

WEDNESDAY, May 26

Scientific Program Agenda

8:30 am – 9:15 am **Keynote**
Mary Wakefield, PhD, RN
Administrator, Health Resources and Services Administration

9:15 am - 9:30 am **BREAK**

9:30 am - 10:30 am Track 1: Promoting Healthy Behaviors
Health promotion through physical activity: The physical activity guidelines for Americans
CAPT Sarah R. Linde-Feucht, M.D., USPHS

This session will look at the role of the Physical Activity Guidelines for Americans in promoting physical activity and the numerous health promotion and disease prevention benefits that result from it. The guidelines provide evidence-based information on the amounts and types of physical activity for people ages 6 years and older that can improve health. Public health professionals and healthcare providers are poised to play a unique role in promoting and individualizing the recommendations of the Physical Activity Guidelines to establish policy, advance programs, and improve the health of patients and clients.

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

1. Describe the importance of physical activity with regard to health.
2. Identify some of the key findings of the Physical Activity Guidelines.
3. Describe how the guidelines may be utilized as a prevention tool in healthcare in both the clinical and public health arenas.

9:30 am - 10:00 am Track 2: Improving Public Health Infrastructure
Utilizing health information technology to lower costs and improve outcomes in a rural health system
CDR Michael E. Toedt, MD, FAAFP, USPHS

This session will look at a case study, in which information technology (IT) was utilized to lower costs and improve outcomes in a rural area. Cherokee Indian Hospital (CIH) is the primary medical home for more than 10,000 members of the Eastern Band of Cherokee Indians. It is a Tribal-operated health system located in the rural mountains of western North Carolina. Hospital leadership has developed and employed sound systems and

processes which have led to cost savings, improved access to care, and improved health outcomes. These advances were made possible by the utilization of health IT tools. This session will review the implementation, results and lessons learned.

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

1. Describe how to use health-IT to produce population statistics to inform local leadership of health trends and challenges.
2. Describe a practical method to use health-IT as a part of a system of measurement and feedback to achieve desired goals and objectives.
3. Summarize useful point-of-care decision-support tools.

9:30 am - 10:30 am

Track 3: Preventing and Treating Chronic Diseases

Successes and failures in the public health response to Diabetes: Lessons from the U.S. Surveillance System

CDR Edward Gregg, PhD, USPHS

This session will look at how the public health system is responding to the growing diabetes epidemic. New national estimates indicate diabetes has doubled over the past 25 years such that more than one in ten adults now have the condition. – double the prevalence of 25 years ago. The implications of increased diabetes prevalence for the health status of the population are extensive due to the well documented risks of cardiovascular disease (CVD), vision loss, amputation, end-stage renal disease (ESRD), disability, and mortality. Numerous effective treatments and interventions exist to prevent diabetes and its complications and new recommendations now exist for the identification, diagnosis, and referral to prevention programs. This session will summarize the evidence based priority interventions to reduce the incidence of diabetes and its complications and describe the epidemiologic and clinical basis for the new diagnostic recommendations. Finally, this session will summarize recent analysis and synthesis of the U.S. National Diabetes Surveillance System, which reveals distinct areas of progress and regression in the attempt to reduce the national problem of diabetes.

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

1. Describe the current evidence-based interventions to reduce incidence of diabetes and its complications.
2. Describe new recommendations and the epidemiologic and clinical rationale for the definition, diagnosis, and screening of diabetes and pre-diabetes.

3. Describe recent findings from the U.S. National Diabetes Surveillance System related to success of public health efforts to reduce diabetes complications.

9:30 am - 10:30 am Track 4: Expanding Access to Preventive Care and Quality Health Services

Snapshot of patient safety in U.S.: Findings from the 2008 National Healthcare Quality and Disparities Report and an overview of activities at AHRQ

LT Karen K. Ho, MHS, USPHS and CAPT Jeffrey Brady, MD, MPH, USPHS

This session will look at a study designed to provide a snapshot of patient safety in the U.S. using data from the National Healthcare Quality Report and the National Healthcare Disparities Report. The study also sought to identify opportunities for improvement in patient safety in the U.S. The presenters will review the study, results and lessons learned.

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

1. Describe the healthcare quality measures in the National Healthcare Quality Report and the National Healthcare Disparities Report and the kind of data that are found in these annual reports.
2. Identify measurement issues in patient safety and challenges in tracking and monitoring patient safety.
3. Describe activities at the Agency for Healthcare Research and Quality (AHRQ) related to patient safety.

9:30 am - 10:30 am Track 5: Addressing the Rising Needs of Mental Health Disorders
Ethical issues for providers with dual professional identities
LT Julie Chodacki, PsyD, USPHS

This session will discuss how Public Health Service mental health providers may be put in positions that inevitably lead to conflicting loyalties and unclear, sometimes overlapping roles and relationships, even though the American Psychological Association (APA) that such dual relationships are problematic. This presentation will explore ethical challenges faced by clinicians who are inevitably engaged in juggling (1) multiple clients – my agency and my patient, (2) multiple governing codes – agency specific rules, APA ethics code, PHS directives, and (3) multiple relationships with a single client – my patient who is also my PCM, my dentist, etc. While these conflicts exist for PHS officers outside of mental health, unique mental health stressors, such as the nature of the therapeutic relationship, the sensitivity of

the information revealed, and the stigma of being a mental health patient, compound the importance of maintaining appropriate boundaries.

