



The Virginia Public Health Association's Annual Conference:  
**Health on the Homefront: Addressing the Health Needs of Members of the  
U.S. Armed Forces, Veterans and Their Families**  
**June 16 – 17, 2014, Hampton, VA**

**Detailed Schedule and Session Descriptions**

**Monday, June 16**

8:00 a.m. (0800) Open registration, Continental Breakfast

8:20 a.m. (0820) Welcome and Opening Remarks  
**Dev Nair**, President, Virginia Public Health Association

8:30 a.m. (0830) Keynote Presentation

1. **Our Sons Died Fighting Different Battles: One Family's Story**, Major General (Retired) Mark Graham and Mrs. Carol Graham

The second highest cause of death among 18- to 24-year olds, behind only car accidents, is suicide. In 2003 the Grahams' son Kevin, a senior ROTC cadet at the University of Kentucky, died by suicide in the apartment he shared with his two siblings. Seven months after Kevin's death, his brother— the Grahams' eldest son— 2nd Lt. Jeffrey Graham, was killed in Iraq by an IED. Jeffrey died with Kevin's driver's license in his pocket. Since that time, Major General Graham and his wife, Carol, are tireless champions of military and civilian efforts to promote mental health and suicide-prevention awareness, and to eliminate the stigma surrounding mental health care.

While losing a child is a parent's worst nightmare, the Grahams—and most Americans— see an element of honor in Jeffrey's death. Kevin, on the other hand, was fighting a different kind of battle: the battle against an illness that is often not recognized and is still considered embarrassing - depression. The stigma invades conversations and prevents honesty: it discourages some from seeking help, and it influences the way those around them provide support. This presentation by the Grahams will address the stigma surrounding mental health care, raise awareness of the warning signs and risk factors for suicide, and discuss real life coping strategies associated with mental health issues and suicide prevention. ([Click here](#) to read an article from *T\*A\*P\*S Magazine* that appeared in 2009 about the Grahams and their work.)

**Major General Mark Graham** retired from the US Army on August 1, 2012 after almost thirty-five years of service. His final position was as the Director (G-3/5/7) U.S. Army Forces Command since Sept. 18, 2009. In this position, he oversaw the plans, operations and training for Army forces (active and reserve component) stationed in the Continental United States and ensured conventional forces were prepared for worldwide deployment and combat.

Major General Graham was commissioned a second lieutenant of Field Artillery in December 1977 at Murray State University, Kentucky. He served in several key command and staff positions in the United States, Germany and Korea. Past assignments include Field Artillery Battalion Command at Fort Sill, Oklahoma; Brigade Command in California where he was the first Active-Duty Army Colonel to command a National Guard brigade in peacetime; Commander of the Battlefield Coordination Detachment, Osan, Korea then as the Executive Officer to the U.S. Forces Korea Commander; Chief of Staff and later Deputy Commanding General of the U.S. Army Field Artillery Center and Fort Sill; the Deputy Commanding General of 5<sup>th</sup> U.S. Army/Army North where he supported evacuation and relief operations following Hurricanes Katrina and Rita; then as the Commanding General of Fort Carson, Colorado and Division West of First US Army.

In addition to his Bachelor's degree in political science, Major General Graham holds a Master's of Business Administration from Oklahoma City University and a Master of Science in National Security Strategy from the National Defense University in Washington, D.C. He is also a graduate of the U.S. Army Command and General Staff College and the National War College. Major General Graham's numerous military awards include the Distinguished

Service Medal, the Bronze Star Medal, the Defense Superior Service Medal, the Legion of Merit, the Meritorious Service Medal and the Humanitarian Service Medal.

In the last nine years, **Carol Graham** has tragically lost both of her sons. Following the death of Kevin, Carol and her husband, using the Question, Persuade, Refer (QPR) program, became active in working to prevent suicide and increase awareness of depression, both in the military and civilian populations. Carol is now nationally recognized for her efforts in suicide prevention and mental health. She has received numerous awards and other recognition to include: Governor's Commendation (State of Oklahoma) for Suicide Prevention and Depression Awareness in support of the Post-Traumatic Stress Disorder Program; President of the United States 'Call to Service' Award; the Texas Governor's "Yellow Rose of Texas" award; US Army Forces Command's Commander's Award (twice); US Forces Command Well Being Award; Secretary of the Army Public Service Award; the 2009 Suicide Prevention Advocacy Recognition in Kentucky (SPARK) Award; the 2009 Shining Lights of Hope Award, presented by the Carson J. Spencer Foundation, and several others.

She is an advocate for wounded Service members and their Families as she continues to speak out to raise awareness of the dangers of untreated Post Traumatic Stress Disorder (PTSD) and Traumatic Brain Injury (TBI) and the "Invisible Wounds of War". Carol was appointed to the national board of directors of the Suicide Prevention Action Network USA (SPAN USA) 2006-2009. She served on the Colorado Springs, Colorado suicide prevention board from 2007 – 2009 while living in Colorado. She currently serves as a member of the Public Policy Committee of the American Foundation of Suicide Prevention (AFSP) since their merger with SPAN USA. As a result of her ongoing contributions she is also a member of the University of Kentucky Fellows Society and the Cameron University Foundation.

9:30 a.m. (0930) Change break – proceed to Breakout sessions

9:40 a.m. (0940) Breakout sessions

**2. Mission Critical: Understanding Force/Fleet Readiness through Health Data**, Alexander J. Freiman, MPH, CPH (*public health track*)

Throughout their military careers, Sailors and Marines encounter dangerous and stressful situations that affect their physical, mental, and emotional health. Understanding these health effects is a leading priority for military medical and line leadership and is necessary to provide the best care possible. Several health-related electronic databases are implemented by the Navy and Marine Corps but many are designed for specific purposes and operate independently. In order to create a more complete understanding of health concerns facing Sailors and Marines, the EpiData Center Department at the Navy and Marine Corps Public Health Center developed the Force/Fleet Health Surveillance Report. This monthly report integrates information from numerous databases on deployment status, mental health status, post-traumatic stress disorder (PTSD), traumatic brain injury (TBI), extended medication use, and Post Deployment Health Re-Assessment self-reported mental health measures and is disseminated to military leadership responsible for caring for affected personnel. This presentation describes the methods used and challenges encountered when integrating information from various independent sources to produce an aggregate understanding of health concerns and describes trends in medical encounter data for Navy and Marine Corps members during 2012-2013.

**Alexander J. Freiman, MPH, CPH**, is an epidemiologist in the Deployment Health Division of the Navy and Marine Corps Public Health Center. He recently joined the Navy and Marine Corps Public Health Center after completing the CDC/CSTE Applied Epidemiology Fellowship at the Kentucky Department for Public Health and is involved in the production of the Force Health Surveillance Report. Mr. Freiman earned his Master of Public Health degree in Epidemiology from the University of Michigan.

**3. Physical Medicine and Rehabilitation**, S. Avery Davis, MD (*primary care track*)

*Session description not available.*

**Dr. S. Avery Davis, MD**, currently working with the Parkway Neuroscience and Spine Institute, has served as the chief of the Physical Medicine and Rehabilitation Department, and as chief of the Physical Medicine Pain Service at Walter Reed Army Medical Center since 2007. He graduated from Virginia Military Institute with a Bachelor of Science

degree in Biology and earned his medical degree from Eastern Virginia Medical School in Norfolk, Virginia. He continued on to complete his internship, Physical Medicine and Rehabilitation residency, and fellowship in Interventional Pain Management at Walter Reed Army Medical Center. He is board certified in Physical Medicine and Rehabilitation, Pain Medicine, and Electrodiagnostic Medicine, and specializes in the diagnosis and treatment of disorders affecting the nervous and musculoskeletal systems.

