



# Navy and Marine Corps Public Health Center

Fiscal Year (FY) 2015  
Command Annual Report



**NAVY AND MARINE CORPS PUBLIC HEALTH CENTER**  
PREVENTION AND PROTECTION START HERE





**NAVY AND MARINE CORPS PUBLIC HEALTH CENTER**  
PREVENTION AND PROTECTION START HERE

**NMCPHC FY 2015 Command Annual Report**  
620 John Paul Jones Circle, Suite 1100 Portsmouth,  
VA 23708-2103

[www.nmcphc.med.navy.mil](http://www.nmcphc.med.navy.mil)

# TABLE OF CONTENTS

<b>LETTER FROM THE COMMANDING OFFICER</b> .....	<b>ii</b>
<b>EXECUTIVE SUMMARY</b> .....	<b>1</b>
<b>INTRODUCTION</b> .....	<b>2</b>
Purpose .....	2
Background .....	2
Navy and Marine Corps Public Health Center's Strategy .....	4
Strategic Goals .....	4
Strategic Initiatives .....	5
Navy and Marine Corps Public Health Center Strategic Management System .....	6
<b>FISCAL YEAR 2015 YEAR IN REVIEW</b> .....	<b>7</b>
Optimizing Internal Coordination, Processes, and Communication .....	7
<b>FISCAL YEAR 2015 SUCCESS</b> .....	<b>9</b>
Navy and Marine Corps Public Health Center's Mission Execution .....	9
Health Surveillance, Epidemiology & Analysis .....	9
Disease & Injury Prevention .....	14
Public Health Consultation .....	18
<b>NMCPHC MISSION SUPPORT</b> .....	<b>21</b>
GOAL 1: Institutionalize Use of NMCPHC's Products and Services .....	21
GOAL 2: Optimize Navy and Marine Corps Public Health Products and Services .....	24
GOAL 3: Improve Communication of Priorities and Tasks with Leadership .....	26
<b>COMMAND RESOURCES</b> .....	<b>27</b>
Personnel .....	27
Financials .....	28
<b>WAY FORWARD</b> .....	<b>29</b>



**Captain Scott R. Jonson**

## **LETTER FROM THE COMMANDING OFFICER**

The Navy and Marine Corps Public Health Center (NMCPHC) is dedicated to providing worldwide Force Health Protection services to Naval and Joint Forces in support of our National Military strategy. We offer world-class health surveillance, epidemiology, and analysis; disease and injury prevention; and public health consultation and support capabilities to improve the lives of our Sailors and Marines around the world.

As the Commanding Officer of the NMCPHC, I am proud to submit our Fiscal Year 2015 (FY15) Command Annual Report. The report highlights the significant accomplishments of our command over the past year, and the impact the accomplishments have had on the Fleet.

During FY15, the NMCPHC Enterprise focused on optimizing communication and operating procedures to ensure we provided the very best public health products, services, and innovations to our customers and stakeholders. Our Strategic Management System (SMS) has been, and will continue to be, the driving force for change within our command. The system has allowed us to define and implement the changes necessary to optimize the way we do business. In support of the SMS, our Strategic Planning Board has adopted a standardized process by which emerging critical public health challenges are addressed and acted on in a timely and efficient manner.

The NMCPHC has continued to facilitate two-way communications with our internal and external stakeholders to ensure our focus is on the Fleet and it's constantly evolving requirements. In FY15, the NMCPHC supported numerous critical public health initiatives, including major global health engagements, large scale public health exercises and missions in the Atlantic and Pacific, and site assessments both at home and abroad.

Moving forward, we will continue to proactively seek out opportunities to improve and optimize the way we do business while protecting the health and well-being of our Nation's Sailors and Marines. We will continue to be engaged on a global scale to foster public health-related communications and collaborations. The NMCPHC will strive to re-validate its position as the go to source for best-in-class public health products, services, and innovations.

The NMCPHC's many accomplishments over the past year have been brought about by our abundantly talented and committed staff members whose standard is excellence. As we look to the coming year, we are inspired and motivated to do even more in support of our deserving warfighters who endeavor to protect freedom and democracy around the world.

Very respectfully,

**Scott R. Jonson**  
*Captain, Medical Service Corps*  
United States Navy  
Commanding Officer



## EXECUTIVE SUMMARY

The NMCPHC FY15 Command Annual Report provides a comprehensive account of the NMCPHC's activities and accomplishments throughout FY15. This report outlines the command's successes and achievements, and measures the performance and outcomes of the NMCPHC strategic plan.

The NMCPHC's strategy is central to all of its activities and aligns resources toward clearly stated objectives. The vision and mission statements define direction for the NMCPHC and describe the command's purpose and value to the Fleet. In support of the vision and mission, the NMCPHC strategic goals are achievable goals that align command activities and efforts, and ensure resources are focused on moving the command in a desired direction. In support of the command strategy, the NMCPHC identified five critical initiatives to support achieving the strategic goals. These strategic initiatives focus on improving, enhancing and optimizing the way the command operates to maximize the impact of resources and increase coordination across the NMCPHC Enterprise.

With realignment to Navy Medicine East (NME), FY15 was a year of significant change for the NMCPHC. The command successfully navigated the transition from the Bureau of Medicine and Surgery (BUMED) to NME, while still focusing efforts on optimizing coordination across the various directorates, standardizing and streamlining critical business processes, and enhancing communications throughout the entire NMCPHC Enterprise.

During the past year the NMCPHC

- ▶ Proactively supported and facilitated organizational changes within Navy Medicine by rolling the NMCPHC's products and services under the guidance and direction of NME, and ensuring continuity of products and services tailored to the specific needs of the Navy and Marine Corps for optimum support to operational forces.
- ▶ Transitioned the NMCPHC's five strategic initiatives from action planning to task execution to structure, coordinate and optimize the way the command operates and enhance its ability to provide effective and meaningful support across the NMCPHC Enterprise; ensuring the NMCPHC delivers relevant and valuable products and services to the Fleet.
- ▶ Engaged on a global scale to address emerging public health issues and challenges, including the Ebola virus outbreak, and supported critical public health missions by delivering agile, responsive, and scalable public health products and services.



*Throughout this document quick response code (QRC) images provide direct links to information relevant to the content being presented. QRC images can be scanned using a smart phone with a QRC app installed.*

# INTRODUCTION

## PURPOSE

The NMCPHC FY15 Command Annual Report provides a comprehensive account of the NMCPHC activities and accomplishments throughout FY15. As a fundamental element of the NMCPHC's Strategic Management System (SMS), this report illustrates command successes and achievements, and communicates the command's value and impact to Sailors and Marines worldwide.

## BACKGROUND

The NMCPHC supports 42 product lines and more than 300 unique products and services in the fields of occupational medicine, environmental health, disease surveillance, prevention monitoring, public health emergencies and risk communication for Navy and Marine Corps customers. The NMCPHC's products and services are primarily targeted to public health providers and policy makers who support readiness for Sailors and Marines by surveying, consulting, developing, and shaping public health. All the NMCPHC's product lines, products, and services fall into one of its three capability areas as displayed in figure 1.

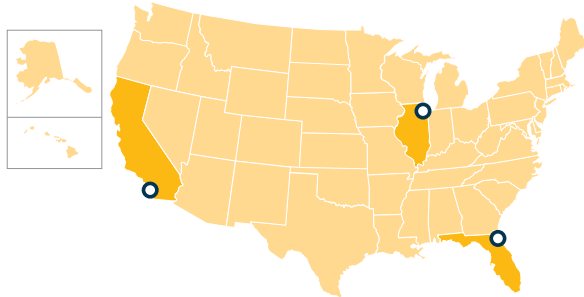


Figure 1. The NMCPHC Capabilities and Product Lines

# THE NMCPHC ENTERPRISE

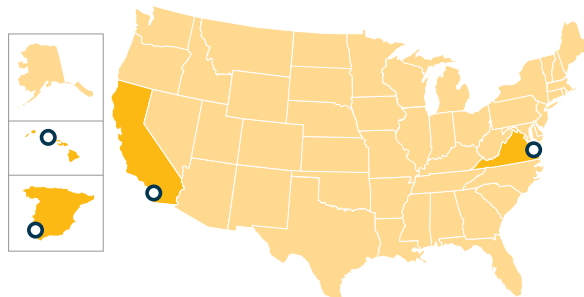
The programs designed to support these core public health capabilities are executed by the NMCPHC's ten operational field activities:

- ▶ **Navy Drug Screening Laboratories (NDSL) in Great Lakes, Illinois; San Diego, California; and Jacksonville, Florida**



The NDSLs ensure warfighter readiness by deterring illegal drug use by providing accurate and timely forensic drug testing.<sup>1</sup>

- ▶ **The Navy Environmental and Preventive Medicine Units (NEPMUs) in Norfolk, Virginia (NEPMU-2); San Diego, California (NEPMU-5); Pearl Harbor, Hawaii (NEPMU-6); and Rota, Spain (NEPMU-7)**



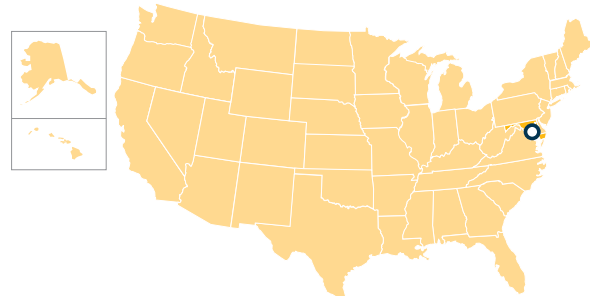
The NEPMUs assist the Navy and Marine Corps operational forces by providing specialized consultation, advice, training and recommendations in matters of occupational health, health promotion, preventive medicine, environmental health and deployment medical surveillance.<sup>2</sup>

NEPMUs-2 and -5 also provide oversight support for two additional services.

- **Forward Deployable Preventive Medicine Units (FDPMU)** capable of meeting Force Health Protection (FHP) needs in theater, from small humanitarian assistance missions to full scale war.<sup>3</sup>

- **Comprehensive Industrial Hygiene Laboratories (CIHL)** in Norfolk, Virginia and San Diego, California that identify and quantify occupational exposures of Navy and Marine Corps personnel, both military and civilian, to chemical substances.<sup>4</sup>

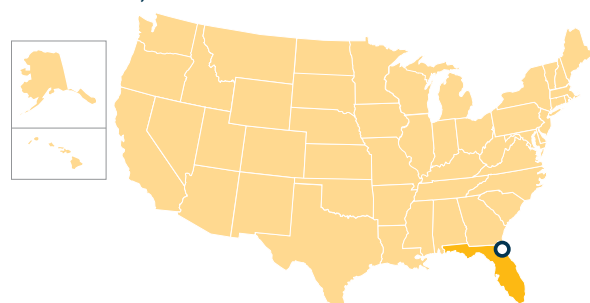
- ▶ **Naval Dosimetry Center (NDC) in Bethesda, Maryland**



The NDC serves as the Navy's ionizing radiation dosimetry center of excellence for radiation protection programs and provides Naval Commands worldwide with radiation dosimetry processing and consultation services.<sup>5</sup>

- ▶ **Navy Bloodborne Infection Management Center (NBIMC) in Bethesda, Maryland (see map above for location)** The NBIMC provides expertise to ensure mission readiness by overseeing the administration (and aid in the development) of policies concerning the human immunodeficiency virus (HIV), Hepatitis B, and Hepatitis C screening for the Department of the Navy (DoN), as directed by BUMED for the Bureau of Navy Personnel.<sup>6</sup>

- ▶ **Navy Entomology Center of Excellence (NECE) in Jacksonville, Florida**



The NECE develops and evaluates novel products and application technologies to better protect deployed forces from blood-feeding insects and other arthropods that transmit human diseases. It also provides FHP through operational disease vector surveillance, control and training to enhance Navy and Marine Corps mission readiness.<sup>7</sup>

<sup>1</sup> NDSL Home Page: <http://www.med.navy.mil/sites/nmcphc/navy-drug-screening-labs/Pages/default.aspx>

<sup>2</sup> NEPMU Home Pages: NEPMU-2 (<http://www.med.navy.mil/sites/nmcphc/nepmu-2/Pages/default.aspx>), NEPMU-5 (<http://www.med.navy.mil/sites/nmcphc/nepmu-5/Pages/default.aspx>), NEPMU-6 (<http://www.med.navy.mil/sites/nmcphc/nepmu-6/Pages/default.aspx>), NEPMU-7 (<http://www.med.navy.mil/sites/nmcphc/nepmu-7/Pages/default.aspx>)

<sup>3</sup> FDPMU Home Page: <http://www.med.navy.mil/sites/nmcphc/expeditionary-platforms/fdpmus/Pages/default.aspx>

<sup>4</sup> CIHL Home Page: <http://www.med.navy.mil/sites/nmcphc/comprehensive-industrial-hygiene-labs/Pages/default.aspx>

<sup>5</sup> NDC Home Page: <http://www.med.navy.mil/sites/nmcphc/ndc/Pages/default.aspx>

<sup>6</sup> NBIMC Home Page: <http://www.med.navy.mil/sites/nmcphc/nbimc/Pages/default.aspx>

<sup>7</sup> NECE Home Page: <http://www.med.navy.mil/sites/nmcphc/nece/Pages/default.aspx>

## THE NMCPHC'S STRATEGY

The NMCPHC's strategy is central to all of its activities and aligns resources toward a clearly stated objective. At the foundation of the NMCPHC's strategy are the vision and mission statements, which are the compass by which the command navigates the continually changing public health environment.