Emphasis will be placed on encouraging participants to actively consider their own professional roles, the dilemmas they encounter, and how to address conflicting responsibilities. Based on the Aristotelian notion that ethical decision-making must be grounded in strong character and adherence to virtues, participants will employ PHS Core Values and the APA Ethics Code to develop a clear and cohesive professional identity, which they can use as the foundation of ethical decision-making.

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

1. Identify and describe personal experiences of ethical dilemmas.
2. Utilize the PHS Core Values and the American Psychological Association Ethics code to consciously consider/build their own professional identity.
3. Apply a consistent theoretical framework to ethically address conflicting roles with multiple clients, multiple governing codes, and multiple relationships with a single client.

10:00 am - 10:30 am Track 2: Improving Public Health Infrastructure

Immunization information systems as a data source for health plan quality measures

LT Bobby Rasulnia O'Connor, USPHS

This session will examine a business case study of a health plan in Michigan, which was conducted to illustrate the use of Immunization Information Systems (IIS) data in quality measurement and pay-for-performance programs. Studies have been conducted to determine the costs associated with IIS and to illustrate that provider participation is critical for IIS success. Studies also have looked at how health plans may benefit from using immunization information systems (IIS) as a single point of entry for their members' immunization histories. However, there has been little documentation on the business case for health plans to use IIS as a data source. This session will examine the results of the study and lessons learned.

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

1. Highlight the benefits of a public-private partnership for increasing childhood immunization coverage rates.
2. Increase use of immunization information systems as a primary data source for monitoring and evaluating immunizations with partners such as health plans.

3. Demonstrate the cost-savings of using immunization information systems.

10:30 am - 10:45 am BREAK

10:45 am - 11:15 am Track 1: Promoting Healthy Behaviors,
Environmental factors associated with reduction in overweight and obesity
Vonna Drayton, DrPH

This session will describe how Nemours Health and Prevention Services has developed a Healthy Eating and Physical Activity Initiative, based on the Social/Ecological Model. This effort focuses on changing policies and practices in child serving environments such as primary care, child care, and schools as well as in the larger community. The program targeted Delaware children. More than a third of Delaware children ages 2-17 years are overweight or obese.

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

1. Describe Nemours Health and Prevention Service's (NHPS) multi-sector intervention to reduce overweight in Delaware's children.
2. Identify the factors associated with the reduction in overweight BMI (body mass index greater than the 85th percentile) in Delaware children.
3. Explain the development and use of NHPS' Healthy Eating and Physical Activity (HEPA) Index for measuring changes in policies and practices on child behavior.

10:45 am - 11:15 am Track 2: Improving Public Health Infrastructure,
The Epidemic Intelligence Service in the 21st Century: A comprehensive approach to creating and implementing competency-based applied public health training
CAPT Doug Hamilton MD, PHD, USPHS and CDR Rachel Avchen, USPHS

This session will examine how, using Competencies for Applied Epidemiologists in Governmental Public Health Agencies, an expert panel of fourteen state/local health department-based and CDC-based Epidemic Intelligence Service (EIS) supervisors determined which competencies were most relevant for EIS. For more than 50 years, the EIS has been providing didactic and on-the-job training in applied public health for a diverse group of professionals (including MDs, PhDs, DVMs, etc). EIS has trained more than 3,000 officers, including many in leadership positions of

the USPHS. In 2007, EIS began a comprehensive process to update its competency-based curriculum. Program staff analyzed panel results and proposed revised competencies for the program that include threshold levels of competencies that are appropriate for graduating officers. The resulting curriculum and evaluation framework will emphasize documentation of a threshold level of applied public health competency and flexibility in choice of activities to acquire and practice skills.

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

1. Define the competency-based curriculum of EIS and applied epidemiology in general.
2. List challenges in measuring competencies.
3. Describe techniques for peer input.

10:45 am - 11:15 am Track 3: Preventing and Treating Chronic Disease

Statins for secondary cardiovascular disease prevention for older primary care patients

CAPT Rick Niska, MD, MPH, USPHS and Beth Han, MD, PhD, USPHS

This session will discuss an effort to examine statin prescribing for secondary cardiovascular disease prevention at primary care visits by older patients in 2005-2006.

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

1. Describe the indications and contraindications for statins for the secondary prevention of stroke in older patients.
2. Identify socioeconomic and demographic barriers to appropriate statin therapy.
3. Describe the survey methodology used in epidemiologic studies of ethnic and economic disparities.

10:45 am - 11:15 am Track 4: Expanding Access to Preventive Care and Quality Health Services

Making H1N1 vaccine available

CAPT Sue Arnold, RPh, USPHS

This session will present a case study looking at distribution of the H1N1 vaccine. H1N1 is a new vaccine and highly controlled. The information provided through local media in this case raised questions in patients' minds about taking the vaccine. The vaccine was available, yet there were few patients coming in for the vaccine. Health care providers looked at how they could get the word out quickly, that the vaccine was available and safe. They examined how to make the vaccine and information EASILY

available to the appropriate groups? More vaccine would be sent ONLY after it had shown that the first quotas were used appropriately. An interdisciplinary team developed a plan, put it into action, and succeeded in administering the vaccine sent by the state, within one week, so additional vaccine could be obtained for more patients.

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

1. Describe interdisciplinary actions and cross activities that led to improved vaccine rates.
2. Identify the role a pharmacist can play in immunization therapy.
3. Describe why pharmacists should be major parts of interdisciplinary teams.

