccompanied children and youths.
2. Identify 2 Hispanic/Latinx culture-specific risk and protective factors associated with mental health.
3. Describe how the use of psychoeducation interventions can engage Hispanic/Latinx children and youth into mental health and community services

Track 6: Special Populations

Addressing the Maternal Health Crisis: Notes from the field and community partnerships

14:00 *CAPT (ret.) Mehran Massoudi; LT Monica Geiger*

14:30

Background: In 2021, 1,205 women died of maternal causes in the United States, compared with 861 in 2020 and 754 in 2019. American Indian and Black women are 2 to 3 times more likely to die from a pregnancy-related cause than white women and this disparity increases with age. American Indian and Black women who are 30 years old and older die at about 4 to 5 times the rate of white women. The Mississippi Delta region, including states that border the Mississippi River (HHS Regions 4,6, and 7), have substantially worse maternal outcomes than other areas of the country.

Methods: Recognizing the importance of community-led prevention and intervention strategies and interventions aimed at improving maternal health and birthing outcomes, the Office of the Assistant Secretary for Health (OASH), the Health Resources Services Administration (HRSA), and the Arkansas Minority Health Commission (AMHC) convened partners for the Tri-Regional Maternal Health Conference in August 2022. At this two-day convening, a variety of partners collectively started the process for developing recommendations for community groups, leaders, and government organizations to effect change. Following the Conference, participants were identified and invited to form the Communities Improving Maternal Care Alliance (The Alliance). The Alliance is an affiliation of partners to support continued efforts and recommendations outlined during the Tri-Regional Maternal Health Conference. With leadership from an Advisory Board, the Alliance created measures and goals to support efforts to improve equity in maternal health. The group members submitted information about their programs and practices in the maternal health space, which was then compiled into a compendium of resources that can be used by partners to identify promising practices that could be replicated in other settings.

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Results: Maternal health outcomes are significantly influenced by social determinants of health, such as access to care, with certain populations experiencing mortality and morbidity at a disproportionate rate. These disparities can be addressed by centering community voices when designing interventions, providing culturally appropriate care, and leveraging multisectoral partnerships. By doing so, while exchanging strategies and resources to address common issues across the Regions, all communities have an opportunity to reach their optimal potential and improve the health and well-being of mothers, children, and families. Over the past 2 years, The Alliance has strived to build a community of organizations and people who are working to increase the health and safety of birthing people across HHS Regions 4, 6 & 7. To date, The Alliance has recruited 197 members and continues to grow, indicating an ongoing need and an interest in this work. The Alliance was able to capture promising practices that have the potential to improve health outcomes from 29 different member organizations, then further categorize them by theme and by level of evidence base. Some strategies collected indicated the need for further evidence, while others had a high level of evidence to support them.

Conclusions: Healthy pregnant people and infants can thrive when State, Tribal, Local, and Territorial organizations come together to collaborate and share promising practices. The Compendium of Resources was designed as a resource to learn about replicable strategies to decrease maternal mortality and connect organizations engaged in similar work. This document connects the community-based strategies to applicable evidence and research. Community-based organizations are using promising practices but often do not have the resources to conduct research to support their programs. These organizations need a platform to share their programs so that their successes can be replicated in other settings.

Keywords: Access to Care, Special Populations (eg Youth, Immigrants, Hispanics/Latinos, African Americans, etc.), Maternal Health

After attending this session, participants will be able to:

1. Define the maternal health crisis in the United States.
2. Describe the importance of community-based partnerships and interventions to reduce maternal mortality.
3. Describe the need to highlight existing promising practices occurring in community-based settings.

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Track 1: Clinical Care

The Chickasaw Nation's Empowered Living Clinic

14:30 *LCDR Kayla Dewitt; Dr. Ashley Weedn*

15:00

Background: Approximately 20% of US children aged 2-19 grapple with obesity (CDC, 2022). Within Chickasaw Nation Department of Health's 2018 Fiscal Year data, rates ranged from 33% for 2–5-year-olds to 50% for 12–19-year-olds. The pandemic worsened the issue, with a CDC study indicating a 3-4% increase in weight gain among children and adolescents (Lange et al, 2022). Our internal data showed a 6% uptick in weight gain among children in Chickasaw Nation clinics, underscoring the imperative for enhanced services focusing on pediatric obesity prevention and treatment.

Methods: In 2016, the Chickasaw Nation established the Empowered Living Clinic, an interdisciplinary pediatric weight management clinic that provides comprehensive and evidence-based care to children and adolescents with obesity ages 2-19 years. The interdisciplinary team, consisting of a pediatrician, a medical family therapist, a dietitian and a physical therapist, facilitates education and implementation of healthy lifestyle behaviors utilizing a whole-child and family-based approach. A key component of the clinic is to provide non-stigmatizing and compassionate care for First American children residing in rural Oklahoma by addressing the challenges of social determinants of health prevalent among our population and the broader community. The team integrates clinical expertise in weight management with a deep understanding of pediatric and family-based tribal and community resources. For health monitoring, body composition (by InBody) and cardiometabolic markers (lipids, ALT, fasting glucose, HbA1C) are re-evaluated every 3 and 6 months, respectively. To track outcomes of this specialized clinic in a tribal nation, a registry was established through the Chickasaw Nation IRB and in partnership with the University of Oklahoma Health Sciences Center. A research assistant obtains parental and patient consent to participate and enters data into the secure database. Descriptive statistics are performed and reviewed quarterly.

Results: 95 patients have consented to participate in the registry from 11/2016-10/2023. 51% are male and 52% are 12-18 years of age. At baseline, 78% of patients have a BMI ≥ 120th of the 95th percentile, classifying them with severe obesity. 64% have an elevated ALT, indicating non-alcoholic fatty liver disease, and 36% have prediabetes based on their HbA1c. Dyslipidemia is also prevalent with 43% of patients having a low HDL level and 28% of patients with hypertriglyceridemia. Follow-up data from baseline to last visit showed improvement in BMI measures and cardiometabolic outcomes. Specifically, 54% (n=83) of patients had a decrease in BMI percentile and 28% had a reduction in BMI. Body composition also improved with 39% (n=56) of participants having a reduction in fat mass and 66% having an increase in muscle mass. Follow-up labs showed half of the patients had a decrease in their ALT levels (51%; n=59) and HbA1c levels (50%; n=56). 60% (n=55) showed a decrease in triglyceride levels and 47% had

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an increase in their HDL level. Preliminary analyses do not show significant differences by age, gender, or time frame in the clinic. Consistent outcome monitoring has allowed for targeted treatment interventions.

Conclusions: Improvements in BMI and cardiometabolic markers underscore the importance of comprehensive clinical intervention in tribal communities for improving child health. The clinic's dedication to patient-centered care, which includes cardiometabolic monitoring to individualize treatment, reflects a commitment to long-term patient well-being. This dedication to sustainability, rooted in a holistic perspective on health management, is a key strength. Emphasizing this proactive approach, similar clinics should expand monitoring protocols to optimize pediatric obesity management outcomes. Furthermore, recognizing variations in individual responses necessitates tailoring treatment plans, highlighting the importance of a personalized approach for optimizing results in addressing unique challenges faced by patients.

Keywords: Specialized Care, Patient-Centered, Clinical Care, Pediatrics, Research and Development, Special Populations (Youth, First Americans)

After attending this session, participants will be able to:

1. Describe how best practices for pediatric obesity management can be applied in an IHS setting.
2. Identify 2 strengths of a team-based approach to pediatric obesity management.
3. Examine Health outcomes from an interdisciplinary pediatric weight management clinic in a tribal nation.

Track 2: Access to Care

Harms reduction initiatives within a Critical Access, isolated hardship service unit

14:30 *CDR Daniel Hamil*

15:00

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.

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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 care for patients. Policy intervention sought to redress disparities in access to care and treatment for SUD, Hepatitis C, and STI. Utilization of the IHS EHR/RPMS iCare population management software tool to search across key terms such as substance use disorder, polysubstance use disorder, alcohol use disorder, opioid use disorder, stimulant use disorder, sexually transmitted infection/disease, and Hepatitis C, revealed a panel potentially comprised of nearly 13% of the service unit population. A targeted development of policies to address health inequities was undertaken utilizing extensive review, evaluation, and analysis of the biomedical literature. To address limitations in access to buprenorphine services for SUD, tele-health medication-assisted treatment (MAT) was established with corresponding policies and procedures. Standing orders for pharmacists to prescribe injectable naltrexone expanded access to alcohol and opioid use disorder treatment across the Service Unit. To combat an ongoing Syphilis outbreak, the STI standing order was developed, allowing for rapid testing and expedited treatment. The prospective nature of this intervention is driven by testing and findings from public health nursing in the field.

Results: 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 with 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 treatment and care, thereby, reducing health disparities. To date the following outcomes have been achieved: 1) Increased naltrexone utilization by 1,400% for SUD; 2) Reduced emergency department visits for alcohol use disorder that have been on naltrexone for at least 3 months by 95%; 3) Increased nasal naloxone dispensing (prior to OTC conversion) by 598%; 4) Through tele-MAT services, expanded access to buprenorphine therapy for OUD by 600%; 5) Tracking 288 Hepatitis C consults, and expedited STI treatment to 583 patients.

Conclusions: Pharmacist leadership in harm reduction has a profound impact on addressing health disparities. Data indicates that when compared to the general population, AI/AN communities are disproportionately burdened by SUD, Hepatitis C, and STIs. Therefore, the development and implementation of sound healthcare policy and procedures represent important steps towards expanding access to care and treatment. Next Steps: 1) Expanding Tele-MAT Clinic, and incorporating SUD/MAT within primary care; 2) Expanding access to injectable naltrexone to eligible incarcerated individuals upon release; 3) Establish a syringe exchange program; and 4) Expanding STI standing order to include HIV PreP protocols.

Keywords: Harm Reduction, Access to Care, health disparities

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After attending this session, participants will be able to:

1. Describe the principles of Harm Reduction
2. Outline the policy implementation process
3. Describe current harm reduction practices utilized

Track 3: Maui Wildfires

Biomonitoring of Firefighters: Application During the 2023 Maui Wildfires

14:30 *CDR Kenny Fent; LCDR Catherine Beaucham*

15:00

Background: Firefighters are exposed to many hazards including toxic airborne effluents, especially when fires destroy manmade structures and vehicles. Potential exposures include polycyclic aromatic hydrocarbons (PAHs), polybrominated diphenyl ethers (PBDEs), organophosphate flame retardants (OPFRs), per- and polyfluoroalkyl substances (PFAS), and heavy metals such as lead, cadmium, arsenic, lithium, and chromium. PAHs are products of incomplete combustion. PBDEs and OPFRs are compounds that were used as flame retardants in electronics, furniture, plasticizers, and furnishings. PFAS are a class of compounds that are added to materials to provide stain or water resistance. Heavy metals are present in homes and vehicles.

Methods: NIOSH has expertise using biomonitoring methods to evaluate exposures in firefighters. However, the timing of specimen collection is critical and depends on the biological half-lives of the contaminants of concern. In August 2023, a series of wildfires erupted in Hawai'i. The fires destroyed ~3,000 structures in Lahaina in Maui County and >90 lives were lost. Maui County firefighters were involved in fire suppression, structure protection, life safety actions, and were embedded with the Urban Search and Rescue teams. NIOSH learned that many responders were not fully protected from inhalation exposure due to the rapid spread of the wildfires and ensuing urban conflagration that threatened lives. After the fires were under control, responders could have been exposed during the search and rescue operations that occurred in the following days after the fires were extinguished. NIOSH received a Mission Assignment to evaluate first responders' exposures from this unprecedented event. NIOSH assembled a team and developed a biomonitoring plan based on anticipated contaminants from prior research. The team traveled to Maui September 11. In 8 days, the team consented firefighters and other responders meeting eligibility requirements, captured demographic information and exposure history via a questionnaire, and collected blood and urine samples.

Results: To our knowledge, this was the first exposure biomonitoring mission during a national disaster. Although previous research indicates that biomonitoring should occur within hours or days after exposure and baseline biological samples would have been collected for benchmarking, these best practices may not be realistic during a national disaster. NIOSH

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rapidly assembled a field team, but due to logistical challenges, more than a month elapsed from the initial fires to the team's visit. Therefore, NIOSH focused biomonitoring efforts on contaminants with longer biological half-lives (weeks to years) and those that could be compared to biological exposure indices or to the general population levels. The team also encouraged Firefighters to enroll in the National Firefighter Registry (NFR) for Cancer, which is a nationwide program to track cancer outcomes and risk factors among firefighters over time. The International Agency for Research on Cancer (IARC) recently classified the occupation of firefighting as a known human carcinogen. The NFR for Cancer provides surveillance of cancer outcomes among registered firefighters. Included in the NFR questionnaire is a means to describe significant events such as the Maui Wildfires.

Conclusions: Biomonitoring is an important tool for understanding exposures, especially those with multiple routes of entry into the body. Previous NIOSH biomonitoring studies provide compelling evidence that firefighters are exposed to chemical carcinogens. National disasters like the Maui Wildfires may result in unprecedented exposures. Through biomonitoring, we may be able to characterize these exposures, including tasks or activities associated with higher biological levels. By also enrolling firefighters in the NFR for Cancer, we can evaluate the long-term health consequences from these exposures, as well as cumulative exposures from the firefighting profession.

Keywords: Applied Public Health, Disasters, wildfire, firefighter, biomonitoring, exposure, persistent organic pollutants

After attending this session, participants will be able to:

1. Describe possible contaminants released from wildland urban interface fires.
2. Enumerate important considerations when developing a biomonitoring plan.
3. Identify two unique challenges presented by conducting biomonitoring during a national disaster.

Track 4: Emergency Response

Community-Based Vaccine Events for Prioritized Populations — New York City, September 25–October 7, 2023

14:30 *LCDR Beth Rubenstein*
15:00

Background: COVID-19 and influenza vaccines protect against severe disease outcomes, including hospitalization and death. In Fall 2023, the US CDC recommended updated COVID-19 and influenza vaccines for all persons 6 months of age and older. The updated vaccines were formulated to target currently circulating variants. Fall 2023 was also when COVID-19 vaccines were commercialized and mass vaccination sites that were prevalent during previous vaccine

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rollouts were no longer operating. New strategies were needed to ensure equitable vaccine access, especially for priority groups including residents of historically underserved zip codes, people 65 years of age and older, and people without health insurance.

Methods: The New York City (NYC) Department of Health and Mental Hygiene (Health Department) launched four pop-up community-based events to provide updated COVID-19 and flu vaccines over a two-week period (September 25–October 7, 2023). The events were located at the Health Department's Neighborhood Action Centers and clinics located in historically underserved neighborhoods throughout the city. Vaccine was funded through multiple sources, including federal Section 317 funds, the Bridge Access Program, the Vaccines for Children Program, and NYC funds. A community vaccinator was contracted to provide the vaccine administration services, and program staff were recruited from the Health Department. The events were organized and advertised in collaboration with community-based organizations. In addition, the Health Department used contact information in NYC's electronic Immunization Information System to send targeted text messages to people 55 years of age and older who resided in zip codes surrounding the event location. Citywide advertisement to the general public was not conducted. Sites operated Monday through Saturday, 10:00 AM to 8:00 PM and walk-ins were accepted.

Results: Over the two-week period, 2,789 people were vaccinated across all four sites and 4,235 doses were administered. Of those vaccinated, 51.8% of people (n=1,446) received both COVID-19 and flu vaccine at the same time, 28.0% (n=781) received COVID-19 vaccine alone, and 20.2% (n=562) received flu vaccine alone. Of the 2,052 people vaccinated who self-reported race, 32.0% (n=656) identified as Black, 27.1% (n=557) identified as two or more races or other, and 16.8% (n=345) identified as Asian or Native Hawaiian/Pacific Islander; 49.9% of people vaccinated (n=1,392) identified as Hispanic or Latino. Vaccinations at each site reflected the demographics of the surrounding neighborhoods. Most people vaccinated at the events (88.7%, n=2,473 people) were part of at least one priority group (zip code of residence, 65 years of age or older, or uninsured), with 78.7% living in a priority zip code (n=2,196 people), 33.0% 65 years of age or older (n=920), and 21.7% uninsured (n=606). All four sites observed an immediate increase in turnout after the targeted text messages were sent. Program staff reported that the events provided an opportunity to promote and link attendees to other services provided at these locations, including sexual health services and health insurance enrollment.

Conclusions: Overall, the vaccine events were successful and aligned with the NYC Health Department's equity goals. All four sites were used and the majority of the people vaccinated were part of the priority populations. Qualitative feedback from program staff indicated the events also strengthened the relationship between communities and the Health Department's Neighborhood Action Centers and clinics. There is substantial enthusiasm to organize similar events next Fall. Recommendations for improvement include: more lead time for advertising, further engagement with other onsite programs for client referrals, additional staffing

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(especially Spanish-speaking staff), and greater emphasis on language access during the text messaging.

Keywords: COVID-19, Vaccines, Influenza, Interventions to Decrease Health Inequalities

After attending this session, participants will be able to:

1. Describe one of the strategies of the New York City Department of Health and Mental Hygiene's to increase equitable access to updated COVID-19 and influenza vaccines.
2. Identify the populations that the New York City Department of Health and Mental Hygiene prioritized for access to updated COVID-19 and flu vaccines at their community-based events.
3. Describe how the New York City Department of Health and Mental Hygiene ensured that their vaccine pop-up events were advertised to prioritzed populations.

Track 5: Mental Health

The Past, the Present, and the Future of the Healthy Mind Initiative: Improving Our Nation's Youth Mental Health

14:30 *CDR Sophia Park; Truong-Vinh Phung*
15:00

Background: Since the COVID-19 pandemic, there has been a more significant increase in mental health disorders, including depression, anxiety, and suicidal ideation, in youth than in any other age group. Rates of suicidal ideation are the highest among youths, especially those with disabilities, racial and ethnic minorities, and who are LGBTQ+. To tackle this public health crisis, the Surgeon General's (SG) 2021 Advisory on Protecting Youth Mental Health was issued and VADM Murthy calls for an "all-of society effort, including policy, institutional, and individual changes in how we view and prioritize mental health." We must create innovative ways to reach and educate our youth.

Methods: Suicide is the leading cause of death in youths 10 to 19 years of age among Asian American and Native Hawaiian/Pacific Islander (AANHPI) in the United States. In 2018, the Asian Pacific American Officers Committee (APAOC) of the United States Public Health Service (USPHS) has established the Healthy Mind Initiative (HMI) to raise awareness on youth mental health issues, reduce stigma, and encourage parents and youth AANHPI communities to seek help when needed. HMI worked with federal and local organizations, including the Substance Abuse and Mental Health Services Administration (SAMHSA), Office of Behavioral Health Equity; Asian American Health Initiative (AAHI) of the Montgomery County Health and Human Services, Maryland; National Institute on Minority Health and Health Disparities; Federal Asian Pacific American Council; and other AANHPI community organizations. Education and outreach on mental health issues, including but not limited to 988 Suicide and Crisis Lifeline information, has

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been a topic of focus for many of APAOC's community engagement events. To further the HMI mission outside of the AANHPI communities, APAOC has collaborated with OSG's Prevention through Active Community Engagement (PACE) to develop a mental health lesson plan to educate parents and caregivers on how to improve the well-being of their youths.