He is a member of the American Association of Physical Medicine and Rehabilitation, American Association of Neuromuscular and Electrodiagnostic Medicine, and International Spinal Injection Society. He has published numerous journal articles, book chapters and policy papers for pain management in the Department of Defense. He is a member of the prestigious Order of Military Medical Merit which is awarded to fewer than 1% of all physicians on active duty. Prior to his retirement, Dr. Davis was often requested by name to care for many senior officers at the Pentagon to include numerous Chairmen of the Joint Chiefs of Staff, multiple members of Congress and several members of the Executive Office. Dr. Davis has been a recipient of numerous Army awards including the Bronze Star for bravery and service during his deployment in Operation Iraqi Freedom with the 82nd Airborne Division. Additionally, he has been awarded multiple medals and badges including the Parachutist's Badge, several Army Achievement Medals, multiple Army Commendation Medals, a Sikorsky Aircraft Rescue Award and multiple Meritorious Service Medals during his years on active duty. He retired from active duty as a Colonel with 25 years of service.

#### 4. **PTSD, Its Clinical Description, Treatment and Underlying Pathophysiology**, Stephen Deutsch, MD, PhD (*behavioral health track*)

Participants will discuss Post Traumatic Stress Syndrome; briefly review animal models of the disorder, the principles underlying psychotherapeutic approaches, and the possible role of epigenetics. Hear about recent research on stress-induced alterations in functional neurotransmission mediated by GABA and glutamate, and consider whether PTSD may represent a model for rehabilitation interventions with a chronic psychiatric disorder.

**Dr. Stephen Deutsch** received an M.D. and PhD degree in pharmacology from the New York University School of Medicine. He completed residency training in General Psychiatry and fellowship training in Child and Adolescent Psychiatry at the Bellevue Psychiatric Hospital-NYU Medical Center. Dr. Deutsch was also a Pharmacology Research Associate (PRAT Fellow) in the Clinical Neuroscience Branch of the NIMH, studying the effect of stress on central GABAergic transmission.

He served as Chief of Psychiatry, Service Line Director for Mental Health and Associate Chief of Staff for Mental Health at the Veterans Affairs Medical Center in Washington from 1987 to 2009; during this time, he was also Professor of Psychiatry at Georgetown, Howard and the Uniformed Services University of the Health Sciences. While at Washington VAMC, Dr. Deutsch conducted preclinical research using behavioral assays to explore effects of stress on neurotransmission mediated by GABA and glutamate, as well as characterizing a mouse model of NMDA receptor hypofunction relevant to medication screening strategies for schizophrenia. He also conducted novel medication trials for schizophrenia at the Washington VAMC.

Since July 2009, Dr. Deutsch has been the Anne Armistead Robinson Endowed Chair and Professor and Chairman of the Department of Psychiatry and Behavioral Sciences at Eastern Virginia Medical School. At EVMS, his research activities have focused on characterization of mouse models of autism spectrum disorders and development of novel medication strategies for these disorders, including translational clinical trials. Dr. Deutsch is a Captain in the U.S. Navy Reserves who was mobilized in March 2003 to head the Consultation Psychiatry Service at the National Naval Medical Center in Bethesda and again in December, 2008, when he was deployed to Landstuhl, Germany, to serve as an inpatient psychiatrist at the Regional Medical Center. From a clinical perspective, Dr. Deutsch has been involved in treating patients with PTSD for about 30 years.

10:40 a.m. (1040)      Beverage Break/Exhibits

11:05 a.m. (1105) Breakout sessions

**5. Formation of a Wounded, Ill, and Injured Registry for Navy and Marine Corps Service Members**, Patricia Miller, MPH and Dagny Magill, MPH (*public health track*)

Due to concern for the healthcare, support, treatment, and rehabilitation of injured service members deployed in support of Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF), a registry of wounded, ill, and injured (WII) service members was formed. By identifying all potential WII service members in the Department of the Navy (DON), health care providers and line leadership will be better able to ensure service members receive proper treatment. Deployment records from the Defense Manpower Data Center (DMDC) Contingency Tracking System (CTS) were used to identify current active duty and reserves service members that had a previous deployment. After determining service members' most recent deployment, all ambulatory and inpatient medical encounter records at military treatment facilities (MTFs) that occurred during or after service members' deployments were analyzed for selected International Classification of Diseases, 9<sup>th</sup> Revision, Clinical Modification (ICD-9-CM) codes. ICD-9-CM codes indicating treatment for alcohol use disorder, major depressive disorder, post-traumatic stress disorder, suicide ideation, traumatic brain injury, amputation, or other injuries resulting from operations of war were included. The service member's most recent medical encounter was analyzed to determine at which MTF he or she was most recently treated. There were 21,213 service members with 29,366 conditions on the most recent WII registry. Results will describe WII members nationwide and those stationed in Virginia by each condition. When fully implemented, the registry will be accessible to each Navy Medicine MTF to allow healthcare providers to follow up with their WII patients on treatment.

**Patricia Miller** obtained her Master's in Public Health degree from Eastern Virginia Medical School in 2010, and currently works for the Navy and Marine Corps Public Health Center in Portsmouth, Virginia. She analyzes behavioral health and injury data for the Navy and Marine Corps population.

**Dagny Magill** is an epidemiologist with the Navy and Marine Corps Public Health Center (NMCPHC) working with the Deployment Health Division. She received a Master's in Public Health from the University of Alabama in Birmingham in 2008 and worked as a research assistant with vector borne diseases and tuberculosis. From 2009-2012, Ms. Magill worked as an epidemiologist with the Alabama Department of Public Health's Department of Epidemiology. She served as one of the leads for Alabama's Healthcare Associated Infections Program before joining the NMCPHC in 2012.

**6. Special Considerations for Clinicians Serving Members of the Military and Their Families**, Cynthia Romero, MD, FAAFP, Director, EVMS' M. Foscue Brock Institute for Community and Global Health (*primary care track*)  
*Session description not available.*

**Dr. Cynthia Romero** was recently appointed Director of EVMS' M. Foscue Brock Institute for Community and Global Health and served as Virginia's Health Commissioner, the principal public health advisor to the Governor, Secretary of Health and Human Resources, the Virginia General Assembly and the Board of Health, from January, 2013 through January, 2014. Prior to her appointment, Dr. Romero was Chief Medical Officer and Vice President for Quality and Medical Affairs for Chesapeake Regional Medical Center. She was in private practice for 16 years at Romero Family Practice with her mother as her partner and her father as her office manager. Her parents retired in 2010. She has been a strong advocate for her patients and for the medical profession through leadership in professional medical organizations. She served as President of the Philippine Medical Association of Southeastern Virginia, Inc., the Tidewater Academy of Family Physicians, the Virginia Academy of Family Physicians, the Norfolk Academy of Medicine and in 2011, she was the President of the Medical Society of Virginia, the statewide organization representing over 10,000 physicians, residents and medical students across the Commonwealth.