The vision and mission statements define direction for NMCPHC and describe the command's purpose and value to the Fleet and Marine Corps Forces. While the NMCPHC's strategy may undergo changes and modifications over time, the vision and mission are enduring statements that explain why the organization exists, where it would like to go, and what it would like to accomplish in the future.

### VISION

**"Protection through Prevention"**. Our vision is to exceed industry standards and, as a result, be viewed as the model military public health Enterprise.

### MISSION

The Navy and Marine Corps Public Health Center is the Navy and Marine Corps' center for public health services. The NMCPHC provides leadership and expertise to ensure mission readiness through disease prevention and health promotion in support of the National Military strategy.



## STRATEGIC GOALS

In support of the vision and mission, the NMCPHC's strategic goals are achievable goals that align command activities and efforts and ensure resources are focused on moving the command in a desired direction. Since 2013, the NMCPHC's strategic goals have endured, thus validating the command's strategy and focus.

### GOAL 1

#### Institutionalize Use of the NMCPHC's Products and Services

The NMCPHC will be recognized by leadership and customers for its unique specialized products, services and capabilities. It will be the primary source of Navy Medicine's Public Health programs.

##### How will we accomplish this?

- Increase awareness of capabilities
- Influence policy to channel customers to the NMCPHC
- Increase standardization and uniformity of our products and services

##### The effect of our actions:

- Stakeholders will recognize the NMCPHC as the leader for Navy Public Health and use its products and services.

### GOAL 2

#### Optimize Navy and Marine Corps Public Health Programs and Services

The NMCPHC will proactively increase the quality of public health products and services and enhance deployment health.

##### How will we accomplish this?

- Evaluate customer needs and feedback, and meet those needs
- Promote evidence-based best practices to enhance operational forces and clinical practice
- Customize programs based on data and targeted to specific customers

##### The effect of our actions:

- Public health resources will be efficiently used across the Navy and Marine Corps to increase prevention and build resilience.

### GOAL 3

#### Improve Communication of Priorities and Tasks with Leadership

The NMCPHC will target resources to requirements and articulate the value of its efforts to leadership.

##### How will we accomplish this?

- Ensure alignment of strategies and their implementation
- Align taskings to requirements
- Capture stakeholder demands
- Communicate resource needs

##### The effect of our actions:

- The NMCPHC will be empowered and resourced to operate and succeed within a defined scope, and clearly articulate the impact of its efforts.

Figure 2. The NMCPHC Strategic Goals



## STRATEGIC GOAL 1: Institutionalize Use of the NMCPHC's Products and Services

The first strategic goal aims to establish the NMCPHC as the premier provider of public health products and services through increased customer engagement and effective stakeholder communications. To promote the critical impact of the NMCPHC's products and services to the overall well-being of the Naval Community and Joint Forces, the NMCPHC implemented initiatives to raise awareness of, and access to, command capabilities. These efforts reinforce the NMCPHC's relationships with both customers and stakeholders.

## STRATEGIC GOAL 2: Optimize Navy and Marine Corps Public Health Programs and Services

The intent of the NMCPHC's second strategic goal is to leverage experience and expertise, customer input, and lessons learned to optimize the command's public health products and services to best meet the needs of customers and stakeholders. To do this, the NMCPHC continually assesses and evaluates its products and services, as well as its internal processes, and maintains a focus on customer requirements to maximize the value and impact of public health solutions.

## STRATEGIC GOAL 3: Improve Communication of Priorities and Tasks with Leadership

The focus of the NMCPHC's third strategic goal is to effectively communicate up and down the chain of command and increase visibility of task alignment to requirements. The intent is to increase visibility and transparency of the management of resources and requirements, and to increase accountability and advocacy across the command, thus maximizing the NMCPHC's mission readiness.

## STRATEGIC INITIATIVES

In FY14, the NMCPHC identified five critical initiatives, displayed in figure 3, to help achieve the strategic goals. These strategic initiatives focus on improving, enhancing and optimizing the way the command operates to maximize the impact of resources and increase coordination across the NMCPHC Enterprise, thereby presenting the NMCPHC and its subordinate activities as "One Command" to customers and stakeholders.



**Figure 3.** The NMCPHC's Strategic Initiatives

The NMCPHC's strategic initiatives are:

- ▶ **Structured Outreach:** Clearly identify key stakeholders, standardize promotional messaging of the NMCPHC's capabilities, and develop robust coordinated outreach efforts to current and future stakeholders.
- ▶ **Echelon 4 Oversight:** Strengthen relationships between the NMCPHC and its subordinate commands. Clarify the lines of authority and responsibility and echelon 4 oversight functions.
- ▶ **Deployment Optimization:** Identify opportunities to improve, standardize and train the NMCPHC's deployable assets for faster response to stakeholders.
- ▶ **Internal Coordination:** Identify processes and areas where the command can formalize internal forums and business practices to improve the flow of information in the command.
- ▶ **Space Optimization:** Ensure the facilities across the NMCPHC Enterprise are managed and utilized in a manner that appropriately supports the mission and facilitates coordination, collaboration, and communication across the Enterprise.

In support of the NMCPHC's strategic initiatives, the command has defined actionable approaches to initiate progress and build momentum toward successful implementation. These action plans are the result of coordination and collaboration across the command's directorates with sponsorship and active participation from command leadership.

## THE NAVY AND MARINE CORPS PUBLIC HEALTH CENTER'S STRATEGIC MANAGEMENT SYSTEM (SMS)

The NMCPHC employs a structured SMS to focus and align efforts and inspire innovation within the command. An annual process, the SMS drives the NMCPHC to review and adjust its strategic focus based on current events and emerging topics. The SMS also maximizes the NMCPHC's value to its customers and stakeholders by ensuring command activities directly support the vision, mission, goals, and objectives. The strategic planning board (SPB), compiled of command executive leadership and directors, govern the SMS.

As shown in figure 4, the SMS is a flexible methodology that focuses on five key elements—an annual offsite, a strategic plan, an annual business plan, quarterly reviews, and an annual report. Combined, these elements are the foundation of the NMCPHC's SMS.

- **Annual Offsite** – The SMS is initiated by the NMCPHC annual offsite, where command leadership convenes to review the previous year's progress and discuss critical public health trends, developments, and challenges, as well as emerging issues factoring into the command's future strategy. The offsite is an opportunity for leadership to step back from day-to-day operations, analyze the previous year's performance and define a strategic approach to navigate the coming fiscal year. Decisions and outputs from the offsite often translate into updates to the NMCPHC's strategic plan.
- **NMCPHC Strategic Plan** – The strategic plan communicates the command's vision, mission, and strategic goals and aligns the NMCPHC Enterprise's activities with a focus on a three to five year strategic horizon. It ensures the NMCPHC's resources

and tactical efforts are aligned to the operational goals and objectives of BUMED and NME. The strategic plan is reviewed and revised annually based on input from the annual offsite to ensure planning assumptions and mission analysis remain applicable.

- **NMCPHC Business Plan** – The business plan translates the strategic plan into an actionable and achievable plan for the calendar year. As the cornerstone of the SMS, it establishes performance accountability and communicates the desired outcomes and performance drivers by which the NMCPHC will achieve its mission and strategic goals. The business plan is developed annually, based on the inputs from the annual review of the strategic plan and direction from BUMED and NME.
- **NMCPHC Quarterly Reviews** – Monitoring and managing performance against the NMCPHC's strategic goals and business plan is critical to the SMS. Each quarter throughout the year, the NMCPHC's leadership meets to discuss the health and progress of the command. Key performance measures are captured across the Enterprise and presented to command leadership to drive data-based decision making and maintain momentum.
- **NMCPHC Annual Report** – As previously noted, the annual report provides a comprehensive account of the NMCPHC's activities and accomplishments throughout the year. The annual report demonstrates tangible operational accomplishments against the strategic plan and prudent fiscal stewardship. This document is the endcap of the SMS's yearly cycle.

Continued implementation and expansion of the SMS has allowed the NMCPHC to operate efficiently and effectively while enabling timely and accurate communications with internal and external stakeholders. The NMCPHC is consistently focused on improving decision-making capabilities to incorporate business analytics and performance measures aligned with its mission.

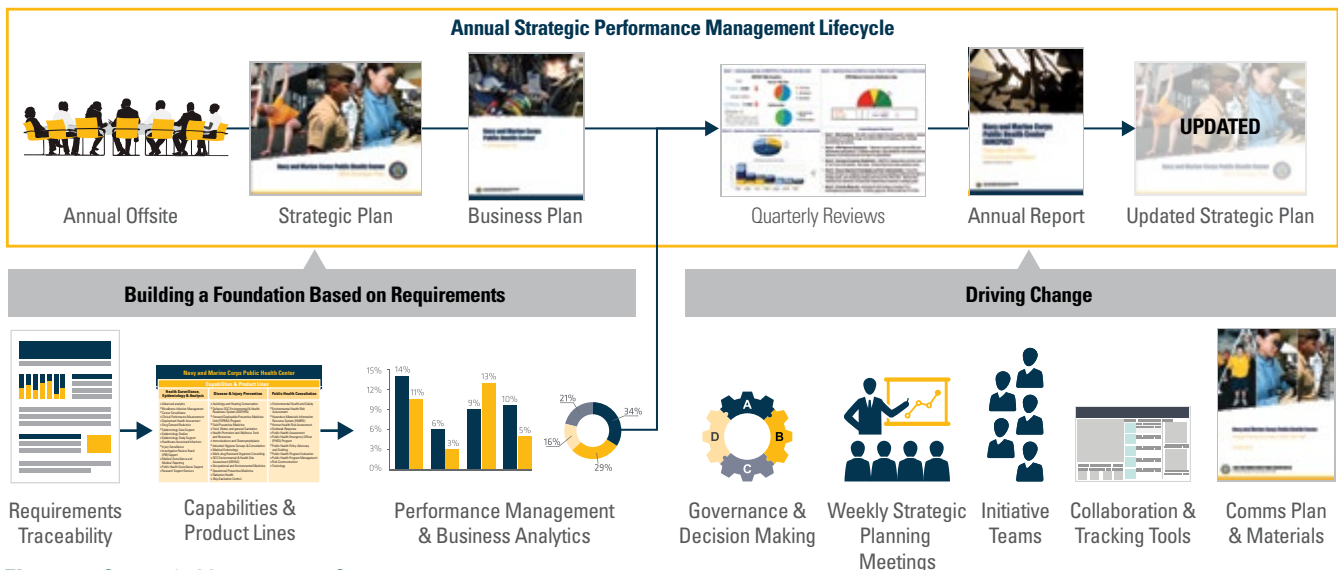


Figure 4. Strategic Management System



## **FISCAL YEAR 2015 IN REVIEW**

### **OPTIMIZING INTERNAL COORDINATION, PROCESSES, AND COMMUNICATION**

---

With realignment to NME, FY15 was a year of significant change for the NMCPHC. The command successfully navigated the transition from BUMED to NME, while still focusing efforts on optimizing coordination across the various directorates, standardizing and streamlining critical business processes, and enhancing communications throughout the entire NMCPHC Enterprise. Furthermore, the NMCPHC was able to drive these efforts while maintaining best-in-class support to the command's global customers and stakeholders.

In support of the NME realignment and in coordination with BUMED, the NMCPHC worked to ensure the NMCPHC Enterprise maintained its critical components necessary to provide the optimum level of support to Sailors, Marines, and their families around the world. Throughout the process, the NMCPHC provided timely responses to information requests from higher authorities while also providing detailed communications within the command to ensure NMCPHC Enterprise staff members were informed and aware of continuous updates. As a result of the NMCPHC's proactive engagement in the reorganization process, the transition was seamless.