10:45 am - 11:15 am Track 5: Addressing the Rising Needs of Mental Health Disorders
Follow-up mental health assessment in the New Orleans Police Force 15 months after Hurricane Katrina
LCDR Christine West, RN, MSN/MPH, USPHS and CAPT
Arnold Farley, USPHS

This session will discuss how the National Institute for Occupational Safety and Health (NIOSH) conducted two health symptom surveys among New Orleans Police Department (NOPD) personnel following Hurricane Katrina. The first survey was administered two months following the hurricane and the second was administered 15 months post-hurricane. To assess mental health symptoms the surveys included the Veteran's Administration Post Traumatic Stress Disorder (PTSD) Checklist and a shortened version of the Center for Epidemiological Studies Depression Scale. Comparing those who completed both surveys, there was a slight increase in PTSD symptoms over time (19 percent vs. 21 percent) but a slight reduction in symptoms of depression (26 percent vs. 23 percent). These results and others will be discussed in terms of potential contributing factors, recommendations for coping with adverse mental health symptoms, and future emergency response activities.

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

1. Compare and contrast the mental health symptom prevalence of NOPD personnel at 2 and 15 months after Hurricane Katrina.
2. Describe personal and occupational factors that may have influenced mental health outcomes in police officers.
3. Identify recommendations to NOPD personnel for coping with adverse mental health symptoms.

11:15 am - 11:45 am Track 1: Promoting Healthy Behaviors,
Use of interactive and entertainment media to motivate and help children to lead healthier lives: Meet the Mighty Timoneers

Tavanya Giles Lockett, MPH, CHES

This session will be a highly visual, interactive and digital media experience. Participants will view the digital cartoon series, experience the interactive Web sites, and see the events and event-based activities that are part of an integrated policy, practice and behavior change campaign in Delaware to challenge childhood obesity. The presenters will review the research on which the media approach was based. The approach and tools for developing and implementing the media aspects of the campaign will be summarized. Early evaluation results will be presented, and a preview of the campaign's second phase of implementation at the school, day care and community experience level will be provided. Participants will gain a clear understanding of the important role that interactive, experiential and entertainment media play in motivating and helping children and families make healthy choices. Attendees will gain practical insight and tools for developing their own initiatives.

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

1. Describe the role of interactive and entertainment media in a comprehensive statewide campaign to improve the ability, opportunity and motivation for Delaware's children to lead healthier lives.
2. Describe the strategic and creative planning behind "The Mighty Timoneers," a pirate-themed "health education through entertainment" project comprising interactive Web-based media, a digital cartoon series and printed cartoon activity and lifestyle guides.
3. Summarize the media that was produced and list its role in complementing an integrated policy, practice and behavior change campaign to challenge childhood overweight.

11:15 am - 11:45 am Track 2: Improving Public Health Infrastructure
The compelling display of public health data to facilitate desired decision making

LCDR Robert Emery, DrPH, USPHS

This session will examine how to display public health data in a way that will achieve critical objectives. The collection of data describing public health program activities and outcomes has

become an absolute necessity to justify the continued allocation of resources. Although the information embodied in activity and outcome metrics can be very powerful, public health programs often do not display the information in a manner that is compelling, and hence undesired decision-making can ensue. This shortcoming is likely due to an absence of formal training in the science and art of displaying data compellingly. In this session, examples of key public health program metrics will be presented and discussed. Then, the basic tenants of effective data displays will be presented, drawing from the works of recognized experts in the field of information visualization. This information will be followed by a series of data display “before and after makeovers” to demonstrate the effectiveness of the techniques described. Ample time will be allocated for participant questions and discussion. Participants are also encouraged to bring examples of their data displays so that comments and suggestions can be provided regarding possible improvements, as time permits.

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

1. Describe the types of measures and metrics used in public health.
2. Recognize the common pitfalls encountered when attempting to display data.
3. Identify what makes a data display compelling, thus leading to desired decision-making.

11:15 am - 11:45 am Track 3: Preventing and Treating Chronic Disease

Health benefits and safety profile of N-3 polyunsaturated fatty acids in heart failure patients

LCDR Jodi Sparkman, PharmD, USPHS

This session will look at how the supplementation of omega 3 fatty acids has been shown to reduce relative risk by 10 percent to 20 percent in fatal and non-fatal cardiovascular events in primary and secondary prevention trials of coronary heart disease. More recent studies in heart failure patients have shown that this treatment reduces all-cause mortality and cardiovascular related admissions. This treatment resulted in no adverse effects. Fish oils also decrease tumor necrosis factor alpha in heart failure and improve body weight.

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

1. Identify doses at which n-3 polyunsaturated fatty acids provide cardiovascular benefit.
2. Describe the health benefits of n-3 polyunsaturated fatty acids.

3. Describe the adverse effects related to treatment with n-3 polyunsaturated fatty acids.

11:15 am - 11:45 am Track 4: Expanding Access to Preventive Care and Quality Health Services

Reaching public health objectives during the H1N1 crisis
Mr. John Burke

This presentation will give strategies and tools to add components to an H1N1 clinic. These clinics can be used to promote other health objectives including diabetes screening, obesity awareness and blood pressure screening. The goal is to provide these other health services while people are waiting to receive their seasonal or H1N1 vaccinations. The Town of Sandwich partnered with the Confederated Tribes of Colville to study public health awareness tools during their clinics. The installation and certification of child car seats was one tool used during the pre and post vaccination waiting period. This allowed for car insurance deductions and the peace of mind of the installation. The public health screening tools were very valuable to identify those individuals who fit the criteria for further follow up who may not have been identified sooner.