Dr. Romero received a Bachelor of Arts Degree in Psychology with a minor in Biology and Economics from the University of Virginia and her Doctor of Medicine from Eastern Virginia Medical School. She completed her Family Medicine training at the Riverside Family Medicine Residency in Newport News. She was recognized with the Mead Johnson Award by the American Academy of Family Physicians for excellence in clinical medicine and community services.

**7. Family Matters: Examining Mental Healthcare Utilization among Navy Beneficiaries, Ashleigh Drake, MPH**  
(behavioral health track)

Increased stress among military family members due to deployment is a potential mechanism for the development of mental health problems. Navy Medicine requested that the Navy and Marine Corps Public Health Center Health Analysis Department assess the utilization of the Military Health System (MHS) by families of active duty service members, believing that an improved understanding of access to care may identify gaps in services/utilization. Distribution of patients, providers, and facilities were examined to determine trends and utilization of MHS MH clinics. While the number of spouses and children seeking mental healthcare in the MHS has increased, overall, the pattern is not strikingly different than civilian families. All practitioners should be prepared to recognize symptoms and care for family members with mental health disorders.

**Ashleigh Drake** received a Bachelor of Science in Health Services Administration from James Madison University in 2008, and a Masters of Public Health from Old Dominion University/Eastern Virginia Medical School in August of 2012. Ms. Drake is currently a clinical epidemiologist, serving an appointment to the Postgraduate Research Participation Program at the Navy and Marine Corps Public Health Center administered by the Oak Ridge Institute of Science and Education. Current projects include assessing access to care and quality of care of mental health services for the Wounded, Ill and Injured (WII) population.

12:05 p.m. (1200) Lunch Break/Exhibits/ **VAPHA Annual Meeting with APHA President Joyce Gaufin, BS**

12:55 p.m. (1255) Breakout sessions

**8. Impact of Contaminated Water at Camp Lejeune on Virginia's Veterans, Stephanie D. Enriquez, MPH** (public health track)

This session focuses on the water contamination at Marine Corps Base Camp Lejeune between the years 1957-1987, and the health effects that have been associated with exposure to that contamination. The paper was prepared to assist the Virginia Department of Veterans Services, Virginia Wounded Warrior Program serve Virginians who may have been exposed. The major contaminants (Trichloroethylene, Perchloroethylene, Benzene, Vinyl Chloride, Dichloroethylene, Methylene Chloride, and Toluene) are discussed along with the health effects that can be attributed to exposure to each contaminant, both toxic and carcinogenic. The new legislation (Honoring America's Veterans and Caring for Camp Lejeune Families Act of 2012) that was recently signed into law by the President of the United States is referenced and a brief summary of its efforts to help the victims of chemical exposure at Camp Lejeune is given. In addition there are several recommendations to better inform, educate and assist the Virginia citizens (veterans, dependents and civilian workers) who were exposed to the contamination at Camp Lejeune understand that they may have been exposed, what the possible health effects due to exposure could be, and how they can get assistance in filing a claim. As of 2007, Virginia has 823,056 Veterans, based on this number we estimate 10.6% (87,571) of those veterans could have been exposed to the contamination at Camp Lejeune. This number does not include Virginia civilians or dependents of veterans that could have been exposed.

**Stephanie D. Enriquez** graduated with honors from American Public University Systems with a Masters in Public Health, focusing on environmental health in February of 2013. She served as an intern with Virginia Department of Veterans Services, Virginia Wounded Warrior Program during the fall of 2012 which resulted in the paper: "Camp Lejeune: The Contamination of Virginia Veterans". She is currently volunteering as the personal health and financial advisor for an elderly woman whose husband served in WWII, Korea, and Vietnam while seeking full-time employment in the field of Public Health. She received a BA in Anthropology with a minor in biology from Rutgers University and has taught Biology at the high school level for six years and Advanced Placement biology for two years.

**9. Traumatic Brain Injury Surveillance, Department of the Navy Sailors and Marines Diagnosed and Treated in Military Treatment Facilities in Virginia 2008-2018, Jean Slosek, MS** (primary care track)

Increasing surveillance efforts are focused on timely identification and treatment of traumatic brain injury (TBI) in the returning warrior. TBI metrics are routinely generated to assess burden and the impact on operational readiness. This

is supported by the Navy Bureau of Medicine and Surgery Wounded Ill and Injured Program (WII). The Navy and Marine Corps Public Health Center (NMCPHC) EpiData Center Department (EDC) provides routine TBI surveillance for active duty Sailors and Marines, including monthly and annual TBI surveillance reports and metrics. This presentation will describe methods and trends currently used for TBI surveillance including TBI incidence cases and rates, TBI follow-up encounters, and severity of TBI. A description of how TBI surveillance supports the WII program with quarterly metrics will also be included. Findings from TBI surveillance by the EDC provide new knowledge in TBI cases and treatment for active duty Sailors and Marines which is not routinely available from other sources. Additional information will be provided on TBI incidence, severity, follow-up encounters, and prevalence among Sailors and Marines first diagnosed or being treated for TBI at military treatment facilities in Virginia.

**Jean Slosek** is an Epidemiologist with the Navy and Marine Corps Public Health Center Department, where she has worked since 2007. She received her Master of Science in Geography from the University of Massachusetts at Amherst where she focused on natural hazards and disaster epidemiology. She has worked as a researcher, biostatistician, and epidemiologist in public health since 1993. While working as an injury epidemiologist for the State of North Carolina, she provided information on traumatic brain injury deaths and death rates, including information included in the CDC State Injury report (2006) for TBI deaths and death rates among North Carolina residents. As a civilian with the Department of the Navy, she is currently the Project Lead for Traumatic Brain Injury surveillance and other projects at the EpiData Center Department, and provides subject matter expertise on TBI for other epidemiologists.

**10. Empowerment for Recovery: A Way to Manage Addiction and Trauma**, Sandra Rasmussen, PhD, RN, LMHC, CAS-F (*behavioral health track*)

Addiction and trauma compromise quality of life for members of the U.S. Armed Forces, veterans, and their families. This presentation will describe a management model health professionals can use to help these men and women realize recovery: *a different, better way of life with purpose and meaning*. The quality of care concept structure, process, and outcomes organizes the model. Ecology theory, empowerment theory, and evidence-based practice support the structure, process, and outcomes. Ten constructs frame the model: self and surroundings; management and self-efficacy: change, lifestyle, and well-being; risks, prevention, and relapse. Theories and evidence-based practice support these constructs. Empowerment is the dynamic that directs and drives the recovery process, more specifically management strategies and self-efficacy actions. Public protocols for chronic disease management and 12-step philosophy (our lives had become unmanageable) ground the management construct. Self-efficacy theory comes from the psychologist Albert Bandura; self-efficacy is the belief one can act effectively here and now. Empowerment for recovery is a way individuals can manage addiction and trauma to improve health and increase quality of life.

**Sandra Rasmussen, PhD, RN, LMHC, CAS-F**, is currently addiction therapist at Williamsville Wellness: a residential treatment program for individuals and families with alcohol, other drug, and gambling problems in Hanover County. She also teaches graduate students in psychology and public health at Walden University and in counseling psychology for Cambridge College at its Chesapeake Campus. Her book *Addiction Treatment: Theory and Practice* won the AJN Distinguished Book of the Year Award. Service commitments to community and profession include the Virginia Public Health Association Recognition Award 2004 for “outstanding leadership, commitment and support to the public health of Virginia;” University of Minnesota: *100 Distinguished Alumni* (1909-2009): School of Nursing among 12,000 graduates, honored for addiction work; and Fellow Status from the American Academy Health Care Providers in the Addictive Disorders, 2012.