In FY15, the NMCPHC adopted a standardized Strategic Planning Board (SPB) process to enhance and expedite the command's decision process. This process ensures the SPB reviews and discusses critical items requiring Commanding officer (CO) approval and identifies appropriate courses of action (COAs). Based on the potential COAs identified, the SPB then provides a recommendation to the NMCPHC CO for approval and implementation. This process has increased collaboration and communications across the command, enhanced the command's ability to respond to emerging critical issues in a timely manner, and ensured decisions were holistically vetted and approached with the NMCPHC's mission and goals in mind. As the SMS and the SPB continue to grow and mature, so do the processes by which they are implemented within the command.

The NMCPHC continued the adoption and implementation of the command's strategic initiatives identified during the FY14 annual offsite. A lead was assigned to each initiative and charged with the responsibility of defining and initiating detailed achievable action plans to realize improvements within the initiative focus areas.

Initiative leads led the charge by engaging resources throughout the command to champion and drive efforts in a timely and coordinated manner. In doing so, the NMCPHC promotes the command's strategy and enhances communications across the various directorates and departments. Initiative leads and their teams were fully engaged with the command SPB to ensure proper review and approval of approaches and action plans, and that command leadership was actively engaged in strategic activities. These strategic initiatives not only resulted in improvements within the command, but also sparked efforts to continuously identify improvements and efficiencies across the entire NMCPHC Enterprise. For example, in support of the deployment optimization strategic initiative, the NMCPHC Expeditionary Platforms Department is working to establish a standardized Mission Management System (MMS) to track and manage participation in missions and exercises across the NMCPHC Enterprise. The intent of the MMS is to provide situational awareness across the NMCPHC Enterprise to promote coordination and collaboration on a global scale.

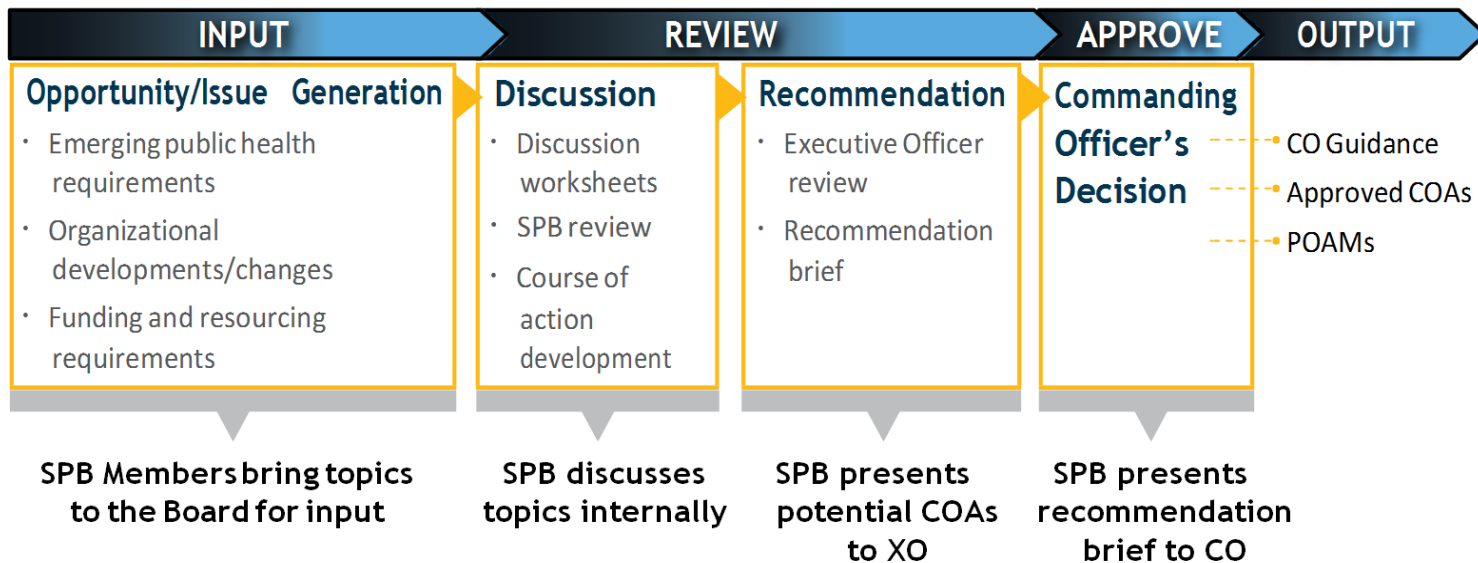


Figure 5. The NMCPHC Strategic Planning Board (SPB) Process



## FISCAL YEAR 2015 SUCCESS

### THE NMCPHC'S MISSION EXECUTION

The NMCPHC is committed to delivering best-in-class public health products and services to Sailors and Marines around the world. Over the past year, the NMCPHC has engaged in a broad range of public health efforts delivering meaningful and impactful support aligned with the command's three capability areas: Health Surveillance, Epidemiology and Analysis; Disease and Injury Prevention; and Public Health Consultation. The following accomplishments align with the NMCPHC's capabilities and highlight the command's ability to execute its mission through delivery of premier public health products and services.

#### Health Surveillance, Epidemiology & Analysis

##### Disease Outbreak Investigation:

A microbiologist from the Preventive Medicine (PM) Directorate and an advanced laboratory technician from NEPMU-2 deployed (in direct support of Operation United Assistance) to Liberia, West Africa, where they participated in a DoD interagency effort to help stem the Ebola Virus Disease (EVD) outbreak. The team staffed a joint medical lab and conducted medical diagnostic tests to determine whether patients at field sites in Liberia, that were presenting viral hemorrhagic fever symptoms, were infected with the Ebola virus. Results from tests were critical in providing rapid information to help identify Ebola infections that had been spreading in West Africa since late 2014. This effort was a critical part of an international mission to contain the disease outbreak responsible for claiming the lives of thousands of individuals from multiple countries.



## FISCAL YEAR 2015 SUCCESS

The Preventive Medicine (PM) Directorate supported BUMED's Ebola Crisis Action Team (CAT), participating in twice weekly calls in support of Navy Medicine's response efforts. The team provided 24-hour on-call support to the DoD Ebola Hotline and produced informational materials for Vice Chief of Naval Operations to distribute to Navy personnel and their families. The CAT also provided request for information support and crisis communication within Navy Medicine and to external partners. The PM Directorate continues to participate in training and exercises to remain ready should the CAT be activated again in response to a public health contingency. Several Flag Officers praised the CAT for the command's expert response and coordination among key public health partners.

**Suicide Surveillance and Case Reporting:** The NMCPHC delivered analytic support for Navy suicide studies that directly informed healthcare leaders and policy makers on program effectiveness and potential interventions (including evidenced-based clinical tools) to prevent suicide. Together, the EpiData Center (EDC) and the Health Analysis (HA) Departments provided in-depth case reviews of suicide and suicide attempts in the DoN in support of surveillance and prevention efforts. Case reviews, as well as surveillance on suicide-related conditions, were provided to key leaders to inform them of suicide prevention efforts. The Suicide Deep Dive conducted an annual suicide case review, detailing service members' health encounters, pharmaceutical use, health assessment responses and chemistry data. The other major component of the Deep Dive was to assess the utilization rates of available healthcare resources and the most frequent diagnoses. Case reviews and support included:

- ▶ EDC and HA staff members attended the 2013 USN Suicide Deep Dive in Millington, TN. Representatives from the DoD, Navy, and Marine Corps met to review each 2013 suicide death and identify similar key risk factors. HA and EDC staff members assisted OPNAV N17 in identifying patterns, evaluating existing programs, determining opportunities for interventions, and assessing data quality. HA and EDC staff members served as subject matter experts (SMEs) and delivered detailed clinical analyses for Navy suicide case reviews to enhance prevention strategies at the request of the Office of the Chief of Naval Operations.
- ▶ The EDC completes suicide deep dives for the entire United States Marine Corps (USMC), requested by USMC Behavioral Health. These deep dives are completed within days of a suicide event. Previously, the EDC completed suicide deep dives for 2011, 2012, 2013, and the first half of 2014 for the II Marine Expeditionary Force (MEF). The reports included a thorough record review of each case using medical data, personnel records, and a review of AHLTA notes.

**Methicillin-Resistant Staphylococcus Aureus Surveillance:** The EDC completed the annual summary for Methicillin-Resistant Staphylococcus Aureus (MRSA) Infections among DoD beneficiaries in 2013. The summary indicated MRSA incidence rates decreased 59.0% from 2005 to 2013. A key finding in the report was MRSA's impact on mission readiness has decreased as incidence rates among active duty DoD service members were the lowest since Military Health System (MHS) wide surveillance began in 2005. The downward trend suggests that MRSA surveillance has successfully increased awareness and reinforced infection control interventions in the MHS and directly decreased the overall MRSA burden among all DoD beneficiaries.



**DoD Coding Assessment for Case Management Services:** The HA identified opportunities for improvement in documentation of case management workload across Navy Medicine. The team provided actionable improvement recommendations to BUMED leadership including key areas to focus case management coding education efforts. Proper coding documentation is necessary to guide decision-making related to case management services. The HA developed seven metrics that provide information by region, medical treatment facility (MTF), clinic type and more. Monitoring and assessing variation in coding practices is critical to ensure validity of the staffing decisions made from the data. This information helped Navy Medicine leadership guide resource allocation for case management services across the Enterprise.



### **Multidrug-Resistant Gram-Negative Bacteria**

**(MDR GNB) Report:** The EDC completed the Multidrug-Resistant Gram-Negative Bacterial and Carbapenem-Resistant Enterobacteriaceae Infections Summary Report for 2013. The report highlighted incidences of *Enterobacter*,

*Klebsiella* and *Pseudomonas aeruginosa* in DoD beneficiaries seeking care in the MHS. It also identified the incidence of *MDR Escherichia coli* (*E. coli*), *Enterobacter*, *Klebsiella*, and *Pseudomonas aeruginosa* increased from the previous year.

A pronounced gender disparity was noted and may be driven by the higher incidence of MDR *E. coli* manifesting as urinary tract infections. MDR *E. coli* showed a notable steady increase in incidence among active duty service members. The rate was 39.3% higher than the historic baseline. MDR GNB infections are a huge concern as they limit viable treatment options. Additionally, among the active duty populations these infections are of particular concern as they contribute to a reduction in mission readiness due to lost duty time and hospitalization. This report was sent to Navy MTFs and the infectious disease and public health communities. The MTFs use this report and the EDC's epidemiology analyses to support ongoing infection control interventions, evaluation of existing interventions, and treatment guidelines.

**Chemical Warfare Agent (CWA) Exposure Support:** The EDC staff collaborated with internal Directorates, Manpower and Reserve Affairs (M&RA), BUMED and the Marine Corps medical staff to review the CWA draft memo that outlined exposure implementation instructions and guidance for this support effort. EDC staff members reviewed Post-deployment Health Assessments and AHLTA medical records for potential CWA exposure reports during deployment. This effort is ongoing and is significant because it helps ensure military members receive the necessary and best follow-up care after a potential environmental exposure.

**National Defense Authorization Act of 2013 Reporting Support:** The HA Department provides monthly reports to BUMED on the average number of days from appointment scheduling to booking for select clinics across Navy Medicine. This report supports the DoD Wounded Warrior Programs' monthly reporting requirement as directed by the Office of Warrior Care Policy, Office of the Assistant Secretary of Defense for Health Affairs under the National Defense Authorization Act of 2013. The HA staff members began reporting in December, 2014 and delivers monthly updates to BUMED M93, Clinical Care Management, to incorporate into a package for higher-level leadership mandated by the Office of Warrior Care Policy. Increased wait times at clinics can negatively impact the health and wellbeing of Sailors and beneficiaries and increase costs if the member chooses to go to purchased care for a faster appointment. The HA's support ensures Navy Medicine leadership has timely, actionable information necessary to assess access to care across the Enterprise and make informed decisions on procedures and policies in Navy Medicine to better support the health of service members and other beneficiaries.

**Behavioral Health Integration Program, Program Evaluation:** The Behavioral Health Integration Program (BHIP) is Navy Medicine's response to the DoD and Medical Home Port (MHP) instruction to integrate mental health care into the primary care setting. The BHIP seeks to address the unmet mental health needs

of all patients by increasing access to mental health services and recapturing costs from the private sector by housing Internal Behavioral Health Consultants (IBHCs) in the primary care setting. The BHIP requested the HA conduct a program evaluation on the impact IBHCs have on increasing access to mental health resources. The HA provided program leadership with a picture of how behavioral health consultants are used, the most common diagnoses the consultants encounter, and suggestions to further assess program impact. The team identified that approximately 40 IBHCs expanded access to mental health services to over 16,000 beneficiaries in FY14.