Results: The HMI lesson plan received approval from the Office of the Surgeon General in September 2022 for nationwide implementation to promote mental health and well-being of youth in all populations. In 2023, APAOC developed the training program in collaboration with PACE to train members from both APAOC and PACE's Surgeon General Education Teams (SGETs) to deliver the HMI lesson plan nationwide. Over 21 USPHS officers have received this training to deliver the HMI lessons and have reached nearly 8,200 individuals in communities nationwide from these collective efforts. The HMI partnerships have also led to the establishment of "Speaking Up About Mental Health" National Essay Contests, sponsored by the National Institute of Mental Health in 2019, 2022, and 2023 to encourage young people to start conversations about mental health and to seek help when needed. In addition, APAOC partnered with SAMHSA and AAHI to provide translated presentations in various Asian languages to support the implementation of the 988 Suicide and Crisis Lifeline. APAOC's efforts and partnerships on a local, state, and national level have successfully led to building a village to help and protect our youth's mental health.

Conclusions: This presentation will provide a brief overview of the HMI lesson plan and provide examples of successful partnerships. HMI's successes have paved the way for USPHS officers to step forward and be a force multiplier for the SG's priorities. APAOC hopes to continue HMI training in conjunction with PACE/SGET to increase the number of officers trained to deliver the lesson plan and to create more meaningful partnerships to better reach our youth and the local communities.

Keywords: Mental Health/Behavioral Health, Community Health Outreach

After attending this session, participants will be able to:

1. Identify the mental health disparities plaguing the youth in the U.S.
2. Describe the HMI lesson plan.
3. List current and future partnerships of the HMI program.

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Track 6: Special Populations

HDPulse: A comprehensive resource to identify and visualize disparities and access interventions to improve minority health and health disparities

14:30 *CAPT Antoinette Percy-Laurry*
15:00

Background: Populations experiencing health disparities have poorer health outcomes and greater health disparities. Addressing the social determinants of health, accessing comprehensive health disparities data and identifying effective interventions can significantly improve health disparities-related programs nationally and in local communities.

Methods: The National Institutes of Health, National Institute on Minority Health and Health Disparities established HDPulse, a website designed to provide data and resources for researchers, public health professionals, community partners and policymakers to improve minority health and health disparities-related initiatives. HDPulse includes a Data Portal and an Interventions Portal. The complementarity of these portals allows users to (1) identify, quantify, and visualize health disparities using the Data Portal while (2) leveraging the Interventions Portal to identify and explore interventions that have successfully reduced health disparities and improved minority health. Both portals separately underwent usability testing to improve user experience and the utility of the data and interventions being provided.

Results: To our knowledge, HDPulse is the only resource that simultaneously: (a) allows data stratification by multiple, intersecting demographic domains; (b) includes a statistical measure of disparities, rate-ratios; (c) organizes data topics using a socioecological framework; and (d) provides a database of searchable research-tested interventions that are accompanied by supporting evidence and dissemination/implementation materials. User testing and feedback recognize HDPulse as a novel resource for a range of audiences interested in minority health and health disparities, and important for advancing minority health and health disparities research and practice.

Conclusions: HDPulse is a valuable tool for anyone interested in depicting and communicating the health disparity burden within minority populations and other populations that are socially disadvantaged. In addition, HDPulse can assist with determining how best to control health disparities through proven interventions. HDPulse provides different data topics on minority health and health disparities and access to interventions in one place, which bridges a crucial gap unaddressed by other resources.

Keywords: Interventions to Decrease Health Inequalities, Special Populations (eg Youth, Immigrants, Hispanics/Latinos, African Americans, etc.), Community Health

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After attending this session, participants will be able to:

1. Describe the health disparity burden using HDPulse to identify, quantify and visualize health disparities
2. Describe major causes and trends of morbidity and mortality, and stratify mortality data
3. Locate examples of research-tested interventions and products developed and evaluated by researchers in the field for minority health and health disparities

Track 1: Clinical Care

Integrating USPHS Expertise in the Botulism and Free-Living Amebae Clinical Consultation Service: Development and Implementation of a New Cross-Agency Program for USPHS Clinicians

15:00 *LCDR Julia Haston; LCDR Naeemah Logan*
15:30

Background: Botulism and free-living amebae (FLA) infections, though rare, are severe and often fatal illnesses. Botulism causes toxin-mediated paralysis and long-term neuropsychiatric impairment. FLA infections typically cause meningoencephalitis, with fatality rates exceeding 90%. The Centers for Disease Control and Prevention (CDC) national 24/7 Clinical Consultation Service rapidly provides clinical guidance, testing support, and treatment options for these illnesses, contributing to survival of patients, detection of outbreaks, and approximately 5 million dollars saved annually in healthcare costs. Staffing this program is crucial for public health, and a need for additional participants with clinical expertise was identified in 2020.

Methods: CDC's Botulism and Free-Living Amebae Clinical Consultation Service (BFCCS) provides essential 24/7 support to clinicians and public health officials for confirmed or suspected botulism and FLA cases. Operated through the CDC Emergency Operations Center, the BFCSS bridges healthcare providers with on-call CDC staff for clinical and epidemiologic guidance, specimen testing, and treatment option discussions, and coordinates the release of botulism antitoxin from Quarantine Stations. Historically staffed by members of CDC's Division of Foodborne, Waterborne, and Environmental Diseases, the BFCCS recognized an urgent need for expansion in 2020 due to staffing deficits. This led to an innovative, multi-agency collaboration with USPHS leadership. A program was developed to recruit and train USPHS officers from various clinical categories to participate as on-call staff for the BFCCS. The Physician Professional Advisory Committee and other official USPHS communication channels were used to advertise the opportunity. Recruitment began in October 2022 followed by onboarding and 8 hours of training in November and December. An 8-month pilot was launched in January 2023 during which medical officers completed 4 weeks on-call, covering night and weekend shifts. This initiative also included monthly meetings for ongoing education, during which interactive case presentations, programmatic updates, and additional training were shared.

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Results: Twenty-one officers expressed interest in the BFCCS pilot, and 9 officers from 4 agencies (CDC, National Institutes for Health [NIH], U.S. Department of the Interior [DOI]/Indian Affairs, Defense Health Agency [DHA]) enrolled in the program. From January 6 to September 1, 2023, medical officers ranging in rank from LCDR to CAPT responded to 71 botulism consultations, including 29 antitoxin releases, and 17 FLA consultations. Officers received clinical practice hours for their service, fulfilling their USPHS requirements and enhancing their incentive to continue. After the pilot, 7 of 9 officers chose to continue, with follow-up surveys showing high satisfaction with the BFCCS. The successful pilot led to the expansion of the BFCCS program which now includes 17 USPHS officers across 5 agencies (CDC, NIH, DOI, DHA, U.S. Food and Drug Administration); 2 categories (Medical, Nurse); 2 countries; 6 U.S. states; and 3 ranks (LCDR, CDR, CAPT). Changes were implemented based on officer feedback, including schedule flexibility to allow daytime or night/weekend scheduling according to the preference of the officer. Monthly meetings fostered networking, officer engagement, and enhanced interdisciplinary collaboration, allowing officers to share expertise and best practices from their respective fields.

Conclusions: Establishing a program for USPHS clinicians to participate in the BFCCS provided a critical service to the Nation and enhanced the program's capacity for round-the-clock public health response. The BFCCS is strengthened by working with officers who bring unique, valuable perspectives, and officers benefit through fulfillment of USPHS clinical practice requirements. This cross-agency effort allows clinicians an opportunity to learn new subject areas and utilize their clinical skills regardless of agency, rank, or geographic location. This model could be applied to other clinical consultation services at CDC and other public health agencies to facilitate cross-agency collaboration and strengthen program staffing.

Keywords: Applied Public Health, Innovation, Clinical Practice

After attending this session, participants will be able to:

1. Describe why a national clinical consultation service is needed for botulism and free-living amebae infections
2. List the steps taken to develop and implement a cross-agency clinical opportunity for USPHS clinicians
3. State who benefits from the development and implementation of a cross-agency clinical opportunity for USPHS clinicians.

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Track 2: Access to Care

Challenges And Resilience in The Lives of Refugees Now Residing in the United States: A Health and Well-Being Perspective.

15:00 *LT Jamla Rizek*

15:30

Background: With the significant numbers of refugees currently seen around the world, attention should be paid to the significant challenges they face. This article explores the health-related challenges for refugees now residing in the United States and highlights strategies for building resilience in this vulnerable population.

Methods: This manuscript delineates six significant challenges faced by refugees in the United States: 1. Access to Healthcare 2. Loss of identity and professional development 3. Cultural and religious differences influencing integration into society 4. Difficulty integrating into schools and lack of access to quality education 5. Loss of a childhood experience 6. Family Separation

Results: Refugees face many challenges as they leave their country. Migrating to another country presents some obstacles that can be mitigated and others that can never be replaced. Sense of community, familial support, safety, and cultural customs and norms are a few of the loss's refugees face. A health and well-being advocate to support them will allow refugees to comfortably seek and access care, decreasing the impact of the many hurdles they face. The status of refugees is particularly vulnerable, and community engagement is vital for their well-being and assimilation.

Conclusions: Societal inclusion of refugees is critical for their safety, well-being, and overall mental health. Advocates and public health advisors must engage refugees once they have settled in their new community to conduct a needs assessment and identify factors affecting their livelihood. Efforts made to help assimilate refugees into the community will improve their chances of succeeding and create a culture of inclusivity and caring to promote their resilience.

Keywords: Access to Care, Disproportionately Affected Groups, Refugees, Disasters, Vulnerable Populations

After attending this session, participants will be able to:

1. Describe ways individuals can support Refugees
2. Identify 2 challenges Refugees face when immigrating to the United States
3. Identify local organizations in the community that can support refugees

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Track 3: Maui Wildfires

The Maui Wildfires: A Model for Future Behavioral Health Disaster Response

15:00 *LCDR Gretchen Trendel; LT Julia King*

15:30

Background: On August 8, 2023, the historic landscape of Lahaina, Maui was forever changed by devastating wildfires. High winds and drought conditions were key factors as the fire spread, burning more than 2,170 acres and taking the coastal community by surprise. The lagging emergency notification system compounded the chaos, sending residents running into the sea to escape the flames. The fires destroyed more than 2,000 homes and businesses, killed at least 99, and is the deadliest wildfire in the U.S. in over a century. Many were displaced, seeking emergency shelter among the numerous hotels and resorts along the west Maui coast.

Methods: Given the magnitude of the disaster, State officials quickly recognized the BH needs of the community and a request for additional resources was made to the Administration for Strategic Preparedness and Response (ASPR). A specialized Behavioral Health Team consisting of 25 officers was deployed to support this outreach effort and provide clinical care to survivors. Working closely with local and state partners, ASPR facilitated a Mental Health disaster response unlike any seen in the history of the Corps.

Results: These efforts were overwhelmingly successful resulting in over 4,500 survivor, 3,500 force health protection, and 125 clinic encounters within a four-week timespan. Furthermore, this extensive community engagement allowed for ongoing mission planning and needs assessment to inform disaster recovery efforts in real time.

Conclusions: The unique aspects of this deployment including cultural considerations, resource identification and development, outreach strategies, and partnerships with state and local agencies provided a promising framework that is helping to shape ASPR's Disaster BH Concept of Operations for future disaster BH deployments.

Keywords: Mental Health/Behavioral Health, Community Health Outreach, Disaster Response

After attending this session, participants will be able to:

1. Examine traditional BH mission response from prior disasters and how the Maui wildfire response both aligned and deviated from this model.
2. Describe how proposed behavioral health disaster response methods can be applied in future disasters to maximize survivor engagement, community partnership, and service delivery.
3. Recall the importance of team dynamics and leadership with noted impact on mission outcomes.

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Track 4: Emergency Response

Responding to the Nation's 1st Presidentially Declared Emergency for a Drinking Water System

15:00 *CDR Tara Frost*
15:30

Background: On August 25, 2022, the City of Jackson Surface Water System was impacted by flooding. Both of the City's water treatment plants had reduced water treatment and output capacity that created pressure problems in the system, including the inability to maintain water service and flush toilets in some areas of the system. Many of the capital's 160,000 residents lost water and those with water were under a boil water advisory and conservation order. The City lacked sufficient pressures in some areas of the City to sustain water service, suppress fires and flush toilets for weeks.

Methods: On August 30, 2022, the President issued an Emergency Declaration for 90 days. The Environmental Protection Agency (EPA) was issued a Mission Assignment (MA) to provide Subject Matter Expertise to the City of Jackson. A Unified Command was established to combat this emergency, which included the City of Jackson, Hinds County EMA, MSDH, MEMA, FEMA and EPA. EPA supported emergency assessment of the drinking water treatment plants, expedited delivery of critical equipment, assessed treatment process control, developed monitoring plans, conducted treatment and distribution system sampling and analysis, and provided technical support to the city and state. For the period covered by the Mission Assignment, 44 EPA responders were deployed 757 person days, with 165 of those being field days. After the MA, 13 EPA responders deployed 153 additional field days.

Results: Following two rounds of sample collection and bacti analyses, the state-imposed boil water notice for the City of Jackson was lifted on September 16, 2022. This ended a city-wide boil water notice which had been in place since July 29, 2022. Through September 16, 2022, more than 11 million bottles of water were distributed by local, state, federal, private sector, faith-based and voluntary organizations. The Mississippi National Guard was activated to support distribution of potable and non-potable water throughout the city.

- Funding sources: SDWA 1442(b), a supplemental appropriation for Jackson under the Consolidated Appropriations Act 2023 Omnibus Spending Bill, Public Law 117-328 ($600 million)
- While the Emergency Declaration was an asset, it largely limited the work that could be done to the WTPs.

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Conclusions:

- Having regular communication with programmatic, State, and community counterparts is essential so that EPA is notified early when an emergency issue is discovered.
- Provide direct technical assistance, resources and support to the System o Robust partnership with the state and mutual aid entities is critical
- Partnering with states on their Emergency Drinking Water Supply plans puts EPA and the states in a stronger positions
- For struggling systems with aging infrastructure, it can be challenging to determine when to engage
- Cultivate your responders
- Community engagement and rebuilding public trust is a continuing challenge.

Keywords: Emergency Response, Public Health, Drinking Water, ESF#3, EPA, sampling

After attending this session, participants will be able to:

1. Describe a potential public health response role for the government related to drinking water systems
2. Identify 3 potential responder roles or tasks
3. Identify three potential partners and their role(s) or identify the major steps to lifting a boil water advisory

Track 5: Mental Health

The State of the Officer in the USPHS

15:00 *CDR Gayle Tuckett*

15:30

Background: A critical goal of the USPHS is to improve the health of marginalized populations that experience health inequities. Achieving this goal requires that officers value diversity. In the 2020 USPHS demographic survey, 41% of officers identified as White, 12% as Black non-Hispanic, 9% as Asian or Pacific Islander, 6% as American Indian/Alaska Native, and 4% as Hispanic (28% did not report). Officers represent various cultures and sexual identities. It's essential that officers value diversity and inclusion, which are critical elements to advance our mission, understand how to support marginalized populations, and address the most pressing equity challenges of our time.

Methods: A 21-question survey was developed and requested for distribution to PHS officers through Surgeon General Chartered Advisory Groups and Professional Advisory Committees, as well as through Agency Liaisons, to attempt PHS-wide distribution to reach all officers. The survey remained open for about six weeks and then the survey was closed, and results analyzed. The survey was voluntary, and data was collected anonymously. The intent of the

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survey was to assess specific experiences of all active-duty PHS while at their duty stations or on deployment. The survey included various demographic questions and questions on perceived equity in career growth in the USPHS Commissioned Corps, perceived support in the USPHS Commissioned Corps, and experiences of negative encounters at officers' duty station or during a deployment solely due to race. Additionally, several open-ended questions were included in the survey to further contextualize the negative encounters experienced.

Results: More than half of the respondents did not feel like there was equal opportunity for career growth. More respondents did not feel supported than respondents who did, with women, those of Hispanic ethnicity, sexual and gender minority, and white respondents being more likely to report not feeling supported. While 40% of respondents indicated they experienced a negative encounter solely due to race, this was most prominent among senior, women, and racial and ethnic minority PHS officers. - Most negative encounters were identified as microaggressions. - The top three sources of the negative encounters were from civilian leadership, a civilian employee, or a Senior PHS officer (i.e., O-5 or Commander and above). - The most frequently reported responses to the negative encounters included internalizing the incident, sharing the experience with a colleague, or doing nothing. There were notable mental and physical health impacts for approximately three-fourths of PHS officers who experienced a negative encounter due to race.

Conclusions: As officers providing care to some of the most vulnerable populations in the country and developing the science and policies that impact the health of the nation, it is essential that the USPHS Commissioned Corps be capable and willing to actively address this challenge. However, to appropriately do this, it is imperative to look within the USPHS Commissioned Corps and address areas where DEIA is not being promoted. What is abundantly clear is that there is a lack of support within the USPHS Commissioned Corps, and many officers do not feel safe reporting negative encounters.

Keywords: Diversity, Equity Inclusion Access (DEIA), Mental Health/Behavioral Health, Trauma

After attending this session, participants will be able to:

1. Describe the various experiences of officers in the USPHS and health impacts
2. Identify 2 possible DEIA-related negative encounters.
3. State at least four suggested solutions to address the current state of PHS officers.

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Track 6: Special Populations

Tuberculosis Screening and Prevalence among Unaccompanied Children in U.S. Office of Refugee Resettlement Care, October 1, 2022–September 30, 2023

15:00 *LCDR Virginia Bowen; LCDR Letaya Robinson*
15:30

Background: Unaccompanied children are minors ≤17 years old in the temporary care of the Office of Refugee Resettlement (ORR). All children receive a medical exam and testing for tuberculosis (TB) infection. Children ages 15–17 years receive a chest x-ray (CXR) regardless of TB test result; children <15 years receive a CXR if indicated by symptoms or positive TB test. Abnormal radiology reports are reviewed by ORR, and children are referred to the health department for evaluation. We describe the proportion of children screened for TB, the proportion with abnormal findings, and the prevalence of TB disease and latent TB infection (LTBI).

Methods: Lab-confirmed TB cases are those with at least one positive TB diagnostic test (e.g., AFB smear, NAAT, culture). Clinical cases are those that do not meet criteria to be lab-confirmed but that have clinical findings concerning for TB, a positive TB test of infection (e.g., IGRA, PPD), and documentation of treatment with at least two TB medications. LTBI is defined as a positive TB test of infection with a normal chest x-ray or a chest x-ray not concerning for TB. Lab results, radiology reports, TB symptoms, and medical history are documented in ORR's secure, electronic data system, the UC Portal. Data were queried from the UC Portal using SQL and counts and proportions were calculated using MS Excel. The analysis includes children admitted to ORR care during fiscal year 2023 (FY23), October 1, 2022–September 30, 2023.

