



PH Shop Talk

Volume 1, Issue 2

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PUBLICATIONS CORNER

AFI 48-105 (Surveillance, Prevention, and Control of Diseases and Conditions of Public Health or Military Significance) is currently being updated by Col Dana Bradshaw (AFMOA)...and is scheduled to be coordinated on and sent to the publisher soon.

AFI 48-116 Food Safety Program, is being reviewed by a Sub-Committee of the Public Health Corporate Board for possible revision.

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TAOS is Coming...TAOS is Coming

The Team Aerospace Operational Solutions (TAOS) Course is set to occur on 5-9 Mar 01 at Brooks AFB Texas. This course is the modern version of the old officer and NCO symposiums. It is a course designed to bring Team Aerospace (TA) members together to learn and cross feed ideas and information throughout our TA spectrum. This course was cancelled last year but so far this year it is on target to happen. This year it will be exciting and busy. The first day is scheduled to be a combined TA day with the

AF level TA council briefing on the TA Business Plan and objectives. We will get AFMOA briefs and the picture from up above. Day 2 will be an AFSC break out day where Col Van Hook and I along with other members of the PH Corp Board will brief the current happenings in PH. There will be discussions on officer and enlisted issues as well as an open forum for your voices to be heard. Day 3 and 4 will be mini courses in population health epidemiology (for all PH members not previously attending the Pop Epi Course), food safety course, force protection blocks 1 and 2, and a

mini course on computer applications. The last day will be a combined day once again with Lt General Carlton and others addressing the audience. There will be an agenda out on this course soon. Each person attending this course will have to register for the mini courses after they receive a quota in the TAOS course. Seats are limited (25 PH officers and 50 enlisted funded centrally and 15 unfunded slots for both officers and enlisted). Folks will be staying off-base and our formal PH Awards mess dress dinner is scheduled for Thursday night. Check with your MAJCOM for more info...

Public Health Corporate Board

You have probably heard about a very hard working group of people who are leading our career field into the next millennium. Here are the members of this great group: Col Deneice Van Hook at AFMOA, Col Diana Barnicott and Chief Ricky Adair from AETC, Col Larry Barrett (IMA to AFMOA) Col Don Coates from WHMC, Col Vicky Fogelman and CMSgt Rich Johnson from Space Command, Col Tom Stedman

and CMSgt Rich Hollins from USAFSAM, Col Robin Taylor and SMSgt Theron Reed from ACC, Col (S) Rex Brennan and CMSgt Jeff Strout from AMC, Col (S) Judith Holl and SMSgt Steve Henry from AFMC, Lt Col Bill Courtney and SMSgt Mary Gill from PACAF, Lt Col Ken Hall and SMSgt (S) Tom Bocek from USAFE, Lt Col William "Brent" Klein and SMSgt Patricia Tooley from AFRC, Lt Col Richard

"Joel" Williams and Maj Raphael Scharron from AF-SOC, Lt Col Paul Rehme and MSgt Shannon Wright from ANG, Maj Timothy Woodruff from the USAF Academy. The outstanding administrative "behind the scenes" workers are Col (Ret) Mark Stokes and Ms. Carol Hewson from KARTA Corporation and Ms Verna Hansen from the USAFSAM staff. Thanks for all you have done for us!

Readiness Around the Globe

As the re-shaping of our readiness role continues with the work of the PH Corp Board, there are many other things happening in this arena. There is a possibility that AFMIC may have more slots for Air Force personnel in this FY (01) for the Medical Intelligence Basic Course. However, these slots are unit funded. Those who attended more than 8 years ago may attend as a refresher. We would like some feedback on the level of interest in this course so please provide your comments up through your MAJCOM leadership to Col Van Hook at AFMOA. In other news: there was a change in the anthrax vaccine policy sent out to all...it basically

removes the requirement for immunizing personnel going to Korea. Check the official policy letter for exact details. The influenza vaccine situation should be back on track by the end of December. The vaccine that was temperature stressed will most likely be tested and some of the individuals serologically tested...the results are pending and no decision has been made as to re-vaccinating these folks or not.