#### **Disease Reporting through the Disease Reporting System internet (DRSi):**

The PM, Directorate with support from the EDC and Information Management Department (IMD), managed the DRSi, now used by all branches of the Armed Forces. The PM Directorate maintains DRSi as a program of record under the BUMED CIO's portfolio. Management responsibilities throughout the year included ensuring data security and integrity; monitoring data quality; meeting ongoing security and information assurance requirements; granting the Navy, Air Force, and Coast Guard user accounts; responding to user questions; and supporting all BUMED CIO taskers related to the Federal Information Security Management Act and DoD CIO Enterprise transition.

The EDC promoted improved reporting through the use of existing data sources to supplement local reporting activities, including pre-population of demographic information in DRSi as well as providing local MTFs with visibility on positive lab results that may be indicative of a reportable event. Additionally, the PM Directorate worked with the NEPMUs to provide ongoing technical assistance to MTFs. Over the past year, the PM Directorate has worked with the Coast Guard, Army and Air Force to standardize disease reporting processes and identify opportunities for collaboration to better support DRSi user needs. In FY15, over 35,400 medical event reports were recorded in DRSi. In addition, the NMCPHC DRSi helpdesk granted 153 accounts and responded to over 5,000 emails and phone calls.

**Fleet Disease and Injury (D&I) Reporting:** The EDC developed the Fleet D&I Report to support the PM Directorate at the NMCPHC and the U.S. Fleet Forces Command. The Fleet D&I Report provides a weekly analysis of the medical encounters submitted from the Fleet through the Theater Medical Data Store. It identified for each ship the number and rate of encounters for 18 conditions of interest including fever, gastrointestinal illness, and respiratory, as well as an overall encounter rate. The report also pinpointed gaps in the data feed by identifying which ships are not transmitting data from week to week. These reports led to increased efforts by the U.S. Fleet Forces Command to improve Fleet medical reporting and provide a more accurate picture of current military readiness.



**Disease Surveillance and Reporting:** The PM Directorate developed a completeness of reporting metric that is now being used by Navy Medical Regions and MTFs to identify areas for improvement. With the support of EDC, the PM Directorate released four quarterly reports in FY15, providing regions with a dashboard indicating MTFs that might benefit from disease reporting process improvement. Based on the report, the PM Directorate worked with 15 MTFs to evaluate local MTF processes and put improvements in place. Most MTFs improved their processes within two quarters. As a result of this effort, disease reporting in Navy Medicine is at an all-time high of 75% completeness of reporting.

**Standardized Chronic Pain Definition Support:** Navy Comprehensive Pain Management Program (NCPMP) leadership needed evidence to guide program planning and implementation to achieve maximum impact for patients suffering from chronic pain. In support of this need, the HA developed an innovative, comprehensive standard definition to identify chronic pain patients in need of medical resources by assessing the burden and complexity of non-cancer chronic pain in Navy Medicine enrollees. This information provided a data-driven method for NCPMP leadership to triage patients based on their unique needs for pain management services.

The HA's support ensured leadership accurately captured the true patient population, guaranteeing prudent and effective use of program dollars. The innovative case definition provided a standard method to conduct ongoing evaluations to ensure the program decreases pain burden, improves quality of life, and returns military personnel to full duty as soon as possible.



**Influenza Surveillance:** The EDC's influenza surveillance processes provide a comprehensive description of influenza activity and severity across the DoN, resulting in weekly reports during the influenza season and monthly reports during the off-season. This report included the DoN

Influenza Situational Report (SITREP), summary briefs for U.S. Fleet Forces Command, and secondary surveillance support processes for BUMED and the Armed Forces Health Surveillance Center (AFHSC). These processes summarize a broad range of surveillance measures, including influenza positive laboratory tests, influenza-specific antiviral prescriptions, clinical diagnoses with influenza or influenza-like illness, several indicators for season severity, medical event reports of influenza hospitalizations, and vaccination coverage. Additional information is included for specific populations with public health and/or operational impact (such as active duty service members, recruits, and children). The DoN SITREP and U.S. Fleet Forces Command Influenza Brief provide situational awareness of seasonal trends and severity, which prompt investigation and follow-up from preventive medicine personnel as needed throughout the season. Many of the weekly surveillance indicators are compared to baseline measures, and evidence of indicators significantly deviating from historical trends are highlighted. Weekly surveillance for vaccine coverage within active duty, reserve and Fleet populations allows leadership to actively monitor progress for the Chief of Naval Operations immunization goals. Secondary surveillance support processes for AFHSC provide data inputs necessary to conduct influenza surveillance for the broader DoD, as well as vaccine efficacy studies. Additional surveillance support for BUMED allows leadership to track operational progress with vaccine implementation and helps determine supply orders for the following season.





**Marine Corps Mental Health Access to Care:** The HA Department analyzed the effect of a memorandum of understanding (MOU) between MTF mental health clinics and the Marine Corps Community Services (MCCS) Department at the request of the Commandant of the Marine Corps. The goal of the MOU is to have MTF mental health clinics treat medical mental health conditions while MCCS will treat non-medical mental health conditions (sub-clinical counseling, life circumstance issues, etc.). The review supported improving the availability and efficiency of care for active duty Marine Corps personnel to better address their mental health needs and support a stronger Marine Corps Force. Information from the analysis was reported quarterly to Wounded Ill and Injured (WII) Program leadership in an effort to address access to care related issues.

**Public Health Reviews:** The Industrial Hygiene (IH), Environmental Programs (EP), Occupational and Environmental Medicine (OEM), and EDC Departments investigated five alleged cancer clusters among DoN service members and their beneficiaries. The HA Department supported the EDC through data collection in a cross department collaboration. The reports generated, functioned as a communication tool to foster discussions between concerned individuals and their medical providers.



**Drug Demand Reduction Program (DDRP) Support:** The HA Department conducted Phase II of the DDRP analysis requested by the Assistant Secretary of the Navy (ASN) M&RA to identify trends in prescription drug dispensing compared to positive drug urinalyses for prescription drugs. The analyses and report identified current trends in dispensing and urinalysis positivity, risk factors associated with prescription drug misuse among active duty and reserve Navy and Marine Corps Service Members, and current gaps within the policies governing the DDRP. This work supports the understanding and future reduction of prescription drug misuse among active duty Sailors and Marines.

**Periodic Health Assessment Support:** EDC staff members provided analysis and tooling, as requested by BUMED, for adding automation regarding the Defense Health Agency's (DHA) data processing. The Periodic Health Assessment (PHA) is routinely used to identify health factors among service members. Improvements to the data captured can improve health surveillance and outcomes. The EDC consulted with the DHA on the content, design, and functionality of the PHA form and associated business rules. The new version will be available on the web and as a stand-alone form for ships and battalion aid stations.



**Deployment Health Assessments:**

The Electronic Deployment Health Assessment (eDHA) was modified to include a new version of the Deployment Mental Health Assessment (DD Form 2978) as directed by BUMED. The daily export of data to the AFHSC has been updated

to reflect this change as well. The EDC's recommendations and tooling are improving the deployment health assessments through updates and automation.

The EDC researched health outcomes and health assessment completion rates resulting in an information paper documenting how service members who completed both the Post Deployment Health Assessment (PDHA) and Post Deployment Health Reassessment (PDHRA) were at a decreased risk for psychotropic drug use, post-traumatic stress disorder (PTSD) diagnosis, and traumatic brain injury (TBI) diagnosis following deployment, than those who did not. This research and analysis suggests that those service members who did not complete the PDHA and PDHRA were at a higher risk for mental health disorders.



**Navy Drug Screen Laboratory (NDSL)**

**Training and Support:** The Lab Services Directorate supported the NMCPHC structured outreach strategic initiative by providing training at the following locations:

- ▶ Senior Enlisted Leader and Legal Officer Courses for Naval Justice School Norfolk
- ▶ Senior Enlisted Leader and Non-Commissioned Officer Academy Courses for the Marine Corps at Marine Corps Base (MCB) Quantico and MCB Camp Lejeune
- ▶ Urinalysis Program Coordinator/Drug and Alcohol Program Advisor/Drug Demand Reduction Coordinator/Substance Abuse Control Officer Courses at several locations in the Eastern Region

## FISCAL YEAR 2015 SUCCESS

This training ensures that DoD military and civilian staff members who are responsible for executing the requirements of the DoD Military Drug Testing Program have the most current and accurate information about the program. The training provides senior leaders the tools to structure a more effective program to deter drug abuse and thereby improve mission readiness. Responses to the training have been overwhelmingly positive, reaching approximately 1,000 participants, and requests to provide similar training dramatically increased throughout 2015.

The Navy Drug Testing Program also expanded the panel of drugs tested at the NDSLs. This increased detection capability increases the deterrence aspect of the program, and allows the program to identify and take action against individuals who abuse dangerous, designer drugs (such as Spice). The expansion allows the NMCPHC to positively impact the mission readiness of Navy and Marine Corps units.

**Navy Drug Screening Laboratory Facility Support:** In April 2015, NDSL Great Lakes moved to a state-of-the-art, 26,000 square foot, energy efficient (LEED Silver) facility on board Naval Station Great Lakes. This military construction project was seven years in the making and involved effort from numerous individuals (most notably BUMED Facilities and the Navy Drug Testing Program Manager). It is the first time a brand new facility was designed and constructed for forensic drug testing within the DoD. The additional capacity of the facility allowed the Navy Drug Testing Program to transition all Army reserve testing from an over-burdened Army laboratory to this new facility. This joint service effort supports the NMCPHC structured outreach strategic initiative by demonstrating the command's capabilities and creating greater awareness of the support and products and services the NMCPHC can provide.



## Disease & Injury Prevention

### Electronic Surveillance System for the Early Notification of Community-Based Epidemics (ESSENCE) Advocacy and Support:

The Preventive Medicine (PM) Directorate served as the Navy SME and voting member of the Defense Electronic Medical Syndromic Surveillance Systems Advisory Workgroup (DEMSSAW), a workgroup under the sponsorship of the Readiness and Force Support Portfolio Management Board. The PM Directorate provided SME review of documents detailing new detection algorithms designed to reduce false alert signals. The PM Directorate also participated in discussions prioritizing ESSENCE upgrades. As a result, Navy ESSENCE users should see a more efficient system within the next year. The PM Directorate also developed an ESSENCE guide and companion checklist, providing users with clear steps on how to navigate the complicated access request process. Users of this guide have found it very helpful. Furthermore, the DHA used the Navy guide as a model to develop their own Tri-Service version.

**DOEHRS-EEH Training Support:** The PM Directorate continued development of the Defense Occupational and Environmental Health Readiness System-Enhanced Environmental Health (DOEHRS-EEH) with Army and Air Force SMEs. The PM Directorate co-instructed DOEHRS-EEH training in Naval Health Clinic Hawaii and Naval Hospital Oak Harbor, which provided training and access to the designated DoD medical surveillance system, following the guidelines and instructions for mandatory use of DOEHRS-EEH.

**Inter-Service Working Group Collaboration:** The NMCPHC PM Directorate partnered with the Army and Air Force to begin the revision of the NAVMED P5010, Chapter 1, "Tri-Service Food Code", which provides PM policy and guidance for food safety across Navy Medicine. Revising this outdated document is key to ensuring the continued health and safety of Sailors and Marines. The NMCPHC is also currently revising NAVMED P5010, Chapter 4, "Recreational Waters" in conjunction with The Office of the Chief of Naval Operations (OPNAV) and Marine Corps representatives. Collaborating with other services and other Naval organizations ensures partnerships and broader acceptance with changes to policies and guidance.

### Food and Drug Administration (FDA) Partnership to Enhance National Standardized Training:

For the third year in a row, the NMCPHC PM Directorate partnered with the FDA Food Safety Trainers to conduct their certified Food Establishment Plan Review course at NEPMU-6. Participants included 18 individuals from the Naval Hospital Pearl Harbor PM Department, along with Navy Exchange and Marine



Corps Exchange food directors, who received world class training from the FDA trainers on Food Establishment Plan Reviews. Due to previous NMCPHC partnership with the FDA, the FDA provided this training at no cost. This partnership brings standardized training to our preventive medicine personnel and food service managers at no cost to Navy Medicine, and ensures that the same high quality standards are being used and adhered to throughout Navy Medicine.