Results: During FY23, 117,710 children were admitted to ORR care; ~80% were from Central America. There was nearly universal testing for TB infection using either an IGRA or PPD (n=117,530; 99.8%); the positivity rate was 3.5%. Almost all children ages 15–17 years received a CXR (n=80,066; 99.4%). An additional 1,005 children <15 years received a CXR following a positive TB test of infection. Of 81,071 TB-related CXRs, 2.5% of children (n=1,989) had an abnormal finding, including 76 with findings concerning for TB (e.g., pleural effusion, mediastinal lymphadenopathy). Eighty-five children were referred to the health department for TB evaluation, of which 80% (n=68) had sputum collected at the request of the health department. Eleven of the 68 children (16.2%) had at least one positive TB diagnostic test (AFB smear: 9; NAAT: 9; culture: 9) and were reported as lab-confirmed cases of TB. An additional 2 children with sputum collected (2.9%) had concerning evaluation findings and a positive TB test of infection but were negative on all TB diagnostic tests; they were reported as clinical cases of TB. Of all children admitted to ORR care, 13 children (0.01%) were diagnosed with TB disease and 3,955 children (3.4%) were diagnosed with LTBI.

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Conclusions: Of the >117,000 children screened for TB in ORR care, 0.01% were diagnosed with TB disease and 3.4% with LTBI. ORR's TB screening program was designed to be conservative—partly due to the congregate environment in which these children live and partly due to the program's responsibility to protect the U.S. public from communicable diseases. ORR will continue to evaluate its screening protocols. Future analyses will explore whether demographic or clinical characteristics may be associated with TB disease; associated characteristics may shed light on ways in which ORR could target its TB screening efforts to increase case-finding yield.

Keywords: Communicable Diseases, Special Populations (eg Youth, Immigrants, Hispanics/Latinos, African Americans, etc.), Tuberculosis

After attending this session, participants will be able to:

1. Define what an unaccompanied child (UC) is.
2. Recall the proportion of unaccompanied children who are diagnosed with TB disease.
3. Describe the key components of TB screening for children of different ages within the Unaccompanied Children Program

General Session

USPHS Leadership Keynote

16:00 – 18:00 *ADM Rachel Levine, Assistant Secretary for Health; VADM Vivek Murthy, U.S. Surgeon General; RADM Denise Hinton, Deputy U.S. Surgeon General; RDML Richard Schobitz, Director of Commissioned Corps Headquarters*

Join the leadership of the Commissioned Corps as they discuss current issues and future plans.

Reception

18:00
19:00

Cash Bar

USPHS Ensemble Concert

19:00
20:00

More than 70 USPHS Officers will entertain audience members as part of the annual USPHS Ensemble Concert.

Wednesday, June 26, 2024
Category Day

Please see individual agendas for details

Dental Category	07:45 - 17:15
Dietitian Category	08:00 - 17:35
Engineer Category	08:00 - 17:30
Environmental Health Category	08:00 - 17:30
Health Services Category	07:45 - 17:30
Nurse Category	08:00 - 17:00
Pharmacy Category	08:00 - 17:30
Physician Category	07:15 - 17:30
Therapist Category	07:45 - 17:30
Scientist Category	08:00 - 17:30
Veterinary Category	08:00 - 17:30
Exclusive Exhibit Hall Time	11:00 - 13:00

Thursday, June 27, 2024

MOLC Awards Breakfast
07:00
09:00

Annually, the Minority Officers Liaison Council gathers at the Symposium to highlight the successes and accomplishments of minority officers in all chartered minority advisory groups

General Session
Advocacy and Promoting Corps Visibility
09:15
10:15

Learn the importance of sharing your unique story in promoting Corps visibility/advocacy.

After attending this session, participants will be able to:

1. Identify at least 2 approaches for effective advocacy as a PHS officer.
2. Identify at least 2 information resources from COF/COA available to support sharing information about the PHS.
3. Identify at least 2 critical examples of successful and positive approaches to promoting PHS both as a force multiplier for health and positive exposure/visibility of the service.

General Session
A Model for Interagency Collaboration: The IHS/CCHQ Strategic Plan
09:30 *RDML Richard Schobitz*
10:30

This session will discuss how the USPHS Commissioned Corps Headquarters and the Indian Health Service established a new pathway for collaboration in October 2023 to help build the infrastructure necessary to ensure a safe supply of drinking water, reliable sewage systems, and solid waste disposal in American Indian and Alaska Native communities.

Through Bipartisan Infrastructure Law (BIL) P.L. 117-58 funding, the IHS-CCHQ Workgroup developed a 2024-2030 Strategic Action Plan focused on the recruitment and retention of engineer, environmental health, and health services officers in the USPHS Commissioned Corps. These Public Health Service officers will oversee projects that will support new and sustain existing access to water and sanitary waste disposal facilities serving tribal homes.

Join the session to learn more about the five priorities of the action plan, recruitment strategies, and how this strategy can be used as a model for interagency collaboration to advance health equity.

Thursday, June 27, 2024

Track 1: Clinical Care Career Pathway

Hand Rehabilitation of a Complex "Fight Bite" Injury in the Bureau of Prisons (BOP): A Case Study.

10:30 *LT Andrew Benford*

11:00

Background: "Fight Bites" are closed-fist injuries that occur when the hand strikes the teeth of another person. These injuries have high rates of costly medical complications and can lead to permanent disability without proper management. The prison population is at increased risk for fight bites due to high rates of violence in prison. The case presented involved an adult in custody (AIC) in the BOP who incurred a fight bite injury during a physical altercation. Rehabilitation efforts were complicated by infection, prolonged wound healing, and limited rehab access due to remaining in secured housing status throughout the course of treatment.

Methods: Occupational therapy (OT) intervention initially focused on edema management in coordination with wound care and orthopedic teams. Clinical progress was assessed and documented via wound photos and circumferential edema measurements. Upon wound closure, range-of-motion (ROM) was then aggressively pursued via therapeutic exercises and static progressive splinting. Ultrasound and electrical stimulation (e-stim) were also incorporated as preparatory physical agent modalities to maximize gains with therapeutic exercises and functional activities. ROM and grip strength were objectively assessed with goniometry and dynamometry at regular intervals and these data were correlated with skilled observations of functional hand use as treatment progressed.

Results: Gains in hand ROM and grip strength resulted in the restoration of hand functioning necessary for independence with all activities of daily living (ADLs). In turn, this resulted in the AIC declining elective hand surgery while in BOP custody.

Conclusions: This case underscores the importance of strong interdisciplinary collaboration among the primary care, wound care, orthopedic, and hand rehabilitation teams in the medical management of a complex "fight bite" injury. The correctional setting presents unique environmental, behavioral, administrative, and logistical challenges that demand flexibility and creative problem-solving to optimize clinical outcomes. OTs possess extensive knowledge of upper extremity rehabilitation techniques and psychosocial factors that impact patient adherence to treatment plans. OTs are therefore well-suited to serve as leaders in the rehabilitation of complex "fight bite" injuries to prevent long-term disability and reduce associated costs.

Keywords: Clinical Care, Specialized Care

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After attending this session, participants will be able to:

1. Identify two factors that increase the risk of complication and infection from a closed-fist fight bite injury.
2. Name two precautionary measures that should be taken as soon as possible after a fight bite injury to reduce the risk of infection.
3. Describe three evidence-based interventions for managing hand edema and stiffness.

Track 2: Applied Public Health Career Pathway

Comparison of adult hesitancy towards COVID-19 vaccines and vaccines in general

10:30 *CDR Kimberly Nguyen*

11:00

Background: Adults who are hesitant toward routinely recommended vaccines for adults may also be hesitant toward COVID-19 vaccines. However, the distribution and differences in hesitancy between routinely recommended vaccines and COVID-19 vaccines, and the association of hesitancy regarding routinely recommended vaccines and hesitancy with COVID-19 vaccination status and intent, is unknown.

Methods: Using the Research and Development Survey (RANDS) during COVID-19, Round 3, a probability-sampled, nationally representative, web and phone survey fielded from May 17 - June 30, 2021 (n=5,434), we examined the distribution and difference in prevalence of hesitancy towards COVID-19 and vaccines in general, beliefs associated with vaccine hesitancy, and factors impacting plans to be vaccinated for COVID-19.

Results: Reported hesitancy towards COVID-19 vaccines (42.2%) was 6-percentage points higher than hesitancy towards vaccines in general (35.7%). Populations who were most hesitant toward COVID-19 vaccines were younger adults, non-Hispanic Black adults, adults with lower education or income, and adults who are associated with a religion. Beliefs in the social benefit and the importance of vaccination, and the belief that COVID-19 vaccines lower risk for infection, were strongly associated with COVID-19 vaccination and intent to be vaccinated.

Conclusions: Vaccine hesitancy for both COVID-19 vaccines and vaccines in general is common. Health providers and public health officials should utilize strategies to address vaccine hesitancy, including providing strong clear recommendations for needed vaccines, addressing safety and effectiveness concerns, and utilizing trusted messengers such as religious and community leaders to improve vaccine confidence.

Keywords: COVID-19, Immunization, vaccine hesitancy; vaccine confidence; COVID-19; COVID-19 vaccines; routinely recommended vaccines; adults; nationally representative; United States

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After attending this session, participants will be able to:

1. Describe the prevalence of hesitancy toward COVID-19 vaccines and vaccines in general.
2. Identify Populations who are most hesitant toward COVID-19 vaccines
3. Describe factors associated with COVID-19 vaccination and intent to be vaccinated.

Track 3: National Security Career Pathway

United we stand: Developing a coordinated framework for evaluating a multi-faceted violence prevention technical assistance center

10:30 *LCDR Ayana Stanley*
11:00

Background: The Violence Prevention Practice and Translation Branch (VPPTB) within the Centers for Disease Control and Prevention's Division of Violence Prevention administers programmatic funding to prevent multiple forms of violence (including youth, sexual, and intimate partner violence) using evidence-informed primary prevention strategies. VPPTB funds several national training and technical assistance (TTA) providers to support recipients of programmatic funding. To increase coordination and collaboration among TTA providers, VPPTB developed the Violence Prevention Technical Assistance Center (VPTAC) in 2018. The goal of VPTAC is to provide comprehensive TTA to support implementation and evaluation of efforts to prevent multiple forms of violence.

Methods: Prior to the development of VPTAC, TTA providers operated in silos, conducting their own needs assessments and evaluations and managing their own tracking systems. Working in isolation made it difficult to coordinate and evaluate violence prevention initiatives that reach across different domains of violence. VPTAC was developed to break down isolated TTA systems, however, the implementation and evaluation of a comprehensive TTA system still presented challenges. In the first iteration of VPTAC, even though the different providers had regular meetings, they still maintained their individual evaluation and planning siloes. Through listening sessions, VPPTB learned they still did not see themselves as part of TTA system and were reluctant to share implementation and evaluation plans and findings. Therefore in 2022, VPPTB implemented VPTAC 2.0, a strategic and coordinated approach to the planning, implementation, and evaluation of TTA. This change served to eliminate silos between programs and TTA providers and promote cross-cutting violence prevention approaches. This presentation contributes to the nascent resources on approaches to evaluating a comprehensive TTA system, particularly to supporting the implementation of primary prevention of multiple forms of violence.

Results: To increase the number of people exposed to evidence-informed prevention strategies to reduce violence, state and local organizations need high-quality TTA. VPTAC 2.0 is an innovative approach to delivering technical assistance in a way that eliminates siloes between

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funded programs, types of violence prevention, and TTA providers. To comprehensively evaluate this approach, VPPTB has shifted from siloed evaluations by each TTA provider to coordinated and aligned data collection across providers. Additionally, the evaluation and needs assessment data processes are now connected to ensure a continuous feedback loop which will enable VPPTB to continuously improve the quality of TTA activities.

Conclusions: A comprehensive evaluation of VPTAC 2.0 as a system of TTA is critical to ensuring that not only is the system meeting the needs of funded recipients but that there are improvements in the capacity of participants to select, implement, adapt, and evaluate evidence-based violence prevention strategies. Lessons learned from the evaluation can be applied to other TTA systems to improve coordination and collaboration of multi-provider systems.

Keywords: Violence Prevention, Public Health, Evaluation, Technical Assistance

After attending this session, participants will be able to:

1. Describe the purpose and importance of evaluation of a multi-partner training and technical assistance (TTA) system.
2. Identify two challenges of implementing a coordinated process to evaluate a multi-partner training and technical assistance (TTA) system. and how to overcome them.
3. Describe the data collection tools used in a coordinated evaluation process of a multi-partner TTA system and present preliminary results.

Track 4: Health Strategy and Innovation Career Pathway

Health System Adaptability and Change Management: A Case study of USPHS Officers' Role in MHS Genesis Implementation

10:30 *CDR Marie Manteuffel*
11:00

Background: During the past two years, many medical treatment facilities within the Department of Defense were affected by the implementation of MHS Genesis. This change in electronic health record system introduced significant changes in daily workflow for those utilizing the system, including USPHS DoD providers, with notable impacts on every step in the patient care experience from scheduling to placement of orders to provider documentation. These changes also affected USPHS officers who receive their health care from DoD treatment facilities.

Methods: Multiple USPHS officers assumed key leadership and training roles in the planning, implementation, and assessment of MHS Genesis. Notable examples include involvement on

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planning committees, participation in the DHA's Pay-It-Forward peer learning program, establishing clinic Command Center resources for providers, and on-going evaluation efforts. This session will: (1) Highlight novel roles for USPHS officers during major changes in clinical operations (2) Analyze lessons learned and best practices when planning for and modifying the clinical workflows of health care providers (3) Review notable changes introduced by MHS Genesis from a provider and patient perspective

Results: MHS Genesis introduces a medical information system that USPHS officers should be aware of and understand, given the implications on health care documentation, information accessibility after a PCS, family/beneficiary considerations, retirement preparations, and others. Significant planning, process mapping, training, assessment, and troubleshooting were paramount to advancing and implementing MHS Genesis, while continuing to manage clinical responsibilities and access to care for patients. The experiences of different sites in implementing MHS Genesis offer insights into the value of planning, even in the absence of complete information, and the benefit of change management strategies. Resilience and adaptability in response to a major shift in operations allowed many providers to successfully learn and lead.

Conclusions: USPHS officers serving in clinic settings have a unique opportunity to apply the values of our service to drive successful healthcare change locally and globally.

Keywords: Outreach, Education and Communication, Effective Communication

After attending this session, participants will be able to:

1. Describe novel roles for USPHS officers during major changes in clinical operations
2. Examine lessons learned and best practices when planning for and modifying the clinical workflows of health care providers
3. State notable changes introduced by MHS Genesis from a provider and patient perspective

Track 5: Inclusivity + Innovation: Reducing Disparities in the Service of Health

Perceptions of the COVID-19 vaccine among homeless LGBTQ+ youth

10:30 *CDR (ret.) Harlem Gunness; Nafisah Chowdhury*

11:00

Background: With LGBTQ+ youth comprising 40% of the homeless youth population, it is significant to note how this community faces public health challenges related to their sexual/gender identities. Findings display certain behaviors and co-morbid conditions associated with this population, displaying a high susceptibility risk for COVID-19 infection.

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Methods: This study used secondary data from a program evaluation assessment that was conducted among 38 patients at the homeless drop-in center as part of their quality improvement in January and February of 2021. Certain constructs of the health belief model were employed to guide the study.

Results: Results showed that 57% of LGBTQ+ youth and young adults did not think they were at risk for COVID-19 or were uncertain of their risk; 50% did not believe that they were at high risk for COVID-19 infection, and 52% had no intentions to get vaccinated or were unsure whether they want the COVID-19 vaccination.

Conclusions: In closing, the result of this study adds to the existing literature on the health beliefs of this vulnerable population. These findings suggest that there are significant knowledge deficits and medical mistrust, especially related to COVID-19 risk and COVID-19 vaccination in this group. Lack of concerted efforts to address the COVID-19 vaccine needs of homeless LGBTQA+ youth may lead to continued overwhelming health disparities.

Keywords: COVID-19, Disparities, LGBTQA+, Vaccines

After attending this session, participants will be able to:

1. Identify perceptions of the COVID-19 vaccine among urban homeless LGBTQ+ youth in NYC.
2. Describe the health beliefs of the urban homeless LGBTQ+ youth population in NYC.
3. Identify two barriers to COVID-19 vaccination within the specific marginalized community of homeless LGBTQ+ youth in NYC.

Track 6: Public Health in Action

Understanding and Embracing the Human Animal Bond and the need for LCDR Abigail

10:30 *LCDR Andrea Cote; LCDR Daniel Johnson*

11:00

Background: The mission of the United States Public Health Service (USPHS) is to protect, promote, and advance the health and safety of the nation. In 2023, USPHS announced a new officer, a 3-year-old Labrador Retriever named Abigail. After extensive training in providing support and services with veterans in a mission-based trauma recovery program and at active-duty military facilities, she was commissioned at the rank of Lieutenant Commander (LCDR).

Methods: The human-animal bond connects people to animals in a relationship that is mutually beneficial and positively contributes to mental, physical, and social health. Multiple studies have shown that animals can help with the management of physical ailments and

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disabilities, reduce stress levels, anxiety, and depression, and can strengthen human social interactions. The human-animal bond may also increase interactions with nature and the outdoors.

Results: LCDR Abigail not only serves as a mascot for the USPHS Commissioned Corps but also actively contributes to the Corps' mission of promoting the Nation's health, LCDR Abigail will facilitates esprit de corps in her interactions with officers and their communities, bringing people together who have a shared interest in health and wellness. Through the human-animal bond she supports and improves communication, coordination, and collaboration—which are vital to the Corps' effectiveness.

Conclusions: This presentation delves into the multifaceted nature of the human-animal bond exploring the history and benefits of the human-animal bond and its positive influence on mental health and social dynamics.

Keywords: Applied Public Health, Public Health Action, human-animal, support, dog

After attending this session, participants will be able to:

1. Define what the human animal bond is and how animals can be used other than as pets
2. Name two benefits of the human-animal bond
3. Describe how LCDR Abigail will serve

Track 1: Clinical Care Career Pathway

How well do Incident Reporting (IR) Systems work in the medical clinic of a correctional setting? ICE Healthcare Service Corps (IHSC) at South Texas ICE Processing Center (STIPC) as a case study.

11:00 *LT Folarin Ojowa*
11:30

Background: Medical adverse events due to medical errors are a continuous issue in healthcare settings. Self-reporting of medical errors has shown to not be a reliable way of tracking medical error in a health care setting (Clifford A. Reilly, MPH, et al.). Correctional settings are at a greater risk of missing out on medical error event because of the type of settings, which are more rigid than community settings. STIPC is a detention facility with over 1800 detention beds. Medical services for STIPC are provided by IHSC. Currently, STIPC uses a self-reporting IR tool.