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

1. Identify the tools necessary to provide add-ons to their existing vaccination clinics.
2. Describe how USPHS veterinarians could provide a service in attending the clinics to answer questions on animal welfare and potentially co-locate a rabies clinic.

11:15 am - 11:45 am Track 5: Addressing the Rising Needs of Mental Health Disorders
Agonist Replacement Therapy for Marijuana Dependence
CDR Steven Sparenborg, Ph.D., USPHS; Lian Hu, Ph.D.; and
CAPT Betty Tai, Ph.D, USPHS

This session will look at the use of agonist replacement therapy to address marijuana dependence. More than 25 million Americans aged 12 or older, including one in three 12th graders, used marijuana in the last year. Marijuana use among 12th graders increased during 2007 and 2008 after declining for the previous 9 years. Dependence on marijuana is gaining recognition as a clinically significant phenomenon. A number of psychotherapies have been found to be mildly effective in treating MD, including motivational enhancement therapy and cognitive behavioral therapy. In general, the efficacy in reducing marijuana use achieved with most psychotherapies may be due in large part to the amount of time or attention given in therapy rather than the

dynamics of the methods used. Nevertheless, the most effective therapy appears to be contingency management in which vouchers are given to reward abstinence proven by urinalyses. Yet all studies of psychotherapies find large numbers of non-responders, indicating that additional treatment options must be considered.

Many pharmacotherapies have been reported as treatments for MD, but none were agonists at the CB1 receptor. Stimulation of CB1 receptors in the brain produces the “high” associated with marijuana smoking and suppresses withdrawal symptoms. 65 % of treatment-seekers admit to using marijuana to relieve withdrawal symptoms, suggesting that agonist replacement therapy deserves further consideration.

Agonist replacement therapies are successfully used to treat dependence on opiates and nicotine. The best candidate for agonist treatment of marijuana dependence is the active dependence-inducing ingredient in marijuana smoke, delta-9 tetrahydrocannabinol (THC). Like oral methadone or buprenorphine for opiate addictions, oral THC is capable of providing a slow-onset, long acting substitute for the THC inhaled with marijuana smoke. Unlike methadone, however, oral THC should decrease craving and withdrawal symptoms at less intoxicating dose levels and allow short-term tapering that would avoid chronic maintenance.

There are currently no evidence-based pharmacotherapies for MD, but the controlled oral administration of a CB1 agonist should minimize the withdrawal symptoms experienced as one stops marijuana use, thus minimizing the risk of relapse. Pharmacotherapy for MD should be administered in conjunction with psychotherapy.

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

1. Describe recent changes in the concept of, and treatability of, dependence on marijuana.
2. Identify symptoms of withdrawal from marijuana.
3. List three marketed drug products that could potentially serve (off-label) as an agonist treatment for marijuana dependence

12:00 pm – 2:30 pm **Luncheon, followed by Dessert in Exhibit Hall**

2:30 pm - 3:00 pm Track 1: Promoting Healthy Behaviors
Putting information into health literacy: The Health Information Literacy Curriculum
Dana Abbey, MLS

This session will provide an overview of the Health Information Literacy Curriculum. Health information literacy is a critical life skill for making good health decisions. It is estimated that 30 million U.S. adults lack basic health literacy skills. Health literacy is dependent on the communication skills of both patients and health care providers. Do you know the level of your patient's reading, numeracy, and oral communication skills? Think about the jargon and medical language used (COPD, metastasize, etc). Health literacy is also dependent on the demands of the health care system. People need to read, understand, and complete numerous forms; they need to understand where to go for health care; and how health insurance works. Think about how patients and caregivers are sent home with medications and equipment (inhalers, glucometers, etc) – do they fully understand how to use these correctly to care for themselves and others? Today's healthcare environment places great demands on patients. What can you do? In this session explore health literacy and its impact on health care. Discover free health information resources and strategies to improve the health literacy of your patients.

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

1. Describe the impact low health literacy has on patient care.
2. List 5 strategies and resources to improve health literacy.
3. Describe the health literacy services offered by the library

2:30 pm - 3:00 pm

Track 2: Improving Public Health Infrastructure

Surveillance and response to epidemic meningitis in Burkina FASO

LCDR Ryan T Novak, MS, PhD, USPHS

This session will examine the public health data related to the sub-Saharan country of Burkina Faso, which was disproportionately affected by epidemic meningitis in 2007. Case-based surveillance in Burkina Faso, while relatively new, is collecting high quality data that are most likely representative of the true disease burden. It could provide valuable data to analyze epidemics, as well as support the Meningitis Vaccine Project in monitoring the effectiveness of the new meningococcal A conjugate vaccine. The focus of ongoing work is building sustainable case-based surveillance capacity through technology transfer (real-time PCR), epidemiology and laboratory training workshops, and the pilot implementation of new surveillance protocols.

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

1. Describe the burden of epidemic meningitis on sub-Saharan African using the specific example of the 2007 epidemic in Burkina Faso.
2. Describe the disease surveillance system that collects data on cases of meningitis and how these data are used to guide the distribution of scarce resources during response to epidemics of meningitis.
3. Summarize the Center for Disease Control and Prevention's role in the evaluation of epidemic response and strengthening case-based surveillance to improve future response and to build a sustainable infrastructure to support implementation of a new meningitis vaccine.