**ShipShape Program Modernization:** The NMCPHC Health Promotion and Wellness (HPW) Department continued to support the ShipShape Program with process improvement measures. The ShipShape Program is the official Navy weight management program

designed to assist active duty and reserve military Service Members, beneficiaries and government civilians with making healthy behavior changes in order to lose weight. The eight session program focuses on three essential components for weight loss: mindset, nutrition, and physical activity. The goal of the ShipShape Program is to equip participants with the skills and resources necessary to jumpstart a healthier lifestyle.



During FY15, the HPW Department led the effort to completely revamp and modernize the ShipShape Program. The ShipShape Program revitalization came in the form of an updated website, curriculum, facilitator training, and reporting and metrics collection process, as well as new branding and communication efforts. Due to this modernization effort, the ShipShape Program Web Page had 380 unique page views on 9-10 March, 2015 directly following the press release and has had over 8,100 unique page views since the website launched in October, 2014. Since December 2014, the HPW Department has certified and trained over 300 ShipShape Program Facilitators Navy-wide and is continuing to receive extremely positive feedback on the new ShipShape Program structure and resources. HPW staff members continued to market and inform personnel on the program by hosting webinars and ShipShape Program Facilitator Trainings throughout the year, as well briefing the course at the HPW Stakeholder Collaboration Call, to communicate the ShipShape Program's purpose, benefits and changes to the program.

In response to feedback from course participants and facilitators, new prerequisites were added for those who were interested in becoming ShipShape Program Facilitators. Students had to complete HPW's Choosing Healthy Options for Wellness (CHOW) course of the Navy Fitness Morale, Welfare, and Recreation's (MWR) Mission Nutrition course or hold a degree in nutrition prior to attending the ShipShape Program Facilitator Training. Additionally, military members must be at least an E-5, be within Body Composition Assessment standards, and have scored at least a "satisfactory" on their most recent Physical Readiness Test to attend the training. This new requirement allowed for greater focus during ShipShape Program training on facilitator skills as opposed to teaching basic nutrition.

**Enterprise Wide Review of Tobacco Program for Surgeon**

**General:** The HPW Department, with support from the Population Health (PH) Directorate level staff members, led the development and completion of an information paper and briefing to the Navy Surgeon General (SG) on the Enterprise Tobacco Prevention and Cessation Program review. The HPW Department provided information on current programming to include policy, support and execution, reporting and metrics for success, as well as observations and recommendations moving forward. The PH Director briefed the SG with support from the HPW tobacco SMEs.



**Tobacco Cessation Facilitator Training:** HPW staff members assisted with the regional Tobacco Cessation Facilitator training held at Naval Medical Center Portsmouth on 13 November, 2015. The twenty medical participants

were from Fleet, operational commands, local branch health clinics, the Medical Center, and from the Veterans Administration. The training enables the facilitators to provide deckplate and worksite tobacco cessation treatment using the American Cancer Society Fresh Start program. The NMCPHC's HPW staff members are recognized as the lead and SMEs on tobacco prevention and cessation for the Navy, and have been consulted on topics such as programming, policy, and sales.





**Sexual Health Promotion:** In support of the Sexual Health and Responsibility Program (SHARP), HPW Department collaborated with the Navy Education and Training Command, Medical Education and Training Campus, BUMED, Navy MTFs, the Association of

Reproductive Health Professionals, Merck & Co., and other stakeholders on several initiatives in FY15 to include: train 250 healthcare professionals in the placement of intrauterine devices and hormonal implants, launch web-based training on sexual health as part of the 2016 Navy General Military Training (GMT), and train 90 PM students, 40 health educators, 40 Surface Warfare Medical Officers, and 12 Independent Duty Corpsmen in various aspects of sexual health promotion. In FY15, SHARP also sponsored webinars on the use of HIV pre-exposure prophylaxis in DoD and unplanned pregnancy prevention in Navy Medicine, in which 95 healthcare professionals attended. SHARP developed the curriculum content for the family planning portion of Navy Education and Training Command's Life Skills course which will be a mandatory requirement for all Sailors beginning in 2016. These trainings and promotions support the health and wellness of military members to improve mission readiness.



**Blue H Navy Surgeon General's Health Promotion and Wellness Award:**

The NMCPHC HPW Department manages the Blue H Navy Surgeon General's Health Promotion and Wellness Award. Commands, including medical commands and Fleet commands across Navy Medicine, submit applications identifying how their command meets the criteria set for the Blue H award, highlighting health promotion and primary prevention efforts, to the NMCPHC HPW Department. In 2015 and for the eighth consecutive year, a new record for Blue H participation was set with 345 commands. These commands included 51 ships and all aircraft carriers. In 2015, the NMCPHC launched a new criteria set designed specifically for Marine Corps commands and launched a new web-tool for Blue H applications to improve and simplify Blue H data collection and analysis. Not only does the Blue H award encourage improved health of the Fleet, but also of those individuals who provide care and support to the service members to allow the Fleet to achieve its mission.

**Medical Home Port (MHP) Population Health Implementation:**

The HA and the HPW Departments partnered with BUMED to continue to provide analysis for the implementation and development of MHP

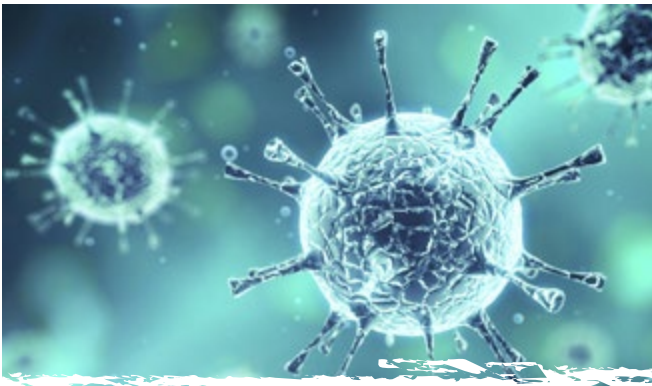
Population Health. MHP Population Health is an approach to facilitate the care of a specific population using a dedicated medical team to provide primary, secondary, and tertiary preventive health strategies. From FY14 through FY18, MHP Population Health will be introduced at five pilot sites including Naval Medical Center San Diego (NMCS), Naval Hospital Camp Pendleton (NHCP), Naval Hospital Pensacola (NHP), Naval Medical Center Portsmouth (NMCP) and



Naval Hospital Jacksonville (NHJ). During FY15, the combined support of all the teams involved in this effort is described below.

- ▶ Contributed to the development of the MHP Population Health Site Playbook to serve as a guide for MHP Population Health site leadership, providers, and staff members to understand, plan, and implement the MHP Population Health framework at each of the five sites.
- ▶ Contributed to the development of a comprehensive tertiary prevention strategy with the creation of an Ambulatory Intensive Care process flow which provided a step-by-step guide for identification, recruitment, enrollment and treatment of high risk and high utilizers.
- ▶ Established collaborative relationships with leadership at pilot sites and coordinated updates with Navy Medicine regional leadership to support the implementation of MHP Population Health.
- ▶ Produced comprehensive reports for three Navy MTFs that included Community Health Assessments (CHAs), analysis of the enrolled population, and Geospatial Information System (GIS) maps to visually display key findings. The reports provided an in-depth description of the population, built environment to support evidence-based recommendations and informed Navy Medicine health promotion and wellness efforts as they relate to behavior change and the prevention of chronic conditions.

- ▶ Created the MHP Population Health Training course, Course Evaluation, and Facilitator's Guide, as well as a Training Implementation and Sustainment Plan that provide key players in MHP Population Health with the knowledge and resources to successfully and consistently implement the effort at their pilot site.
- ▶ Developed the Program Evaluation Plan to ensure standard reporting across sites, identify effective strategies and activities and execute program monitoring and evaluation in order to track progress and successes.
- ▶ Created a collaborative milBook group on milSuite in an effort to share resources and connect MHP Population Health key stakeholders to program materials, resources and best practices. The site will enable two-way communication among BUMED, the NMCPHC and pilot site participants.



**Combating Antibiotic Resistant Bacteria:** In support of the White House 2015 National Action Plan to combat antibiotic resistant bacteria, the EDC team, in conjunction with the Multidrug-resistant organism Repository and Surveillance Network (MRSN), as part of the Antimicrobial Resistance Monitoring and Research (ARMoR) Program, employed analytic and surveillance capabilities to monitor antibiotic resistance among DoD beneficiaries. These efforts included daily antimicrobial resistance surveillance reports and alerts to MRSN and DoD MTFs on emerging drug resistance patterns and bacterial pathogens of urgent, serious and concerning threats per the Center for Disease Control and Prevention (CDC) classifications. The collaboration with MRSN has created an Enterprise wide, comprehensive and strong program that addresses the growing problem of antibiotic resistant bacteria.

Although the ARMoR program benefits all DoD beneficiaries, its most notable impact over the recent year has involved support to deployed warfighters in Afghanistan, Kuwait, United States Africa Command, and Honduras, and wounded evacuees at Walter Reed National Military Medical Center and the San Antonio Military Medical Center. At the MHS Research Symposium, the EDC received the Outstanding Research Accomplishment / Team

Intramural Award for the collaborative efforts in the ARMoR Program.



**HPW Training and Outreach Support:** The HPW Department conducted and supported over 40 trainings between 1 October 2014 and 30 September 2015. These trainings included various general health promotion courses (such as sexual health trainings, sessions at Independent Duty Corpsman School in San Diego, and Aerospace Medical Technician School in Pensacola) as well as Tobacco Cessation Facilitator Training, ShipShape Program Facilitator Training, Facilitating Healthy Behavior Change and CHOW, at a variety of locations. The HPW met the needs of Navy Fleet and medical staff by conducting additional ad-hoc trainings by request and providing support in locations such as Patuxent River, Jacksonville, Annapolis, Beaufort, Guam, and for USS GEORGE H. W. BUSH (CVN-77).

In addition to providing training, HPW Department collaborated with the Air Force Medical Support Agency, Navy Medicine and the U.S. Department of Health and Human Services' Million Hearts initiative to host several webinar sessions; one such session was provided to help prevent heart disease and promote heart health. The webinar addressed the burden of heart disease in the United States, resources and programs to prevent heart disease and promote heart health, and how to recognize symptoms. Seventeen participants from the CDC, Navy Medicine and the Air Force attended the event sharing best practices.

**Disease Surveillance Training and Outreach:** The PM Directorate worked in collaboration with Army Public Health Center and Air Force School of Aerospace Medicine to host ten Disease Surveillance webinars designed for local and regional PM staff members. Topics included malaria, influenza surveillance, Navigating DRSi and risk communication. Over 1,000 attendees were able to receive continuing medical education and continuing nursing education credits for attendance in FY15. The Tri-Service collaboration provided resource efficiency in hosting trainings and afforded the opportunity for standardization of key messages.



**Global Training Exercise Support and Engagement:** Thirty-four officers and enlisted from the NMCPHC and NEPMUs -2, -5, and -6 deployed in support of four global training missions in the United States Pacific Command (USPACOM) and United States Southern Command areas of responsibility. Members from across the NMCPHC Enterprise were primarily responsible for the public health missions of CONTINUING PROMISE 15, SOUTHERN PARTNERSHIP STATION 15, PACIFIC PARTNERSHIP 15 and COBRA GOLD 15. They played a crucial role in helping strengthen regional partnerships and improve host nation capacities to respond to humanitarian crisis or disasters. They served as expert advisors for pre-deployment site surveys, advance and liaison teams and operated ashore from USNS COMFORT (T-AH-20), USNS MERCY (T-AH-19) and HSV SWIFT where they delivered critical public health services and provided much needed training to host nation public health professionals in an effort to improve the public health infrastructure of over 20 countries.



**Suicide Awareness Promotion and Participation in National Conferences:** As part of the Navy and NMCPHC's desire to reduce the number of suicides in the Navy, HA and EDC staff members attended several suicide prevention conferences and national events (such as the Veterans Affairs, DoD Suicide Prevention Conference and American Association of Suicidology [AAS] Presentation) and presented at the AAS. The conferences provided potential prevention strategies and highlighted the challenges faced by our service members, veterans, and their families. Participation in national conferences increases awareness of the issue and improves the HA and the EDC's analysis on suicide case reviews that are reported to N17 annually.

## Public Health Consultation

### Navy Medicine Representation on National Sanitation Foundation (NSF):

The NMCPHC PM Directorate represented Navy Medicine and Navy and Marine Corps interests on public health standards, practicality for foodservice and recreational waters equipment. Representation on these non-governmental public health organizations ensures the Navy stays in the forefront of new techniques and emerging technologies that impact the health and safety of Sailors and Marines.