Methods: First part of the project includes retrospective chart review of electronic medical record for past three fiscal years (2021,2022, and 2023) on both our National Performance and Local Performance Measures (NPM and LPM) indicators that are normally used to determine loopholes and quality improvement opportunities. The IR is searched for a matching record that

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was determined to have not met standards due to patient safety events. First tier of exclusion are NPMs that do not apply to STIPC and NPMs That are in 100% compliant. Second tier of exclusion includes records that are in compliant of NPMs and LPMs. After excluding the first tier of exclusion, approximately 2500 records were generated, and after the second tier of exclusions, approximately 170 were included in the study. The records were reviewed and checked against the IR system. Second part of the study is the use of survey to identify the major challenges that contribute to hinderance to incident reporting from staff and identify most useful corrective measures that will help increase incident reporting. The surveys were evidence based in collaboration with our local operation.

Results: The Project is still under way. The proposed result is to report the total rate of incident report of medical event discovered but not reported into the IR tool during chart review using 95% confidence interval. Also proposed to group the safety events to type of events and based on the vulnerabilities used in the IHSC IR tool. The survey will help identify the most common challenges we face as a facility and a proposed solution to those challenges.

Conclusions: Although the project is focused on a facility, the project can be extrapolated to all IHSC facilities and even correctional facilities including BOP. The findings in this project will help suggest that self -reporting might not be a reliable method of capturing all medical errors but might be improved through continuous improvement by using recommendations from frontline professionals. Future endeavors should focus on more broad analysis on how to capture events that relates to National patient safety goals by the Joint Commission, National Commission on Correctional Health Care, American Correction Association, and Performance-Based National Detention Standards.

Keywords: Culture and Health, Improvements, Incident reporting

After attending this session, participants will be able to:

1. State the efficacy of incident reporting in medical clinics of correctional settings
2. Identify two challenges facing incident reporting system
3. Identify two corrective action recommendations to help overcome the challenges.

Track 2: Applied Public Health Career Pathway

Examples from the Field: Opportunities and Collaboration Efforts to Advance HIV Health Equity

11:00 *CDR Michelle Sandoval-Rosario; LT Alberto Pina*

11:30

Background: In the United States, over 700,000 lives have been lost to HIV since 1981. While new HIV diagnoses have declined significantly over the years, progress on further reducing the

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number of new cases has stalled, with an estimated 40,000 individuals being newly diagnosed each year. The Ending the HIV Epidemic in the U.S. (EHE) initiative aims to reduce new HIV infections by at least 90% in 10 years.

Methods: U.S. government agencies have collaborated to support the EHE Initiative and address syndemics to advance health equity. In 2019, the Office of Infections Disease and HIV/AIDS Policy (OIDP) established three regional programs (IV, VI & IX) in locations with the highest burden of HIV to spearhead the EHE initiative. The OIDP Regional Program is a critical component to the EHE initiative and the National HIV/AIDS Strategy (NHAS). The primary focus of the OIDP Regional program is to develop, implement, and evaluate public health interventions through community partnerships and engagement.

Results: The OIDP regional programs have reached out to over 200+ key diverse stakeholders to increase engagement and ensure that HIV programs and services match the needs and priorities of the communities. The program has completed over 120 EHE awareness events and listening sessions to identify the unique attributes of populations affected by HIV and to connect them to federal, state, and county HIV resources to address syndemics and advance equity.

Conclusions: Through the partnerships established by all three regions, stakeholders have been able to come together to address social determinants of health impacting HIV, such as stigma, food/housing insecurity, transportation needs, and expand access to HIV prevention, testing, and linkage to care among communities most impacted by HIV.

Keywords: HIV/AIDS: Ending the Epidemic, Partnerships, Community Engagement, Disparities

After attending this session, participants will be able to:

1. Describe OIDP regional programs' engagement efforts with non-traditional partners to advance HIV health equity.
2. Identify two innovative strategies for engaging diverse stakeholders and communities with lived experiences to advance health equity.
3. Identify two opportunities for community engagement efforts to advance health equity.

Track 3: National Security Career Pathway

Analysis of current tools to measure job satisfaction and turnover prevention in the military health system: a literature review.

11:00 *CAPT Mercedes Benitez-McCrary*

11:30

Background: Job satisfaction is associated with intent to remain in the workforce. This is important in the healthcare sector where turnover affects patient care and outcomes. The

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military health sector has added stressors impacting job satisfaction, including deployment and crises. A literature review was done to examine current metrics being used to quantify job satisfaction and evaluate what these metrics conclude.

Methods: A literature review was done via PubMed. Articles were dated from 2003 to 2023. Search terms identified titles that included: military health system, job satisfaction, healthcare workforce, and metrics of job satisfaction. Included articles had (1) Addressed a military health institution, (2) Data collection was relevant information related to job satisfaction, work related happiness, or job retention rates. (3) Survey instruments needed to assess more than one of the aforementioned domains. 19 articles were included (n=19) and six (n=6) were excluded based on full text review. All applicable survey findings were categorized into three sections based on their most impactful variable (i.e., job title and responsibilities, professional relationships, or socio-economic factors)

Results: Across the included articles, job satisfaction surveys assessed healthcare workers and their self-reports of factors contributing to workplace satisfaction. Surveys collected employee reported contentment on workplace compensation, benefits, peer relationships, leadership support, team dynamics and communication. Socio-economic dimensions including race and education-levels were also evaluated. Most surveys were created specifically for their work site, one study used the Brayfield and Rothe's Overall Job Satisfaction survey. Six article surveys reported job title and responsibility had the largest impact on job satisfaction, four article surveys reported professional relationships had the largest impact on job satisfaction, and one article reported socioeconomic factors had the largest impact on job satisfaction.

Conclusions: Given the lack of literature and differing survey instruments, there is a lack of consensus regarding a single factor contributing to job satisfaction, especially in the military healthcare system. More research is necessary to standardize a measure to capture workplace satisfaction among military healthcare workers and all its contributing factors. Further examination and creation of a standardized survey questionnaire may enable higher specificity to the American military health system. Identifying workplace satisfaction barriers and then molding plans to mitigate these factors by leadership, management, and administration may lessen employee turnover, prevent staffing gaps, and ultimately improve quality of patient care.

Keywords: Clinical Management, Culture and Health

After attending this session, participants will be able to:

1. Identify themes found in current job satisfaction surveys within the military health system.
2. List two gaps in current surveys and literature on the factors that influence job satisfaction in the military health system.

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3. Describe the importance of creating a standardized job satisfaction questionnaire specific to the military health system.

Track 4: Health Strategy and Innovation Career Pathway

A Proposed Framework for Enhancing USPHS Officer Clinical Competency: Enhancing Public-Private Partnerships to Addressing Healthcare Provider Shortages in an Aging U.S. Population

11:00 *LCDR Emeka Egwim; LCDR Lusi Martin-Braswell*
11:30

Background: The U.S. has a burgeoning aging population, increasing the demand for healthcare services and revealing critical shortages of healthcare providers. Currently, the U.S. Public Health Service Commissioned Corps (USPHS) comprises 5446 officers, approximately 80% are mandated to fulfill clinical practice hours to maintain competency and readiness. This requirement aims to equip the USPHS to effectively address public health needs, especially during deployments. Data indicates that elderly populations face challenges in accessing qualified healthcare providers. Coupled with the USPHS clinical practice requirement, this creates opportunities for strategic partnerships between the USPHS and community organizations serving the healthcare needs of the elderly.

Methods: We systematically reviewed literature and analyzed its implications on elderly populations' healthcare access amidst workforce shortages. Examining data from primary care, geriatric specialty, and allied health settings nationwide, our focus was on identifying solutions within the USPHS clinical competency framework to alleviate the impact on elderly care. To supplement our findings, we will conduct a self-administered survey among USPHS Commissioned Corps officers in clinical disciplines. The survey aims to understand their current approaches to acquiring clinical practice hours, the perceived impact on competency, and readiness to address the unique needs of aging populations during public health emergencies. Analysis will employ simple descriptive statistics to quantify trends, while qualitative insights from open-ended responses will be explored for common themes, enriching our understanding of officers' perspectives. This combined approach ensures a comprehensive examination of workforce challenges and potential solutions within the USPHS context, promoting effective and targeted strategies for addressing healthcare provider shortages in an aging U.S. population.

Results: Our analysis underscores the disproportionate impact of workforce shortages on primary care, geriatrics, and allied health providers, posing a significant threat to the well-being of the elderly within healthcare settings. This impact manifests in prolonged wait times for scheduling visits, extended wait-room durations, increased length of visits, heightened provider workload, and a concerning rise in medical errors. Cumulatively, these factors contribute to sub-optimal clinical outcomes for the elderly, compromising both the efficiency and quality of

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care, and amplifying the risk of provider burnout. During the presentation, we will unveil survey results and share insightful responses. These findings, directly from USPHS officers who are on the frontlines of healthcare, will play a pivotal role in shaping our proposed clinical competency training framework. By shedding light on the real-world challenges faced by USPHS officers, the survey results will serve as a crucial foundation for developing focused solutions that enhance the preparedness and effectiveness of the USPHS officers in addressing the unique needs of an aging population.

Conclusions: Our presentation concludes by introducing a training framework designed to enhance clinical competency among USPHS officers. Our training framework provides a strategic solution to healthcare provider shortages by emphasizing the importance of collaboration, incentivizing specialization, and enhancing inclusive and innovative partnerships to meet USPHS mission needs now and in the future. By proactively implementing this framework, the USPHS can shore up its capacity to respond to urgent and emerging public health needs, ensure the continued effectiveness of its officers, and contribute to a resilient healthcare system equipped to address inequities in the aging U.S. population.

Keywords: Aging and Public Health, Clinical Care, Partnerships, Disparities, Innovation, Leadership, Improving Access to Care, Deployment Readiness, Public Health Action, Specialized Care, Interventions to decrease inequalities.

After attending this session, participants will be able to:

1. Define the current challenges and implications of healthcare provider shortages, particularly in primary care, geriatrics, and allied health settings.
2. Identify the key components of the proposed USPHS clinical competency training framework.
3. Describe how public-private partnerships can contribute to experiential workforce development and create mutually beneficial solutions for both the USPHS and healthcare systems.

Track 5: Inclusivity + Innovation: Reducing Disparities in the Service of Health

The Role of Public Health Messaging in Improving Vaccine Confidence and Reducing Vaccination Disparities in the US.

11:00 *CDR Sadhna Khatri; LCDR Jun Lee*

11:30

Background: Immunizations play a pivotal role in reducing morbidity and mortality resulting from vaccine preventable illness. Despite the proven effectiveness of vaccination, adult immunization rates in racial and ethnic minorities in the United States remain low. There is a

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need to study the impact of public health messaging and health literacy on vaccination and increase interventions to increase vaccination rates among vulnerable populations.

Methods: A literature review was conducted by using the PubMed database to identify research articles that contained information on the vaccination rates among minority populations for various vaccines including those for herpes zoster, tetanus, diphtheria, pertussis, hepatitis A, hepatitis B, COVID-19 and HPV. The search strategy was designed to find articles that contained information on minorities and had some means of assessing their vaccination rates and their knowledge, attitudes, and beliefs toward receiving these vaccines. The search was also conducted in a manner to elicit information regarding vaccination among adults within the United States. The titles and abstracts of studies were screened to determine if they were in conformity with the predefined inclusion and exclusion criteria.

Results: In this review, African Americans, Hispanics, and Asians were consistently demonstrated to have lower immunization rates in comparison to Whites for vaccines indicated for elderly adults, many times after adjusting for other important factors. The findings indicate that the magnitude of the disparity for the receipt of tetanus and herpes related vaccines is not decreasing over time. Elderly patients having a low awareness of vaccines and suboptimal knowledge for when or if they should receive specific vaccines remains a key contributor to suboptimal vaccination rates.

Conclusions: Primary care-based physicians likely play an essential role in reducing immunization gaps among older adults, but implementing culturally sensitive messaging targeting minority populations is essential to improving these gaps. USPHS Commissioned Corps officers whose mission is to protect, promote, and advance the health and safety of the nation, can improve immunization health disparities through targeted health communications that promote health literacy.

Keywords: Disparities, Immunization, Vaccine

After attending this session, participants will be able to:

1. Identify 2 trends in vaccination rates with racial and ethnic disparities
2. Recall public health messaging campaigns and their impact on vaccine confidence
3. State how to apply strategies for reducing racial and ethnic disparities in vaccination

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Track 6: Public Health in Action

US Public Health Service Commissioned Corps and Bloomberg American Health Initiative MPH/DrPH Fellowship: Partnering to Improve Public Health

11:00 *LCDR Jennifer Harlos; Mr. Shane Bryan*

11:30

Background: Many USPHS Commissioned Corps officers work in the areas of environmental challenges, addiction and overdose, adolescent health, food systems, or violence. However, most officers do not begin their public health career with a degree or specific training in Public Health. The Bloomberg American Health Initiative has allowed four (4) Commissioned Corps Officers to develop and improve their skills as public health practitioners bringing a direct benefit to the agency and organization where they are assigned and to the USPHS Commissioned Corps overall.

Methods: The Bloomberg American Health Initiative aims to improve health and save lives by supporting the next generation of public health leaders across the country. The Fellowship offers professionals working in programs targeting Americans in five focus areas of environmental challenges, addiction and overdose, adolescent health, food systems, or violence a fully funded opportunity to study public health in a masters or doctorate program at Johns Hopkins University. Fellows then apply what they are learning directly to their work.
Results: Four Commissioned Corps officers to date are fellows or alumni of the program and have used their training to benefit the work they do at the Indian Health Service and the Alaska Native Tribal Health Consortium. Their experiences have improved their skills by expanding their knowledge of fundamental public health concepts and allowing them to develop relationships with faculty working in their focus area to help further improve their roles within their current assignments.

Conclusions: Applications for the 2025 cohort open in August of 2024. More information can be found at americanhealth.jhu.edu/fellowship (We'd like to frame our presentation as an introduction to the fellowship followed by a Q&A Panel with all 4 officer fellows who have committed to this presentation if selected. We feel a Tuesday presentation slot would be ideal.)

Keywords: Public Health Education, Partnerships, Access to Care, Applied Public Health, Disparities, Environmental Health, Food Insecurity, Violence Prevention, Substance Use Disorder, Teen Health, Opioid/Drug Use, Harm Reduction, Health Policy Health Strategy and Innovation, Leadership Development

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After attending this session, participants will be able to:

1. Describe the goals and objectives of the Bloomberg American Health Initiative Fellowship.
2. Describe how becoming a Bloomberg American Public Health Fellow can help an officer and their assigned agency improve one's ability to meet their public health mission.
3. Recall where more information about the BAHI can be found and deadlines for upcoming applications.

Track 1: Clinical Care Career Pathway

Through the Eyes of the Patient: Teaching Empathy through Immersive Virtual Simulation

11:30 *LCDR Jennifer Jabara*
12:00

Background: The concept of empathy is a critical skill that must be fostered in order for a healthcare provider to effectively connect with and treat their patient with compassion and from a patient-centered approach.

Methods: In 2022, A 31-minute video was produced collaboratively by members of the National Institutes of Health Clinical Center's Simulation Team and the Pain & Palliative Care Team. This is a novel approach in simulation to address the training of oncology fellows during the height of the COVID-19 pandemic. The video chronicles the journey of Elizabeth, a young physician living with a cancer diagnosis. Through Elizabeth's eyes, the viewer experiences her thoughts and feelings as she encounters a healthcare setting and engages with her spouse and members of an interprofessional team from the point she consents to enrollment in a clinical research trial, learns the clinical trial has not achieved the hoped for outcome, to her anticipated and untimely death. Through Elizabeth's eyes, the viewer has an opportunity to align their thoughts and feelings with hers with the desired objective of fostering empathy.

Results: Results include collated participant responses demonstrating increased confidence in their ability to communicate and connect with patients and families as well as qualitative reports of self reflection and application. Lessons learned include the pros and cons of virtual instruction. The project now uses a hybrid approach to facilitate the pre-brief and de-brief of the experience to optimize learner experience. The work has been used by academic and government agencies, touching more than 1000 individual learners as of this submission.

Conclusions: The impact of the care provided to persons fighting cancer is not only measured in lab results and scans, but also in the way we support the whole person. Empathetic care is something not taught in the pages of a textbook, but through the work of this collaborative project, the opportunity to experience a day in the life of a patient is delivered to medical

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professionals in a reflective manner that provides opportunity to take meaningful pause and consider the impact of the non-clinical interactions.

Keywords: Safety, Community Resilience, Simulation, Nursing, Medical, Oncology, Fellows, Residents

After attending this session, participants will be able to:

1. Describe why empathy is important
2. Define reflective listening
3. Reproduce an action plan to incorporate empathetic communication into practice

Track 2: Applied Public Health Career Pathway

Policy Updates on OTC Monograph Reform

11:30 *CDR Trang Tran*

12:00

Background: On March 27, 2020, the "Coronavirus Aid, Relief, and Economic Security Act" (CARES Act) was enacted to modernize the OTC monograph drug review and replace the rulemaking process with an administrative order process. In addition, the CARES Act authorizes FDA to establish the OTC Monograph User Fee Program (OMUFA) that provides additional resources to improve public access to innovative OTC monograph drugs used by 260+ million people and establishes an expedited process to address critical safety issues.

Methods: OTC Monograph Reform helps improve process by replacing rulemaking with administrative orders, making innovation process more flexible, expediting response to urgent safety issues through interim final orders, and finalizing proposed monographs by statute. In support of the CARES Act and the specific OTC monograph provisions, FDA and industry mutually agreed to specific performance goals and procedures that include hiring, annual forecast for planned monograph activities, new IT systems, paper cataloging project contract, guidances for industry, meeting management, and deemed final orders.

Results: This presentation will provide an overview of FDA's efforts in implementing the OTC Monograph Reform and an update on the program accomplishments. As the current legislative authority for OMUFA is expiring in September 2025, new legislation will be required to reauthorize the OMUFA program for future fiscal years. This presentation will also share the steps involved in the reauthorization process.

Conclusions: OTC Monograph Reform benefits patients, industry, and our Nation's health care system by significantly reducing regulatory burden; encouraging innovation; enhancing self-care

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to help reduce the need for more costly forms of care; increasing efficiency, timeliness, and predictability; and streamlining safety updates.

Keywords: Policy, Innovation, Improving Access to Healthcare

After attending this session, participants will be able to:

1. Identify challenges with the OTC drug review prior to CARES Act
2. Describe the FDA's efforts in implementing the OTC Monograph Reform and accomplishments
3. Describe two benefits of OTC Monograph Reform

Track 3: National Security Career Pathway

Force health surveillance in the North Atlantic Treaty Organization does not meet the needs of its users: A structured evaluation of EpiNATO-2

11:30 *LCDR Adam Rowh*
12:00

Background: Disease and non-battle injuries (DNBI) cause substantial losses among military personnel. The North Atlantic Treaty Organization (NATO) has monitored disease and non-battle injuries among its personnel since 1996 using multiple versions of a tool now called EpiNATO-2, but the surveillance system has never been systematically evaluated. Following a request from NATO to the Centers for Disease Control and Prevention (CDC), the objective of this study was to assess surveillance system attributes of EpiNATO-2 using CDC's updated guidelines for evaluating public health surveillance systems.