1:55 p.m. (1355) Change break

2:00 p.m. (1400) Breakout sessions

**11. Malaria Incidence in Relation to Country of Birth and Exposure Region among Navy and Marine Corps Active Duty Service Members**, Courtney Rudiger, MS (*public health track*)

Active duty service members are at risk for acquiring malaria when deployed to malaria-endemic regions, such as Africa and the Middle East. Malaria acquisition can also occur when foreign-born service members travel to their

native countries on personal or recreational travel. It is well-documented that civilian travelers are at higher risk for travel-associated illnesses, including malaria, compared to other international travelers. Less information is known about military service members participating in personal travel. This presentation describes the incidence of malaria among Navy and Marine Corps active duty service members in relation to country of birth, reason for travel (military duty versus personal), and region of exposure. Malaria cases were identified using a combination of laboratory results, medical event reports, and hospitalization records. Malaria-infected service members who were exposed as part of duty travel were more likely to be born in the United States, while those exposed as part of personal travel were more likely to be foreign-born. Among malaria cases, the majority of personal travel exposures were in African countries, while the majority of duty travel exposures were in the Middle East. Results show that malaria is not only a deployment-related concern in the military. Prevention efforts, including education and prophylactic treatment, should not only address duty related travel but systematically included in travel clinics for personal travel advisories. Proper education and preventive measures must be taken for all service members that travel to malaria-endemic regions, regardless of reason.

**Courtney Rudiger** is a Communicable Disease Epidemiologist with the EpiData Center Department of the Navy and Marine Corps Public Health Center. Her work includes routine surveillance of malaria, influenza, and tuberculosis in the Department of the Navy. Past work has included surveillance of multidrug-resistant organisms and hospital-acquired infections. She earned her Bachelor of Arts degree in mathematics from Augustana College in 2007, and her Master of Science degree in epidemiology from The University of Iowa in 2009.

**12. Measuring Navy Medicine Mental Health Access to Care from Fiscal Year 2008-2013**, Mariam Kwamin, MPH  
(*primary care track*)

In recent years, approximately 25% of the adult US population reported having a mental illness. In some established market economies, less than 33% of people with a mental health condition (MH) receive treatment. This report provides a description of the burden, treatment, staffing at Navy Medicine Outpatient Mental Health Clinics, and active duty (AD) referrals for MH appointments. Overall, the majority of patients diagnosed and treated in Navy military treatment facilities were AD members while dependents comprised the majority of patients seen outside of network. Costs for out of network care are increasing over time. The number of FTEs allocated to meet MH encounter demand within Navy facilities seems sufficient. AD patients typically experience a one week wait time between the time of referral and the resulting MH visit. This report provides a comprehensive preliminary assessment of MH access to care across Navy Medicine. Further analysis is warranted to expand findings, as well as explore other access to care related areas including: compliance with medication and appointments, rates of emergency department and hospitalizations visits.

**Mariam Kwamin** is a Senior Consultant with Booz Allen Hamilton working as a Clinical Epidemiologist contractor at Navy and Marine Corps Public Health Center, Health Analysis Department. She completed her MPH in Epidemiology and Biostatistics at Loma Linda University in California with an undergrad in Biological Science and Ethnic Studies from St. Cloud State University, Minnesota.

**13. Tragedy Assistance Program for Survivors**, Kim Ruocco, MSW (*behavioral health track*)

Caring for the families of the fallen...Tragedy Assistance Program for Survivors (TAPS) is the 24/7 tragedy assistance resource for ANYONE who has suffered the loss of a military loved one, regardless of the relationship to the deceased or the circumstance of the death. Founded out of tragedy in 1994, TAPS has established itself as the front line resource to the families and loved ones of our military men and women. TAPS provides comfort and care through comprehensive services and programs including peer based emotional support, case work assistance, connections to community-based care, and grief and trauma resources. TAPS has assisted over 40,000 surviving family members, casualty officers and caregivers.

**Kim Ruocco**, MSW has been a social worker for over 19 years providing mental health services in various settings both in the military and civilian communities. Her husband, Major John Ruocco, U.S. Marine Corps, was a decorated Cobra gunship pilot and father of two sons. In 2005, Major Ruocco had returned from a tour in Iraq and ten weeks later was preparing for a second tour when he lost his life to suicide. Kim is currently the Manager for Suicide

Outreach and Education Programs at The Tragedy Assistance Program for Survivors. In this capacity, with professional skill and personal dedication, Kim provides suicide prevention and postvention programs to military families and personnel throughout the country.

3:00 p.m. (1500) Beverage Break/Exhibits

3:20 p.m. (1520) Breakout sessions

**14. Surveillance of Healthcare-Associated Multidrug-Resistant Organism Infections among Department of Defense Beneficiaries**, Charlotte Neumann, MS, Paul Meddaugh, MS, Kathryn McAuliffe, MPH (*public health track*)

Healthcare-associated infections (HAIs) are of increasing concern to patient safety. The Centers for Disease Control and Prevention estimated that HAIs account for approximately 1.7 million infections and 99,000 associated deaths in the United States each year. As part of the partnership for patient's national initiative of better care and lower cost; the military health system in 2011 adopted the goal "develop better measures of quality and safety of care to support efforts to improve care". These measures include hospital-acquired infections, particularly device-associated and procedure associated infections. This presentation describes the metrics for monitoring exposure and infection burden and characterizes healthcare-associated multidrug-resistant organisms (MDROs) among Department of Defense beneficiaries from 2009- 2012. Laboratory microbiology and hospitalization data were used to identify healthcare-associated MDRO infections and describe burden of these infections in military treatment facilities. Importation and occurrence of MDROs within military medical treatment facilities has been rising steadily for the past several years indicating an increased risk for hospital transmission. However, overall MDRO healthcare associated infection rates, as well as device and procedure related infection rates have been showing a stable or descending trend. High colonization pressure from community-onset cases poses a distinct challenge to infection control preventionists requiring diligent monitoring. A descending trend in HAI suggests effective infection control interventions.

**Charlotte Neumann** is an epidemiologist with the Navy Marine Corps Public Health Center (NMCPHC) working in the area of clinical epidemiology. Ms. Neumann began her clinical career in the US Navy as a Hospital Corpsman. She graduated with a BSN from University of Wisconsin, Milwaukee and an MSc Epidemiology from London School of Tropical Medicine & Hygiene, University of London.

**Paul Meddaugh** is a Clinical Epidemiologist with the Navy and Marine Corps Public Health Center (NMCPHC). Mr. Meddaugh began his career working as an infection control practitioner at a rural community hospital in New York. He graduated from Binghamton University, State University of New York with an MS in Biomedical Anthropology.

**Kathryn McAuliffe** is a Clinical Epidemiologist with the Navy and Marine Corps Public Health Center (NMCPHC). Ms. McAuliffe received her MPH from San Diego State University.