2:30 pm - 3:00 pm

Track 3: Preventing and Treating Chronic Disease

Guidelines for prevention and treatment of human papillomavirus in HIV Infection

LCDR Songhai Barclift, MD., USPHS

This session will look at human papillomavirus (HPV), which is a common opportunistic infection and the main cause of cervical cancer, anal cancer and some tumors of the vulva, vagina, penis, oral cavity, and oropharynx. Adolescents and adults with HIV are at an increased risk of morbidity and mortality when also infected with an HPV. Understanding the epidemiology, pathophysiology, diagnosis and management of HPV infection is an integral part of caring for individuals with HIV. This session serves to highlight the important aspects of managing HPV infection. It also will describe and identify the latest tools to prevent HPV exposure and infection.

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

1. Describe the epidemiology and pathophysiology of Human Papillomavirus (HPV) related diseases (cervical dysplasia, cervical cancer, anal cancer, external warts) in the United States.
2. Identify the clinical manifestations, diagnosis and treatment of HPV-related diseases in HIV infected adults and adolescents.
3. Recognize and treat the clinical manifestation of HPV disease.

2:30 pm - 3:00 pm

Track 4: Expanding Access to Preventive Care and Quality Health Services

Behavioral health strategies, options, and recommendations for rural health safety net providers

CAPT Kevin Bartlett, MSN, RN, USPHS

This session will examine a critical challenge facing many rural health providers, which is how to provide behavioral health care services to individuals and families in their area. Within the Health Resources and Services Administration (HRSA), the Office of Regional Operations plays a central role in achieving HRSA's mission by reviewing and enhancing the performance of HRSA-supported programs within communities and states. The ORO conducts strategic partnership sessions with HRSA grantees in defined communities to explore the collective effectiveness of HRSA-funded programs. The sessions are a forum to discuss methods for rural health care systems to improve access to care, reduce costs and enhance quality of care.

ORO conducted a strategic partnership session with HRSA-funded rural health services providers to identify contributing and restricting factors impacting their ability to address increasing behavioral health services within a defined community. The focus group interviews indicated limited qualified staffing, public perception, and reimbursement are critical components affecting the successful integration of behavioral health services within a rural health primary care setting. This presentation will highlight the collaborative framework, factor analysis, evidence-based strategies, and direct practice recommendations identified to assist rural health safety net providers in addressing behavioral health care services.

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

1. Identify a strategic partnership framework.
2. Conduct factor analysis.
3. Identify evidence-based strategies for direct practice recommendations.

2:30 pm - 3:30 pm

Track 5: Addressing the Rising Needs of Mental Health Disorders

The Public Health Service officer in the Department of Defense – A stranger among family

M. Victoria Ingram and CDR Dennis Slate, USPHS

This session will examine the challenges and opportunities for effective mental health care presented by the involvement of Public Health Service officers in the Department of Defense (DoD). In 2008 a Memorandum of Agreement (MOA) was signed allowing for the detailing of approximately 200 U.S. Public Health Service (PHS) behavioral health officers to Military Treatment Facilities (MTFs). PHS officers are assigned to the military communities to rapidly increase the number of behavioral health providers and improve access to care in military facilities. The

PHS officers filling these positions come from the existing ranks of the Commissioned Corps, in addition to direct civilian accessions, some of whom have prior military service. This presentation is designed to assist PHS behavioral health officers recently assigned or interested in DoD positions in navigating the expectations of his/her military peers, senior officers and patients. In addition, this presentation will discuss efforts to train and recruit PHS psychologists to work with the DoD, and will conclude with a discussion of the recent mission of PHS psychologists in response to the events at Fort Hood on November 5, 2009.

Cultural demands across the military services vary and can be difficult to navigate for even the most seasoned military officer of a different service (e.g., an Army officer stationed at a Naval base). Further, clinical credibility with military patients in behavioral health settings is also frequently associated with the uniformed provider's perceived knowledge as a soldier or officer. Therefore, the enculturation of the Public Health Service officer into the military environment in which they are assigned becomes critical in their clinical effectiveness. With the operational tempo remaining high, it is expected that the number of PHS mental health providers needed to support the DoD will continue to rise. While the PHS/DoD partnership is an important first step in supporting the mental health needs of the DoD, important questions and challenges have emerged. First, where will these mental health officers come from? Second, how do we prepare PHS clinicians to provide culturally competent, evidenced based treatments when working within the military culture?

In an effort to recruit psychologists and provide training in the skills needed to work with the DoD population, a joint PHS/Army Psychology Residency Program has been developed at Brooke Army Medical Center (BAMC). This program will bring doctoral level psychologists who are in the process of obtaining licensure into the PHS. They will train in a combined cohort with Army psychologists who are also in the process of meeting state licensing requirements. The focus of this one-year training will be to build skills for treating combat stress related disorders, develop an understanding of military culture, develop and practice skills with command consultation, and develop skills in clinical supervision with an emphasis on the supervision of enlisted mental health technicians.

Finally, the presentation will conclude with a discussion of the efforts of PHS psychologists in response to the events at Fort Hood. CDR Denise Slate, assigned to Brooke Army Medical

Center, was on route to Fort Hood just hours after the shootings. CDR Slate will discuss his experience and lessons learned during the response.