The topic of patient decontamination is a hot issue lately. There are many venues of discussion taking place. It is very important that all efforts and issues be funneled through AFMOA to ensure we have

and send a consistent message to all parties. No decision has been made on who, what, when, where, and how this is to be done. The War-time Patient Decontamination Course will begin at USAFSAM early next CY. It will be geared towards the Team Chief at first and may evolve further down the road. TSgt Wes Walker at the school is preparing for this course to come on line.

Other news: Malaria, Rift Valley Fever, Ebola virus, and BSE are topics that each of us should be well versed in as these are increasing risks for our troops who travel all over the world. Get the right scoop!

Food Safety and Sanitation News

I have to make a correction from last month's newsletter...this area is headed by Lt Col Paul Rehme and not Col (S) Brennan. I apologize for my error...sorry Lt Col Rehme! This area continues to move along. There have been efforts to increase food safety and sanitation training in the EMEDS courses at Brooks (USAFSAM) and there is an effort to improve this training at the IDMT course at Sheppard AFB. The Corp Board

Group looking at this area is further refining what our role will be in food safety and to identify the exact training needs for our personnel. I will continue to cover this area and let you know of any updates. The bottom line is that we still have a vital mission in food safety and protecting the health of our forces (and populations served). We have to develop our role in anti-terrorism, approved source inspections for overseas areas and in op-

erational rations inspections. Any changes MUST be approved by USAF/SG, AFMOA or your MAJCOM prior to any changes to your local program. We must ensure a safe food supply for our personnel to accomplish their missions. Stay tuned for more info or call your MAJCOM for the latest details.

Welcome to Major Jay Fuller and SSgt Cory McClusky of the USAF-SAM Food Safety Team!

The Occupational World

This Corp Board sub group has worked very hard over the past few months to re-define our role in occupational health. This area will be very slow going to ensure we (the AFMS) are doing the right things for our customers. One particular area that was suggested was concerning PH shop visits. It was discovered that there is no AFI or AFOSH standard that requires PH

to perform shop visits. There is a need for educating the workers in the shops and to see the operations ourselves. It was suggested that our offices perform good epidemiology of occupational health concerns in the shops to determine what actually was needed out there. We would perform "risk based" or "epidemiologically based" shop visits as needed for the situation or

mission in that particular shop. This does not mean to run out and tell folks that you are stopping all shop visits...it just means that you should evaluate it and have your Aerospace Medicine Council make the decision based on your findings in your shops. Stay tuned...there will be other areas where we will shape our mission appropriately. Thanks to Col (S) Judith Holl at AFMC for the update!

Epidemiological Surveillance

The PH Corp Board continues its review and revision of the Population Health Epidemiology role for our people. The next big report will be in December 2000 at the Corporate Board meeting at Brooks AFB. On another front of epidemiology, the Population Health Support Office at Brooks AFB has put together a CD ROM containing a vast amount of data for each base to utilize in getting Primary Care Optimization off the ground. The CD ROMs contain the following: 1) Population demographics and health care needs; 2) Delivery of Preventive Services such as prena-

tal care, cervical cancer screening, childhood immunizations and diabetic retinal screening; 3) Disease and condition management with asthma, chronic obstructive lung disease, depression, diabetes, high utilizers at any military clinic or MTF primary care services, and hypertension. This data should be very useful for your PCO efforts at your base. The Public Health office should work very closely with the Population Health Function, Health Care Integrators, Group Practice Managers, Health Information Systems personnel, along with other interested members of the PCO teams to identify potential problem

areas. There are many areas for improvement at every MTF. Reviewing the data (as long as it is accurate data) is a good beginning at identifying where good business and clinical decisions need to be made. We are a very important part of this process. We have some very important skills to bring to this table. We must clearly identify our role and mission and then work closely with the other team members to help make the AFMS more efficient. This is currently being accomplished. There will be an update next month on our role and mission in Population Health Epidemiology.

Preventive Medicine News

With the massive efforts going on in Primary Care Optimization and the move to have PCM teams take on the entire health care monitoring for their assigned populations...this could be a very tricky time for our traditional PH programs in the communicable disease control area. There will need to be an extra effort on our part to have patience and an understanding attitude during

these trying times for our AF Medical Service co-workers. The providers will eventually get their technicians and nurses more involved with the required follow-up care and reporting procedures through the use of provider extender protocols. You may

Please have patience and an understanding attitude while we optimize our Primary Care mission!

want to see if your PCM teams are using protocols that might include steps where interface with PH occur. You may want to review these and ensure that information and patient care are properly addressed. This might improve care for our customers.