### Navy Medicine Clinic Management Course SME Support:

HA staff members provided analytic subject matter expertise for the Clinic Management course (CMC), a continuing education program for Navy Medicine providers. The HA Department presented two lectures, assisted with student capstone projects and served on the executive steering committee for mock briefings. The CMC, sponsored by the Navy Medicine Professional Development Center, is offered ten times a year at Navy MTFs around the world and provides Navy Medicine clinicians the knowledge and tools necessary to successfully integrate MHS and BUMED strategic goals into their daily practices as a high reliability organization (HRO) in a variety of health care settings. HA's role ensures Navy Medicine providers can accurately monitor and assess key metrics relative to access and quality of care. Their expertise also supports providers in implementing process improvement strategies at various facilities across the Enterprise.



**Principles of HRO Support and Analysis:** BUMED requested the HA Department serve as the senior Navy representative to the MHS's Partnership for Improvement Steering Committee (P4I-SC) and to develop the Interpretation, Methods, and Analytics for Clinical Services (IMACS) Work Group. IMACS coordinates clinical analytic activities within the MHS and supports senior military leadership in the design and interpretation of key health indicators. The P4I-SC and IMACS are both integral in increasing the application of principles of high reliability organizations within Navy and Military Medicine. The HA Department supported these groups with key analyses and data visualization to develop and evaluate appropriate measures related to quality, safety, access, patient satisfaction, readiness and cost indicators. These efforts facilitate the Navy's implementation of HRO principles to further protect and minimize risk of the Fleet.



#### **Wounded, Ill, and Injured (WII) Program Management:**

Approximately six years ago, BUMED established the WII program to address the health needs of warfighters across the continuum of care. What began as an idea for a special capability, became an

established program to promote, protect and restore the physical and psychological health of Sailors and Marines. Supported by the WII program and through staff innovation, creativity and effort, the NMCPHC successfully produced products focused squarely on improving the health and well-being of wounded current and retired service members. The NMCPHC enhanced the readiness, resiliency and recovery of WII Sailors and Marines by offering tailored informational tools and materials for healthy living. The WII programs provided Navy Medicine with scientific data and analyses to answer questions and make pivotal decisions regarding WII service members and their families. As a result, what began as a special program funded from year-to-year has now become part of the NMCPHC's enduring mission, enhancing its core capability set to include surveillance and metrics support, program evaluation, health analysis, health promotion and the testing and evaluation mission of the NECE. The advocacy and commitment of the entire NMCPHC staff members led to the success of the WII product lines, and their contributions continue to ensure the NMCPHC provides the best possible support to their customers.



**GIS Support to TriCare Clinic Site Analysis:** The HA Department provided GIS analysis to NME, Navy Medicine West (NMW) and the MHP Population Health initiative. The GIS NME analysis determined potential locations for current and future TriCare clinic sites. Additional studies included evaluation of TriCare eligible population, population density report and analysis of direct care versus purchased care. The GIS NMW analysis determined beneficiary needs based on present beneficiary populations, naval housing, population/housing growth, housing affordability and commute time. The MHP Population Health support consisted of 145 GIS slides related to NH Pensacola. The slides reviewed six MTF locations spread out across five states in relation to the enrollment distribution to include multiple high risk medical conditions, demographics, cost, use of care, the food environment and drive times between facilities. The effort aligned to the HA Department's analytic support of the MHP Population Health project and helped to identify Pensacola's treatment population and the environment in which they live.

#### **Naval Facilities Engineering Command (NAVFAC) Engineer Field Division and Base Realignment and Closure Support:**

The EP Department, Health and Safety Technical Support Division provided health and safety technical expertise and consultation to the NAVFAC Engineer Field Division, Base Realignment and Closure (BRAC) Program Management Office Remedial Program Managers and their contractors for remediation/cleanup projects, including health and safety document reviews and assistance with field health and safety issues and site compliance audits.

As part of continuing health and safety technical support for time-critical Environmental Restoration-funded and BRAC-funded environmental projects, the HP staff members independently reviewed and provided technical comments on 98 contractor developed health and safety documents, as well as 77 site-specific Accident Prevention Plans, 96 site-specific Health and Safety Plans and over 490 Activity

## FISCAL YEAR 2015 SUCCESS

Hazard Analyses. The HP staff members partnered with NAVFAC South West Safety, performing ten health and safety site audits of contractor field operations. The HP staff members developed compliance reports and assisted with the review of contractor responses and corrective actions based on deficiencies found during the site visit.

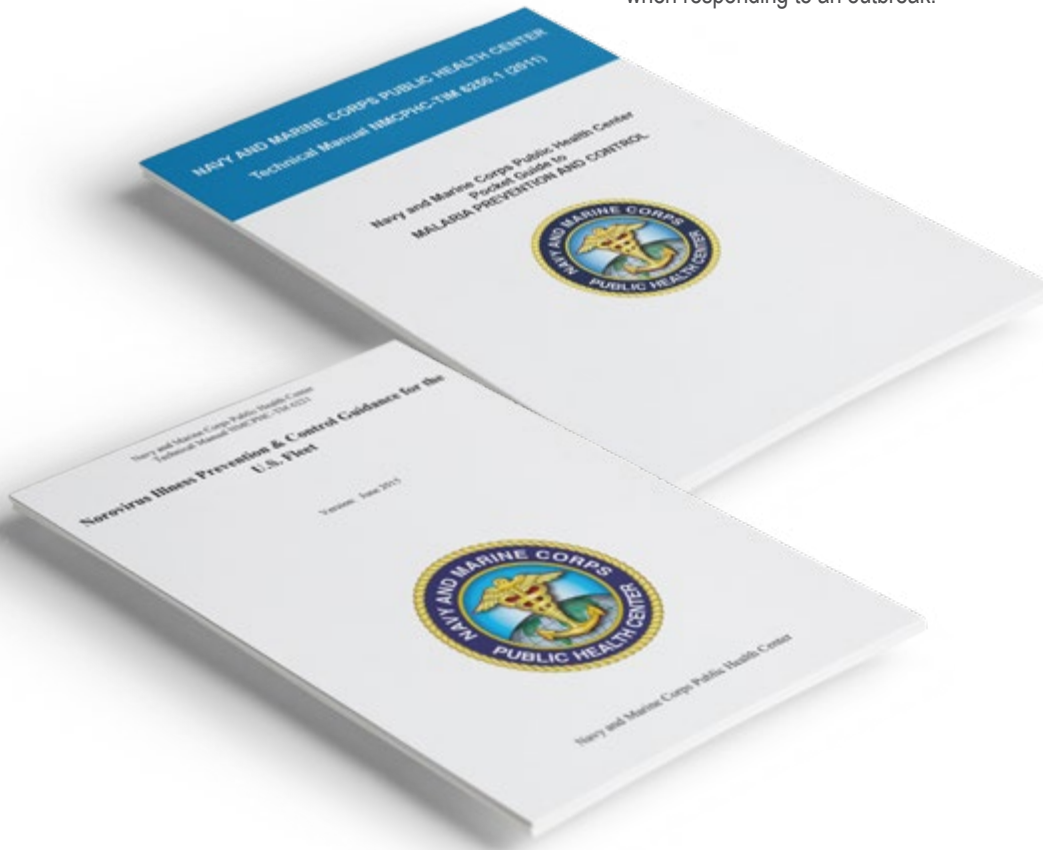


### **Preventive Medicine Publication and Technical Guide Development:**

The PM Directorate developed nine publications and products (such as Farmers Market Inspections, Drinking Water Compliance versus Surveillance, Date Marking and Labeling Food, etc.) to help standardize execution and to raise understanding of specific policies and guidance. These fact sheets are available to both public health and facility operators to assist them with greater understanding of the NMCPHC's regulations, policies and guidance. These products give a condensed and easily understood version of the regulations, policies and guidance they address which allows the NMCPHC's personnel and other health practitioners to maintain up to date knowledge of codes and practices.

The PM Directorate also developed five disease surveillance advisories to provide medical departments with situational awareness of emerging public health issues and resources available for disease identification, reporting, response, control and prevention. Topics included Middle East Respiratory Syndrome Coronavirus and Chikungunya in the Americas. The advisories were designed to direct readers to the NMCPHC and the NEPMU products and services.

The PM Directorate updated two technical manuals, the Guide to Malaria Prevention and Control and the Norovirus Illness Prevention and Control Guidance for the U.S. Fleet, designed for local medical department use in curtailing the threat of disease. Content for the Guide to Malaria Prevention and Control was updated to align with current DoD and Unified Combatant Command policies. A mobile friendly version of the guide is currently in development to support the increased use of technology by medical staff. The Norovirus Illness Prevention and Control Guidance for the U.S. Fleet went through significant revision and now includes a checklist of outbreak prevention and control measure as well as a sample questionnaire and line listing for use during an outbreak. These tools provide Fleet medical staff with standardized and convenient templates to use when responding to an outbreak.







## THE NMCPHC MISSION SUPPORT

In addition to providing worldwide Force Health Protection (FHP) services to naval and joint forces in support of the National Military strategy, the NMCPHC continually strives to enhance and optimize its command operations. At the center of these efforts is the NMCPHC strategic plan, including the vision, mission and strategic goals. The NMCPHC strategy supports the command's ability to execute its mission and provides direction and guiding principles for everything the command does. Command efforts aligned to the strategic plan position the NMCPHC to operate more efficiently and effectively and maximize the value and impact the command delivers to its customers. The following accomplishments align with the NMCPHC's strategic goals and demonstrate the command's dedication to institutionalizing and optimizing the NMCPHC's products and services while enhancing communications across the NMCPHC Enterprise and public health stakeholder community.

### GOAL 1: Institutionalize Use of NMCPHC's Products and Services

**HPW Communication Campaign:** The NMCPHC's HPW Department is committed to providing innovative and evidence-based programs that facilitate readiness and promote lifelong healthy behaviors and lifestyles. To further these efforts, the NMCPHC launched a campaign to inform active duty, reserve, WII, and retired Sailors and Marines, and their family members of available health promotion and prevention services. The HPW Department campaign helps identify how prevention optimizes the readiness of the total force, sustains optimal well-being and demonstrates the resilience needed to carry out mission and/or daily life duties. This campaign officially launched in late 2012, but is an ongoing effort with several key strides taken in FY15. For example, the HPW Department and Air Force Health Promotion worked to identify potential collaboration opportunities related to health promotion and associated topics. Such meetings have proven to be successful in opening the lines of communication between the Navy and Air Force.



**Establishing Critical Public Health**

**Partnerships:** The NMCPHC invites the participation of organizations and programs that share a commitment to the health and wellness of the armed forces. The PM Directorate received formal approval from BUMED for the NECE to become a World Health Organization Collaborative Center (WHO CC), the only one of its kind in the world. This WHO CC status will recruit new international and industry collaborations previously lacking from our United States efforts, which will deliver new ideas and solutions to better protect deployed war fighters and help promote global public health, a key national security priority for the Navy and DoD.

The PM Department, in partnership with the California Environmental Health Association (CEHA), created a military-centric session at CEHA's annual conference in San Diego, California. During that session, the PM Directorate provided training on the military food code, outbreak responses and preventive medicine in a combat environment. PM staff members also attended and participated in the World Aquatic Health Conference, working side-by-side with public health officials from the CDC, as well as various state and county agencies. The PM Directorate also continued working on various committees affiliated with the Conference of Food Protection which is a body of regulators, industry and academia focused on national food safety input to the FDA. Presenting to fellow environmental professionals in a non-DoD environment increases stakeholders' understanding of the Navy's roles, responsibilities and policies with respect to environmental health program execution and increase awareness of some of the NMCPHC's capabilities.

The HA Department provided further analytic support related to clinical outcomes at the request of BUMED. The HA Department's

understanding of the Navy healthcare environment and understanding of the MHS Data Repository has yielded metric development and evaluation for numerous programs within BUMED M3 (MHP) and BUMED M9 (WII). The HA Department's multi-disciplinary approach to projects involves epidemiologist, programmers, biostatisticians, program analysts and clinicians. The HA Department's projects and capabilities have helped to position the department as the leading analytic element for MHS and BUMED analytic needs.