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

1. Describe the clinical impact of officer credibility in the military behavioral health environment, including relevant differences in rank associated responsibilities for the DoD (e.g., Field Grade officers vs. Company Grade officers) and relevant cultural differences in areas that may positively or negatively impact the PHS officer's career (e.g., various approaches to officer evaluations reports).
2. Describe the PHS/Army Psychology Internship and its role in recruiting and training psychologists to assist with the DoD mission.
3. Describe the efforts of PHS mental health officers in response to the shootings at Fort Hood.

3:00 pm - 3:30 pm

Track 1: Promoting Healthy Behaviors,

Taking care of Mom: New resources to support pregnant and parenting women

CAPT Karen Hench, RN, MS, USPHS

This session will discuss Bright Futures for Women's Health and Wellness Taking Care of Mom: Resources for Nurturing Self as Well as Baby. Pregnancy and postpartum/parenting are times of significant, constant change. Experiences such as fatigue, weight gain, relationship changes, and increased demands on time and resources can negatively impact maternal wellness. Since half of all pregnancies are unintended, some women may be at even higher risk of poor maternal wellness. Materials describing the perinatal period traditionally only focus on maternal and child health (MCH) physical health and frequently refer to pregnancy/parenting as a blissful time which may provide unrealistic expectations. This misconception can leave women feeling isolated in their perinatal experience. To address this shortfall twenty-two multidisciplinary MCH experts set out to define maternal wellness. A review scientific and consumer literature was conducted and four concept-testing focus groups were conducted with pregnant/postpartum women to explore physical, emotional and social stressors and strategies having the greatest impact on their outlook, self-confidence, stress/anxiety and readiness for pregnancy/postpartum recovery and parenting. Findings were incorporated into the final Taking Care of Mom booklet, poster and pocket card.

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

1. Identify 3 new resources focusing on maternal wellness.
2. Describe how the new resources address perinatal risk factors such as depression; family violence; and substance use.
3. Identify how the new resources could be incorporated into their programs.

3:00 pm - 3:30 pm

Track 2: Improving Public Health Infrastructure

Water and sanitation assessment: The communities of Recudo and Dalakit, Sitio Tacdugan Masbate, Philippines

Franchesca Morris MPH

This session will describe how Master's candidate students in public health at Loma Linda University's Department of Global Health partnered with the International Institute of Rural Reconstruction (IIRR) and the San Jacinto Municipal Rural Health Unit (RHU) to collect baseline data on the water and sanitation practices of two communities in Sitio Tacdugan, Masbate Philippines. Data collected identified four water sources from both shallow wells and springs which existed for the primary use of washing clothes and bathing; these practices routinely occurred inside the nationally mandated 25 meter protection radius. Data collection revealed that two out of the three primary drinking water sources in Tacdugan were contaminated with Escherichia coli. To improve and create proper sanitation practices and facilities in Tacdugan, several conclusions and recommendations were formulated based on the objective tree analysis. The presenter will discuss those recommendations.

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

1. Identify key factors that contribute to water and sanitation problems in two coastal communities in the Philippines.
2. Describe the importance of collaboration between the Philippines Rural Health Unit, IIRR, and the rural communities.
3. Describe best practices to help the current water and sanitation crisis in the Philippines

3:00 pm - 3:30 pm

Track 3: Preventing and Treating Chronic Disease

HIV+ long-term nonprogressors: Understanding natural immune control of HIV

CDR Stephen A. Migueles, MD, USPHS

This session will discuss evidence indicating that it is possible for the human immune response to control HIV replication for many years. This evidence is provided by rare individuals who represent

less than 0.5 percent of the infected population but studying them may yield more broadly useful information. These patients test positively in standard antibody assays, remain healthy with stable CD4 counts and maintain set point HIV RNA levels below the lower detection threshold, without antiretroviral therapy. Understanding the mechanisms responsible for this extraordinary phenotype is likely to provide critical information, which could ultimately be applied towards the development of effective HIV/AIDS vaccines and immune-based therapies.

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

1. Recognize the unique features of HIV+ long-term nonprogressors (LTNP).
2. Describe how studying these rare individuals can contribute to the design of an effective HIV vaccine.
3. Describe the mechanisms believed to underlie durable immune control of HIV.

3:00pm - 3:30 pm

Track 4: Expanding Access to Preventive and Quality Health Services

The HOPE “Hospitals Offering Prevention for Everyone” for Health Campaign

Mia Arias, MPA; Heather Kun, PhD and Lynn Yonekura, MD

This session will discuss an effort to address the high rates of chronic disease, such as obesity, and promote prevention in high-risk communities. The H.O.P.E. “Hospitals Offering Prevention for Everyone” for Health Campaign was developed by the National Health Foundation (NHF) and the Hospital Association of Southern California (HASC). The campaign enables hospitals to play a critical role in helping to combat the rise in chronic disease and related medical costs by providing patients and communities access to free chronic disease preventive education, care and services. The campaign utilizes successfully piloted program curricula and strategies developed and implemented by the Los Angeles Chronic Disease Management Consortium. Successful strategies include the use of promotores or lay community health educators as program facilitators and leaders in the consortium. To date, eight Southern California Hospitals have signed-on to participate in the HOPE for Health Campaign, which launched in January 2010 with the implementation of HELP (Healthy Eating Lifestyles Program), a free community-based childhood obesity prevention program. Succeeding the HELP program will be the Type 2 diabetes program and then the Heart HELP cardiovascular disease program.