**15. Assessing Resource Demand for Treatment of Mild Traumatic Brain Injury in Navy Medicine Ambulatory Clinics**, Moira Crosby, MPH (*public health track*)

As of 2009, approximately 1.5 million Americans survive a traumatic brain injury (TBI). Most reported TBIs (77%) are mild-TBI (mTBI). As TBI has emerged as a signature condition among members of the U.S Armed Forces, it is important to ensure the numerous military medicine resources available are well allocated. At the request of BUMED M9 TBI Program subject matter experts, an assessment of the mTBI burden at Navy MTFs using Department of Defense ICD-9 CM coding guidance for traumatic brain injury. All mTBI (concussion) encounters at an ambulatory Navy MTF clinic during fiscal years 2006-2012 were pulled from the MHS Management and Analysis Reporting Tool (M2). A biannual report was developed as of FY 2012 in order to assess mTBI burden. Analyses were performed to determine burden in all beneficiaries, with additional focus on active duty, Navy and Marines in particular. For each stratum, encounters, clinic type where the encounter was coded, how the encounter was coded, and patient enrollment location were examined to determine the overall burden within Navy MTFs. Encounter trends, clinic type prevalence, and frequency proper diagnostic code use were among the reported results. The mTBI assessment allowed BUMED TBI subject matter experts to identify specific MTFs in need of resources for wounded warrior care

and where additional training may be needed to support future TBI program planning. Further analysis is needed to determine current allocation by region versus the need seen in baseline data.

**Moira Crosby** is an Epidemiologist with Booz Allen Hamilton. In 2008 she graduated from James Madison University with a Bachelor of Science in Biology, and went on to receive a Masters in Public Health in Epidemiology from Eastern Virginia Medical School in 2010. After graduation, Moira was the first person to join the research team in the Department of Surgery at Inova Fairfax Hospital in Falls Church, VA working as a Research Project Associate and then the Research Program Coordinator for the department. She has publications in various peer-reviewed journals in addition to helping to produce numerous conference podium and poster presentations. Moira joined the Health Analysis Department at the Navy and Marine Corps Public Health Center in early 2013.

**16. Mental Health First Aid, Jane Lewis, PhD (behavioral health track)**

How can we promote mental health amongst members of the military community as a matter of resilience and fight the stigma associated with mental health concerns? Participants in this session will understand the mental health issues affecting the military, veteran and family populations and how to provide support with the Mental Health First Aid curriculum; discuss what is helpful and what is not helpful; and briefly review the curriculum as well as a specific resource list for the military, veteran and family community.

**Jane Lewis, PhD**, has spent almost 40 years in private practice, education and training, executive leadership of not-for-profits, and public mental health. Jane is currently the Senior Director of Quality Improvement and Standards for Region Ten Community Services Board, a regional government mental health, intellectual disability, and substance abuse agency. She oversees Policy and Compliance, Human Resources, and Training for the 550 staff. Jane has served as a college instructor in psychology, philosophy, ethics and religion. She has taught in the VHST program, a state run program training consumers to become peer providers and full time mental health workers and is an instructor in the CIT (Crisis Intervention Training) Program, teaching police officers about mental health. She is a private coach, sex therapist, leadership trainer, and spiritual formation counselor. She and her husband are the founders and directors of the 22nd Century Institute, providing leadership training and personal formation coaching.

4:20 p.m. (1620) Change break

4:30 p.m. (1630) General Session

**17. How Can Virginia Public Health Help Veterans?** Dr. Marissa J. Levine, MD, MPH, Virginia State Health Commissioner

*Session description not available.*

5:15 p.m. (1715) Sessions adjourn for day. Reception/Poster Session.

**Tuesday, June 17**

8:00 a.m. (0800) Open registration, Continental Breakfast

8:30 a.m. (0830) Keynote Address

**18. Veteran Suicide Prevention Strategies, Jan Kemp, RN, PhD**

Join us for this discussion of how communities can provide on-going support and assistance to Veterans and their families. Gain an overview of current Veteran suicide statistics and data, and review current programs in the VA to work with Veterans and their families. Participants will understand the potential mental health needs of Veterans, appreciate the importance community based approaches to suicide prevention, and know how to get a Veteran help in a crisis.

**Dr. Janet Kemp, RN, PhD**, is the National Mental Health Program Director for Suicide Prevention and Community Engagement with the Department of Veterans Affairs Mental Health Services. In this position, she directs the policy and direction of the VA Suicide Prevention Program out of Mental Health Services. She is responsible for policy development, provider and patient education in the areas of suicide awareness and prevention, implementing

assessment and treatment strategies and the dissemination of new findings in the area of suicide throughout the VA system. Dr. Kemp directs and advises the Suicide Prevention Coordinators at each local VA and is the national program advisor for the Veterans Crisis Line and Veterans Chat. Dr. Kemp has done qualitative research in the area of war experiences and effects. Her current projects include suicide attempt and completion database development.

In 2009, Dr. Kemp was a White House Appointee to the Department of Defense Task Force on the Prevention of Suicide by Members of the Armed Forces and in 2010 served on the Army Suicide Prevention Task Force. She currently serves on the Action Alliance Task force for Suicide Prevention and is the Co-Lead on the Military and Veteran Taskforce. Major honors include the VA Secretary's Exceptional Service Award in 2007, and she was the Service to America Federal Employee of the Year in 2009.

9:35 a.m. (0935) General Session

**19. Overview of the Virginia Wounded Warrior Program and Its Federal, State and Local Partners**, panel presentation.

This panel will address the resources available for veterans and family members to find help for stress related injuries and traumatic brain injuries sustained as the result of military service. The panel will provide an overview of the Virginia Wounded Warrior Program and how it works with federal, state and local partners to reach out to veterans and their families and to engage them in treatment and community support. Panelists will discuss how they work together to provide education and training for suicide prevention and evidence based practices for behavioral health treatment. Suicide prevention and crisis intervention services of the VA will be reviewed as well as current efforts of the VA to reach out to primary healthcare practitioners and to address the needs of veterans and families living in rural areas. VWWP will present an innovative program known as "Mission Healthy Relationships and Mission Healthy Families" that is helping veterans and families across the Commonwealth deal with the stress of military life.

Panel Moderator: **Martha Johnson Mead**, Special Projects Coordinator, Virginia Wounded Warrior Program, Virginia Department of Veterans Services. Panel Members: **Jennifer Garrison-Dean, LCSW**, Suicide Prevention Coordinator, McGuire VAMC, Richmond, VA, **Harold Kudler, MD**, Associate Director, VA Mid-Atlantic Health Care Network Mental Illness Research, Education and Clinical Center, **Martha Utley**, Regional Director, Region 4, Virginia Wounded Warrior Program

10:35 a.m. (1035) Beverage Break/Exhibits

10:55 a.m. (1055) Breakout sessions

**20. Veterans and Broadband Access in Virginia: Implications for Healthcare Planning and Policy**, Suzanne Lo, MPH and Mary Beth Dunkenberger (*public health track*)

Veterans are faced with wide-ranging and complex health needs, which are further complicated if they live in rural regions of the Commonwealth. Rural Virginia veterans have higher rates of self-reported depression, traumatic brain injury, post-traumatic stress disorder and substance abuse than veterans in general. Rural regions have traditionally been underserved by healthcare services; rural barriers to healthcare vary by locality, but generally result from long distances to facilities, lack of insurance and specialized care, and an inadequate number of providers. As a result, rural populations tend to be in poorer health and have higher rates of chronic conditions. Broadband has been recognized as an essential communication and service tool for veterans to improve access to healthcare and other services. Broadband is increasingly being utilized to meet and improve mental and physical health needs. Although wireless broadband service enhances coverage to rural regions, many veterans still reside in areas lacking broadband. The study aims to better understand (a) provider utilization of broadband to meet veterans' health needs; (b) veterans' utilization of broadband enabled health services; and (c) program and policy context that enables or limits utilization of broadband to meet veteran health needs. Broadband technologies include telemedicine, electronic health records and health information exchange. The research provides critical linkages to how broadband may be utilized as a foundation in veterans' healthcare services and coordination. Moreover, the research identifies needs required to promote program and policy action necessary to leverage and maximize broadband resources to support Virginia veterans' wellbeing.