USAFSAM Review

There are many things going on at USAFSAM. These are just a few events and projects that the talented folks at USAFSAM are doing to help the Public Health mission: Major Alice Chapman is working with other members of an Air Force group to define the role of Public Health in Population Health Improvement. When this role is accomplished it will be published in

the AF Medical Applications Model (CD ROM and Web Site) in Jun 01. New curriculum is being developed for courses at Sheppard (for nurses, docs, and medical technicians). Other projects include: SSGT Dahlquist and her team implemented new software for conducting Utilization and Training Workshops saving thousands in TDY costs. New curriculum is being developed for including food safety in

the Expeditionary Medical system UTCs (EMEDS basic and plus 10 beds) which included water/food anti-terrorism exercise for students. This led to a change to lessons in other PH courses to improve water/food antiterrorism training for PH and BE personnel. There was a U&TW held for the PH Journeyman course...I will update the results later. USAFSAM, thanks for all you do...great job!

USAF PUBLIC HEALTH



World-wide Teleconference with CMSgt Strout is scheduled for 1 Feb 01 at 1500 hours Central Time at DSN 576-0511.

USAF Public Health

A Public Health Family Publication

We are on the web...
[http://wwwsam.brooks.af.mil/eh/.](http://wwwsam.brooks.af.mil/eh/)

I will be trying to have monthly teleconferences that are open to anyone wanting to discuss issues concerning Public Health. However, these teleconferences are NOT for discussing assignments for those who want to move from one location to another because they are not happy where they are. If you want to have input with your CFM (and on occasion we will have Col Van Hook join us) to discuss what is happening in our career field...this is the golden opportunity to talk...the next teleconference is scheduled for 1 Feb 01 at 1500 hours Central Time (1600 hours Eastern and 1300 hours Pacific Time) and will last up to 2 hours...feel free to join us if you can...I realize this is difficult for those overseas to dial in...I will try to change the time from month to month to allow others to have their time...and say! The number is DSN 576-0511 and the number of folks dialing in may be limited...I will make adjustments as needed... ..thanks...Chief Strout

Final Thoughts...The Architect and the Builder

One analogy I have used over the years to help explain how a Public Health office should work is to explain it in terms of the Architect and the Builder. The base level Public Health Officer is the architect of a Public Health "building" (Public Health programs). The architect is responsible for developing the programs (design). They draw the plans and ensure the plan is to the right specifications. They are not responsible for actually constructing the building. This is the job of the builder. The Superintendent/NCOIC is the builder. The builder has the responsibility for going out and hiring all of the subcontractors and ensuring that the plans are followed during construction. The builder takes the plans and explains what needs to be done to the subcontractors and

ensures the intent of the architect is explained thoroughly. The builder is responsible for scheduling the construction with all of the subcontractors. They ensure the proper training and qualifications of each of the subcontractors (electricians, plumbers, carpenters, etc). The rest of our PH staff (craftsmen, journeyman, and apprentices) are all the subcontractors. Some work as carpenters, electricians etc (working in the different areas such as communicable disease control, occupational health, food safety, sanitation etc). They have the responsibility of first learning the job (i.e. carpentry) and improving their skills to build the best wood items in the building as called for in the plans. The builder must make sure the carpenter has the training and tools to build the needed cabinets (for instance). The

carpenter should strive to put the best craftsmanship into those cabinets ...make them the best found in the world. This helps make a first class building. Each of the subcontractors (PH craftsmen, journeymen, and apprentices) should then strive to learn the other subcontractors job (carpenter learning to plumb etc) so one day they can become a builder. The builder should know each of the subcontractors jobs and what it takes to get the plans built (effective PH programs). If the builders or subcontractors get the right schooling (architecture school...or the right PH skill set as established by current policy) they might be able to become the architect for the these programs. I hope this analogy helped explain how a typical PH office works. Let me know if you have any questions.