Through the HPW partnership program, the NMCPHC strives to collaborate and help spread healthy living and HPW campaign messages, and promote and advance the shared missions of partners through the NMCPHC communication channels. HPW partnership program promotes

and advances the shared missions of 22 partners through a multitude of communication channels including digital platforms such as Facebook and Twitter as well as traditional communications such as newsletters and emails. In 2015 HPW partnership program added the Defense Commissary Agency, Army National Guard- Guard Your Health, the Defense and Veterans Brain Injury Center's A Head for the Future initiative and the Air Force Diabetes Center of Excellence as partners. In 2015, partners were invited to participate in HPW webinars such as February's "Getting to the Heart of It: Preventing Heart Disease and Promoting Heart Health," and September's "Suicide Prevention and Intervention Efforts in the Navy and Marine Corps." HPW also presented at the Operation Live Well Work Group on the HPW Wounded, Ill, and Injured website in May 2015. Examples of additional engagements in 2015 included the defense commissary agency supporting the HPW through the promotion of HPW messages on their Facebook page and HPW promotion of the Real Warriors Campaign through social media channels.

Another partnership example was when the NMCPHC hosted the "Air Force Diabetes Center of Excellence (AF DCOE) Diabetes Central Overview" webinar in collaboration with the Air Force. The AF DCOE Director demonstrated the Diabetes Central website which is a DoD Common Access Card enabled website that contains dozens of patient and provider education materials, trainings and assessment tools available to all MHS health educators, clinicians, and others in the medical field. There were over 40 participants in attendance from multiple locations from the Navy, Air Force and Army.

**HEALTH ANALYSIS**

Activities Who We Serve Why Health Analysis About Us Contact Us

**Improve Clinical Outcomes & Reduce Unnecessary Costs**

When we analyze a problem, we don't just see numbers, tables, and graphs, we see the Navy Medicine leader who seeks to ensure programs are efficient and effective, the doctor who can provide better access to and quality of care, the Sailors, Marines, and their families who can get the care they need, when they need it.



"You've given me exactly what I needed to make a difficult decision"

Flag officer, BUMED



Process Improvement



Epidemiological Analysis



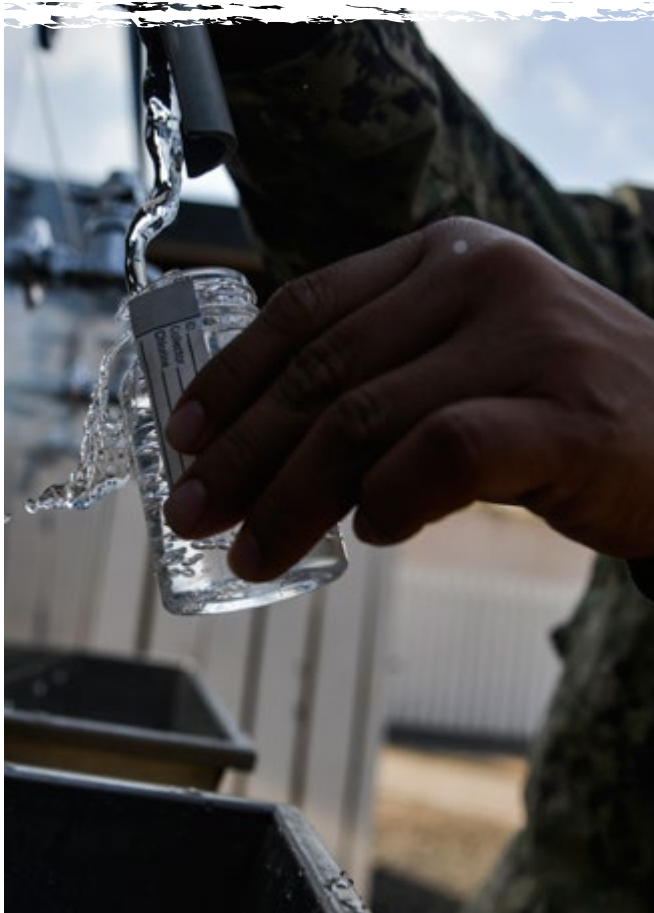
Spatial Analysis



Program Evaluation

**Marketing Strategy Development:** In accordance with their Departmental strategic initiatives, the Program and Policy Support (PPS) Department, within the PM Directorate, developed a marketing plan to ensure consistent communication strategies and a coordinated, proactive approach for marketing the Department's products and services. This included developing an overarching marketing plan that outlined the products and marketing capabilities that the Department would focus on and additional standard operating procedures (SOPs) and guidance documents to execute the plan. The PPS Department also widened their social media reach with instituting regular posts to the command's social media pages, which met the PM Directorate's strategic goal of promoting awareness of the NMCPHC products and services and conveying accurate and consistent messages to the NMCPHC's customers.

The PPS Department advanced Navy environmental health program and policy development and was instrumental in shaping and influencing significant the DHA, inter-service and interagency initiatives. Foremost is the development of a comprehensive method for conducting public health risk assessments for overseas drinking water systems. The Commander, Navy Installations Command (CNIC), praised this method for assessing the potential health risks associated with overseas drinking water systems



with identified deficiencies. In a related effort, PPS staff members developed a detailed checklist for conducting sanitary surveys for public health audits of overseas drinking water programs. This assessment tool was piloted at naval stations and bases in Japan and Bahrain, and proved effective for ensuring overseas drinking water programs met the Chief of Naval Operations, the CNIC, and NAVFAC safe drinking water goals. The environmental health staff members in the PPS Department partnered with leading national and international environmental health organizations (such as the FDA, National Environmental Health Association, California Environmental Health Association, World Aquatic Health Conference, and the Conference on Food Protection) on training, regulatory and standards development that ultimately affect DoD policy. The clinical PM staff members in the PPS Department partnered with the DHA Health Surveillance Branch, the Army Public Health Center, and the Air Force School of Aerospace Medicine to develop a strategy for establishing disease reporting requirements in the DoD. To support this effort, the PPS Department developed a debating process based on already established processes by the U.S. Council of State and Territorial Epidemiologist and Canada Public Health for civilian reporting requirements. The debating process has been adopted by a working group to revise DoD reporting requirements.

**Increased Reach in Social Media Channels:** The HA, the EDC DRSi team members, and the PPS Department contributed to the overall growth of the NMCPHC's social media presence by contributing regularly to the command's social media calendar. These Departments developed tailored, impactful messages along with compelling imagery (still images and dynamic video) that could easily be adapted across the command's social platforms. The contributions of these teams in FY15 helped the NMPCHC to grow its fan base substantially, establish a Twitter account, reach new segments of target audiences and continue to raise awareness of the NMCPHC's role in military public health along with their specific products and services.

**Continued Implementation of milSuite Collaboration Portal:** milSuite is a DoD Enterprise-wide suite of tools that create a working space for ongoing collaboration among stakeholders and the NMCPHC. It is composed of four tools that work together seamlessly; milBook, milWiki, milWire and milTube. The NMCPHC's main vehicle for collaboration within milSuite are milBook groups, which allow users to create online working groups that enable members to share information including ideas, processes, best practices, and working drafts. In FY15, the PH Directorate and the HPW Department developed milBook groups to increase collaboration and information sharing among stakeholders for the several initiatives.

## GOAL 2: Optimize Navy and Marine Corps Public Health Products and Services

**The NMCPHC and The NEPMU Strategic Offsite:** In May 2015, the PM Directorate hosted the NMCPHC and the NEPMU Offsite. Representatives from the NMCPHC, the four NEPMUs, and BUMED Capability Development and Integration (CD&I) attended the offsite. The purpose of the offsite was to streamline and standardize policies and procedures in support of the Fleet, operational forces, and other customers and to transform the FDPMU into a more agile, scalable platform. Recommendations from the offsite are being systematically instituted to further enhance the NEPMUs and FDPMUs operations and to ensure the NMCPHC Enterprise remains relevant and continuously attuned to the changing and evolving operational environment.

**Participation in NEPMU and FDPMU Exercises and Training Events:** The PM Expeditionary Platforms (EXPLAT) Department supported the FDPMU Operational Readiness Evaluation (ORE) process for the FDPMU teams. Participation in training and exercises is a critical component of the ORE process and prepares the FDPMU team members for operational readiness evaluations. Throughout FY15, the NMCPHC Enterprise participated in several exercises and training events:

- ▶ The FDPMU Team 1 East, participated in BOLD ALLIGATOR 2014, which was a live, virtual and constructive scenario-driven exercise designed to improve Navy and Marine Corps amphibious core competencies along with coalition, NATO, allied and partner nations as an ongoing investment in the current and future readiness of DoD Forces. The exercise included six scenarios involving the chemical, radiological, disease vector, or PM components. The microbiology component and logistics module provided support as needed.



- ▶ The NEPMUs -2, -5 and -6 hosted the Occupational Environmental Health Site Assessment (OESHA) Table-Top on several occasions. The NMCPHC EXPLAT Department and IH Department facilitated the training which involved the teams working through various intelligence and camp site materials provided as exercise scenarios to complete an OESHA for the exercise Combatant Commander.

- ▶ The NEPMUs -2 and -5 hosted the FDPMU Basic Course on several occasions. The NMCPHC staff members facilitated the training which utilized both didactic instruction and scenario-based tabletop and field exercises, where assigned FDPMU team members became familiar with the FDPMU platform requirements, design and operation.
- ▶ The NEPMUs -2 and -6 hosted the OEHSAs Basic Course on several occasions. The NMCPHC staff members facilitated the training which provided the basic knowledge on the phases and procedures necessary to complete an OEHSAs following the NTRP 4-02.9 OEHSAs manual.



- ▶ The NEPMUs -2 and -6 hosted a risk communication course on several occasions. The NMCPHC staff members participated to learn the skills and techniques for communicating health risk information to various stakeholder groups. Didactic classroom sessions and tabletop scenarios were employed to teach risk communication theory and specific tools and techniques necessary to develop and deliver effective written and oral health risk information to a wide range of target audiences.
- ▶ The NEPMU-5 hosted the Field Training Exercise (FTX). The NMCPHC staff members from the IH Department and EXPLAT Department provided SME support to The NEPMU-5, FDPMU Training staff members during the FDPMU West Team 5's FTX onboard Camp Pendleton, CA.
- ▶ The NEPMUs -5 and -2 hosted the Disease Outbreak Table-Top on several occasions. NMCPHC staff members facilitated the event and participants worked through various intelligence and camp site materials provided as exercise scenarios to complete a disease outbreak investigation for the exercise Combatant Commander.
- ▶ The NEPMU-2 hosted the FDPMU Intermediate Phase I. NMCPHC staff members facilitated the theory and practice for completing OEHSAs via didactic instruction, tabletop scenarios and field practice. Topics included site reconnaissance, sampling and analysis plan development, environmental sampling and health risk assessment.

Participation in these trainings and exercises increased the operational readiness of the FDPMU. The FDPMU team members are better prepared to address public health concerns and respond to critical mission requests increasing the overall readiness of Sailors and Marines.



**FDPMU ORE Support:** The OREs, part of the Navy Training System Plan, support the FDPMU and the FDPMU unit type code mission specific operations outlined in OPNAVINST 3501.347A Projected Operational Environment and Required Operational Capability for the

FDPMU; SECNAVINST 6200.1 Deployment Occupational Environmental Health Program; and Navy Tactics, Techniques and Procedures (NTTP) 4-02.8 Forward Deployable Preventive Medicine Unit manual requirements to provide and monitor FHP for operational forces. Select NMCPHC staff members facilitated an ORE for the FDPMU West Team 5 (NEPMU-5) at Camp Pendleton, CA. The ORE (a six day evaluation) is designed to replicate an FDPMU deployment, allowing team members to plan and execute a variety of component and team specific tasks. Team members were evaluated on their ability to perform effectively within an austere environment, construct defensible courses of action, demonstrate proficiency in the operation of technical equipment, and the ability to advise the ground commander on effective preventive medicine measures to institute concerning FHP. The ORE was used to form the basis for additional training evolutions to be conducted at the unit level. Completion of this evolution is required as the final evaluation of the intermediate phase and is conducted prior to deployment.

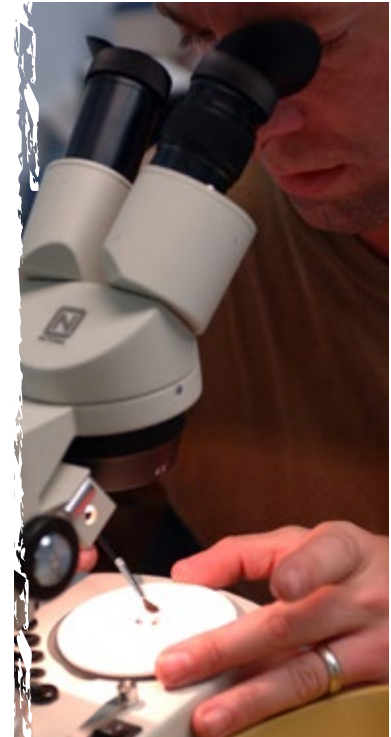
**FDPMU NTTP Review:** In coordination with the Navy Warfare Development Command, NMCPHC staff members, and various NEPMU OICs, provided draft updates to the NTTP 4-02.8 FDPMU manual for review and concurrence from Navy and Marine Corps Public Health professionals. The process involved review by all major Public Health stakeholders, as well as force planners requesting FHP support. The FDPMU NTTP review allowed the NTTPs to be properly vetted by FDPMU SMEs and ensure command personnel and medical planners have knowledge of the certified procedures.