**Suzanne Lo** is a research faculty at the Virginia Tech Institute for Policy and Governance. She is an established public health researcher who has served federal, state, local and nonprofit sectors by conducting basic, clinical, public health and communications research. In her work at the National Institute for Drug Abuse, she was lead research associate and assisted in adolescent and adult protocols dealing with tobacco use, nicotine addiction and its treatment. Most recently, at FrameWorks Institute, she worked to advance the nonprofit sector's communications capacity by identifying, translating and modeling relevant scholarly research for framing public discourse about social problems. Suzanne is the author of several manuscripts, has reviewed manuscripts for journal publication and has presented her work for national audiences. She holds a bachelor's degree in psychology from Marist College and a master of public health from Johns Hopkins School of Public Health.

**Mary Beth Dunkenberger** is a senior program director of policy programs at the Virginia Tech Institute for Policy and Governance. She provides technical assistance to public sector agencies and private entities. Additionally, she manages research projects, program evaluations and feasibility studies in the areas of federal, state and local public policy implementation and program delivery. Projects are undertaken with an understanding of the policy, organizational, business practice and political contexts in which agencies operate. Ms. Dunkenberger has worked in the areas of economic development, work force training, international trade, social programs, transportation planning, citizen involvement and public sector strategic development. Ms. Dunkenberger's related academic and outreach interests are focused on developing enhanced connections between social programs and economic and community development in the context of evolving global dynamics.

**21. Integration of Primary Care and Mental Health Services on Behalf of Service Members, Veterans and their Families: Building a Community of Care, Harold Kudler, MD (*primary care track*)**

Service Members, Veterans, and their families comprise about one fifth of the US population yet they remain relatively invisible in general medical and mental health settings. This presentation will include findings from recent surveys of community providers (Primary Care and Mental Health, Urban and Rural) which demonstrate that up to 56% of them do not routinely ask the question "Have you or someone close to you served in the Military?" and that fewer than one third of community providers feel knowledgeable about how to refer a Veteran to VA care or benefits for physical or mental health problems. Guidelines will be given on how to take a military history in a practical way within a busy clinic and how to act on that information in ways that benefit both the patient and the practitioner. These are steps toward creating a community of care in which there is no wrong door to which Service Members, Veterans and their family members can come for the right help.

**Harold Kudler, MD**, trained in Psychiatry at Yale and is Associate Professor at Duke. He has received teaching awards from the Duke Department of Psychiatry and Behavioral Sciences, the American Psychiatric Association and the American Psychoanalytic Association. From 2002 to 2010, Dr. Kudler coordinated mental health services for a three state region of the U.S. Department of Veterans Affairs (VA) and from 2000 through 2005 co-chaired VA's Special Committee on PTSD which reports to Congress. He founded the International Society for Traumatic Stress Studies' (ISTSS) PTSD Practice Guidelines taskforce and serves on the ISTSS Board of Directors. He co-led development of the joint VA/Department of Defense Guideline for the Management of Posttraumatic Stress and serves as advisor to Sesame Street's Talk Listen Connect series for military families. Since 2006, he has co-led the North Carolina Governor's Focus on Returning Military Members and their Families. In 2012, he was appointed to the North Carolina Institute of Medicine. Dr. Kudler is Associate Director of the VA's Mid-Atlantic Mental Illness Research, Education, and Clinical Center (MIRECC) for Deployment Mental Health and Medical Lead for the VISN 6 Rural Health Initiative.

**22. Traumatic Brain Injury and Challenging Behaviors in Wounded Warriors, Paul Aravich, PhD, Professor, Eastern Virginia Medical School Department of Pathology and Anatomy (*behavioral health track*)**

*Session description not available.*

**Paul Aravich, PhD** is the former Chair of the Virginia Brain Injury Council and head of its neurobehavioral position paper on challenging behaviors following TBI; former Chair of the Virginia Public Guardian and Conservator Advisory Board; and initiator of a potential Hampton Roads Wounded Warrior Research Coalition effort.

11:55 a.m. (1155)      Lunch Break/Exhibits

12:45 p.m. (1245) Breakout sessions

**23. Housing Issues for Transitioning Service Members, Veterans and Their Families**, Brandi Jancaitis, MPH, Panel Moderator (*public health track*)

Join this panel presentation for an overview of housing and supportive services needs of transitioning service members, veterans and their families in Virginia, including medical needs and services barriers commonly observed among homeless veterans, and a look at employment opportunities for Virginia's Veterans.

**Brandi Jancaitis** is the Executive Director of the Virginia Wounded Warrior Program. She joined the organization in 2010 and has served as a Lead Case Manager, Interim Regional Director for Greater Hampton Roads, and as Director of Housing Development. Brandi is an Active Duty Army Spouse and mother to two boys so she can personally identify with the sacrifices made by our service members and their families in service to our Nation. Before joining DVS, Brandi worked at Richmond Behavioral Health Authority in Richmond VA since 2007 in a variety of roles including research and grant development, program evaluation, and substance abuse prevention. Brandi brings extensive direct service experience and knowledge of homeless and housing resources for veterans and their families. Brandi originally hails from Southwest Virginia and is a graduate of Virginia Tech where she earned a Bachelor's of Science degree in 2005. Brandi earned her Masters' in Public Health degree in 2008 from Virginia Commonwealth University.

**24. Sustaining Quality of Life for Sailors and Their Families**, Tammy Olenki, Shannon Davis and Lt. Justin Short (*primary care track*)

Participants in this session will learn about current Department of Navy Quality of Life (QOL) programs and services available for service members and military families; hear some of the challenges service providers face and the approaches used in serving military families; gain insight into employment opportunities; and learn of additional resources enhancing the ability of health care providers to better serve the Virginia military community through collaboration. Highlights include: a look at the Navy's Life Cycle approach to family resiliency through quality of life programs; discussion of specific Resiliency programs in Morale, Welfare and Recreation (MWR), Child and Youth Programs, Career Support Retention, Crisis Response, Deployment Support Programs within the Navy's Fleet and Family Support Program, and components of the Navy Safe Harbor-Wounded Warrior Program; a look at current resources practitioners can use to better coordinate services for their respective Navy families.