Methods: Between June-October 2022, a literature review and key informant interviews were conducted to assess the following attributes: usefulness, simplicity, flexibility, data quality, acceptability, sensitivity, positive predictive value, representativeness, timeliness, stability, informatics system quality, informatics service quality, and informatics interoperability. Key informant interviews were conducted in Kosovo, Germany, and remotely with EpiNATO-2 users spanning three levels: clinical and data entry personnel (tactical level); regional medical and public health officers (operational level); and senior commanders and other governmental entities (strategic level).

Results: Fourteen EpiNATO-2 users participated in interviews, representing 3 of the 5 major NATO missions, 3 partner entities, and 7 nationalities. All users (100%) reported that the system did not meet their needs, with most users noting the following challenges: lack of clearly defined system objectives; poor data quality due to ambiguous case definitions and frequently unsubmitted reports (37% missing during January – June 2022); long delay between the occurrence of health events and the availability of corresponding data (≥2 weeks); and an

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antiquated and inflexible data management system. Overall, performance was deemed unsatisfactory on 11 of the 13 attributes.

Conclusions: This multinational sample of EpiNATO-2 users at all military levels reported that the system is currently not useful with respect to its stated objectives. Opportunities were identified to improve the performance and usefulness of EpiNATO-2: improve case definitions, modernize data infrastructure, and regularly evaluate the surveillance system.

Keywords: Surveillance, Data Analytics, Program Design and Management, Preparedness, NATO, disease and non-battle injury

After attending this session, participants will be able to:

1. Describe the basic structure and operation of EpiNATO-2
2. Describe the key results of CDC's evaluation of EpiNATO-2.
3. List the opportunities for improvement identified by the CDC evaluation

Track 4: Health Strategy and Innovation Career Pathway

Healthcare Design and Construction - Sharing Lessons Learned to Reduce Disparities in the Service of Health

11:30 *CDR Scott Fillerup; CDR Matthew Mergenthaler*
12:00

Background: Each year IHS spends hundreds of millions of dollars on healthcare design and construction projects. Most non-engineer healthcare staff have limited exposure to the processes used by project managers/engineers to execute these projects. Most project managers/engineers have limited exposure to the needs and processes of other healthcare staff who will ultimately use the resultant facilities. The result of this limited exposure to one another's needs and processes is miscommunication, wasted project dollars, and ultimately, projects which do not fully meet the needs of the patients, providers, and other healthcare staff. This results in lower quality healthcare to our patients.

Methods: This session will present several case studies about how CDR Fillerup, and CDR Mergenthaler have observed the lack of exposure to the IHS processes by non-engineering staff, how they've addressed and plan to improve these specific issues, and how they have changed their approach to project management as a result. Following the case studies, an overview of the design and construction process used by IHS will be provided. The intent of both will be to generate topics of discussion with the audience in the proposed roundtable discussion.

Results: Communication and a shared understanding of the design process between providers and design team is critical to successful healthcare design and construction projects.

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Involvement of staff from each department and at every stage of the design process is necessary to accurately achieve the design objectives successfully.

Conclusions: Second partner session - Roundtable discussion.

Keywords: Improvements, Effective Communication, Healthcare Design and Construction

After attending this session, participants will be able to:

1. Identify two ways improving the built environment can reduce disparities in the service of health
2. Enumerate how this approach can contribute meaningfully to the design and construction of new healthcare facilities.
3. Describe how to communicate program needs at each phase of the design and construction process.

Track 5: Inclusivity + Innovation: Reducing Disparities in the Service of Health

Analysis of Hispanic/Latinx vs Non-Hispanic/Latinx Subgroups from the REGENERATE Trial of Obeticholic Acid for the Treatment of Nonalcoholic Steatohepatitis

11:30 *LTJG Leighland Feinman*
12:00

Background: The prevalence and risk of nonalcoholic steatohepatitis (NASH) is highest in the Hispanic/Latinx (H/L) population. Obeticholic acid (OCA) is a farnesoid X receptor agonist studied as a treatment for pre-cirrhotic liver fibrosis due to NASH. We performed a subgroup analysis of the H/L vs non-H/L populations in the phase 3 REGENERATE trial of OCA in patients with pre-cirrhotic fibrosis due to NASH.

Methods: Patients with biopsy-confirmed fibrosis stage F2 or F3 were randomized 1:1:1 to once-daily oral placebo, OCA 10 mg, or OCA 25 mg. The primary endpoint of the month 18 interim analysis was improvement in fibrosis ≥1 stage with no worsening of NASH by a central or consensus (requiring agreement of 2 out of 3 pathologists) read method using the NASH Clinical Research Network scoring system. Secondary endpoints included change from baseline in serum alanine aminotransferase (ALT) at month 18. Safety was assessed by adverse events.

Results: Of 931 patients in the intent-to-treat (ITT) population, 141 (15.1%) were H/L. Based on the central read, improvement in fibrosis ≥1 stage with no worsening of NASH occurred in 8%, 12%, and 30% of H/L patients vs 14%, 18%, and 23% in the non-H/L patients receiving placebo, OCA 10 mg, and OCA 25 mg, respectively. The magnitude of the response ratios was similar to those observed in the overall ITT population and the consensus read methodology (Figure 1). Despite variability due to the small sample size of the H/L subgroup, the response ratio favored

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OCA 25 mg compared to placebo (3.60; 95% CI, 1.22–10.60), while a diminished response rate was seen in the non-H/L (1.62; 95% CI, 1.10–2.41). The mean change (SE) from baseline in ALT levels at month 18 in the H/L subgroup was -24.4 [11.4], -10.4 [5.2], and -50.9 [10.7] for placebo, OCA 10 mg, and OCA 25 mg, respectively, compared to -15.2 [3.6], -27.5 [3.0], and -32.1 [3.8], respectively, in the non-H/L subgroup.

Conclusions: Among the H/L patients, the histological response to OCA was similar to the non-H/L population and consistent with the overall ITT population based on the central read. A larger placebo effect was also noted for the change in ALT levels in the H/L subgroup, as well as a greater reduction from baseline with OCA 25 mg compared to the non-H/L subgroup. The improvement in fibrosis ≥1 stage with no worsening of NASH and reduction in ALT support the efficacy of OCA in this high-risk group of patients with pre-cirrhotic fibrosis due to NASH.

Keywords: Research and Development, Special Populations (eg Youth, Immigrants, Hispanics/Latinos, African Americans, etc.), Hepatology, NASH, metabolic disorder

After attending this session, participants will be able to:

1. Identify the burden of NASH in Hispanic or Latino populations
2. Describe the design of the REGENERATE clinical trial for obeticholic acid in NASH
3. Recall the comparison of the Hispanic or Latino population REGENERATE subgroup results with the full REGENERATE study population

Track 6: Public Health in Action

Formative Assessment of Local Food Procurement in PA Healthcare Facilities

11:30 *LCDR Matthew Lindsley*
12:00

Background: Pasa Sustainable Agriculture's mission is "Cultivating environmentally sound, economically viable, community focused farms and food systems" (2022). Exploration of healthcare's food procurement policies, desire to partner with local farms, could inform Pasa for future partnerships. The program "Good Food, Healthy Hospitals" began in 2019 where 50 hospitals examined their food service guidelines with the goal of increasing healthier and more sustainable food and beverage options. This PA state run program excludes rehabilitation and mental health facilities, and nursing homes. A formative assessment of non-participating facilities will elucidate motivation, challenges, and the level of interest for sourcing local food.

Methods: A sample of 40 healthcare facilities in PA, including community hospitals, rehabilitation and mental health facilities, and nursing homes that serve meals was compiled. Food service directors, assistants, and kitchen managers were contacted to answer a 5 question survey that was IRB exempt. Questions including the facility type, percentage of local food

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sourced and categorical reasons that motivate the organization now, or would motivate them to source more local food in the future was documented. Finally, as assessment of barriers that prevent the organization from incorporating more local foods, or expanding this in the food procurement contract was documented.

Results: Data was collected from August to December 2023. 25 facilities responded to the survey after follow up emails and phone calls (n=40). Respondents included nursing homes (67%), hospitals (16.5%) and rehabilitation centers (16.5%). No mental health facilities responded. 75% of the nursing homes stated their local food procurement ranged from 0-25%, one facility stated they did not know. Rehabilitation centers reported 26-50% of their food was sourced locally, and hospitals reported 51-75%. The reasons that motivate organizations to source more local food ranged from the belief that local food is healthier and supports their mission of health, to the fact that patients, staff and visitors care about local food, and that locally sourced foods equate to more variety and increased flavor. The barriers identified by the organizations as to why they cannot incorporate more local food into their procurement contract included lack of buy in from senior leadership, their existing food procurement contract or internal policy, and the cost, knowledge, planning and logistics of sourcing local food. Smaller facilities with fewer residents have less purchasing power and influence in making decisions with management who have competing priorities often misaligned with healthy, local food offerings.

Conclusions: Given the findings are consistent with prior research, yet facilities are motivated to source more local food, there is a need for agriculture and healthcare to partner. Approval of small percentages of local purchasing in a contract can improve the community's economy, and wellbeing of farmers. Introducing hospitals from the Good Food, Healthy Hospital initiative with facilities surveyed or a cooperative of food service providers tailored to area nursing homes may be solutions. Building more resilient food systems can thwart the shocks from economic challenges, and climate change to move agriculture and health care in alignment for the public's health.

Keywords: Applied Public Health, Community Resilience, Food systems

After attending this session, participants will be able to:

1. Describe the problem of incorporating local food into healthcare facilities in the state of PA.
2. Name the facilities surveyed in the study and the reason why it was important that they were included.
3. Recall two barriers that healthcare facilities report preventing them from sourcing more local food in their food service programs and two ideas that may aide in overcoming those barriers.

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Ancillary Event
JOAG General Meeting, Awards, and Lunch
12:15
14:15

The Junior Officers Advisory Group holds its annual business meeting.

Track 1: Clinical Care Career Pathway
Implicit Bias in the Healthcare Provider/Patient Encounter
14:30 *LT Tessa Fletcher; LT Michelle Scott*
15:00

Background: Implicit biases among healthcare professionals have been identified as a significant factor in healthcare disparities. The quality of care provided to patients of our increasingly diverse nation is affected by these hidden preferences. Biases, whether conscious or unconscious, have a negative impact on clinical decision-making, communication, and the entire patient experience. In promoting health equity and providing patient-centered care, healthcare professionals play an essential role. This abstract explores the methods and findings of recent research on implicit biases in the healthcare provider-patient relationship towards sexuality, race, and gender.

Methods: In research, implicit bias has been identified as a contributing factor to unequal healthcare outcomes, resulting in disparities in health status, access to healthcare, and treatment. With a search of implicit bias and sexuality, race and religion, authors discovered a wealth of research of implicit bias in the healthcare provider-patient dyad. The measurement of implicit biases in healthcare has been carried out using a variety of methods. Commonly used instruments, such as the Implicit Association Test (IAT), have been adapted to assess implicit biases related to sexuality, race, and gender within healthcare contexts. Additionally, surveys and self-report questionnaires, along with observational studies, have been utilized to gauge healthcare professionals' attitudes, perceptions, and behaviors when dealing with patients from diverse backgrounds.

Results: Research conducted emphasizes the significance of identifying and rectifying biases within the healthcare system. The negative impact of implicit biases related to race, sexuality, and gender on healthcare is well documented. According to these studies, implicit biases exist in healthcare and can negatively impact care quality. In some instances, healthcare providers may unintentionally under-allocate resources to minority patients, prescribe different treatments, or lack effective communication with them. Health disparities may continue and

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potentially worsen. The necessity of healthcare professionals providing uniform care to all patients, regardless of their background has been elevated. A growing focus is placed on the importance of incorporating implicit bias training in system-based healthcare, and in the provision of graduate medical and nursing education, due to our increasingly diverse population.

Conclusions: Training on implicit bias is essential for enhancing healthcare delivery and minimizing disparities based on elements such as sexuality, race, and gender. As our population becomes increasingly diverse, we need to address the implicit biases present in healthcare providers that impact the quality-of-care patients receive. Self-assessments of implicit bias should be conducted by providers. Being aware of personal biases marks the first step towards self-improvement. Intentional efforts for self-improvement are a must for health care providers. For the betterment of care for all patients, inclusive training dealing with implicit bias should be integrated into healthcare systems.

Keywords: Interventions to Decrease Health Inequalities, Culture and Health, Effective Communication

After attending this session, participants will be able to:

1. State how implicit bias operates within the provider-patient relationship, utilizing empirical evidence.
2. Identify one's own implicit biases related to gender, sexuality and race
3. Describe the impact of implicit bias on the healthcare provider/patient dyad.

Track 2: Applied Public Health Career Pathway

Lessons Learned in Managing Agency-level Change: The CDCReady Responder Program for Response Workforce Management

14:30 *CAPT Sara Vagi; CDR Samantha Morgan*
15:00

Background: In the wake of the challenges in public health emergency response over the past few years, CDC has made sweeping changes in the way they organize, prepare, train, and mobilize responders. Historically, CDC relied on a mostly-volunteer model to assign their staff to response roles under the Incident Management Structure. The COVID-19 response strained this staffing model nearly to its breaking point. As a result, emergency managers at CDC are implementing the new CDCReady Responder program. The vision is to build a diverse workforce of qualified, trained, and available responders to establish and sustain public health emergency responses.

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Methods: Under the CDC Ready Response program, the Division of Emergency Operations at CDC has collaboratively designed and populated discipline-specific cadres of staff that can serve as a pool of responders with a known and verified set of skills. These cadres represent the core functions of public health emergency responses at CDC. Each cadre includes staff who are assigned certain response roles that they can fulfill within a response, and each role has an associated set of qualifications. Initial cadre enrollment was based on previous response experience and designated expert recommendation. New enrollees have opportunities to complete trainings and hands-on experience to qualify for cadre enrollment. Implementing the CDCReady Responder program has required careful attention to basic principles of change management. The program's strategies can be mapped to Kotter's 8 Steps for Leading Change. Program leaders have created a sense of urgency, built a guiding coalition, formed strategic vision and initiatives, enlisted volunteers, enabled action by removing barriers, generated short term wins, sustained acceleration, and instituted change. The process required extensive collaboration from specialists in resource management, IT/software development, training and education, communications, policy, and evaluation, centered around direct engagement with response-experienced leaders across disciplines throughout the agency.

Results: So far, over 1,850 individuals have been enrolled in 15 cadres. Ultimately, most CDC staff will be enrolled in one or more cadres that align with their knowledge, skills, and experience. Cadre qualification criteria and training for general response and role-specific functions is under development and will continue to be developed over the next several years.

Conclusions: Ushering in agency-wide changes to both processes and agency culture has required careful attention to evidence-based principles of change management. Kotter's 8 Steps for Leading Change guide a critical look at lessons learned while making changes that affect a large proportion of CDC staff.

Keywords: Preparedness and Response, Outreach, Education and Communication, Change management.

After attending this session, participants will be able to:

1. Describe the basic principles of effective change management
2. Recognize an example of how the CDC Ready Responder program demonstrated principles of change management in its implementation.
3. Describe the need for a standardized process to organize, prepare, train, and mobilize responders.

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Track 3: National Security Career Pathway

Enhancing National Security and Public Health Preparedness: The Crucial Role of Pharmacists in Managing Medical Countermeasure (MCM) Programs

14:30 *CDR Dakota McMurray; LT Alexandria VanBuren*
15:00

Background: Chemical, biological, radiological, or nuclear (CBRN) threats/events are public health emergencies and pose a threat to national security. U.S. Customs and Border Protection (CBP) plays a frontline role in countering these threats. Exposure to CBRN agents can become deadly without quick administration of medical countermeasures (MCM). MCM are medicines/supplies that can be used to counter the effects of CBRN agents. CBP's MCM Program provides MCM to workforce and persons in custody, focusing on anthrax and pandemic influenza. Existing studies concentrate on development of MCM; there is a gap in the literature concerning the role of pharmacists managing MCM programs.

Methods: CBP's MCM Program manages more than 120 sites across the United States and territories. Program highlights include obtainment and maintenance of MCM inventory (i.e., Doxycycline and Ciprofloxacin) for workforce and persons in custody (PIC); and development and execution of point of dispensing (POD) plans/procedures. A program review was conducted, and 8 major improvements were implemented across 126 sites within the first year after identification. The improvements are as follows: Developed a Standard Operating Procedure (SOP) for program accountability; Created a SharePoint site for real time inventory management and reporting; Started a Microsoft Team for communication and information sharing; Established a Point of Dispensing (POD) exercise schedule for readiness; Launched new sites for expanded access and response capabilities; Augmented inventory to fulfill inventory management goals; Streamlined inventory needs for simplified inventory management/reporting; Initiated an awards program for workforce recognition.

Results: Program improvements resulted in the following: Developed SOP was selected as a 'gold standard' reference for Department of Homeland Security (DHS) MCM Programs; Improved inventory reporting completion rates: 99% or above for Fiscal Year 2023, Quarters 1 – 4; Oriented 220 team members across 126 sites; Completed POD exercises for 15 sites in Fiscal Year 2023; Scheduled POD exercises for 38 sites, 35 sites, and 39 sites for Fiscal Years 2024, 2025, and 2026 respectively; Increased MCM site footprint by adding 22 new MCM sites nationwide; Optimized site inventory by supplementing 69% of MCM sites with inventory to meet thresholds; Recognized 10 personnel for workforce excellence.

Conclusions: Pharmacists have unique knowledge and skill sets, including public health education and interdisciplinary training, qualifying them to develop or manage MCM programs. MCM programs are a vital part of emergency preparedness and response efforts nationwide

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and more research is needed on program development, management, and pharmacists' roles in MCM programs.

Keywords: Preparedness and Response, Quality Improvement, National Security

After attending this session, participants will be able to:

1. Describe the expanded roles of pharmacists in advancing a National Medical Countermeasures Program for U.S. Customs and Border Protection.
2. Identify two quality improvements to the National Medical Countermeasures Program for U.S. Customs and Border Protection.
3. Reproduce a quality improvement plan for a local, state, regional, or national medical countermeasure program.

Track 4: Health Strategy and Innovation Career Pathway

Healthcare Design and Construction Round Table Discussion - A Conversation Between Healthcare Staff and IHS Project Managers/Engineers

14:30 *CAPT Brian Campbell; CAPT Jana Towne*

15:00

Background: Each year IHS spends hundreds of millions of dollars on healthcare design and construction projects. Most non-engineer healthcare staff have limited exposure to the processes used by project managers/engineers to execute these projects. Most project managers/engineers have limited exposure to the needs and processes of other healthcare staff who will ultimately use the resultant facilities. The result of this limited exposure to one another's needs and processes is miscommunication, wasted project dollars, and ultimately, projects which do not fully meet the needs of the patients, providers, and other healthcare staff. This results in lower quality healthcare to our patients.

Methods: This session will provide an opportunity for the audience and presenters to discuss the existing healthcare design and construction processes, ask questions, share information (good and bad) about past and upcoming projects, and provide feedback to improve the design and construction processes. In case there is a shortage of questions/discussion from the audience, the presenters will bring a pre-developed list of questions that are designed to draw out feedback from the audience. Ideally, audience members will have attended the other proposed session

Results: Communication and a shared understanding of the design process between providers and design team is critical to successful healthcare design and construction projects. Involvement of staff from each department and at every stage of the design process is necessary to accurately achieve the design objectives successfully.