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

1. Describe the campaign approach utilized in this project to address chronic disease and disparities in health.
2. Describe the role of hospitals in administering community-based prevention-focused programs and initiatives.
3. Identify ways the consortium and campaign model can be replicated in other communities to increase chronic disease prevention activities and awareness and promote healthy communities.

3:30 pm – 3:45 pm BREAK

3:45 pm - 4:15 pm Track 1: Promoting Healthy Behaviors,
Outbreak of 2009 pandemic influenza A (H1N1) virus at a large public university - Delaware, 2009
LT A. Danielle Iuliano, PhD, MPH, USPHS

This session will examine lessons learned from the first recognized pandemic influenza A (H1N1) outbreak on a university campus. The outbreak happened in Delaware, with a dramatic increase in respiratory illness. At the outbreak time, very little was known about spectrum, characteristics and risk factors of the illness. Researchers investigated this outbreak, characterized illness and examined transmission risk factors. The findings will contribute to future prevention and preparedness efforts by states and universities including: enhancing healthcare/surge capacity, providing illness information to the community, and evaluating whether to cancel activities that may contribute to widespread illness.

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

1. Identify risk factors for H1N1 infection on a university campus.
2. Describe the association of age and H1N1 infection.
3. List ways to prevent future illness.

3:45 pm - 4:15 pm

Track 2: Improving Public Health Infrastructure

Building international public health infrastructure by maximizing existing resources: Joint operations with the Department of Defense

LCDR Michael Schmoyer, PhD, CHES, USPHS

This session will examine how the Centers for Disease Control and Prevention (CDC) and the Department of Defense (DoD) worked together to strengthen public health infrastructure in Central Asia. The presenters also will discuss several examples of how multiple government agencies, including the United States Public Health Service (USPHS) and other branches of uniform service are collaborating internationally. Finally the presenters will examine promising practices for how uniformed services and other government partners can cooperate to address common international health missions.

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

1. Identify how strategic partnerships between the USPHS and the Department of Defense (DoD) can be critical to achieving international health outcomes goals.
2. Describe how by partnering with DoD the USPHS can improve public health infrastructure in international environments.
3. List potential opportunities for collaboration.

3:45 pm - 4:15 pm

Track 3: Preventing and Treating Chronic Disease

Live healthy ... Work well: A randomized control trial empowering patients to set goals to manage diabetes and prevent complications

Jean Isip Schneider, MEd, SPHR

This session will examine a study designed to help people with diabetes stay healthy and working. Life coaches assisted participants with setting goals utilizing an empowerment approach, i.e. not giving advice or health directives. This presentation examines the types of goals patients set and achieved.

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

1. Articulate the differences between a traditional compliance-based approach and the empowerment approach.
2. List the benefits of the empowerment approach and life coaching as it relates to diabetes self-management.
3. Replicate the life coaching model.

3:45 pm - 4:15 pm

Track 4: Expanding Access to Preventive Care and Quality Health Services

Assessing for multiple behavioral risk factors: Lessons learned from HRSA-funded programs

CAPT Karen Hench, RN, MS, USPHS

This session will discuss the Health Resources and Services Administration's (HRSA) Maternal and Child Health Bureau's (MCHB) recently completed synthesis of the methods, findings, recommendations and care models that have emerged from 60 behavioral risk reduction demonstration grants and technical assistance contracts funded between 1999 and 2006. The 60 MCHB-funded projects included six perinatal alcohol screening grants, eight perinatal domestic/family violence screening and intervention grants, six multi-behavioral risk factor screening grants, 37 Healthy Start perinatal depression screening and intervention grants, and, three technical assistance contracts addressing perinatal alcohol screening, perinatal family violence or perinatal depression screening and intervention. All projects had a defined geographic health care service area and varied in their evidence-based screening methods and intervention strategies. Presenters will discuss the most significant findings from the 60 projects which spanned eight separate programmatic areas.

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

1. Describe 3 strategies to improve provider screening for perinatal alcohol use, family violence and/or depression, particularly among high risk populations.
2. Identify 4 cross-cutting lessons learned addressing the co-factors of perinatal violence, alcohol use, and depression.
3. Incorporate at least 2 key synthesis recommendations into their public health practice.

3:45 pm - 4:45 pm

Track 5: Addressing the Rising Needs of Mental Health Disorders

Traumatic brain injury: A mental health disorder and it's inter-relationship with post traumatic stress disorder

LT Donelle McKenna, USPHS and CDR Christopher R. Walsh, USPHS

This presentation will focus on basic epidemiological information on Traumatic Brain Injury (TBI) and Post Traumatic Stress Disorder (PTSD). Information on incidence and prevalence; demographic groups at highest risk for TBI & PTSD; most frequent causes, symptoms of each and symptoms of overlap between TBI & PTSD will be shared. The presentation will include information on mechanism of injury (blow to the head, falls, blast,

etc.) and how different types of injury can affect different parts of the brain, leading to differing outcomes and symptoms. The presenters will define the 3 categories of TBI (mild, moderate, and severe) and the 3 types of PTSD (acute, chronic, and delayed). There will be a discussion of: common psychiatric co-morbidities associated with PTSD and TBI; various instruments to assess the severity of symptoms of both PTSD and TBI ; general treatment guidelines and outcomes of symptom management of PTSD in the context of TBI.