A Virginia native, **Tammy H. Olenki** is currently the Senior Program Analyst for Fleet and Family Readiness (FFR) Program, Navy Region Mid-Atlantic (NRMA), integrating program and business management across five major QOL Base Operating Support programs to include: Fleet and Family Support, Morale Welfare and Recreation (MWR), Child and Youth Services (CYP)/ Galley Services, Bachelor Housing, Family Housing and Transient Lodging (NGIS) for 17 installations within the Mid-Atlantic AOR. She began her Civil Service career in 1985 serving in the Shore Installation Management Quality of Life (QOL) Program on board Naval Support Activity (NSA), U.S. Fleet Forces Command (USFFC) Headquarters. Throughout her career, she served as an Installation Department Head and MWR Director at NSA. In 1996, she was promoted to the position of MWR/CYP Program Manager on the USFFC four star staff, supporting 42 installations from Keflavik, Iceland to Guantanamo Bay, Cuba. While on this staff, she was an advocate for MWR/CYP programs, responsible for Appropriated and Non-appropriated funds resource management, policy and oversight, and Non Appropriated Grants and Capitalization. In addition, Tammy directed and coordinated the Base Realignment and Closure (BRAC) for Naval Air Station Cecil Field, was the lead for MWR/CYP A-76 studies and was the MWR/CYP FLEET representative for the stand up of three Regional Command staffs, orchestrating the organizational alignment and funding for the new MWR/CYP Regional Staffs. In 2003, she transferred to Navy Region Mid-Atlantic (NRMA) as part of the establishment of Commander, Navy Installations Command. She was instrumental in orchestrating the merger between the Mid-Atlantic and Northeast Regions for the five major QOL life program areas at the same time decoupling the double hatted Naval Support Activity Commanding Officer functions in order to realign the Regional QOL Program organization to the NRMA staff, and stand up the new NRMA N9 organization. Throughout her career, Tammy received numerous awards including a Superior Meritorious medal, three Civilian Meritorious Commendation medals, letters of Commendation, and Special Act awards. She received her Bachelor of Science degree in Education from Old Dominion University and completed the Executive MBA program,

as well, at Old Dominion University. She is also a certified Lean Six Sigma Green Belt. Tammy is very active within the civic community and has served on several boards and committees at the local, state and federal level. In addition, she is an event Director for a major annual fund raising event in support of Children's Hospital of the Kings Daughters (CHKD), Norfolk VA.

**Shannon Davis** currently serves as the Deputy Regional Program Manager, Fleet and Family Support Program providing principle leadership, program direction and expertise on all human service matters for the Navy's Mid-Atlantic Region. An Ohio native, she began her civil service career in 1999 as a Social Worker-Case Manager with the Navy Family Advocacy Program onboard Naval Station Norfolk. Throughout her career, she served as installation Child Sexual Abuse Case Manager and Family Advocacy Program Supervisor at both Naval Station Norfolk and Naval Air Station Oceana. Her accomplishments afforded positions with the Navy Region Mid-Atlantic team in 2004 where she served as Quality Assurance Risk Manager, Senior Program Analyst, and Regional Program Manager. Prior to 1999, Shannon worked in the mental health field with children and families. Her specialties included forensic child abuse evaluations, crisis counseling, and assessment and treatment of children experiencing co-morbid mental health and developmental disabilities. A frequent presenter on mental health and quality of life topics, Shannon has served on a variety of committees at the local and state levels including the Hampton Roads Fatality Review Committee, Virginia Sexual Assault and Domestic Violence Action Alliance, Virginia Governor's Military Advisory Council/Quality of Life sub-committee, Virginia Serving our Service Members (SOS) committee, Hampton Roads Military and Civilian Family Violence Prevention Council. She received her Bachelor of Arts degree in Social Work and Psychology from Cleveland State University and her Master of Science in Social Administration degree from Case Western Reserve University- Advanced Standing Program. She is a Licensed Clinical Social Worker in the state of Virginia.

**LT Justin Short** is currently the Program Director of Navy Wounded Warrior – Safe Harbor Program for the Navy Region Mid-Atlantic (NRMA). Since joining the team of Navy Wounded Warrior, he has found that helping our seriously sick, ill and injured is more rewarding than anything he has done in his career. He continues to find new ways to make the transition process for our service members easier as they make that change from military to civilian life. He enlisted in the Navy in December 1997 and after completing boot camp and "ET A" school, he reported to Pensacola, FL for AN/SPN-46 ACLS "C" school. Upon finishing "C" school, he reported to the USS George Washington CVN-73 home ported out of Norfolk, VA. During his time onboard, he was selected for Seaman to Admiral-21 commissioning program. In the spring of 2003, Justin reported to Newport, RI for Naval Science Institute and then Old Dominion University in Aug 2003. After meeting the requirements for graduation in Feb 2007, he received his commissioning and reported to the USS San Jacinto CG-56 in Norfolk, VA. Continuing, he went to on serve onboard the USS Cole DDG-67, at NAVY Expeditionary Combat Command. During his time with these commands he has served in many roles to include 1<sup>st</sup> LT, EKMS Manager, Communications Officer, Damage Control Assistant, and within N8 as a Requirements Officer. He has completed four deployments to the Mediterranean, Horn of Africa, the Arabian Gulf, and Operation Joint Warrior. Justin's military decorations include the ATCA The Lingiam "Linn" Odems Memorial Award for Air Traffic Control Specialist of the Year Award for the military in 2001, Navy Commendation Medal, the Navy Achievement Medal with four gold stars, and various unit and service awards.

## **25. Substance Abuse Cessation for Veterans Coping with Mental Illness, Bridgette Helms Vest, DNP, PMHNP, GNP (behavioral health track)**

Increased health risks and mortality rates, and evidence for greater drug or alcohol addiction severity have been associated with smoking by persons who abuse other substances. The purpose of this study was to evaluate the impact of participation in a tobacco cessation group within an inpatient substance abuse treatment program on abstinence rates from tobacco, drugs and alcohol as indicated by urine drug screens, breathalyzer readings, and self-report. Veterans (N=137) with a tobacco use disorder enrolled in inpatient substance abuse treatment at the Salem Veterans Affairs Medical Center participated in tobacco cessation education as part of their substance abuse treatment programming. Use of tobacco, drugs and/or alcohol was evaluated upon admission, two weeks following admission, at discharge and one month following graduation. At the one month follow-up, 97 of the 137 Veterans enrolled in the study were contacted. Forty Veterans were lost to follow up. Of those 97 Veterans, 90.7% (n=88)

abstained from alcohol and 91.8% (n=89) abstained from other drugs of abuse, and 14.4% (n=14) abstained from alcohol, drugs of abuse and tobacco.

**Dr. Bridgette Vest** is a nurse practitioner working for the Veterans Administration in Salem, Virginia. She received her BSN from Virginia Commonwealth University, her MSN from Duke University with a GNP, a Post-Masters in Psych/Mental Health Nursing from the University of Virginia and her Doctorate of Nursing Practice from the University of Virginia. She holds certifications as a Geriatric Nurse Practitioner, Psychiatric/Mental Health Nurse Practitioner, Tobacco Treatment Specialist, and an Addictions Registered Nurse, Advanced Practice. She is the Coordinator of the Tobacco Treatment Program at the Salem, VAMC and works in Psychiatry, specializing in Substance Abuse Treatment. Her area of research interest is in tobacco use cessation treatment for Veterans.

1:45 p.m. (1345) Change break

1:55 p.m. (1355) Breakout sessions

**26. Driving Policy Through Evidence-Based Analysis, Captain Paul Rockswold, MC (public health track)**

Before participating in the Navy's semi-annual physical fitness assessment, all sailors must complete a 13-question Physical Activity Risk Factor Questionnaire (PARFQ). Any "yes" answer requires medical clearance, a practice that triggers 220,000 medical visits per year. An evaluation of the effectiveness and cost of this mandatory process showed that it triggered over 200,000 medical visits per year. The demand on the service members, their commands, and the Navy healthcare system included lost duty time for medical visits, the medical provider costs, and costs of any procedures as a result of the visit. The overall cost of the existing process was \$32 million. We recommended that the Navy replace the existing screening process with a stratified risk management process to reduce time away from the worksite, increase readiness via fewer false-positive evaluations, and reduce process variation. The stratified process assumes no additional risk to sailors and would yield an annual cost-avoidance to the Navy of \$20 million. The Navy Surgeon General endorsed the recommendation, and the Navy will revise the physical activity screening process as recommended, with implementation in calendar year 2014.