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Conclusions: During the session, an assigned note taker will document discussion topics and feedback that is provided. After the session, the notes will be provided to IHS Division of Engineering Services project managers as topics for consideration to modify the IHS Architect/Engineer Design Guide, Suggestions for changes to project management tools that already exist, suggestions for development of additional project management tools, etc.

Keywords: Improvements, Effective Communication, Healthcare Design and Construction

After attending this session, participants will be able to:

1. Identify two ways improving the built environment can reduce disparities in the service of health
2. Enumerate how this approach can contribute meaningfully to the design and construction of new healthcare facilities
3. Describe how to communicate program needs at each phase of the design and construction process

Track 5: Inclusivity + Innovation: Reducing Disparities in the Service of Health
Multiple HIV risk behaviors among female sex workers and men who have sex with men: results from pooled respondent-driven sampling (RDS) surveys — Uganda, 2021–2023
14:30 *LT Kelly Chapman*
15:00

Background: Female sex workers (FSW) and men who have sex with men (MSM) are often categorized by their defining risk behavior, selling sex and anal sex with a man, respectively. However, FSW and MSM may engage in multiple risk behaviors that exacerbate their HIV risk. We estimated the distribution of multiple risk behaviors among FSW (18–49 years) and sexually-exploited minors (SEM) (females aged 15–17 years) and MSM (18+ years).

Methods: Data were collected through respondent-driven sampling (RDS) surveys conducted in in four sites (Kampala, Jinja, Mbarara, and Masaka), from May 2021 to February 2023, and pooled across sites for each population (n=3,013 FSW, n=29 SEM and n=1,991 MSM). We fitted weighted multinomial logistic models for additional risk behaviors for each population (ever engaged in buying/selling sex among MSM, receptive anal sex among FSW/SEM, and injection drug use (IDU) in both populations) using self-reported behaviors and demographics as predictors. The simplest plausible model was determined for each population with Bayesian Information Criterion, from which probabilities for outcomes and confidence intervals were computed.

Results: Among FSW/SEM, site, marital status, and average number of clients were correlated with additional risk behaviors; 21.8% (CI: 20.1–23.6%) ever engaged in anal sex and 12.0% (CI:

10.7–13.3%) ever engaged in IDU. Among MSM, age, site, education, and average number of male sex partners were correlated with additional risk behaviors; 54.2% (CI: 51.3–57.2%) ever engaged in buying/selling sex and 11.1% (CI: 9.4–12.9%) ever engaged in IDU.

Conclusions: While FSW/SEM and MSM are generally viewed as independent groups, our findings demonstrate that risk behaviors are shared across populations, with buying/selling sex particularly common among MSM. Consideration for these additional risk behaviors during FSW/SEM and MSM outreach and service provision may better inform HIV risk reduction and prevention services.

Keywords: Global Health, HIV/AIDS: Ending the Epidemic, HIV, Uganda, key populations, sex work, anal sex, injection drug use

After attending this session, participants will be able to:

1. Recall at least two key and priority populations at risk of transmitting or acquiring HIV and 2 risk behaviors they may engage in
2. Describe people might be categorized as belonging to a particular risk group, but have individual behaviors and risks that vary from the stereotype.
3. Describe the importance of considering additional risk behaviors when designing HIV-related programs and intervention.

Track 6: Public Health in Action

Examining the Role of Virtual Events in Promoting Participation in Public Health Service Athletics

14:30 *LCDR Kyrsten Smith; LTJG Dominic Nathan*
15:00

Background: Created in 2014 as Public Health Service (PHS) Athletics, the program has now expanded to become the Surgeon General's Team (SGT), a health outreach program utilizing Commissioned Corps officers as leaders in health protection, promotion and physical fitness to meet and exceed Federal Physical Activity Guidelines to improve the health of the American people. With the evolution of technology and the global impact of COVID-19, health and fitness has advanced into virtual formats with unlimited possibilities. The objective of this study is to examine PHS Athletics event participation and how the addition of virtual components fit within the SGT mission.

Methods: We analyzed data for USPHS Athletics events between 2014 – 2023. For each year, we carefully reviewed and calculated the total number of events, and number of qualifying events for both in person, and virtual events. We also calculated the number of participants for all qualifying events. These summary data were plotted for each year to provide visualization of the data sets and aid with the identification of trends. For each non-qualifying event, we recorded the reason for disqualification (e.g. missing reports, absence of participant log, etc.), and subsequently collated this information.

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Results: The data suggests between 2014-2019, the number of in person events and participants were increasing annually; in contrast, virtual events were few (1 – 2.4% of all events).The highest number of in person events (257) and participants (3076) were for the 2018-2019 period. In the 2020-2021 period, all athletic events were virtual due to the COVID 19 pandemic; there were 3278 participants for 95 qualifying virtual events. After the pandemic, virtual events were still a large contributor, but a gradual decline was noticed in conjunction with an increase of in-person events resuming. However, virtual events still had a higher number of participants (1659 for 2021-2022, and 1673 for 2022-2023) compared to in person events (899 for 2021-2022, and 1220 for 2022-2023). Virtual events trended lower (<50%) for number of qualified events; with possible factors including insufficient event reporting, poor completion accountability or not meeting requirements.

Conclusions: Virtual athletic events and participation opportunities have several benefits and limitations. The results suggest if properly planned, virtual athletic events have potential to increase community engagement and USPHS outreach in physical fitness. However, there is a need for USPHS Athletics policies and guidelines to ensure efficient planning and execution of virtual events, the requirements for verification, safety and proper engagement are fulfilled. Additional data and further studies are needed to determine the long-term engagement in virtual events, especially post pandemic, as well as the impact of virtual engagement on public health.

Keywords: Surgeon General's Initiative, Community Health Outreach, Health Promotion, Public Health in Action

After attending this session, participants will be able to:

1. Describe the role of USPHS Athletics in promoting public health and physical activity.
2. Describe the trend in PHS Athletics events.
3. List one benefit and one limitation of virtual athletic events.

Track 1: Clinical Care Career Pathway

Federal Response to COVID-19: A Nursing Perspective

15:00 LT Jamla Rizek, MBA

15:30

Background: Nurses have played a crucial role in the battle against COVID-19. Their roles and responsibilities have evolved significantly, primarily focusing on being liaisons and subject matter experts to ensuring the effective utilization of COVID-19 therapeutics. Nurses engaged with ASPR stakeholders (state/territorial/local health departments, professional organizations, applicable advocacy groups, private sector partners such as pharmacies).

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Methods: To provide an outline of the key responsibilities and objectives of clinicians during the COVID -19 pandemic response. To provide a clear understanding the roles clinicians play in collaborating with interdisciplinary teams: disseminating accurate information promoting public health measures adapting to evolving guidelines

Results: Nurses collaborated with stakeholders and established monoclonal antibody infusion centers. They supported clinical grand rounds and created a collaborative document with FAQs for stakeholders and other federal partners. They created Clinical Implementation Guidelines (CIG), Side by Side (SXS) and Decision Aids (DA).

Conclusions: Their multifaceted roles as liaisons and subject matter experts have not only facilitated the understanding of clinical aspects of COVID-19 therapeutics among healthcare staff but have also fostered collaboration with diverse stakeholders, contributing to a more comprehensive and effective response to COVID-19. One of their primary roles has been that of a liaison, bridging the gap between clinical knowledge and the broader community of stakeholders. They are responsible for disseminating the latest clinical guidelines, sharing best practices, and addressing any emerging challenges in real-time.

Keywords: COVID-19, Outreach, Education and Communication

After attending this session, participants will be able to:

1. Recall three resources nurses created in support of COVID-19.
2. State one role nurses had in regard to MABs.
3. Describe one role nurses had during the ASPR COVID-19 Clinical Rounds

Track 2: Applied Public Health Career Pathway

Not in my backyard! Assessing solid waste open dumps on tribal lands.

15:00 *CDR Tanya Davis, P.E.; Mr. Charles Bearfighter Reddoor*

15:30

Background: Solid waste open dumping threatens the health and safety of residents on tribal lands. Thousands of open dumps on tribal lands increase health disparities and environmental inequalities in underserved areas that lack access to solid waste disposal facilities. The Indian Health Service (IHS) and the US Environmental Protection Agency (USEPA) have collaboratively configured an innovative mobile application to assess and collect data on existing open dumps, with the goal of ultimately identifying clean-up solutions. To prevent further dumping, IHS and EPA are committed to working with tribal leaders to strengthen tribal government capacity to implement effective solid waste management programs.

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Methods: IHS and EPA collaboratively configured ESRI's ArcGIS Field Maps App to collect site characteristics, types of waste, hazard factors, and environmental factors. Site perimeter is collected by walking around the site with the mobile device running the App. The App auto-calculates surface area and a health threat score of low, medium or high. IHS and EPA piloted the App on tribal lands in three IHS Areas, starting with the Navajo Nation where IHS, EPA, and the Navajo Nation EPA assessed over 50 sites in June 2023. After this first pilot, significant changes were made to the App to better quantify waste found at each site and facilitate cleanup cost development. Minor changes were made after the second pilot in South Dakota where over 60 sites were assessed in September 2023. After the "soft release" in Oklahoma and assessment of an additional 10 sites in November 2023, the App was finalized. IHS and EPA plan to fully deploy the IHS Open Dumps Field Maps App in 2024.

Results: IHS, EPA and tribal staff report that the IHS Open Dumps Field Maps App is easy to use and will be a useful tool to assess and collect data on existing open dumps. The IHS Open Dumps Field Maps App successfully updated the IHS Geographic Information System (GIS) portal that, in turn, updated data in the IHS Sanitation Tracking and Reporting System (STARS). Open dump projects eligible for IHS funding were successfully developed with accurate cost estimates and listed as fundable projects in the IHS Sanitation Deficiency System (SDS) portion of STARS. The IHS Open Dumps Field Maps App is limited in its ability to upload photos in areas with a weak cellular signal. Another limitation is the ability to configure the application beyond what ESRI has developed.

Conclusions: IHS and EPA are committed to improving the accuracy and completeness of data characterizing open dumps impacting tribal communities. IHS and EPA plan fully deploy the IHS Open Dumps Field Maps App in 2024 across all IHS Areas and will continue to work closely with tribal leaders to strengthen tribal government capacity to implement effective solid waste management programs. The following people have been, and continue to be, instrumental in this project: Caroline Klos and Charles Reddoor from EPA, and CAPT Shari Windt, LT Caitlin Caldwell, and CAPT (ret.) Ramsey Hawasly from IHS.

Keywords: Interventions to Decrease Health Inequalities, Community Health

After attending this session, participants will be able to:

1. Describe the collaborative work underway by IHS and EPA to assess open dumps on tribal lands.
2. Recall the data that is being collected by the IHS Open Dumps Field Maps App
3. State the limitations of using the ESR Field Maps App

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Track 3: National Security Career Pathway
World's Largest Medical Repository: How does our nation prepare for the unknown?
15:00 *LCDR Kathleen Tisdale; LCDR Esra Toussaint-Barrett*
15:30

Background: To ensure the nation's preparedness, the SNS has maintained a robust system of processes to ensure the integrity of our medical counter measures for more than 20 years. In the past three to five years, SNS has nearly doubled in inventory management to ensure the needs of the U.S. population are met.

Methods: The SNS mission is to supplement and resupply state and local public health agencies in the event of an emergency. This is done by supporting our partners by providing the right materiel at the right time to secure the nation's health.

Results: The SNS is intended as a bridge and stop gap for the commercial market – it is not intended to replace or substitute what the commercial market provides. In some instances, the SNS is the only source for certain MCMs. HHS has increased the breadth and depth of SNS requirements and inventory with emergency and supplemental funding, as result the program's capabilities to serve U.S. population has advanced.

Conclusions: As SNS continuous to respond to and assist in providing MCMs, preparation will be vital to meet the demands of the nation's health care systems.

Keywords: Emergency Response, Preparedness and Response, Strategic National Stockpile

After attending this session, participants will be able to:
1. Define the roles that SNS plays during an emergency response
2. List two types of medical counter measures found in the formulary.
3. List two SNS capabilities that could be applied to future deployments and emergency.

Track 4: Health Strategy and Innovation Career Pathway
National Childhood Cancer Registry
15:00 *LCDR Anca Preda*
15:30

Background: Childhood cancer patients, often neglected, confront distinctive challenges. Annually, 16,000 U.S. children grapple with cancer, markedly different from the 1.7 million adult cases. Rarity complicates data collection, hindering comprehension of their needs. In 2019, NCI launched the Childhood Cancer Data Initiative (CCDI) to gather, analyze, and share data to address the challenges faced by young cancer patients. The National Childhood Cancer Registry,

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expanding under CCDI, aims to unveil causes, outcomes, effective treatments, and late effects in this demographic over the next decade. This initiative proves vital for enhancing insights and outcomes for children, adolescents, and young adults grappling with cancer.

Methods: In the United States, cancer registries comprehensively document information on each cancer case, including childhood cancers, within their specific regions. The National Childhood Cancer Registry (NCCR) encompasses population-based cancer data from 22 Surveillance, Epidemiology, and End Result registries and four CDC National Program of Cancer Registries. Initially focusing on those diagnosed under age 40 since 1995, the NCCR aims to extend coverage to all 50 states, encompassing patients diagnosed before age 40, with annual updates. For childhood cancer patients and survivors, capturing data on late effects, recurrence, comorbidities, and subsequent primary cancers nationally is crucial for ensuring comprehensive data. Patients often travel for care, and survivors may relocate post-treatment. The NCCR enriches registry data by incorporating genomic and tumor characterization, claims, social determinants of health, longitudinal treatment outcomes, and comorbidities. This inclusive approach supports research on childhood cancer patients and survivors, irrespective of care location or timing. To facilitate data interoperability with multiple sources under the CCDI, the NCCR relies on existing technology infrastructure. This infrastructure links longitudinal data and enables secure data sharing with approved research investigators. The NCCR Data Platform uniquely integrates registry data with external sources, presenting a holistic view of a cancer patient's journey.

Results: In September 2023, NCI acquired support services for software development and project management services to scale up an existing demonstration data platform for the NCCR. The project will support the NCI in planning, acquiring, developing, documenting, implementing, updating, and supporting childhood cancer research by integrating and customizing commercially available information technology (IT) solutions in NCI's Cloud One. The contract and resulting IT and applications will assist researchers and the NCI to meet data sharing and scientific objectives in surveillance and public health analysis and cancer research, with a goal of improving treatments, quality of life, and survivorship of every child with cancer. The NCCR Data Platform will live on NCI's private AWS cloud environment. It is a new way to support the NCI mission to share data in a controlled access environment and enable registry data to be analyzed with other NCI data repositories on the cloud, like the Genomic Data Commons. The data platform will be leveraging state of the art cloud-native computing technologies as well as modern data processing techniques to be able to provide a secure and scalable platform that would offer access to de-identified historical records of pediatric cancer cases.

Conclusions: With the new NCCR data software platform, NCI hopes to offer data in the cloud to the research community and serve as a one stop-shop for the pediatric cancer research community to support their analyses not only with registry data but also with real-world claims

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data, research data, and other CCDI data resources. At the same time, from a technology standpoint, NCI will be able to offer a highly available and sustainable infrastructure that would continue to adapt to ever-evolving security and privacy requirements.

Keywords: Surveillance, Research and Development, Data Analytics, Program Design and Management, Health Information Technology

After attending this session, participants will be able to:

1. Define the Childhood Cancer Data Initiative
2. Describe why the National Childhood Cancer Registry Program is important
3. Describe how the National Childhood Cancer Registry evolve to date

Track 5: Inclusivity + Innovation: Reducing Disparities in the Service of Health

Using the CDC Science Impact Framework to Assess the Public Health Impact of HIV Demonstration Projects that Focus on Health Equity

15:00 *LT Sophia Ajoku*
15:30

Background: Traditionally, measurement of the impact of science has been academic, quantitative, limited in scope, and a slow process. Although publication metrics (e.g., number of times articles are referenced) are commonly used to define impact, this approach does not account for results that are more directly relevant to public health practice and outcomes. Because of these limitations, CDC developed the Scientific Impact Framework to broadly assess public health impact. During 2018-2022, CDC funded 20 health departments to conduct HIV program-science demonstration projects. Our objective was to document the collective public health impact of the 12 projects that focused on health equity.

Methods: For the project final reports, CDC formal written guidance required health departments to provide examples of impact (known as indicators) that were based on the CDC Science Impact Framework. This framework has five domains of impact that allow for quantitative and qualitative assessment: Disseminating Science includes publishing findings in journals, reports, presentations, and media channels. Creating Awareness includes informing partners. Catalyzing Action includes actions taken as a result of the science, collaborations, partnerships, and new training. Effecting Change includes change as a result of the work and building capacity. Shaping the Future includes new hypotheses or strategies and improving public health programs. The table that health departments were required to complete had for each domain indicators to check and an open text field if “Other (Describe briefly)” was checked. Indicators not checked were considered to have not been done and given a value of zero. One author independently abstracted information from the reports entered it into a spreadsheet and conferred with another author as needed. This second author also

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double-checked all information entered into the spreadsheet to support the accuracy of the abstraction and data entry process. Microsoft Excel was used to calculate frequency distributions, means, medians, and ranges.

Results: The 12 health departments that focused on health equity included Alabama, Colorado, Connecticut, Iowa, Los Angeles County, North Carolina, New Jersey, Philadelphia, Rhode Island, San Francisco, Tennessee, and Wisconsin. Populations in the project areas with known health inequities included young, Black or African American, and Hispanic or Latino persons; transgender persons; gay, bisexual, and other men who have sex with men; persons who inject drugs; residents of rural areas; and persons experiencing homelessness. The 12 health departments reported 203 instances of public health impact (mean 16.9, median 18.0, range 7-26): 62 for Disseminating Information (mean 5.2, median 5.0, range 1-9), 41 for Shaping the Future (mean 3.4, median 3.5, range 2-5), 36 for Catalyzing Action (mean 3.0, median 3.0, range 0-5), 34 for Creating Awareness (mean 2.8, median 3.0, range 0-5), and 30 for Effecting Change (mean 2.5, median 2.0, range 1-5). The most common public health impacts were capacity building (n=11, Effecting Change), improving programs (n=11, Shaping the Future), new training done (n=10, Catalyzing Action), and informed partners (n=10, Creating Awareness).

Conclusions: Our results show substantial public health impact documented by health departments that addressed health equity. We designed our approach to be simple and applicable at various levels: national, agency, team, or specific to one person. Nevertheless, we hope scientists develop more rigorous methods to assess the impact for different situations and needs. Demonstrating a complete understanding of impact is important for public health staff, funders, partners, and other groups such as the general public and journalists who have vested interests in accountability and the outcomes of public health activities. Furthermore, these groups may better understand the value of public health.

Keywords: Applied Public Health, Diversity, Equity, Inclusion Access (DEIA), Public Health Impact

After attending this session, participants will be able to:

1. Describe two approaches to measure impact.
2. List the most frequent examples of impact.
3. Describe how to measure impact.