There will be an Emphasis on the mental health, cognitive, and behavioral outcomes, as well as building a health infrastructure that will provide access to needed services for individuals with TBI/PTSD and their families. The population of focus will be those at highest risk of sustaining a TBI such as children and youth, elderly, veterans, and minority populations. Due to TBI being the signature wound of the Iraq and Afghanistan wars, there will be a heavy focus on veterans. Information concerning veterans' use of substances, their risk of depression, suicide, domestic violence, and the relationship between TBI and PTSD will be shared. A DVD on the effects of TBI on veterans and their families will be shown. The relationship of persons with TBI, mental health providers, social workers, vocational rehabilitation counselors, educators, correction officers, athletic coaches and caregivers will be examined. Highlights of successful Mental Health products and services that have been community resources will be shared along with a snapshot of the Department of Health and Human Services programs around TBI. Finally, a list of available resources for helping individuals with TBI and their families, both civilian and military will be provided.

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

1. List common causes, types, symptoms, & treatment of TBI and PTSD.
2. Describe how mental health and other providers can identify and treat TBI and PTSD.
3. Summarize the commonalities and differences of TBI and PTSD.
4. Identify resources and services for persons with TBI and PTSD

4:15 pm - 4:45 pm

Track 1: Promoting Health Behaviors,
Diabetes intervention and employment: A randomized controlled mixed methods study
Thomas Christ Ph.D

This session will discuss the Hawaii Demonstration to Maintain

Independence and Employment, a randomized control diabetes intervention trial that combined pharmacist medication management with life coaching designed to address three main learning objectives. Those objectives were: to increase the participants hours of employment; improve their health status; and reduce their reliance upon Social Security income.

At the end of this session attendees will be able to:

1. Describe how the program increased the participants' hours of employment.
1. Summarize how the program improved the participants' health status.
2. Describe how the program decreased the participants' reliance upon Social Security income.

4:15 pm - 4:45 pm

Track 2: Improving Public Health Infrastructure

Returning Afghanistan and Iraq injured service members/veterans: Impact on the U.S. Public Health Infrastructure

CAPT Elise Young, LICSW, USPHS

This session will examine how the combination of numbers of service members injured and types of injuries sustained during Operations Enduring Freedom (OEF- Afghanistan) and Iraqi Freedom (OIF -Iraqi) has heavily impacted the military health system and the veteran health system. The presenters will track this impact as these injured service members/veterans and their families move through the stages of recovery, rehabilitation and finally reintegration into their "home" communities. The presenters will describe the challenges facing the seriously injured service member, especially those with poly-trauma, and describe how one federal program has attempted to collaborate with and prepare the US public health system for these issues.

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

1. Identify the unique challenges of seriously ill and injured service members/veterans and their families.
2. Identify resources that are available in local communities to assist these individuals and their family upon their return "home."
3. Identify potential collaborations among healthcare providers, public and private, to support these individuals and their family.

4:15 pm - 4:45 pm

Track 3: Preventing and Treating Chronic Disease

Medical management and prevention of chronic kidney disease at a Federal Medical Center in the Federal Bureau of Prisons
LCDR Daniel Goldstein, MPAS, PA-C, USPHS

This presentation will examine chronic kidney disease (CKD) among inmates treated at the Federal Medical Center (FMC) Devens, one of six Medical Referral Centers (MRC) in the Federal Bureau of Prisons. The presenters will discuss the most common reasons the inmates have CKD. Many of the unique problems that arise when caring for hemodialysis inmates, such as complications of arterial-venous fistulas, electrolyte management, and secondary end organ damage, also will be discussed. In addition, the aggressive early intervention strategies employed at Devens to prevent worsening of CKD and hemodialysis will be highlighted. If hemodialysis can be prevented with health education and early treatment, it reduces health care costs and allows for a better quality of life for the CKD patient.

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

1. Identify the reasons why inmates at FMC Devens have CKD.
2. Describe the numerous challenges in the medical management of CKD and dialysis inmates at FMC Devens.
3. Identify the early treatment strategies used to stabilize CKD and prevent dialysis.

4:15 pm - 4:45 pm

Track 4: Expanding Access to Preventive Care and Quality Health Services

Evaluation of the Medicare Lifestyle Modification Program Demonstration and the Medicare Cardiac Rehabilitation Benefit

CAPT Armen Thoumaian, M.A., Ph.D., USPHS

This session will discuss the impact of the Medicare Lifestyle Modification Program Demonstration, which was conducted from October 1999 through February 2007, to test the efficacy and cost-effectiveness of two cardiovascular lifestyle modification programs: the Dr. Dean Ornish Program for Reversing Heart Disease® (Ornish) of the Preventive Medicine Research Institute and the Cardiac Wellness Program of the Benson-Henry Mind/Body Medical Institute (M/BMI). The presenters also will discuss an additional study of the Medicare cardiac rehabilitation benefit, which involved 601,099 Medicare beneficiaries hospitalized in 1997 after a cardiac event, who were followed for 5 years using Medicare and vital statistics data.

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

1. Describe the major differences between intensive cardiac rehabilitation and traditional cardiac rehabilitation.
2. List two clinical factors that were found to be significantly improved under intensive lifestyle modification when compared to traditional cardiac rehabilitation and which lifestyle program achieved better results.
3. List some of the hypothesized reasons for low cardiac rehabilitation enrollment.