**Captain Paul Rockswold** is board certified in Preventive Medicine and in Family Medicine. An honors graduate of the U.S. Naval Academy, he attended the Uniform Services University, which he completed in 1987. While continuing his medical practice, Captain Rockswold has been a pioneer in Navy medical informatics. He was helped in the initial activation of CHCS at his command; was Navy Medicine's Physician Representative for the Ambulatory Data System (ADS), which has been incorporated into CHCS as the Ambulatory Data Module (ADM); and was part of the team that defined functional requirements for AHLTA. In 1994, there were 23,000 Cubans and 17,000 Haitians camped at Guantanamo Bay, Cuba. CAPT Rockswold provided pre-natal care to over 400 Haitian women and built a database to track these women, improve the quality of their care, and predict required medical assets for their care. During the Navy's early efforts in disease management, he was the Data Team Lead at NMC Portsmouth. Captain Rockswold's primary duty is as Department Head of Health Analysis, Navy and Marine Corps Public Health Center. His department is actively supporting BUMED's Wounded, Ill, and Injured program. Additionally the department supports BUMED's Advisory Boards, Action Teams, and our MTFs in achieving best evidence based practice throughout Navy Medicine.

**27. Women's Health at the Department of Veterans Affairs, Maggie Czarnogorski, MD (primary care track)**

There are currently over 2.2 million Women Veterans in the US, and approximately 360,000 of these used VA health care in 2012. In 1988 women represented 4.4 percent of all Veterans. This had risen to 8 percent in 2010, and is projected to be 16 percent in 2020. This shift in demographics has presented a challenge to the VA. Women Veterans entering the VA system are younger and have health needs distinct from their male counterparts, which include higher physical and mental health burdens in comparison to their female non-Veteran counterparts and health burdens comparable to or worse than that of male Veterans. In addition, the provision of routine primary care to Women Veterans is fragmented across multiple providers and sites of care, resulting in disparities in access to VA health care services compared to men. Since 2008, VA healthcare has been redefining how care is delivered to women Veterans to ensure that every Woman Veteran has access to a VA primary care provider who can meet all of her primary care needs. This includes gender-specific and mental health care in the context of a continuous patient-

clinician relationship. Through the utilization of innovative technology and collaborations within the VA, this initiative will continue to improve the delivery and coordination of care for Women.

**Maggie Czarnogorski, MD**, is Deputy Director, Comprehensive Women's Health Program, at the Department of Veterans Affairs. Her focus is on the implementation of Comprehensive Primary Care for Women Veterans, with a strong focus on preventative care. Prior to her work in Women's Health, Maggie was the Deputy Director, HIV, Hepatitis, and Public Health Pathogen Program, Office of Public Health at the Department of Veterans Affairs. She is Board Certified in Internal Medicine and Infectious Diseases and actively practicing in the HIV clinic at the Washington DC VA Medical. She is also an Assistant Clinical Professor at the George Washington Medical Center

**28. Attempted Suicides in the United States Marine Corps, Calendar Year 2010**, Christine Glasheen, MPH, and Christopher Rennix, ScD, MS, CIH (*behavioral health track*)

Suicide has been increasing, not only in the United States, but also in Military populations. Within the Department of the Navy (DON), the United States Marine Corps (USMC) demonstrated a dramatic increase in suicides from 2006 to 2009, while rates in the United States Navy have remained stable. Available literature concerning suicide and risk factors contains limited information on the population who attempts, but does not die by suicide. A recent study found that 73.4% of active duty service members who attempted suicide between 2001 and 2010 were seen in an outpatient clinic within 30 days prior to their suicide attempt. This presentation will describe the medical and deployment history of the 166 active component USMC members who attempted, but did not die by suicide in calendar year 2010. Discussion of events which occurred prior to the suicide attempt including: deployment history, self-reported behavioral health indicators from post-deployment surveys, substance abuse treatment, medical encounters 90 days or less prior to attempt, and selected prescription drug use will be presented.

**Christine Glasheen** has served as an epidemiologist at the EpiData Center Department, Navy and Marine Corps Public Health Center since 2009. She is an occupational epidemiologist responsible for suicide surveillance. Ms. Glasheen received her Master of Public Health in Hospital and Molecular Epidemiology from the University of Michigan.

2:55 p.m. (1455) Beverage Break/Exhibits

3:15 p.m. (1515) Closing Session

**29. Closing Session, Virginia's Wounded Warrior Program**, Catherine A. Wilson, CAPT, NC, USN, RET, Deputy Commissioner, Virginia Department of Veterans Services and Executive Director, Virginia Wounded Warrior Program  
*Session description not available.*

A native Virginian, **Catherine Wilson** currently serves as the Executive Director of the Virginia Wounded Warrior Program, a statewide delivery and response system for veterans, members of the National Guard and Reserves, and their families needing behavioral health, primary healthcare, rehabilitative services and community support. Established in the Code of Virginia in July 2008, this program is operated by the Virginia Department of Veterans Services in cooperation with the Department of Behavioral Health and Developmental Services and the Department for Aging and Rehabilitative Services.

Serving in the United States Navy for 30 years, she retired in October 2008. At the time of her retirement she was the Commanding Officer (Chief Executive Officer) of Naval Hospital Bremerton. Prior to that assignment she was deployed and served as the Commanding Officer of U.S. Military Hospital Kuwait (a tent hospital) and nine Troop Medical Clinics located throughout Kuwait and in Qatar. For two years prior to deployment, CAPT Wilson served as the Executive Officer, Naval Hospital Camp Pendleton where she also commanded its Fleet Hospital. Past assignments include Naval Medical Center Portsmouth where she was the Director of Fleet and Family Medicine. CAPT Wilson also served as Deputy Director of the TRICARE Mid-Atlantic Region Lead Agent Office where she had direct impact on health care for over a million beneficiaries in Virginia and North Carolina.

Selected as the Congressional Detail to Senator Daniel K. Inouye of Hawaii in 1999, she served as the advisor to the Senator on all health related issues. CAPT Wilson was a staff assistant for the Senate Appropriations Committee, Subcommittee for Defense, as well as, the Labor, Health, and Human Services and Education Committee.

Her awards include the Legion of Merit, Defense Meritorious Service Medal (third award), Navy Meritorious Service Medal (fourth award), Navy Commendation Medal, Navy Military Unit Commendation (second award), Overseas Service Ribbon, the national Defense Service Medal (second award), and the Global War on Terrorism Expeditionary Medal. She is the recipient of the USUHS Meritorious Service award and the distinguished Hewlett Packard award.

CAPT Wilson's educational background includes a Bachelor of Science degree in Nursing, a Master of Science degree in Trauma/Critical Care Nursing with a minor in Education, and a Master of Science Degree in Human Resources Management and Health Policy. She is also certified in managed care by the Academy of Healthcare Management and earned a Certificate in Legislative Studies from Georgetown University.

4:15 p.m. (1615)      Adjourn

### Questions?

For questions about the program please contact Mary Kidd, VAPHA Administrator, at 804-367-4860 or e-mail [mary.kidd@vapha.org](mailto:mary.kidd@vapha.org).

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