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Track 6: Public Health in Action
Public Health Emergency Response Strike Team (PHERST)
15:00 *CAPT Tammy Midgley; CDR Deloris Caldwell*
15:30

Background: The Public Health Emergency Response Strike Team (PHERST) is a small, highly skilled, and rapidly deployable cadre of full-time active-duty U.S. Public Health Service (USPHS) Commissioned Corps officers. PHERST was originally authorized in 2020 but was "reimagined" in 2023 due to a loss of the original funding.

Methods: PHERST officers are trained, prepared, and ready to respond to assess critical requirements in emergent situations such as outbreaks, domestic events, and natural disasters. PHERST ensures the USPHS Commissioned Corps has resources to meet its mission for regional, national, and global public health emergency responses and ensures a rapid respond to urgent and emergent public health operations with highly trained professional staff. Additionally, PHERST officers fill full-time clinical, safety, and behavioral health provider augmentation roles for the military community within Defense Health Agency (DHA) Military Treatment Facilities (MTFs).

Results: PHERST has overcome barriers to ensure that the USPHS maintains a rapidly deployable force available to respond to public health emergencies, while also filling critical staffing gaps within the Department of Defense/Defense Health Agency. Using a robust recruiting strategy, PHERST has built 5 teams throughout the US. Through integration with the MTFs which they are assigned, officers are able to ensure they have both the clinical skills and the operation competency needed during deployment.

Conclusions: As PHERST continues to grow and deploy, the team will continually evaluate plans and processes to ensure that the needs of the USPHS, the DHA, and the PHERST officers are all met. Despite unexpected setbacks, PHERST has continued to excel and apply the knowledge and skills necessary to respond to regional, national, and global public health emergencies.

Keywords: Deployment, Preparedness and Response

After attending this session, participants will be able to:
1. Identify the 2 primary goals of the reimagined PHERST program
2. Examine the differences between PHERST and other deployment teams
3. Define the priorities of PHERST on deployment

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Track 1: Clinical Care Career Pathway

The Heart of the Matter: Redesigning Hypertension Education Materials Focused on Enhancing Veteran Compliance to Home Blood Pressure Measurements, Lifestyle Improvement and Overall Improved Health

15:30 *LT Elizabeth Johnson*

16:00

Background: Over 9 million veterans receive primary care in the Veteran Healthcare Administration making the VA the largest healthcare provider in the United States. Hypertension is the most common chronic condition and it affects more that 37% of the Veteran population, and is associated with combat exposure and combat injury. One in every 7 healthcare dollars is spent on heart disease. Veterans receiving care at the clinic received some education about improving their blood pressure, but it was not comprehensive. There was no noticeable improvement with the education that was currently provided to Veterans.

Methods: Blood pressure education materials that was provided to Veterans up to that point was gathered. A poster from the Montana Department of Health that illustrated and explained how to properly check ones blood pressure was included, as it was a nurse favorite teaching tool. I reached out to the Veterans Health Education Coordinator and the Montana Department of Health Cardiovascular Health Quality Improvement Coordinator, requesting a meeting. During the meeting, the current blood pressure materials were reviewed and I put forth my vision of having the information compiled to standardize the education given to the Veterans, provide education on all relevant aspects of high blood pressure in one area, make it easy to read and aesthetically pleasing, with the objective of improving Veterans healthcare outcomes. Both parties agreed to moving forward and with the help of a nurse practitioner, the material was developed and approved. It's currently in use at the Montana Department of Health. The Butte VA Clinic started using the education material and it will soon be adapted by the Montana VA Healthcare System. A QR code is included and when scanned links to the national Veterans' Health Library, giving Veterans and Montanans access to more educational materials.

Results: The feedback from Veterans is positive. They are able to communicate the correct way to measure their blood pressure at home, what their blood pressure numbers mean, and tips for lowering their blood pressure. A few have talked about concepts found in the educational materials like hypertension being "the silent killer." There is over 70% compliance of keeping blood pressure logs and monitoring diets. Objectively, the different primary care teams in the Butte Clinic report that the number of Veterans with normal range blood pressures has increased. This is a measure that is tracked monthly at the national and state level. A large percentage of the Veterans at the clinic are retired and they have started talking with their peers and family members about the importance of lifestyle changes and knowing how to measure ones blood pressure and what the numbers mean. Because of the success of the pilot, the education materials will be distributed to the rest of the VA clinics in Montana and the

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medical center. The addition of the QR code has helped with younger Veterans who prefer to use their electronic devices. There has been a heightened comprehension on how important one's lifestyle choices are.

Conclusions: The role of education in combating chronic conditions cannot be overstated. There are many areas where nurses and other healthcare providers can positively influence compliance by reviewing materials available to patients and revamping it to be more comprehensive and palatable. Hypertension and most chronic conditions are primarily managed in primary care. In addition to increasing the access to care, which is vital, primary care providers need to explore different modalities to educate and encourage compliance. Education does not need to be stagnant. Innovative ways can be developed and adapted improving self-management, self-care practices and overall health and wellness.

Keywords: Outreach, Education and Communication, Chronic Disease

After attending this session, participants will be able to:

1. State the reason why the redesign of high blood pressure educational materials was needed.
2. Describe the steps taken to develop the redesigned educational materials.
3. Describe the impact the redesign had on Veterans' education in Montana and beyond.

Track 2: Applied Public Health Career Pathway

Implementing Wellness Initiatives to Build Resilience and Employee Well-Being in the Workplace

15:30 *LT Christine Nappa*
16:00

Background: As H-CORE's XO, I developed and led the coordination and implementation of the first-ever H-CORE Wellness Week in October 2023. We created this program as part of our commitment to fostering a supportive and healthy workplace. During this dedicated week, our focus was on striking a balance between personal wellness and professional responsibilities. In collaboration with H-CORE leadership, I created a calendar of wellness activities designed to help employees rejuvenate, reduce stress, and enhance their overall well-being while contributing to a more vibrant, healthier work environment.

Methods: A dedicated wellness week offers a unique opportunity to deepen employee engagement and promote a culture of well-being at work. By providing a concentrated focus on wellness activities and initiatives, organizations can reap numerous benefits, including improved employee morale, increased productivity, enhanced employee retention, and a positive impact on company culture. A successful wellness week should offer a diverse range of activities that

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cater to the various interests and needs of employees. From yoga and meditation sessions to nutrition workshops and team-building exercises, the possibilities are endless. At H-CORE, we explored creative and engaging activities to incorporate into our wellness week program. Wellness events throughout the week included a healthy eating seminar, a walk to the U.S. Botanic Garden, team lunches, a podcast discussion, and virtual group meditation classes and chair exercise classes. Throughout the week, H-CORE Senior Leadership met with team members one-on-one during their drop-in office hours. We sent out daily wellness emails highlighting the day's activities, Dr. Roos's podcast and TED talk recommendations, and information on employee wellness resources (e.g., the Federal Occupational Health Virtual Group Exercise classes, the Surgeon General's Framework for Workplace Mental Health & Well-Being, and the ASPR Workplace Resilience Initiative portal page.

Results: We concluded H-CORE Wellness Week with a survey to elicit anonymous feedback from employees and ensure that future wellness initiatives align with their preferences and needs. Staff insights are crucial in shaping the direction of our future wellness programs, and their input will play a vital role in making H-CORE's wellness initiatives even more impactful. Wellness Week communications and activity invites were shared with an email distribution list of roughly 135 people. We had 44 survey respondents and 38 people stated they participated in at least 1 designated activity during Wellness Week. The average overall rating for Wellness Week was 4.3 out of 5. 91 percent of respondents agreed that Wellness Week had a positive impact on their well-being and team morale, helped to foster a sense of community within H-CORE, was inclusive, and should take place on a recurring basis.

Conclusions: Survey feedback from H-CORE staff on recommendations for improvement of future wellness initiatives included intra-ASPR collaboration on wellness activities and setting up recurring wellness events throughout the year. Additionally, several people indicated they still didn't have time to focus on wellness activities despite our emphasis on canceling internal meetings. Moving forward, we plan to brainstorm strategies to ensure maximum participation in and benefit from future wellness initiatives. To ensure long-term success, we must continuously evaluate and improve our programs. Strategies for doing so include enhancing employee engagement, optimizing resources, and fostering a culture of well-being that extends beyond Wellness Week.

Keywords: Mental Health/Behavioral Health, Health Strategy and Innovation, Resilience, Workplace Well-being

After attending this session, participants will be able to:

1. Identify the key benefits of implementing a dedicated wellness week in the workplace.
2. Describe how to evaluate the success of workplace wellness initiatives through effective survey methods

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3. Reproduce at least two diverse and engaging activities for a workplace wellness program.

Track 3: National Security Career Pathway

Combatting Human Trafficking with a Trauma Informed-Victim Centered Approach

15:30 *CAPT Indira Harris; CDR Allah-Fard Sharrieff*

16:00

Background: Survivors of human trafficking face a wide range of adverse health outcomes due to their exploitation and subjugation. Health care providers play a significant role in the mitigation of negative health impacts among victims of human trafficking. Appropriate training in trauma-informed care (TIC) and victim-centered approach (VCA) assists health care providers in the screening, identification, treatment, and linkage to appropriate referrals for survivors of human trafficking.

Methods: U.S. Immigration and Customs Enforcement (ICE) Health Service Corps (IHSC) provided training to over 800 Law Enforcement Officers (LEO) and health care providers within the department of Homeland Security. The addition of this integrated care training focused on a TIC and VCA which improved IHSC's ability to engage with human trafficking survivors, provide high-quality care, and enhance ICE's ability to apprehend human traffickers. IHSC's adaption of the TIC and VCA models is an innovative approach within the correctional environment. The TIC approach considers the pervasive nature of trauma and promotes environments that foster healing and recovery, rather than practices and services that inadvertently re-traumatize victims. TIC recognizes the presence of trauma related symptoms and acknowledges the role trauma has on an individual's life. The VCA facilitates engagement with victims or survivors, and prioritizes their safety, needs, choices, and overall wellbeing. IHSC's goal is to systematically transition the organization's culture to emphasize respect and an appropriate and timely response to mitigate the effects of trauma.

Results: Expected Outcomes

- Decreased frequency of re-victimization of trauma survivors; in promotion of a safe environment and mitigation of adverse health impacts.
- Human trafficking victims improved mental health and well-being.
- Effective and efficient integration of TIC and VCA in the ICE workplace.

Conclusions: IHSC has made significant advancement in their delivery of TIC and VMA in the management of survivors of human trafficking, with national impact. Application of the knowledge and skills obtained from the trainings not only allowed participants to integrate the information learned to enhance care within their agency, but it also afforded human trafficking victims more opportunities in promotion of healing and recovery.

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After attending this session, participants will be able to:

1. Describe the ICE and IHSC's role in their human trafficking Initiative.
2. Define trauma-informed care (TIC) and victim-centered approach (VCA)
3. Describe two ways to integrate TIC and VCA into USPHS settings

Track 4: Health Strategy and Innovation Career Pathway

ASPR Data Modernization Initiative (DMI)

15:30 *CDR Sara Azimi-Bolourian; Mr. Joseph Chapman*

16:00

Background: Lessons learned from the COVID-19 pandemic demand the development of a robust data foundation for ASPR to help accelerate data into action, increase health equity, enhance data sharing, and continue responding to the demands of the pandemic while making ASPR data available for all hazard situations. The pandemic also underscored the need for a modernized data infrastructure at ASPR to tap into a multitude of data sources that demanded increased capacities for analytics. The goal of the ASPR Data Modernization Initiative (DMI) is to transform ASPR into a data-centric organization by building a connected, adaptable, and sustainable "response-ready" data ecosystem.

Methods: ASPR's data modernization vision is to transform ASPR into a data-centric organization that uses data at speed and scale for increased efficiency, planning, response, and recovery advantage. To enable the vision, a set of clear strategic goals forms the cornerstone of a data-centric culture and serves as the foundational blueprint for all ASPR data initiatives, allowing ASPR to remain agile during response challenges. The goals also provide a framework for the advancement of DMI by developing essential capability pillars and guiding principles to accomplish the strategic goals. In an effort to build a proof of concept for the DMI efforts, ASPR is leveraging an existing capability developed by ASPR's Biomedical Advanced Research and Development Authority (BARDA) to implement the DMI pilot. The goal of this pilot is to develop the first ASPR Financial and Acquisition Tracking Portfolio. Specifically, the intent is to take financial and acquisition data from source systems, combined with office-specific information, to generate budget planning and annual spend plan reporting comparable to that which has been built specific to BARDA to-date. As BARDA's capabilities are enhanced it is expected that this initiative would leverage those advances and fold them into the pilot capability.

Results: The ASPR DMI establishes the groundwork for ASPR to efficiently use data as a valuable resource. It helps bring everyone on board for changes in how the Agency conducts business, the technology the Agency uses, and how the organization works with data. This plan also makes ASPR's response operations more efficient, keeps the Agency accountable, and ensures ASPR is open and transparent in its actions. When new challenges arise, ASPR can quickly create new ways to address them by using known data and acquired knowledge. The

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flexibility of the DMI system in continued collection and processing of incoming information helps provide effective responses to changing situations. The pilot project will deliver significant business value to ASPR staff while simultaneously showing senior leaders the promise of broadly capable flexible and agile modernized data ecosystems. ASPR staff in the pilot offices will receive new business analytics capability relevant to their budgeting, spend plan, and portfolio tracking, while senior leaders and other managers across ASPR will have a tangible example of the potential value (as well as any potential pitfalls) in implementing data modernization more broadly.

Conclusions: Realizing the ASPR DMI initiatives will result in enhanced information flow, decision-making, and efficiency resulting from a centralized data management system and a clear governance structure. Increased data security bolsters trust and competency, leading to better preparedness and response capabilities. Collectively, taking steps in fulfilling these actions will transform ASPR into a more agile, secure, and effective organization.

Keywords: Preparedness and Response, Data Analytics, Program Design and Management, Data Modernization

After attending this session, participants will be able to:

1. Define the vision of the ASPR Data Modernization Initiative
2. Describe the overarching Data Modernization strategic goals and the underlying capability pillars
3. Describe ASPR Data Modernization Pilot

Track 5: Inclusivity + Innovation: Reducing Disparities in the Service of Health

Reproductive Justice: A Plight to Reduce Disparities Through Health Policy and Legislation

15:30 *CDR Toya Kelley*

16:00

Background: Access to reproductive healthcare is critical to the well-being of all people, and enables people and their families to meet their health needs and contribute to society. Uniformed servicemembers face unique challenges with achieving optimal healthcare and more specifically reproductive healthcare. Infertility, for example, affects 11% of US couples; however, recent studies show that infertility rates are 3 times higher for military couples with military service contributing to this higher rate. In 2021, Blue Star Families issued its annual Military Family Lifestyle Survey finding that 67% of military families have experienced at least one family building challenge in their lifetime.

Methods: The United States Public Health Service (USPHS) Commissioned Corps has proposed numerous legislative changes to continue modernizing the service and improve the wellbeing of

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its officers. The USPHS implemented a robust legislative liaison program to ensure service can effectuate these changes. As the first physician legislative fellow for PHS, CDR Kelley served in the office of Senator Tammy Duckworth (D-IL). In this role, she was able to propose legislation that would increase support to 250,000 eligible servicemember families by securing a bipartisan provision in the Senate-passed Fiscal Year 2024 National Defense Authorization Act (NDAA) that could expand equitable access to infertility treatment through action requiring TRICARE to cover assisted reproductive technology services for all uniformed servicemembers and their dependents. This lecture will describe the five stages of the legislative and policy development process. During this session, we will discuss current Department of Defense policies related to reproductive health care. To better highlight each step of the legislative development process, we will use the aforementioned reproductive health amendment that was passed by unanimous voice vote in the Senate but not included in the House version of the NDAA and the implications that could cause for final passage of the proposed legislation.

Results: There were several lessons learned in this process to include identification of the specific problem that needs to be addressed, working with stakeholders and the complications that may arise, and working across the aisle for bipartisan and bicameral legislation that can be passed into law. We will discuss how to avoid certain pitfalls and tips on how to address them when they arise.

Conclusions: Next steps will be to continue to engage uniformed service members in the advocacy role for their healthcare needs through active participation in surveys, continued education through established advocacy groups, and active review and subsequent action to enhance current and future legislation. There are several workgroups, Professional Action Committees and Commissioned Officer Association Chapters within the Commissioned Corps that already have subcommittees that focus on policy review and development for the wellbeing of servicemembers. This lecture will help inform those groups on the most effective policy development process and how to advocate for those changes.

Keywords: Health Policy, Disparities, reproductive justice, reproductive health, access to care, women of color, health disparities, health equity, TRICARE, uniformed servicemembers, health policy, legislation

After attending this session, participants will be able to:

1. Describe the 5 steps of policy and legislative development and the challenges that servicemembers may encounter during the development.
2. Identify three key community stakeholders for successful interprofessional partnerships in policy and legislative development.
3. Describe the importance of advocacy and how to do it effectively as a uniformed servicemember.

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Track 6: Public Health in Action

Assessment of moral injury, moral distress and spirituality among Public Health Emergency Responders

15:30 *Mr. Dwight Ferguson*
16:00

Background: Public Health Emergency Responders (PHERs), are healthcare professionals who can be deployed to provide support during disasters. Operating under these stressful situations can expose them to moral injury (MI) and moral distress (MD), which are associated with burnout and numerous negative mental health outcomes. Spirituality a known coping resource in ill and healthy populations - may be a resource for PHERs to mitigate MI and MD, but little is known about the relationship between MD, MI, and spirituality. The aim of this research is to characterize MI, MD, the role of spirituality, and relationships to measures of well-being for PHERs.

Methods: This fall [OR Fall 2023] and spring [OR Spring 2024] PHERs will complete an online mixed quantitative and qualitative survey assessing MI, MD, spirituality,flourishing and morale via validated psychometric scales. Regression analysis will be performed to identify associations between MI and MD, MI and spirituality, and MD and spirituality.

Results: This IRB-approved study will be conducted fall 2023 and spring 2024 and results will be analyzed and presented at the conference in June 2024. We anticipate findings to characterize patterns of MI and MD among PHERs , including their relationship to measures of morale and human flourishing. Furthermore, we anticipate elucidating the role of spirituality in experiences of MI and MD, including whether it modifies MI/MD impacts on morale and human flourishing.

Conclusions: This study will characterize MI/MD and their relationship to well-being for this at-risk occupational group, and it will elucidate whether spirituality is a protective, negative or neutral factor in MI/MD. Unrecognized MI and MD can have detrimental impacts on PHERs, such as depression, post-traumatic distress, and burnout. Therefore, identification of patterns of MI/MD for PHERs, and its relationship to spirituality, morale, and human flourishing, can inform interventions (e.g. spiritual care) to improve PHERs well-being.