**FDPMU Support to United States Forces Korea:** Upon request from the United States Forces Korea (USFK), J4-Health Services Support (HSS), the NMCPHC PM Directorate provided a key leaders brief on the operational capabilities of the FDPMU at the 34th Combined Medical Steering Committee (CMSC). The CMSC is a high-level Republic of Korea (ROK)-US conference where critical medical topics are briefed and discussed in the presence of General Officers and senior medical leaders representing the ROK Ministry of National Defense (ROK MND), ROK Army Surgeon General, USPACOM Surgeon General,

USFK Surgeon, and Surgeons from United States Army Pacific Command, 7th Fleet, 7th United States Air Force and Eighth United States Army. The CMSC brief was followed by a similar brief to over 40 senior combined and joint planners and HSS staffs during the ULCHI FREEDOM GUARDIAN – 15 Final Planning Conference/KEY RESOLVE – 16 Initial Planning Conference. The FDPMU was presented as a relevant and strategic asset for stability and contingency operations in the Korean

Theater of Operation (KTO). Following the CMSC and planning conferences, the USFK Surgeon requested additional FHP SME to jump-start the Middle-East Respiratory Syndrome (MERS) planning and coordinating efforts for a synchronized United States response across the KTO. As part of these efforts, the PM Directorate drafted the USFK preparation and response plan tasking order and served as the J-4 HSS lead for the J-3 Current Operations initial operational planning team (OPT), which set the roadmap for multinational and component command coordination and a whole of government response to the MERS outbreak in the ROK.

**DHA Coordination and Support:** The PH Directorate leadership provides key SME support on the Navy's role in the MHS, as the NMCPHC liaison to the DHA and as the Navy shared services representative. The PH Directorate participated in routine Public Health collaboration and coordination working group meetings. They briefed information from those meetings, along with consolidated input from all NMCPHC staff members participating in shared services committees, to Rear Admiral Iverson, BUMED Deputy Chief of medical operations, on a weekly basis. The PH Directorate also provided consolidated reports to BUMED Leadership representing Navy Medicine on future shared services teams and MHS Governance. Through this increased effort and coordination with multiple agencies, the NMCPHC is positioned to assist the Navy, and provide support to the DHA as they work towards full operational capability.



## MISSION SUPPORT

The PH Directorate Leadership also serves on several boards and task forces such as a representative on the DHA's Population Health Advisory Board, Healthy Base Initiative and Department of Defense's Operation Live Well demonstration to resources ensure proper are allocated to each and as an official Navy liaison to the Community Preventive Services Task Force. This is an effort to help identify public health priorities, participate in systematic reviews, and convey critical evidence gaps and needs identified through Task Force work. As a vital Navy SME, PH has become the point of contact at BUMED for HPW needs, including the revision of OPNAVINST 6100.2A, Health and Wellness Promotion Program

**Facilities Improvements to Support Operations:** Resource Management (RM) Directorate played an integral role in the managing of resourcing and construction of new facilities for the command's NDC and the NEPMU-7. Working closely with contracting and on site representatives, the RM Directorate ensured resources were available when needed and supplied the necessary trouble shooting advice when needed.

RM Directorate was instrumental in executing the command's desire to restructure CIHL East under the NEPMU-2 and CIHL West under the NEPMU-5. The reorganization effort improved command and control and better aligned resourcing streams.

RM Directorate's ability to quickly establish lines of accounting to support the Pacific Partnership exercise enabled a successful execution of mission without distractors caused by resourcing shortfalls. Working closely with Navy supply and contract managers, RM Directorate provided supplies, materials and resources to participating units for a successful exercise.

### GOAL 3: Improve Communication of Priorities and Tasks with Leadership

#### Enterprise Financial Management and Audit Readiness

**Support:** The RM Directorate provides Enterprise financial management support for the NMCPHC and all supporting field activities. Responsibilities include budget execution, managerial accounting and financial management analysis. The RM Directorate's mission is to justify and ensure optimum use of resources within the NMCPHC and its field activities; to formulate principles, policies and procedures to ensure effective financial and resource management functions; to provide the CO with integrated fiduciary processes that are accurate and responsive to BUMED.

The RM Directorate coordinated the collection and submission of key supporting documentation in response to audit sample data requests, to substantiate transactions recorded in the General Ledger. The RM Directorate conducted reviews of the transactions and supporting documentation for completeness, accuracy and compliance with policies and procedures, and provided explanations

for any variances. Ensures the command has effective internal controls and business processes in place, demonstrates increased financial accountability, and greater efficiency in the use of funds.

- ▶ RM Directorate supports BUMEDs audit readiness initiative through the review of the command's key business processes and internal controls that impact financial data and audit readiness.
- ▶ RM Directorate executed command Level Testing (CLT) in support of the BUMEDs audit readiness initiative, validating the effectiveness of internal controls, compliance with BUMED SOP, and identified audit readiness of the commands.
- ▶ RM Directorate coordinated, reviewed and prepared sample packages for key supporting documentation across a range of processes in support of the BUMED SOP spot check, ensuring accuracy, thorough documentation, and assessing the commands compliance with BUMED policy and procedures, and identifying the commands progress and sustainment of audit readiness.
- ▶ RM Directorate coordinated, reviewed and prepared sample packages for key supporting documentation across a range of processes in support of the DHA Schedule of Budgetary Activity audit, ensuring accuracy, thorough documentation, and assessing the commands compliance with financial policies and procedures.

#### Continued Implementation of Process Improvement Methods:

The NMCPHC continued implementing financial process improvement methods to consolidate and link reports and databases to reduce processing time, increase accuracy, enable advanced analytics, and archive documents and data pulls for future reference and analysis. Use of process improvement methods contributed to key components of audit readiness; validating the accuracy of financial transactions, identifying discrepancies, and performing corrective actions. Results of the development and production of the process improvement methods show a return on investment that includes an 84% reduction processing time, mitigation of the risk of inaccurate or incomplete data, issues identified and resolved before they disrupted business and executed processes using best practices in a consistent and standard manner.

The Navy Drug Testing Program, in coordination with Naval Medical Logistics Command, completed two major equipment procurement actions in September 2014, totaling over \$9M that will replace outdated high speed screening analyzer systems and initiate new tandem mass spectrometry technology at the three NDSLs and the three Army/Air Force laboratories. The new equipment will increase the capacity for sample throughput, allow for a more robust and flexible continuity of operations plan, increase back-up capabilities for military drug testing and the program's ability to test for drugs of abuse at each laboratory.



## COMMAND RESOURCES

### PERSONNEL

Active duty Service Members, civil service employees and contractors support each NMCPHC Directorate. The supporting manpower mix is directly influenced by the need to deploy and sustain Fleet readiness. The directorates predominately executed at home station (Environmental Health, Laboratory Services, and Population Health) are largely supported by civil service employees. In addition to conducting environmental and population health, preventive medicine, and laboratory services functions, the NMCPHC Enterprise Support Services has the additional functions of providing administrative, material, information technology, logistics and resource management to all its subordinate field activities. Each activity is assigned the workforce mix best suited to accomplish its mission. Table 1 displays the personnel assigned to each directorate and field activity.

NMCPHC DIRECTORATES	ON-BOARD FY15 PERSONNEL
Command Suite	4
Environmental Health Support Services	62
Population Health Support Services	107
Preventive Medicine Support Services	37
Laboratory Services	5
Administration	45
Resource Management	23
<b>Total NMCPHC Staff</b>	<b>283</b>

NMCPHC FIELD ACTIVITY	ON-BOARD FY15 PERSONNEL
NEPMU-2	73
NEPMU-5	79
NEPMU-6	39
NEPMU-7	15
NECE	25
NBIMC	9
NDC	29
NDSL Jacksonville	68
NDSL San Diego	56
NDSL Greater Lakes	57
<b>Total Field Activity Staff</b>	<b>450</b>
<b>Total NMCPHC and Field Activity Staff</b>	<b>733</b>

**Table 1.** NMCPHC Directorate and Field Activity Staffing Support

## FINANCIALS

---

The NMCPHC receives and manages two types of funding appropriations, Defense Health Program (DHP) 0130 and Counter Narcotics (CN) 1804. The DHP appropriation provides baseline Program of Record (POR) funding and year of execution funding for the following programs: Post Deployment Health Risk Assessment (PDHRA), Medical Home Port Comprehensive Pain Management, Medical Home Port Global Population Health, and the WII program. Counter Narcotics funding directly supports the operation of three drug labs: NDSL San Diego, NDSL Jacksonville and NDSL Great Lakes.

The WII program has been funded as a “year of execution” program. However, in FY16 the WII program will become a POR baseline-funded item.





## WAY FORWARD

In FY16, the NMCPHC will continue to focus efforts on further shaping responsive, evidence-based practices by building a collaborative joint-focused network to effectively address emerging public health concerns. The NMCPHC will continue to engage critical public health, Marine Corps and Navy Medicine stakeholders to build functional communities dedicated to the development and promotion of Navy Public Health capabilities, products, services and staff members. With a focus on the future, command activities will continue to position the NMCPHC as the gold standard in public health and the primary, trusted source for Navy and Marine Corps public health needs.

As in years past, the NMCPHC will leverage its SMS to build on its successes and find new and innovative ways to drive mission execution within the confines of Navy Medicine's financial structure and SOPs. As the command's SOPs mature and refine, NMCPHC's ability to respond to emerging public health issues and challenges in a timely and effective manner will demonstrate the command's transactional excellence and position the command for long term success. In FY16, NMCPHC's primary focus will be on

- ▶ Continued delivery of world class public health capabilities to Sailors and Marines on a global scale
- ▶ Structured and standardized coordination across the NMCPHC Enterprise to optimize delivery of products and services
- ▶ Proactive engagement with critical public health stakeholders to develop functional communities and promote communications
- ▶ Facilitate identification of creative and innovative public health solutions that leverage new and existing capabilities from the Navy Medicine community

As the NMCPHC continues to products, services, and innovations that execute its mission and continue to optimize its operations in support of its mission, the command will build its successes by effectively managing limited resources while maximizing value to the Fleet and Marine Corps Forces. The NMCPHC strategic planning board will continue to facilitate the command's decision process through refinement and enhancement of SOPs. The NMCPHC leadership will continue to coordinate with NME and BUMED to support reorganization efforts within the Navy Medicine Enterprise.

Clear and effective communications to the NMCPHC's customers and stakeholders will continue to be a primary focus as the NMCPHC Enterprise seeks to expand its engagement in public health related missions in all areas of operations. The NMCPHC will continue to maintain a focus on the needs of the Fleet and Marine Corps Forces and ensure they are the main priority for everything the command does.



# THE NAVY AND MARINE CORPS PUBLIC HEALTH CENTER CONTACT INFORMATION

## COMMAND LEADERSHIP

---

Commanding Office: CAPT Scott R. Jonson

Executive Officer: CAPT Eric R. Hoffman

Command Master Chief: HMCM (SW/EXW) Derek M. Petrin

### **Navy and Marine Corps Public Health Center**

620 John Paul Jones Circle, Suite 1100

Portsmouth, VA 23708-2103

Phone: (757) 953-0700

Email: [usn.hampton-roads.navmcpubhlthcenpors.list.nmcphc-pao@mail.mil](mailto:usn.hampton-roads.navmcpubhlthcenpors.list.nmcphc-pao@mail.mil)

[www.nmcphc.med.navy.mil](http://www.nmcphc.med.navy.mil)





**NAVY AND MARINE CORPS PUBLIC HEALTH CENTER**  
PREVENTION AND PROTECTION START HERE



**NAVY AND MARINE CORPS PUBLIC HEALTH CENTER**  
PREVENTION AND PROTECTION START HERE

**NMCPHC FY 2015 Command Annual Report**

620 John Paul Jones Circle, Suite 1100  
Portsmouth, VA 23708-2103

[www.nmcphc.med.navy.mil](http://www.nmcphc.med.navy.mil)