Keywords: Public Health, Officer Reslience, Bioethics

After attending this session, participants will be able to:

1. Define moral injury, moral distress and spirituality
2. Recognize moral injury, moral distress and spirituality among PHERs
3. Recall the recommendations to address moral injury and moral distress among PHERs

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Track 1: Clinical Care Career Pathway

Inclusive and Innovative Partnerships to Promote Healthy Aging: Leveraging Dietitians, Pharmacists and Geriatric Expertise in Long-term Care Facilities.

16:00 *LCDR Emeka Egwim; LCDR Lusi Martin-Braswell*

16:30

Background: Advances in healthcare have resulted in individuals living longer. However, aging presents challenges for our healthcare systems. Comprehensive care - including optimization of diets, medication management, environmental factors, and organizational systems - is critical to aging well. USPHS Officers must be prepared to effectively care for the elderly during deployments and Temporary Duty Assignments. Adequately trained multidisciplinary care teams are essential in optimizing health outcomes and quality of life of aging individuals. This presentation highlights the impact of innovation and collaboration between physician assistants, dietitians, pharmacists, and geriatric experts in providing holistic care for older adults in long-term care settings.

Methods: We conducted a systematic literature review focused on identifying evidence on the roles of physician assistants, dietitians, pharmacists, and geriatrics experts in contributing to positive health outcomes in aging populations. We evaluated research data and reports on health outcomes, medication adherence, dietary compliance, and general sense of wellbeing. Also, a self-administered survey will be developed to examine a convenient sample of USPHS Officers in the these clinical categories, as well as other relevant disciplines on their experience, perspectives, and level of preparedness to address the needs of the aging population.

Results: Initial findings from the literature review indicate older adults who received collaborative care from physician assistants, dietitians, pharmacists, and geriatric experts experience improved overall health and quality of life. During the presentation, we will discuss the extent to which the literature showed collaborative care impacted medication adherence rates, patient education, dietary compliance, and medication management. We will highlight any observed changes in the efficiency with which interdisciplinary healthcare professionals communicated which may further emphasize the importance of collaborative information exchange. We will also present findings from the survey which will be designed to provide insight on the extent to which USPHS dietitians, pharmacists and other healthcare professionals feel prepared to address the needs of elderly populations during an urgent or emerging public health emergency, or on missions to augment local communities.

Conclusions: Collaborative care models that unite multidisciplinary clinicians in promoting healthy aging should not be underestimated. We support incorporation of interdisciplinary care teams in geriatric healthcare settings, underpinned by knowledge-sharing and communication protocols. Systems policies and programs – including in the USPHS – should prioritize and strengthen collaboration by providing training and certifications in geriatric care. This will foster

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a healthcare workforce including USPHS officers trained to effectively deliver holistic care to aging populations including during public health emergencies. Further exploration is needed to evaluate the long-term benefits of innovative partnerships of physician assistants, dietitians and pharmacist on healthcare professional teams.

Keywords: Aging and Public Health, Health Strategy and Innovation, Disparities, Innovation, Interventions to Decrease Health Inequities, Partnerships, Pharmacy, Pharmacist, Dietetics, Dietitian, Physician Assistant, Multidisciplinary Care, Specialized Care, Collaboration, Geriatrics.

After attending this session, participants will be able to:

1. Identify two demands on healthcare systems associated with an increasingly elderly population.
2. Define the distinct roles of dietitians, pharmacists, physician assistants, and geriatric specialists in addressing the needs of the aging population.
3. Describe the positive outcomes associated with collaborative care models that unite dietitians, pharmacists, and geriatric experts in promoting healthy aging.

Track 2: Applied Public Health Career Pathway

All of Us - Center for Linkage and Acquisition of Data

16:00 *LCDR Anca Preda*

16:30

Background: The NIH's All of Us Research Program aims to collect data from a million people, accelerating medical breakthroughs for personalized health insights. Guided by core values such as diversity and transparency, the program aspires to build a comprehensive dataset, including behavioral, biospecimen, environmental, and health information throughout individuals' lives. Factors like mobility, living and working locations, care-seeking, and environmental exposures are considered. The All of Us Center for Linkage and Acquisition of Data (CLAD) strives to establish a platform to acquire, process, and link data without recontacting participants, utilizing passive means for seamless integration into the program's records.

Methods: In March 2023, the NIH issued a Research Opportunity Announcement (RoA) for the All of Us CLAD initiative, offering a multimillion-dollar award structured in three phases. The goal was to identify a provider capable of assembling a technology platform with the capacity to acquire and link passive data streams to existing All of Us participant data. Following the first phase involving technical and cost proposals, the most competitive candidates advanced to the demonstration phase. The selected awardee then entered the third phase for final selection and negotiation. CLAD's operational objectives include establishing a comprehensive center, not just a platform, utilizing advanced methods and technology to benefit researchers. The center aims to offer program management, scientific and technological personnel, and services for data

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acquisition, governance, quality, de-identification, and linkage. It seeks to acquire data from various streams, including electronic health records, employing innovative methods. Additionally, CLAD aims to ensure accurate matching of linked data to participants while maintaining acceptable levels of sensitivity, specificity, positive predictive value, and negative predictive value. The initiative also involves building or customizing and deploying a secure cloud-based data linkage platform and generating data, documentation, and tools for dissemination on the Researcher Workbench.

Results: In October 2023, the National Institutes of Health's All of Us Research Program awarded $30 million to the University of Colorado Anschutz Medical Campus and its partners to establish CLAD. During the initial 18-month base period of the award, the CLAD team aims to acquire healthcare claims mortality data and initial environmental data securely based on the Centers for Disease Control and Prevention's Environmental Justice Index. The award may be renewed annually for up to four additional years, pending the availability of funds, so the team can build on this work and include different data streams for research.

Conclusions: CLAD envisions advancing health comprehension, research efficacy, and participant retention through strategic data linkage. The program aims to enhance analytic pathways across lifestyle, environment, and biology by integrating linked data. Leveraging CLAD cores and platform capabilities, it facilitates data linkages spanning climate, built and social environment, medical records (EHR, image, waveforms, and claims), registries, and sensor data. Selection of data linkages adheres to principles of expanding participant health understanding, increasing research utility, aligning with participant expectations, ensuring data quality, and improving retention metrics. The core objective is to elevate health knowledge and research effectiveness by thoughtfully integrating diverse data sources.

Keywords: Research and Policy, Research and Development, health information technology, health information exchange

After attending this session, participants will be able to:

1. Describe the All of Us Research Program
2. Describe why the All of Us Research Program needs CLAD
3. Describe how CLAD evolved to date

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Track 3: National Security Career Pathway

Benchmarking Paent Care Resources During Public Health Deployments with Telehealth

16:00 *LCDR William Brown*

16:30

Background: Epidemics and natural disasters have increased their impact on the health of populations across the United States. Health officials encounter access challenges in treating patients in these circumstances. In some cases, patients do not receive care from providers and specialists when they need it the most. Telehealth services can bridge this gap with remote medical and mental health expertise. The requirements to consider for effective use of telehealth are equipment (e.g., computer/tablet/smart phone), videoconferencing, broadband, costs, licensing, reimbursement, training, and private patient spaces. Providers must understand telehealth dynamics and practices to make this technology successful for patient care during deployments.

Methods: Some examples of these tools include: 1.The participant will be able to review types and impact of epidemics and natural disaster on the population. 2.The participant will be able to explain the exacerbation of medical and mental health problems and limited access to health care providers during disasters. 3.The participant will be able to understand telehealth during deployment is an effective tool to address the post epidemic and natural disaster event.

Results: LCDR William Brown is the Telehealth Program Manager and Analyst at Immigration and Customs Enforcement, and his purpose is to implement Telehealth technology and procedures that will bridge gaps in providing optimal patient care to communities in need. Telehealth is defined as remote delivery of health care services and clinical information using electronic information and telecommunication technologies to support and promote long distance clinical health care, special needs patients, patient and professional health-related education, public health, and health administration. Telehealth innovations are transferable in use and can strengthen deployments during disasters. This increase in healthcare access ultimately results in enhanced health care, therefore strengthening the impact of the deployment mission which is to protect and save lives. The limitations of telehealth technology are the regulations for practice, the dependency on broadband connection, the costs involved, and the and the lack of equipment understanding. Prior to a next disaster, LCDR Brown's efforts towards telehealth solutions were thoroughly tested for effectiveness through intense training. Limitations were resolved via portable hot spots, market research, and equipment vendor discussions to acquire technology understanding. The outcome was delivery of high-quality health care through technology, innovation, and education of all participants.

Conclusions: Upon establishing Telehealth technology, LCDR Brown has successfully strengthened public health deployments by connecting 40 remote providers as well as educating physicians in the community for use and implementation. Based on the basic

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requirements of patient care during deployments, launching this technology has resulted in optimal healthcare in the field by bridging the gaps of distance and resources. Conclusively, developing and implementing a well devised Telehealth plan demonstrates pre-disaster preparedness, which remains an effective tool to address epidemic, natural, and un-natural disaster events.

Keywords: Access to Care, Clinical Care, Telehealth

After attending this session, participants will be able to:

1. Define Telehealth
2. Define disaster
3. List three requirements for effective use of telehealth.

Track 4: Health Strategy and Innovation Career Pathway

Transforming Behavioral Healthcare in Nursing Facilities: A Collaborative Approach

16:00 *CAPT Shary Jones*

16:30

Background: The prevalence of serious mental illness and substance use disorders (SUD) in skilled nursing facilities (SNF's) is increasing. From 2007-2017 there was a 54% increase in the prevalence of serious mental illness in SNF's in the U.S. (Hua et al., 2021). Admitting residents with SUD can be very challenging in the SNF setting. Individuals with SUD have higher rates of referral failure to SNFs (Waters et al.,2022). SNF staff are not generally trained to manage mental health and SUD. This lack of awareness and training can lead to inappropriate use of psychotropic meds, hospitalization, mistreatment, and inferior quality of care.

Methods: To ensure nursing homes had the resources needed to be successful in caring for individuals with serious mental illness (SMI), substance use disorders (SUD), and co-occurring (COD) disorders in their facilities, two Department of Health and Human Services (HHS) OPDIVS partnered to fund a national coordinating center that aimed to create and support focused resource development and dissemination, training and technical assistance, and workforce development to improve the capacity of SNFs to identify and address the needs of individuals. The Centers for Medicare and Medicaid Services (CMS) and the Substance Abuse and Mental Health Services Administration (SAMHSA) entered into an Intra-Departmental Delegation of Authority (IDDA) agreement whereby CMS obligated funds to SAMHSA to award grants on behalf of CMS. Subsequently, SAMHSA solicited proposals for a grant program to establish The Center of Excellence for Behavioral Health in Nursing Facilities (CoE for BH in NF) purposely designed to support focused resource development and dissemination, training and technical assistance, and workforce development to staff in nursing facilities who serve individuals with SMI, SUD, or COD. The presentation will walk participants through the process of establishing

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IDDAs, partnering with sister agencies and highlight a service model designed to improve health and healthcare.

Results: Clearly communicate the purpose and scope of the Intra-Departmental Delegation of Authority to all stakeholders. Transparency is essential to ensure everyone understands the changes in authority, preventing confusion and potential conflicts. Clarity in job functions helps prevent misunderstandings, ensures accountability, and promotes effective collaboration. Clearly defined levels of delegation prevent overreach and help maintain control and oversight where necessary. Adhering to legal standards is crucial to avoid legal issues and maintain the integrity of the delegation structure. Having a structured approach to resolving conflicts ensures that disputes are addressed promptly and in a fair manner. Regularly review and, if necessary, revise the Intra-Departmental Delegation of Authority to ensure it remains relevant and effective. Collaborations can lead to a more holistic understanding and effective solutions. Behavioral health issues can be complex, and ongoing education ensures that staff is equipped with the latest knowledge and skills to provide quality care. Data can guide decision-making, identify trends, and measure the effectiveness of interventions, leading to continuous improvement. Utilizing approaches that have been proven effective through research helps ensure the delivery of high-quality care. Policy support is critical for sustaining and expanding initiatives related to behavioral health in long-term care settings.

Conclusions: Implementing an IDDA is an ongoing process requiring attention to detail, communication, and a commitment to continuous improvement. The creation of the CoE underscores a commitment to improving the resources, training, and technical assistance available to nursing facilities. The service model not only exemplifies best practices in healthcare but also signifies a commitment to addressing the complex needs of vulnerable populations. Through strategic partnerships, targeted resource allocation, and a focus on education and support, this initiative represents a significant step toward building a more robust and compassionate healthcare system for individuals with complex behavioral health needs within the SNF setting.

Keywords: Health Strategy and Innovation, Mental Health/Behavioral Health, Aging, Partnerships

After attending this session, participants will be able to:

1. Describe the escalating prevalence of SMI and SUD in SNFs
2. Recognize the purpose and objectives of the Center of Excellence for Behavioral Health in Nursing Facilities
3. Describe the role of collaboration, via the IDDA process, in effective governance

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Track 5: Inclusivity + Innovation: Reducing Disparities in the Service of Health

Application of United States Public Health Service (USPHS) Rx for Change Tobacco Cessation Training Program to Improve Tobacco Cessation Education Efforts Among Healthcare Professionals and in Tribal Communities

16:00 *CDR Christine Corser; LT Madeline Wright*
16:30

Background: The burden of cigarette use kills more than 480,000 Americans each year. In 2020, the CDC estimated that the prevalence of cigarette smoking was 12.5% or 30.8 million U.S. adults. On average, American Indian (AI)/Alaska Native (AN) people are more likely to smoke cigarettes than other racial or ethnic groups. An estimated 55.6% of AI/AN adults report that they want to quit smoking. While implementing tobacco cessation efforts, making a distinction between traditional tobacco and commercial tobacco means respecting sacred, religious, and traditional use of the tobacco plant, an important part of the culture of many AI/AN people. Methods: The United States Public Health Service (USPHS) Rx for Change Tobacco Cessation Training Program is a free, self-paced online course intended for healthcare professionals and the public. USPHS officers at duty stations such as the Food and Drug Administration (FDA) and Indian Health Service (IHS) have introduced this program to pharmacy students as part of their training at these sites to encourage accessible tobacco cessation counseling and outreach to patients. The goals of this program include reducing tobacco use throughout the Nation and increasing the number of people providing evidence-based tobacco cessation interventions. Program participants complete the online training, sign a Tobacco Free Pledge in support of a tobacco-free Nation, and demonstrate their counseling skills via virtual skills assessment with a trained evaluator. This program, and specifically the 5 A's course within the program, has been integrated as standard training to pharmacy students at various Agencies, including IHS, FDA, and Federal Bureau of Prisons (BOP).

Results: In addition to the standard components of the training program, at certain Indian Health Service sites, pharmacy students are also taught about the difference between traditional and commercial tobacco use. This population-specific training is integral for the care of the American Indian and Alaska Native patients at their sites. Any differences in interventions in tobacco cessation before and after the implementation of the training program will be presented to demonstrate the impact of the training. Additionally, data will be collected and presented to highlight how past FDA and BOP pharmacy students have used the skills they learned in the program to support tobacco cessation efforts in their communities.

Conclusions: The United States Public Health Service (USPHS) Rx for Change Tobacco Cessation Training Program offers current, evidence-based strategies to encourage tobacco users to quit and provide support throughout their cessation journey. To facilitate successfully addressing the 5 A's, tobacco cessation counseling and interventions should be catered to each individual patient and given the diverse population within the United States this requires the awareness of

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cultural differences between populations. The addition of population-specific information in tobacco cessation training can help improve the support and care provided to patients across the United States.

Keywords: Special Populations (Youth, Immigrants, Hispanics/Latinos, African American, etc), Tobacco Cessation, Culture and Health

After attending this session, participants will be able to:

1. Identify the difference between traditional and commercial tobacco use
2. List the 5 A's for tobacco cessation
3. Describe the negative impacts of tobacco use in the American public and specifically in the AI/AN population

Track 6: Public Health in Action
COVID-19
16:00 *CDR Jeneita Bell; CDR Kara Jacobs-Slifka*
16:30

Background: In 2020, the spread of SARS-CoV-2 quickly overwhelmed nursing homes, as many large-scale outbreaks occurred across the nation leading to hospitalizations and deaths among residents and staff. Existing state and national public health surveillance systems were also challenged, as they lacked the infrastructure to conduct rapid data collection and share key information with federal public health authorities. As a result, federal emergency response leadership lacked information required to monitor COVID-19 incidence, quantify pandemic impacts, distribute supplies, and deploy response teams. New surveillance strategies were needed to support response efforts and accommodate emerging priorities, such as COVID-19 therapeutic and vaccine distribution.

Methods: The Centers for Disease Control and Prevention (CDC) and the Centers for Medicare and Medicaid Services (CMS) partnered to establish a surveillance strategy that would enable the collection of timely and actionable data from nursing homes. In May 2020, CMS required all CMS-certified nursing homes to report COVID-19 data to the CDC's National Healthcare Safety Network (NHSN), Long-term Care Facility COVID-19 Module. Each week, nursing homes reported COVID case counts and deaths among residents and staff, in addition to ventilator capacity and shortages of personal protective equipment, testing supplies, and healthcare staff. Other data fields were added and removed from the COVID-19 Module to align with federal response priorities and to ensure that the surveillance system remained useful for public health action. All information collected was shared with the White House, federal agencies, state health departments, and emergency response teams. Data from the COVID-19 Module enabled federal partners to target distributions of personal protective equipment and point-of-care

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antigen tests, and informed CDC-issued clinical guidelines and vaccination recommendations. Importantly, CDC response teams used the data to communicate with state health departments and develop outbreak definitions that CDC-CMS response teams used to conduct field investigations and in-person, infection control training.

Results: The accomplishment of the CDC-CMS response to the COVID-19 emergency demonstrated the benefits of interagency collaboration and identified opportunities to strengthen public health surveillance in the US. The NHSN Long-term Care Facility, COVID-19 Module was the first national surveillance system where all CMS-certified nursing homes reported data and became the federal government's premier system for gathering information to characterize the epidemiology of COVID-19, the impact of response activities, and vaccination coverage among staff and residents. The data enabled the distribution of >50 million point-of-care antigen tests and personal protective equipment, the direction of CDC-CMS teams to rapidly respond to outbreaks, and the monitoring of COVID-19 vaccination uptake and effectiveness. The NHSN was also useful to understand incidence risk, as the surveillance data were used in statistical models to describe the relationship of mitigation strategies to outbreak occurrence and size. Notably, the data provided visibility to an important sector of the US healthcare system that is often overlooked.

Conclusions: The launch of a single, national surveillance system enabled the pooling of federal assets to address a public health emergency and supplied information that was critical to response activities at the state, regional, and national levels. This resulted in the establishment of a robust surveillance system and collaborative relationships that should be sustained, as to not lose benefits gained. Federal agencies should continue to build joint efforts to monitor healthcare-associated infections for populations at high risk of morbidity and mortality. Such collaborations could additionally be leveraged to implement strategies for building healthcare capacity for future public health emergencies.

Keywords: COVID-19, Applied Public Health

After attending this session, participants will be able to:

1. Describe the rapid launch of a surveillance tool to fill critical gaps during a public health emergency
2. Describe how surveillance data informed various public health actions
3. Identify two opportunities to expand upon the success of the national COVID-19 surveillance for nursing homes